BBC WORLD SERVICE TRUST

Cambodia Sentinel Survey 2007

Media and Discussion, Knowledge, Attitudes and Practice

About Sexual Matters, HIV and AIDS, Risks, Condoms, HIV Testing and People Living with HIV

From a City and Five Provinces: Phnom Penh, Kandal, Kampong Speu, Kampong Chhnang, Battambang and Siem Reap

February 2008

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Acronyms and abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-retroviral Drugs
BBC	British Broadcasting Corporation
CDHS	Cambodia Demographic and Health Survey
CTN	Cambodia Television Network
DFID	Department For International Development
HIV	Human Immunodeficiency Virus
KAP	Knowledge Attitudes and Practice
MSM	Men who have sex with men
NCHP	The National Center for Health Promotion
NGO	Non Governmental Organisation
PLHIV	Person/People Living With HIV
PPS	Proportional Probability Sampling
PSA	Public Service Announcement
R&L	Research and Learning Group
RNK	Radio National Kampuchea
STI	Sexually Transmitted Infection
The Trust	BBC World Service Trust
TOL	Taste of Life
VCCT	Voluntary and Confidential Counselling and Testing

Acknowledgements

We would like to thank the men and women who generously participated in this survey and provided us with the wealth of information contained within this report.

We also extend our thanks to the Directors of Provincial Health Departments and staff of the Health Promotion Units of the five provinces and Phnom Penh, who spent their valuable time facilitating and working with the data collection team. Without such cooperation and their efforts, we would not have been able to carry out the data collection for this survey.

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Finally, our sincere thanks go particularly to Lizz Frost Yocum, Research Manager in BBC World Service Trust's Research and Learning Group, for her endless support and encouragement throughout the whole study process.

About the BBC World Service Trust

The BBC World Service Trust (the Trust), the international NGO of the BBC, is an independent charity which promotes development through the innovative use of media.

The Trust works with people in developing and transitional countries to improve the quality of their lives. The Trust's work seeks to raise awareness among mass and opinion-forming audiences; affect behaviour change; influence policy; and transfer skills and knowledge. In all its work, the Trust has a strong commitment to delivering impact through cutting-edge media solutions to development challenges.

Research & Learning Group

As part of the BBC World Service Trust, the Research and Learning Group (R&L) is an international team of research professionals with expertise in media communications and audience insights.

The Research & Learning group focuses on four key activities:

- Providing Trust projects with audience and market insights to guide project strategies;
- Conducting qualitative and quantitative research studies to capture the impact of all Trust media interventions;
- Building capacity in audience research skills and methodology on projects in country;
- Documenting and disseminating the learnings from the Trust's projects internally and to the wider development community.

The Research and Learning group has an established network of research teams operating in some of the most challenging areas of the world. As well as evaluating the impact of Trust projects, the Research and Learning Group provides independent media research to the development community.

For more information on the work of the Research and Learning Group please visit:

www.bbcworldservice.org/researchlearning

Executive Summary

The BBC World Service Trust in Cambodia

The BBC World Service Trust (the Trust) is an International NGO set up by the BBC with the aim of helping to reduce poverty through innovative use and reach of the media. Its main activities include media development, educational programming, research, and health campaigns. The Trust delivers high quality mass media health campaigns using in-country broadcast networks, while building the capacity of local broadcasters and government/NGO partners to undertake behaviour change communications.

Cambodia has been severely affected by the HIV epidemic over the past decade. In 2006, the HIV prevalence was estimated at 0.9%[1] among the Cambodian population aged between 15 and 49, a decline from 1.2% in 2003.

The Trust has been working in Cambodia since 2003 on a range of projects focusing primarily on health. From 2003 until 2006 the Trust ran a large DFID-funded project targeting HIV and AIDS as well as Maternal and Child Health. Working in close collaboration with several Cambodian broadcasters, the Trust produced a large scale health campaign featuring a 100-episode TV drama, *'Taste of Life'*, high quality TV and radio public service advertising, four weekly radio phone-in programmes, plus accompanying print materials. Substantial quantitative and qualitative research was also conducted to help create, monitor and evaluate these outputs. Campaign messages were developed in close collaboration with partners from Government ministries, UN agencies and relevant NGOs.

Global Fund 5 – HIV and AIDS Project

The current project, the first phase of which began in October 2006 and will finish in August 2009, is funded by the Global Fund to Fight AIDS, TB and Malaria. This three year project focuses on HIV prevention through behaviour change communications using mass media. The overall goal is to create an enabling environment for prevention of sexual transmission, measured through increased exposure to HIV and AIDS-related media. In addition to mass media, the strategy also uses niche media to target the most at risk populations such as men who have sex with men and entertainment workers.

The overall target audience for the HIV and AIDS information in the Trust's outputs is young Cambodians at risk of contracting HIV, aged 15-29.

A number of television and radio outputs are being produced to be broadcast over two years:

[1] National consensus consultation estimated national HIV

Television

- 21 TV Public Service Annoucements (PSAs)
- 3 documentaries - each targeted at specific audiences such as, People Living with HIV (PLHIV), Men who have Sex with Men (MSM), and those seeking Voluntary and Confidential Counselling and Testing for HIV (VCCT)
- 3 drama features

Radio

- 18 Radio PSAs
- Radio phone-in programmes
    - Real Men (rural men 20-29 years old)
    - Really (urban, 15-24 years old)
    - Hip Hop Girls (young urban women 15-19 years old)

Study Methodology

In June 2007, the BBC World Service Trust conducted a quantitative baseline sentinel survey on HIV and AIDS Knowledge, Attitudes and Practices (KAP) and Cambodian media.

This study had several objectives:

- A 'baseline' measure of HIV and AIDS KAP indicators relevant to the mass media component on the Global Fund-supported work in Cambodia.

- A periodic assessment of the Cambodian media landscape and the performance of selected Trust outputs in reaching audiences.

- On-going trend measurement using on indicators and data established since 2003 by the Trust's previous HIV and AIDS KAP studies.

- Development and use of more detailed measurements of discussion on key issues such as HIV and AIDS.

- Collecting new data that reflects and contributes to growing international knowledge about stigma and discrimination.

These last two objectives reflect the Trust's increasing attention to measuring its impact on social obstacles – stigma and discrimination, gender inequalities, weak or under-accessed health systems – that hinder responses to HIV and AIDS.

The Trust has used cross-sectional household-based surveys. With a total sample size of 1,368 young people aged 15-29 from six locations—Phnom Penh, Kandal, Kampong Speu, Kampong Chhnang, Battambang and Siem Reap—with the highest level of media consumers according to the CDHS 2005.

Data was collected using face to face interviews in the Khmer language. Interviews lasted 50-90 minutes, and were conducted in private locations with the informed consent of respondents.

Fieldwork was conducted in June 2007. Male interviewers interviewed male respondents; female interviewers interviewed females.

The survey questionnaire covered the following topics:

- Demographics
- Media Practices
- Risk Perception
- 'Talk About'
- Sexual Experiences
- Condoms
- HIV Testing
- Stigma and Discrimination
- HIV and AIDS on Radio and TV
- Exposure to the Trust's HIV and AIDS Outputs

All of the data was double entered into Epi 6 to ensure quality and accuracy. The data was cleaned and analysed using SPSS.

Descriptive statistics were used to compare the differences in knowledge, attitudes and practice in relation to HIV and AIDS and related issues across a number of key demographic variables. Throughout the report the data was broken down into suitable subgroups as appropriate for the question of interest.

Study Findings

Sample Socio-Demographic Profile

The sample, a total of 1,368 respondents, was 50% males and 50% females, according to study design. The urban and rural areas were split into 20% and 80% respectively.

The age range of the sample per study design was 15-29 years old. The average age was 21.35 years old and the median was 21 years old; 39% of the sample was aged 15-19.

The majority of the respondents were single, never married (67%). There was a significant relationship between marital status and gender with a higher percentage of married females (39%) than males (24%).

Overall, four in 10 of respondents (41%) reported they had ever had sex[2]. Nearly the same proportion, 39% of all respondents, was sexually active, that is, they reported having had at least one sexual partner in the past year.

Education levels were generally low: 8% of the respondents had never attended school and the average level of education was grade 7. The respondents in rural areas had lower educational attainment than the respondents from urban areas. A quarter (25%)

[2] NB: The population of this study covered respondents aged 15-29, so many respondents were younger than the median age of marriage in Cambodia for males (~22 years) and females (~20 years) according to the Cambodia Demographic and Health Survey 2005 (pp98-100).

of urban respondents was educated in high school, while only 14% in rural areas attained this level.

Media Consumption

Almost nine in 10 (89%) respondents reported that they had used media in the past month.

Television had the highest level of use: 76% had watched TV within the past week and 62% had done so today/yesterday. The smaller radio market consisted of 57% who had listened in the past month. Of those radio listeners, 48% had listened within the past week, and 31% listened within a day before the interview. Moreover, 88% of all respondents had access to a mobile phone, via public, shared or personal telephones.

Weekday media consumption was greater than on the weekends. Among television viewers, 97% watched on weekdays while 89% on the weekends. The two most popular television channels were identified: CTN—50% weekdays, 52% weekends and TV5—36% weekdays, 34% weekends.

Among the radio listeners, there was also a higher proportion of radio listening on the weekdays (94%) than on the weekends (69%). The most popular stations were: municipal radio FM 103 (PP) –21% weekdays, 17% weekends; WMC radio FM102 (PP)—14% weekdays, 10% weekends; Khmer Radio FM107 (PP)—12% weekdays, 12% weekends. Among radio listeners, 89% reported they had listened to radio phone-in programmes.

BBC World Service Trust Outputs

Three radio phone-in programmes – *Really*, *Real Men* and *Hip Hop Girls* – continued from the previous DFID-funded project. Overall, 22% of respondents had listened to the *Really* programme, 13% to *Real Men* and 10% to *Hip Hop Girls*. Considering that just over half of respondents were radio listeners, and the leading stations managed to capture about 20% of radio listeners, this represents a very strong performance by these three programmes.

This survey was conducted seven months after the *Taste of Life* drama broadcasts had ended, yet more than three-fourths (78%) of respondents reported that they had watched the drama.

‘Niche Media’

While this study focussed on mass media consumption, a number of the opinions and experiences reported here do not occur in a community or family setting, and some of the issues that need to be addressed for HIV prevention purposes would be too specialised or not be considered suitable for mass media tastes. For these, a ‘niche media’ strategy would be more suitable. An important feature of niche media outputs is their distribution, which necessarily needs to be highly targeted, specific, and in many instances would be via smaller venues and partner organisations working within more diffuse, closed, and ‘hidden’ social groups and/or social networks (such as men who have sex with men or PLHIV).

Interpersonal Communication: 'Talk About'

Levels of discussion and dialogue differed between different topics. With the exception of ever having talked to a PLHIV, the frequency of discussion was, from most to least, as follows:

- Sexual Matters
- HIV and AIDS
- Condoms
- HIV Testing

Males discussed all topics more than females; single, sexually active males discussed all topics the most, more than any other sub-group profile presented in the analysis tables. The exception of this ranking was '*ever having talked to PLHIV*', which was top on the female ranking, as it was reported more than talking about any other topic.

Sexual Matters and Practices

This study provides new information about young Cambodians' attitudes to sexual matters, as well as more detail about how widespread certain sexual practices are.

The data suggests that it is not a universal practice in Cambodia for men to have premarital sex, extramarital relationships, multiple partners and/or to pay for sex. The men who do this are a sub-group of males. The data also indicates that three distinct types of sexual relationships exist between young Cambodian men and women: wife/spousal, sweetheart and paid. These different relationships are met with mixed social approval overall.

Virginity and Premarital Sex

Much importance is placed on virginity before marriage for both males and females in attitude and in practice. There is low support for the idea of sex before marriage for males (32%) and even less so for females (13%). Social concerns – tradition and reputation – were the main reasons single respondents who had not had sex gave for maintaining their virginity until marriage. Maintaining ones' reputation was the overriding concern for females (68%)[3].
In practice, 31% of married males reported having sex before marriage, and only about one-fifth (20%) of single men reported that they had ever had sex.

Extramarital Sex

Disapproval of extramarital relationships was also expressed at high levels. The majority (75%) did not approve of males having extramarital sex and opinions were divided about whether it is boring for a man to have sex with just one woman. In practice, only a third (33%) of married men reported extramarital sex, and less than half (41%) of these said they had done so in the past year – about one in eight (13%) of all married men. Consistent condom use with spouses was reported at very low levels by males (1%) and females (3%).

[3] These concerns might also contribute to underreporting of sexual experiences by single females.

Sweethearts

Six percent (6%) of the married men who reported having had more than one partner, nearly 29% of single men, and 18% of single women reported that they had relationships with a sweetheart. Also, married men who reported having premarital sex did so with sweethearts and nearly all of the few married women who had sex before marriage, reported their premarital partner was their spouse. Consistent condom use with sweethearts was reported at medium (49%) levels.

Paid for and Group Sex

Two-fifths (43%) of sexually experienced males reported that they had paid for sex. This practice was higher among the single males than married males: More than three-fourths (77%) of single sexually experienced males said they had paid for sex, and most (78%) had done so in the past year. Group sex[4] was less common, and almost solely a practice reported by single sexually experienced males (28%), compared to only 2% of married males.
Consistent condom use with sex workers was reported at very high levels (93%).

HIV and AIDS Risks

This study found high knowledge about HIV and AIDS risk reduction, particularly the use of condoms. Knowledge was weaker about having only one partner and other methods. There was strong support for women as well as married couples to talk about HIV and AIDS. Moreover, talking about HIV and AIDS was also highly considered as the role of man in the relationship, and to demonstrate love for a partner. However, the findings showed that embarrassment and fear were barriers to talking about HIV and AIDS.

Risk Perception

Nearly a fifth of respondents reported that they felt they had some chance of getting HIV. The main reasons given by those who felt they had no risk were; having never had sex, faithfulness and condoms. The strongest reference to fidelity was among married, sexually active respondents; condoms were the reason given by single sexually active men. Among those who felt they did have some risk, injecting equipment, lack of trust in partner and not using condoms were the reasons.

Taking into account the various sexual practices, particularly males having extramarital and paid sexual relations, and single, sexually active males using condoms, these risk assessments may in fact be quite accurate for many respondents.

[4] Group sex is a form of paid sex in which a woman has sex with a group of men as part of a single paid transaction.

Condoms

Only about a half of sexually experienced respondents (having ever had sex) reported ever using a condom and only about a-quarter of them used one consistently, having done so the last time they had sex. More than half of those who never used a condom did so due to trust in their partner.

Overall, there was high acceptance of women telling a man to use a condom. Likewise, there was strong support for the viewpoints that proposing a condom is a way to demonstrate love about a partner. Similarly, the viewpoints that men who use condoms are responsible were strongly supported; few agreed that women who use condoms are not virtuous. Even so, nearly half considered condom use to be necessary only with sex workers.

However, there were still a third of respondents who never talked about condoms and also a fifth of those who had ever talked still felt '*not comfortable'*.

The majority of the sample also found it acceptable for women to buy condoms. The findings show, however, that less than a fifth of all respondents, and only 7% of women, reported ever buying a condom. Moreover, while only 13% did not know where to obtain condoms, about half felt embarrassed to buy condoms, indicating that embarrassment may still be barrier for people to buy a condom as well as talking about them. Also, about half agreed that condoms reduce sexual sensation, though the majority disagreed with the opinion that condoms are messy to use.

HIV Testing (VCCT)

The data shows high knowledge and support for people being tested for HIV at specific points in their life and relationships. There was also very high awareness (93%) of testing facilities. Nevertheless, nearly a third said they would be embarrassed if friends found out they were taking an HIV test.

Despite embarrassment, nearly one-fifth had been tested for HIV. The proportion of those who wanted to be tested (43%) was twice that of those who considered themselves to have some/high risk of getting HIV (21%). The proportion of those who considered themselves at risk who had been tested (21%) was the same. It is interesting to note that people who did not assess themselves to be at risk still said they wanted to be tested.

ARV Awareness

Despite low knowledge about what the drugs used to treat HIV and AIDS are called, and mixed knowledge about where to obtain them, the general knowledge was high (86%) that '*a person living with HIV can live a healthy life with ARVs (Thnamm Pon Year Chivit)*'. However, the lack of knowledge about how to access ARV treatment may be a reason people do not want to be tested for HIV.

People Living with HIV: Stigma and Discrimination

These findings also suggest that fostering parasocial[5] interaction between audiences and PLHIV contributes to increased comfort interacting with PLHIV in real life, and reduced judgement and blame. Despite the limited direct contact with people living with HIV experienced by many respondents, many expressed comfort about talking with someone known to have HIV: The level of comfort in principle was nearly twice as high as the actual known level of contact. Furthermore, analysis showed an association between contact and comfort talking with an HIV positive person.

General altruism towards PLHIV was high, nearly all felt their interactions with their family would not change if they were a PLHIV, and less than one-fifth said they tried to avoid physical contact with PLHIV. However, in terms of judgement and blame, most felt HIV and AIDS was 'punishment', two-thirds felt PLHIV should be 'ashamed of themselves', and half of respondents said that they would keep a family member's HIV a secret. This indicates that the potential for stigma and discrimination of PLHIV continues to exist.

Men who Have Sex with Men: Stigma and Discrimination

In this study, only two men, both of whom were married, reported they had ever had sex with a man. This practice was considered unacceptable by nearly all (93%) respondents, with no variations across any profiles.

Also, the Trust's qualitative research[6] involving NGOs, peer educators and men who have sex with men, found that they experienced high levels of stigma, discrimination and secrecy. Furthermore they reported low levels of condom use, despite some knowledge of the benefits of condom use.

Recommendations

Media Strategy

- Mass media is a strongly recommended method to communicate behaviour change and to address widespread social attitudes and norms that hinder access to HIV prevention, treatment, care and support: A large majority of respondents (89%) had access to media within the past month.
- To ensure reaching as many young Cambodians as possible with programme outputs that meet their tastes and lifestyles, a multi-format, multi-media (radio, TV and interpersonal communications) approach is necessary.
- Developing outputs that incorporate or are distributed via mobile phone platforms should also be explored, given the high penetration of mobile phones.
- Internet is not yet widely used. Exploring internet outputs that will be a part of growing internet use as by young Cambodian people, should be considered for HIV and AIDS communications, however.

[5] Horton, Donald and R. Richard Wohl (1956): 'Mass Communication and Para-social Interaction: Observations on Intimacy at a Distance', *Psychiatry* 19: 215-29

[6] BBC World Service Trust (2008). Outlook, Identity and Risks in Lives of Men who have Sex with Men in Cambodia and How Media Can Contribute to an Enabling Environment and Risk Reduction.

Multi-media, Multi-format Strategies

- On television, continue PSA format; consider use of longer formats such as drama and short film.
- Incorporate elements of popular TV and radio programmes into longer format TV outputs.
- With radio, continue PSA and phone-in formats; explore new formats.
- Encourage interaction with radio, particularly increasing calling in to radio programmes.
- Cross-promote long-format TV outputs with other media such as radio and mobile phones.
- Use 'niche media' to promote relevant prevention responses and behaviours that specifically arise in certain social contexts and 'risk environments' and/or among specific social groups.

Interpersonal Communications: 'Talk About'

- A key purpose of communications should be to encourage and model for females and males how to discuss HIV and AIDS, sexual matters, condoms and HIV testing.
- Additional analysis comparing the attitudes towards certain issues, experience and comfort discussing them among single and married females, would be helpful for further segmenting females and/or determining whether there is continuum of discussion that relates to other attitudes and experiences.
- Qualitative research exploring discussion and relationship scenarios could identify key situations and discussion skills to target and model in communications.

Sexual Matters and Practices

- This apparent divergence of opinion and practice suggests that separate sets of prevention objectives, content and messaging are warranted for men on the basis of their marital status and whether or not they have premarital sex, extramarital relationships, multiple partners and/or pay for sex.

- Similarly, separate sets of prevention objectives, content and messaging for single women in sweetheart relationships and married women may be considered.

- Additional analysis profiling the attitudes of the sub-groups not already presented in this report would be helpful for further tailoring outputs and their content.

- A combination of mass media and 'niche media' strategies can reinforce high condom use with sex workers, and explore social attitudes and stigma related to sex work that are barriers to condom use in other relationships.

Recommended Target audiences:

- Single men and women who do not want to have sex before marriage
- Newly married men and women who did not have sex before marriage
- Men who do not have extramarital relations
- Married women
- Men and women who are in sweetheart relationships
- Men who have extramarital relations
- Men who pay for sex

Purposes of communications will vary depending upon target audiences and their sexual practices, and should include:

- Encouragement of good marital sexual relations
- Encouragement that only sexual relationship should be the one with wife/husband
- Increased and consistent condom use with sweethearts
- Maintain high levels consistent condom use with partners who are being paid for sex

HIV and AIDS Risks

- Encourage those who are talking about HIV and AIDS risks to continue talking
- Ease the worries (embarrassment and fear) about the practice to increase comfort and reduce them as barriers to talking about HIV and AIDS risks
- Normalise talking about HIV and AIDS risks in all relationships, not just with sex workers

Risk Perception

- Support realistic, accurate risk assessments
- Encourage actions to reduce risks
- Encourage those who consider themselves to have some risk to get tested for HIV
- Reinforce the practices that are basis for 'No Risk' assessment -- condoms, being faithful to their partners
- Encourage respondents who have not had sex yet to consider risk reduction, especially condom use, during their first sexual experiences

Condoms

- Additional analysis comparing condom attitudes and condom experiences would be helpful to identify if there is a clustering or spectrum of condom-favouring and condom-resisting attitudes and behaviours.
- Encourage the initiation of condom use by those who have not yet ever used a condom
- Reinforce consistent condom use with those who have ever used a condom, regardless of the relationship with their partner.
- Reduce embarrassment associated with talking about and purchasing condoms
- Promote the extension of condom use to sweetheart relationships
- Discourage the association of condoms with lack of virtue in women.

- Encourage closer consideration of 'caring' and 'trust' in relationships, since one is associated with condom use and the other is a reason that condoms are not used, particularly with spouses.

HIV Testing (VCCT)

- Additional analysis comparing risk perceptions, embarrassment, interest in VCCT or having been tested could identify more specific target audiences for VCCT promotion
- Support realistic, accurate risk assessments
- Encourage those who consider themselves to have some risk to get tested for HIV
- Reduce embarrassment about being tested for HIV

ARV Awareness

- Sustain high knowledge that there are drugs that enable PLHIV to live healthy lives
- Increase awareness of what the drugs that treat HIV and AIDS are called
- Increase awareness of ARV centres: Where they are and how to obtain ARVs

People Living with HIV: Stigma and Discrimination

- Further analysis comparing the attitudes of people who have talked with PLHIV and those who have not, to better understand the extent of this relationship
- Give the audience a sense of personally having a positive, comfortable interaction with PLHIV via engagement with various outputs
- Reinforce the widely held opinions about rights of PLHIV
- Reduce blame, shame and secrecy about being PLHIV

Men who Have Sex with Men: Stigma and Discrimination

- Further analysis of public attitudes towards men who have sex with men is needed to better understand the basis of this disapproval and how it contributes to stigma, discrimination and secrecy.
- Develop a mass media strategy for the general population to increase awareness and understanding of MSM's lives, and to reduce stigma and secrecy.

Conclusions

The report provides a very rich picture of attitudes, practice and social norms related to discussion, sexual matters, HIV and AIDS, risks, condoms, people living with HIV and men who have sex with men.

This study provides information about young Cambodians' attitudes in regard to sexual matters, as well as more detail about how widespread certain sexual practices are.

Of note, the data suggest that it is not a universal practice in Cambodia for men to have premarital sex, extramarital relationships, multiple partners and/or to pay for sex. The men who do this are a sub-group of males.

The data confirms the important role of media and communications, and offers many new possibilities for responding to HIV and AIDS in Cambodia.

Finally, this report is a true testament to capacity-building and learning by the BBC World Service Trust's Research and Learning team: Over the last year, the Cambodian team members have raised their quantitative skills to a level that enabled this study and report.

Introduction

HIV and AIDS in Cambodia

Cambodia has been severely affected by the HIV epidemic over the past decade. In 2006, the HIV prevalence was estimated at 0.9%[7] among the Cambodian population aged between 15 and 49, a decline from 1.2% in 2003.

The BBC World Service Trust

The BBC World Service Trust (the Trust) is an International NGO set up by the BBC with the aim of reducing poverty through innovative use and reach of the media. Its main activities include media development, educational programming, research, and health campaigns. The Trust delivers high quality mass media health campaigns using in-country broadcast networks, while building the capacity of local broadcasters and government/NGO partners to undertake behaviour change communications.

The Trust's approach to health, media and development addresses five main issues, including maternal and child health, HIV and AIDS, sexual and reproductive health, infectious disease and psychosocial issues. Globally, the Trust's health work aims to:

- Foster health-seeking **attitudes** and **behaviours**
    - by increasing awareness, knowledge, discussion, life skills
- Encourage the creation and use of **appropriate health resources**
    - by increasing demand and expectations for appropriate products and services
    - informing communities to take action to meet demands
- Generate **health-enabling environments**
    - by changing social norms, including reducing stigma and discrimination
- Improving **communications skills** and **media practices**
    - through capacity-building and advocacy among media and health practitioners, organisations and government agencies

The BBC World Service Trust in Cambodia

The Trust's has been working in Cambodia since 2003 on a range of projects focusing primarily on health. From 2003 until 2006 the Trust implemented a large DFID-funded project focusing on HIV and AIDS as well as Maternal and Child Health. Working in close collaboration with several Cambodian broadcasters, the Trust produced a large scale health campaign featuring a 100-episode TV drama, *'Taste of Life'*, high quality TV and radio public service advertising, four radio phone-in programmes every week, plus accompanying print materials. Substantial quantitative and qualitative research was also conducted to help create, monitor and evaluate all these outputs. Campaign messages were developed in close collaboration with partners from Government ministries, UN agencies and relevant NGO's.

[7] National consensus consultation estimated national HIV

Global Fund 5 – HIV and AIDS Project

The current project, which will finish in August 2009, is funded by the Global Fund to Fight AIDS, TB and Malaria. This three year project focuses on HIV prevention through behaviour change communications using mass media. The overall goal is to create an enabling environment for prevention of sexual transmission measured through increased exposure to HIV and AIDS media. In addition to mass media, the strategy also uses niche media to target most at risk populations such as men who have sex with men and entertainment workers. During this three-year project the Trust will produce 18 TV and Radio spots, six films and three weekly phone-in programmes that focus on risk perception, condoms, VCCT, stigma and discrimination..

Outputs

This HIV and AIDS work is producing an array of television and radio outputs which are going to be broadcast over two years.

Television:

- 21 TV PSAs
- 3 documentaries - Each targeting audiences consisting of People Living with HIV (PLHIV), Men who have Sex with Men (MSM), and those seeking Voluntary and Confidential Counselling and Testing for HIV (VCCT) respectively.
- 3 drama features

Radio:

- 18 Radio PSAs
- Radio phone-in programmes
    - *Real Men* (Rural men 20-29 years old)
    - *Really* (Urban, 15-24 years old)
    - *Hip Hop Girls* (Young, urban women 15-19 years old)

Target Audiences

The overall target audience for the HIV and AIDS information in the Trust's outputs is young Cambodians at risk of contracting HIV aged 15-29.

Knowing that the risks differ among subgroups within this general target audience, specific target audiences were defined as follows:

- General audiences
- Sexually active males and females (regardless of marital status)
- Media consumers

The Message Brief

The Trust's project team, via workshops and consultations with Cambodian practitioners and stakeholders, determined key themes and issues to be covered:

- Sexual Health and Personal Vulnerability
- Partner Reduction and Faithfulness
- Condoms
- Voluntary and Confidential Counselling and Testing (VCCT)
- Stigma – Positive Prevention, Positive Thinking.

Target Audiences and Messaging

Knowing that risks and information needs vary among the specific target audiences, the Trust's project team, via workshops and consultations with Cambodian practitioners and stakeholders, developed specific messages and behaviour change objectives for each theme.

The messaging and behaviour changes were further specified for each of the target audiences.

Fig. 1 Messaging Brief for Mass Media Outputs

Theme	Target Audience	Messages
Risk perception	**Youth 15-20** **Migrant workers** **Married couples**	**Trust: " don't trust your assumption"** **Negotiation skills, risk perception , Condon use, Trust , Risk from multiple partners**
Negotiation	**Youth 15-20** **Migrant workers** **Married couples**	**Talk about condoms, HIV, STI's**
Condoms	**Youth 17-20 (sexual active F/M)** **Married couples (M)** **Migrant workers (MM/FS)** **Married couples (F)**	**Consistent condom use with sweethearts** **Dual protection** **Consistent condom use with sweethearts.** **Talk about condoms**
VCCT	**Youth 15-20** **Migrant workers** **Married couples**	**Know your status** **Access to services** **Partner referral** **What to do if negative or positive result**
Stigma & discrimination	**Youth 15-20** **Married couples** **PLHIV**	**Positive prevention** **Condon use** **Access to services** **Enabling environment**
Positive living **Positive prevention**	**PLHIV**	**Reveal status** **Positive living** **Condom use** **ARV**

Fig. 2 Niche Media Audiences and Messaging

Target Audience	Themes	Messaging Areas
PLHIV	**Positive prevention Positive living**	**Positive living Consistent condom use Status disclosure ARV**
Men who have Sex with Men	**Identity Prevention Stigma and discrimination**	**Identity, "coming out", risk perception, consistent condom use, VCCT, access to services**
Direct and Indirect Entertainment Workers (Female 15-25yrs)	**Risk assessment Trust relationships**	**Risk perception, consistent condom use, VCCT, access to services**
At risk youth (15-20 yrs), including migrant workers	**Prevention Peer pressure**	**Risk perception, consistent condom use, VCCT, access to services**

Fig. 3 Segmentation of Radio Phone-In Programmes and Messaging

Phone-In –Theme	Target	Messages
***Real Men* - Responsible Behaviours & Prevention**	**Rural men 20-29**	**Risk assessment, trust issues, consistent condom use, VCCT, issues for MSM**
***Really* - Responsible Behaviours & Prevention**	**Youth 15-24**	**Negotiation skills, risk assessment, consistent condom use, trust**
***Hip Hop Girls* - Responsible Behaviours & Prevention**	**Young women 15-19**	**Negotiation skills, risk assessment, trust**

'Talk About' – Promoting Discussion and Dialogue

The Trust believes that media plays a role in promoting and fostering interpersonal communication.

It has long been recognised that mass media can be a potent force in disseminating information and setting agendas about health, while interpersonal communication has been regarded to be more effective at actually getting people to try and adopt new behaviours[8].

The Trust believes that media can serve to promote and foster discussion and interpersonal communication as well as provide access to information about health, promote behaviour change and address social conditions that encourage or hinder good health.

Encouraging and facilitating discussion is a central aim of many of the Trust's Cambodian outputs. The 'Talk About' call to action has been used by the Trust in Cambodia since 2003 to encourage target audiences to discuss issues related to HIV and AIDS and as a key aspect of the skills needed to negotiate for risk reduction behaviours. Radio phone-in programmes are discussion-based, creating a forum for discussion and dialogue among audience members that is facilitated by the programmes' presenters/moderators.

This attention to discussion and dialogue draws upon communication, social change and health promotion theory:

1. 'Public Sphere' – the 'figurative space for public discussion' of concerns of citizens, including politics, power and culture 'that exists halfway between the private sphere of civil society and the state'[9]

2. Mass Communication and Parasocial Interaction – the characteristic of mass media that 'give[s] the illusion of face to face relationship with the performer' to the audience

> The conditions of response to the performer are analogous to those in a primary group. The most remote and illustrious men are met *as if they* were in the circle of one's peers; the same is true of a character in a story who comes to life in these media in an especially vivid and arresting way. We propose to call this seeming face-to-face relationship between spectator and performer a *para-social relationship.*[10]

[8] See discussion of relevant communication theory in Valente TW (1996) Mass-media-generated interpersonal communication as sources of information about family planning. J. of Health Communication, 1:3, 247-266.
[9] Jacobson T (200?) Media Development and Speech in the Public Sphere. Media Matters Section 1: Why Media Matters: Global Perspectives. p28.
[10] Extract from Horton, Donald and R. Richard Wohl (1956): 'Mass Communication and Para-social Interaction: Observations on Intimacy at a Distance', *Psychiatry* 19: 215-29. Downloaded from http://www.aber.ac.uk/media/Modules/TF33120/horton_and_wohl_1956.html .

3. Stages of Change – the set of five stages – precontemplation, contemplation, preparation for action, action, maintenance components - along a behaviour change continuum. Media can meet a person's needs at his/her particular point in the a cyclical change process that varies for each individual.[11]

Fig. 4 Mass Media Generated Discussion and Stages of Change

Stage	What Discussion Can Provide
PRE-CONTEMPLATION	Awareness
CONTEMPLATION	Knowledge
	Understanding of What Others Think/Do
	Options, Pros-Cons
PREPARATION	Supporting Attitudes, Norms
	Resources
	Initiation, Training in New Skills
	Examples of Others Experiences
ACTION	Reinforcing Attitudes, Norms
	Commonality w Others Experiences
	Practice, Skill Building
MAINTENANCE	Reinforcement
	Appreciation of Benefits
	Identification as Practitioner
	Refinement of Skills
	Advocacy, Encouraging Others

4. Life Skills – the development of a person's skills (eg, assertiveness, problem solving, negotiation) which they can apply in different situations, thereby reducing their risk of HIV infection or other issues.

5. Communication for Social Change – the need for communication to contribute to reducing social, economic and legal inequalities (eg, poverty, gender, age, and race) that underpin social exclusion and hinder effective responses to HIV and AIDS.[12]

[11] Prochaska JO, DiClemente CC and Norcross JC (1992). In search of how people change – applications to addictive behaviours. American Psychologist 47(9), 1102-1114. Cited in FHI (1996). Behaviour Change – A summary of four major theories. Downloaded from http://ww2.fhi.org/en/aids/aidscap/aidspubs/behres/bcr4theo.html .

[12] Panos Global AIDS Programme (2006). Breaking Barriers: Effective Communications for universal access to HIV prevention, treatment care and support by 2010.

Methodology

Baseline

Prior to broadcast in June 2007, the BBC World Service Trust conducted a quantitative baseline sentinel survey on HIV and AIDS Knowledge, Attitudes and Practice (KAP) and media consumers.

Objective of Study

This study was conducted to meet several objectives:

- A 'baseline' measure of HIV and AIDS KAP indicators relevant to the mass media component on this Global Fund supported work in Cambodia.
- A periodic assessment of the Cambodia media landscape and the performance of selected Trust outputs in reaching audiences.
- On-going trend measurement based on indicators and data established since 2003 by the Trust's previous HIV and AIDS KAP studies.
- Development and use of more detailed measurements of discussion on key issues like HIV and AIDS.
- Collecting new data that reflects and contributes to growing international knowledge about stigma and discrimination.

These last two objectives reflect the Trust's increasing attention to measuring its impact on the social obstacles – eg, stigma and discrimination, gender inequalities, weak or under-accessed health systems – that hinder responses to HIV and AIDS.

Study design

The Trust has used cross-sectional household-based surveys since 2003. The surveys measure respondents' knowledge, attitudes and practice (KAP) in relation to a number of issues surrounding HIV and AIDS and their media practices.

This survey was conducted after the final broadcast of the Trust's DFID-funded drama Taste of Life, and prior to the broadcast of Global Fund supported TV and radio spots, and before the production of documentaries for most at risk populations to be distributed via NGOs and other community organisations. However, three of the Trust's radio phone-in programmes (Hip Hop Girls, Really and Real Men) were ongoing from DFID project.

Study population

Sampling frame

Total sample size in this survey is 1,368 young people aged 15-29 from the six regions with the highest level of media consumption according to CDHS 2005: Kandal, Kampong Speu, Kampong Chhnang, Battambang, and Siem Reap provinces and Phnom Penh.

Sampling

Multi-stage sampling was used. In each province, 228 respondents were chosen.

The first stage of sampling in each province determined the proportion of rural and urban population sites according to Cambodian census reports. Urban and rural locations were sampled independently, the number of rural and urban locations and respondents were determined based upon proportion of urban-rural in each province presented in the national census 1998, hence yielding self-weighting samples at the province level.

The second stage was the selection of urban and rural precincts and villages (sampling unit) in each province. All precincts/villages were listed and randomly selected using probability proportional sampling to size (PPS).

In the third stage, in each sampling unit, systematic sampling was used to select households. One in every 10 households was systematically selected until the defined number of households was reached. Interviewers began from a starting point in the village; and the starting point and direction of travel were randomly chosen.

Finally, in each household only one 15-29 year old respondent was picked for interview by using the Kish Grid method[13].

Data Collection

Data was collected using face to face interviews in Khmer language. Interviews lasted 50-90 minutes, and were conducted in private locations with the informed consent of respondents.

Fieldwork was conducted in June 2007. Male interviewers interviewed male respondents; female interviews interviewed females.

[13] http:/www.audiencedialogue.org/kya2c.html

Survey Questionnaire

The survey questionnaire covered the following topics:

- Demographics
- Media Practices
- Risk Perception
- 'Talk About'
- Sexual Experiences
- Condoms
- HIV Testing
- Stigma and Discrimination
- HIV and AIDS on Radio and TV
- Exposure to the Trust's HIV and AIDS Outputs

The questionnaire was developed in English and translated into Khmer. The questions were developed from several sources:

- BBC World Service Trust KAP surveys in 2004, 2005 and 2006
- Nyblade et al. (2006) Can we measure HIV/AIDS-related stigma and discrimination? Current knowledge about quantifying stigma in developing countries. Washington DC: International Center for Research on Women
- Additionally, the team developed questions on specific opinions and experiences about sexual matters that had been noted by programme-makers and in other qualitative studies with audiences but for which population-based survey data were not available.
- Finally, the questions about 'Talk About' were revised with the aim of capturing recentness of actual conversation, the relationship between the respondent and the other person, and their degree of comfort talking about topics as a measure of self-efficacy[14].

Pilot

The survey instrument was pre-tested with thirty respondents in the Kampong Speu province. Suggestions and comments from respondents were incorporated in the survey instrument.

Fieldwork and Data Collection

As HIV and AIDS are sensitive issues, the data collectors were recruited as peers for survey respondents. They were trained prior to and during the data collection process.

Training was provided to all those involved in conducting the interviews and was prepared and conducted by the National Center For Health Promotion (NCHP). The training aimed to improve the knowledge and skills of participants in using

[14] Originally the questionnaire asked respondents about both their comfort and their confidence talking about various topics. The pilot of the questionnaire determined that most respondents did not make a distinction between comfort and confidence, and that they seemed to better understand the notion of 'how comfortable' one felt talking about something than 'how confident'.

questionnaires interview techniques, communication, ethical research and field practice. The training was given over three days. It included brainstorming, group discussions, demonstrations, lectures and role-plays. There were two types of training, one for supervisors and editors and another for interviewers.

Organization of Fieldwork

Fieldwork teams consisted of interviewers aged around 20 years old, recruited by the National Centre for Health Promotion and the local community guides from the Provincial Health Department. In total, there were 24 interviewers which were divided into six teams. Each team comprised of four interviewers who were responsible for conducting interviews in one province, led by an experienced supervisor responsible for teamwork in the field, together with one field editor.

Field Supervision, Quality Assurance

Supervisors were responsible for field supervision and quality throughout the fieldwork. Quality assurance was done through observation, spot checks and group meetings at the end of each working day. Supervisors conducted observations of interviews, to evaluate and improve interviewer performance and to look for errors and misconception that could not be detected through editing. Also a spot check was carried out by supervisors: They visited the selected household to talk to them about the attitudes of interviewers toward household members and respondents.

Every questionnaire was completely checked in the field by supervisors. They were responsible for reviewing and editing each completed questionnaire in the field, checking every answer marked on the questionnaire for accuracy, completeness, eligibility and consistency.

Data entry and analysis

All of the data was double entered into Epi 6 to ensure quality and accuracy. The data was cleaned and analysed using SPSS.

Descriptive statistics were used to compare the differences in knowledge, attitudes and practice in relation to HIV and AIDS and related issues across a number of key demographic variables. Throughout the report the data was broken down in to suitable subgroups as appropriate for the question of interest.

The chi-squared statistic was used to assess whether there were any significant relationships between the variables being reported. The standard residual produced by the chi-squared calculation was used to help identify where any significant differences are found.

Three sets of analysis are used by the Trust to assess impact and reported in this document:

- **Performance** of the project in reaching audience(s) is tabulated using a combination of top of mind, spontaneous and prompted responses to questions asking people to recall whether they have seen or heard the Trust outputs.
- **Trends** are assessed by comparing baseline to endline levels on Knowledge, Attitudes and Practice (referred to as KAP) and selected media variables.
- **Exposure** is measured by establishing the degree to which a respondent has seen or heard the Trust outputs.

This report contains performance data and descriptive data regarding Knowledge, Attitudes and Practice. This data is presented in aggregate for the entire sample, and also in subgroups by media (TV, radio, both) and target audience(s) for specific messages and behaviour change objectives, as determined at the start of the media intervention.

Analysis of exposure will be reported separately.

Ethics

The research proposal and study tool were approved by National Ethic Committee for Health Research of Ministry of Health. The Director of the NCHP and the main investigators played an important role in obtaining this authorization.

All interviewers and team members were trained and briefed in ethical issues including confidentiality. To obtain valid consent, the introductory part of the questionnaire explained the purpose of the study, ensured the respondents' anonymity and confidentiality, and then asked the interviewee if they were able to understand the study and would be willing to participate. There was no identification information of the respondent on the questionnaire; an ID number was used instead of the participant's name.

All completed questionnaires were stored in a secure place during collection, data entry and analysis. Only people who were responsible for data entry and analysis had access to the questionnaires and the computer file, which were stored on a network that is only accessible by password.

Limitations of Study

Sentinel Survey

This study was conducted in only five provinces and the capital city, Phnom Penh. These provinces are among Cambodia's most populated, accounting for nearly half[15] of the national population, and reflect Cambodia's major media markets. The data is representative for these six locations but cannot be generalised to Cambodia's other 18 provinces.

[15] These six locations account for 41% of the national population according to AUTHOR (2007) First Revision Population Projection for Cambodia 1998-2020.

Remote Rural

While the sample is self-weighting to match the urban-rural proportions of the province, very remote rural villages were excluded due to access issues and field practicalities.

Household Survey

Residents of institutional residences such as those belonging to monasteries, garment factories, high schools and universities were not included in this study. Nor were respondents recruited from other institutions such as prisons, hospitals or the military. Young people with no fixed address (living on streets or homeless) were also not included in the study.

Available Respondents

The study only includes respondents who were present in the household at the time of survey. It does not include those who are employed away from home (migrant workers).

Social Desirability

The research methodology has made considerable effort to prevent response bias, minimise embarrassment and ensure confidentiality, as necessary when dealing with both sensitive and taboo topics. Nevertheless, the universal limitations referring to questions about very personal, sensitive and/or taboo topics apply[16].

Responses may be altered or untruthful if; the respondent feels any embarrassment, shame or stigma around the subject matters; does not feel confident that his/her privacy will be ensured; or does not feel that s/he has a comfortable, respectful encounter with the person who interviewed her/him.

Issues of Self-Reported Data

This survey asked about personal, sensitive and potentially taboo issues around which there are strong social norms and values. These social considerations may have contributed to respondents under- or over-reporting certain opinions or behaviours.

Subjectivity

Other questions requested a subjective assessment from respondents that may vary according to how the respondent interprets them. For example, for questions like *'How comfortable do you talk about condoms?'*, possible answers *'Very uncomfortable'* or *'very comfortable'* will have different meanings to different respondents.

[16] It is important to consider that any changes over time in these sensitive topics may be considered evidence of actual individual change and of changing social mores.

Study Findings

Socio-demographic Profile

A total of 1,368 respondents from the six locations - Kandal, Kampong Speu, Kampong Chhnang, Battambang, and Siem Reap province and Phnom Penh - were interviewed.

Residence

The proportion of those from urban-rural areas was split into 20% - 80% respectively, due to the sampling methodology designed to reflect the geographic distribution of the population.

Gender

It was also divided in to 50% males and 50% females. These two variables have been used in the other profile analyses; gender and residence.

Age

The age range of the sample per study design was 15 – 29 years old. The average age was 21.35 years old and the median was 21years old; 39% of the sample was aged 15-19.

Marital Status

The majority of the respondents were single-never married (67%). There was a significant relationship between marital status[17] and gender, with a higher percentage of married females (39%) than males (24%). Very few respondents were widowed, separated or divorced, so in later analysis only 2 categories are used: single and married. The few widowed, separated and divorced respondents are included in the married category in subsequent analysis.

Education

Education levels were divided into five categories: No schooling, Primary school, Secondary school, High school and University.

Education levels were generally low. Eight percent of the respondents had never attended school and the average level of education was grade 7.

There was a significant relation between education and residence. The respondents in rural areas had lower education than respondents from urban areas. A quarter (25%) of urban respondents was educated in high school, while only 14% in rural areas.

[17] The Chi-square test was statistically invalid due to more 20% of cells (25.0%) having expected count less than 5. The minimum expected count is 2.00.

There was also a significant relationship between education and gender. There were fewer females with higher education.

Very few respondents had no schooling or university, so in later analysis only three categories are used: No/primary school (no schooling plus primary school – 44% of sample), secondary school (37%), and high school/university (18%).

Occupation

The majority of respondents were students (32%), followed by farmers which represented more than a quarter (27%) of the sample; There were more students in urban than rural areas (41%, 29%), while agriculture was higher in rural than in urban areas with (32%, 7%) respectively.

Income

The mean[18] income of respondents was 3,239 USD per year, and there were some pronounced differences between urban (who make up the largest majority of this survey) and rural people in the sample. Mean levels of income for urban respondents (5,287 USD) were almost double compared with those in rural areas (2,737 USD).

Median[19] income for the entire sample was 900 USD. This also varied by residence. The urban median income of 1,369 USD was about double the median rural income of 800 USD.

Male median incomes were also significantly greater than the female ones, perhaps reflecting the males' wage-earning roles in many households.

[18] Mean is the average, and can be influenced by extremely high or low outliers.
[19] Median is the central value in the distribution.

Table 1- Socio demographic profile by residence and gender

Background Characteristic	Urban		Rural		Sig	Male		Female		Sig	Total	
	%	#	%	#		%	#	%	#		%	#
Age												
15-19	41.5	115	38.7	421	X^2=1.00	39.4	269	39.0	267	X^2=1.69	39.2	536
20-24	33.2	92	36.2	394	df = 2	36.8	251	34.4	235	df = 2	35.6	486
25-29	25.3	70	25.2	274	p=0.604	23.8	162	26.6	182	p=0.428	25.2	344
Median		21		21			20		21			21
Mean		21.20		21.40	p=0.429		21.46		21.24	p=0.413		21.35
Marital status												
Single-never married	71.5	198	66.1	721	X^2=3.97	**75.9**	519	***58.5***	400	X^2=49.34	67.3	919
Married	27.8	77	32.3	352	df=3	***23.5***	161	**39.2**	268	df=3	31.4	429
Widowed	0.0	0	0.4	4	p=0.264	0.1	1	0.4	3	p=0.000	0.3	4
Separated/Divorced	0.7	2	1.3	14		***0.4***	3	**1.9**	13		1.2	16
Education												
No schooling	5.8	16	8.4	92	X^2=67.97	6.4	44	9.4	64	X^2=30.81	7.9	108
Primary school	***26.0***	72	38.9	424	df= 4	***30.7***	210	**41.8**	286	df=4	36.3	496
Secondary school	35.4	98	37.9	414	p=0.000	40.5	277	34.4	235	p=0.000	37.4	512
High school	**24.9**	69	***13.5***	147		**19.4**	133	***12.1***	83		15.8	216
University	**7.9**	22	***1.3***	14		2.9	20	2.3	16		2.6	36
Mean		8.12		6.55			7.44		6.30			6.87
Occupation												
Student	**41.2**	114	29.2	318	X^2=71.07	**37.7**	257	***25.6***	175	X^2=231.9	31.6	432
Agriculture	***6.9***	19	**32.0**	348	df= 5	**36.7**	250	***17.1***	117	df=5	26.9	367
Sales and services	**15.2**	42	10.9	119	p=0.000	***7.5***	51	**16.1**	110	p=0.000	11.8	161
Manual skilled	13.7	38	10.1	110		11.3	77	10.4	71		10.8	148
PTM	13.4	37	10.1	110		***0.1***	1	**21.3**	146		10.8	147
Other	9.7	27	7.7	84		6.7	46	9.5	65		8.1	111
Income (USD1=4000)												
Mean		5287.2		2737.44	p=0.015		35257.15		2957.6	p=0.381		3239.7
Median		1368.8		800.0			7750.0		950.0			900.0
Min		100		25			250		45			25
Max		136875		180000			1425000		180000			180000
Base		**277**		**1091**			**684**		**684**			**1366**

PTM= Professional, technical or management

Sexual Profile

Two key aspects of respondents' sexual practices are reported here in the sample profile data because they were used to construct one of the demographic profile categories used to present the data in subsequent descriptive data tables. More findings about sexual practices are presented in the Self Reported Sexual Practices section of this report.

Sexual Experience (Ever had Sex)

Overall, four in ten of respondents (41%) reported they had ever had sex[20].

While fewer males (40%) than females (42%) reported ever having had sex, this difference was not statistically significant. Sexual experience was, however associated with marital status (100% of married respondents reported they had ever had sex, compared to 12% of single respondents), for both males and females.

However, sexual experience among single respondents was associated with gender[21]: All but two of the single respondents who reported sexual experience were male; 20% of single men reported they had ever had sex.

[20] NB: The population of this study covered respondents aged 15-29, so many respondents were younger than the median age of marriage in Cambodia for males (~22 years) and females (~20 years) according to the Cambodia Demographic and Health Survey 2005 (pp98-100).

Table 2- Profile - Ever had Sex, Gender and Marital Status

	Ever Had Sex					
	Base	Yes		No		
		%	#	%	#	
ALL RESPONDENTS	1368	40.6	556	59.4	812	
Gender						$\chi^2(1) = 0.77$
Male	684	39.5	270	60.5	414	p=0.378
Female	684	41.8	286	58.2	398	
Marital Status(*)						$\chi^2(3) = 1012.56$
Married Males	165	**100.0**	165	***0.0***	0	p= 0.000
Single males	519	***20.2***	105	**79.8**	414	
Married Females	284	**100.0**	284	***0.0***	0	
Single females	400	***0.5***	2	**99.5**	398	

NB: For purposes of analysis and reporting, those who reported ever having had sex are referred to as 'sexually experienced'.

Sexually Active (Had at least One Sexual Partner in the Past Year)

Nearly the same proportion, 39% of all respondents were sexually active, that is, having reported having had at least one sexual partner in the past year.

Table 3- Sexual Profile

Target Audience	Urban		Rural		Male		Female		Total	
	%	#	%	#	%	#	%	#	%	#
Ever had sex	42.2	117	40.2	439	39.5	270	41.8	286	40.6	556
Sexually active	40.4	112	38.4	419	37.3	255	40.6	278	39.0	533
Not Sexually active	59.6	165	61.4	670	62.4	427	59.4	406	60.9	833
Sexually Active Single	13.0	36	5.0	55	13.3	91	0.3	2	6.8	93
Sexually active married	27.4	76	33.4	364	24.0	164	40.4	276	32.2	440
Base		**277**		**1091**		**684**		**684**		**1368**
Sexually active: a person who has had at least one partner in the last year										

Table 4- Profile – Sexually Active – Ever had Sex and Had at least One Partner in the Past Year

	How many sexual partners have you had in the past year?				
	Base	Zero or never had sex		One or more	
		%	#	%	#
ALL RESPONDENTS	1368	61.0	835	39.0	533
Marital Status					
Married Males	165	0.6	1	99.4	164
Single males	519	82.5	428	17.5	91
Married Females	284	2.8	8	97.2	276
Single females	400	99.5	398	0.5	2

NB: For purposes of analysis and reporting, those who reported ever having had sex and having had sex with at least one person in the past year are referred to as 'sexually active'.

[21] This low level of sexual experience reported by single females may be from underreporting due to taboos, and social and cultural norms, which regards having sex before marriage to not be acceptable. (More findings about sexual practices are presented in the Sexual Matters: Attitudes and Practice section of this report.)

Media Consumption

Summary: Media Consumption

Respondents were asked whether they had listened to radio or watched television in the month prior to the survey. The majority of the respondents (89%) had used broadcast media in the past month. More males (92%) than females (86%) were media consumers.

Television was the most widely accessed broadcast media:

- Eight in ten (81%) of the respondents said they had watched TV in the last month.
- By comparison, only 57% had listened to radio.
- Nearly half of the respondents (49%) reported they had used both TV and radio.

Respondents were also asked whether they had access to a mobile phone and if they had ever used the internet.

- There was very high access to mobile phones (88%), almost universally (93%) by females and urban respondents (93%), compared to males (82%) and rural (86%) respondents.
- Internet use was very limited (4% overall).

Table 5- Media Consumer

Media profile	Urban		Rural		Male		Female		Total	
	%	#	%	#	%	#	%	#	%	#
No media	5.8	16	12.6	138	8.0	55	14.5	99	11.3	154
Media	94.2	261	87.4	953	92.0	629	85.5	585	88.7	1214
TV	89.2	247	78.6	858	83.3	570	78.2	535	80.8	1105
Radio	56.3	156	56.7	619	62.0	424	51.3	351	56.7	775
Both	51.3	142	48.0	524	53.4	365	44.0	301	48.7	666
Access to phone	93.1	258	86.1	939	81.6	558	93.4	639	87.5	1197
Access to Internet	12.3	34	1.5	16	5.3	36	2.0	14	3.7	50
Base		**277**		**1091**		**684**		**684**		**1368**

No media: never listen to radio or watch TV in the last month
Radio: Ever listened to radio in the last month
TV: Ever watched TV in the last month
Both: Radio and TV consumers in the last month

Access to Media and Media Consumption

Radio Habits and Preferences

Last time listened to radio

Respondents were asked when the last time they listened to radio was. Just more than half (57%) had listened recently: 31% did so today/yesterday while 17% within the past week, and another 9% in the past month. This 57% will be referred to as 'radio listeners', defined as having listened to radio in the past month. Nearly a third, (29%) reported they never listened to radio.

The amount of radio listening did not differ by residence but did by gender:

- In the past month urban (56%) and rural (57%) respondents had listened to radio almost equal amounts.
- Males (62%) listened to radio more than females (51%).

There was a significant relationship between gender and recent radio listening. More than one third (37%) of male respondents listened to radio today/yesterday compared to 24% of females.

There were no significant differences in radio listening by residence, but age, education and marital status were associated with radio listening:

- Younger respondents listened to radio today/yesterday more than older (35% 15-19 year olds, 24% 25-29).
- Education was associated with radio listening: 41% of respondents from high school/university reported that they had listened to radio today/yesterday compared to only 23% of No/primary school.
- Single participants (37%) listened to radio today/yesterday more than married participants (18%).

Table 6- When was the last time you listened to the radio?

Last time Listen Radio	Base	Today/ yesterday		Within a week		Within a month		Within a year		Never		
		%	#	%	#	%	#	%	#	%	#	
All respondents	1368	30.7	420	17.1	234	8.8	121	14.5	199	28.8	394	
Gender(*)												$\chi^2(4) = 34.85$
Male	684	**37.1**	254	16.1	110	8.8	60	14.9	102	***23.1***	158	p= 0.000
Female	684	***24.3***	166	18.1	124	8.9	61	14.2	97	**34.5**	236	
Age(*)												$\chi^2(8) = 30.56$
15-19	536	**34.7**	186	17.4	93	9.0	48	14.7	79	***24.3***	130	p=0.000
20-24	486	31.1	151	19.5	95	8.0	39	14.8	72	26.5	129	
25-29	344	***23.8***	82	***13.4***	46	9.9	34	14.0	48	**39.0**	134	
Residence												$\chi^2(4) = 0.82$
Urban	277	31.8	88	16.6	46	7.9	22	13.7	38	30.0	83	p= 0.934
Rural	1091	30.4	332	17.2	188	9.1	99	14.8	161	28.5	311	
Education(*)												$\chi^2(8) = 64.41$
No/primary school	604	***23.0***	139	14.9	90	8.3	50	15.7	95	**38.1**	230	p= 0.000
Secondary school	512	**35.0**	179	17.8	91	9.0	46	15.0	77	***23.2***	119	
High school/university	252	**40.5**	102	**21.0**	53	9.9	25	***10.7***	27	***17.9***	45	
Marital status(*)												$\chi^2(4) = 67.00$
Single	919	**36.8**	338	17.2	158	9.5	87	13.2	121	**23.4**	215	p= 0.000
Married	449	***18.3***	82	16.9	76	7.6	34	**17.4**	78	**39.9**	179	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

NB: For purposes of analysis and reporting, those who reported listening to radio in the past month are referred to as 'radio listeners'.

Weekday and Weekend Listening: Preferred Radio Stations

The respondents were asked to name separately their three favourite radio stations for the weekday and weekend. Spontaneous naming of stations was used to record preferences.A response for one or more of the five weekdays (Monday - Friday) was categorised as Weekday Listening. Similary, a response for either of the two or both of the weekend days (Saturday or Sunday) was categorised as Weekend Listening.

Among radio listeners, weekday listening was higher than weekend listening: 94% of radio listeners listened on weekdays, compared to 69% on weekends. Male listening was higher than female on weekdays (97% male, 91% female) and weekends (72% male, 66% female). Urban and rural listeners tuned in at the same high level (94%) on weekdays, but on weekends rural listening was higher (71%) than urban (62%).

Table 7- Weekday and Weekend Radio Listening

RADIO		Weekday					Weekend				
		Male	Female	Urban	Rural	Total	Male	Female	Urban	Rural	Total
Listening	%	96.7	91.2	94.2	94.2	94.2	72.2	65.5	62.2	70.9	69.2
	#	410	320	147	583	730	306	230	97	439	536
Base		424	351	156	619	775	424	351	156	619	775

The most popular stations were.:

- Municipal Radio FM 103 (PP) – 21% weekdays, 17% weekends
- WMC Radio FM 102 (PP) – 14% weekdays, 10% weekends
- Khmer Radio FM 107 (PP) – 12% weekdays, 12% weekends

There were 7% of radio listeners during weekdays who did not know what station they listened to, and 8% on weekends.

Stratified by gender, FM 103 and FM 107 had a larger male audience, while FM 102 was listened to by more females than males.

By residence, Municipal Radio FM103 had a larger urban audience on weekdays (26% urban, 20% rural) and at weekends (23% urban, 16% rural). More rural participants listened to FM102 on weekdays than urban (12% urban, 15% rural), and the reverse at weekends (urban 12%, rural 10%).

Table 8- Radio Channel Listening by Gender

Most listening channels	Weekday			Weekend		
	Male	Female	Total	Male	Female	Total
	%	%	%	%	%	%
Municipal Radio FM 103 (PP)	22.9	18.8	21.1	20.9	10.9	16.6
WMC Radio FM 102 (PP)[1]	12.2	17.2	14.4	8.5	13.0	10.4
Khmer Radio FM 107(PP)	16.3	5.3	11.5	16.0	6.1	11.8
Khemarak Phomin Radio FM 98 (PP)	7.3	9.7	8.4	7.2	10.4	8.6
Bayon Radio FM 95 (PP)[2]	7.8	8.1	7.9	4.6	4.8	4.7
Monkul Sovan FM 105.5 (Sreap)	7.3	5.9	6.7	4.9	4.8	4.9
SweetFM 103.25 (BTB)	5.1	6.3	5.6	4.9	3.9	4.5
SweetFM 88 (PP)	3.9	6.3	4.9	2.9	3.5	3.2
Siem Reapcity radio station FM102.5	4.4	3.8	4.1	5.6	4.8	5.2
Kampong Cham radio (FM 92.5)	3.9	3.8	3.8	3.3	3.9	3.5
SweetFM 100.5 (Pursat)	3.9	1.9	3.0	3.9	1.7	3.0
Khemarak Phomin Radio FM 98 (SReap)	2.2	3.8	2.9	2.6	3.5	3.0
Sambok Khmoum Radio FM 105 (PP)	2.7	2.8	2.7	3.9	3.0	3.5
Radio FM 99 (PP)	3.2	1.9	2.6	3.6	0.9	2.4
Prum Meanchey FM 96.5 (BTChey)	1.5	4.1	2.6	0.7	2.6	1.5
Sweet FM 103.5 (BTChey)	2.0	1.6	1.8	1.6	1.7	1.7
Radio Khlaing Meoung FM90.25 (BTB)	2.0	1.3	1.6	1.6	0.0	0.9
South East Asia Voice FM106 (PP)	2.0	0.9	1.5	2.0	1.7	1.9
Radio National Kampuchea FM96 (BTB)	2.2	0.6	1.5	2.3	0.0	1.3
Taprum FM 90.5 (PP)	1.7	0.9	1.4	2.0	2.2	2.1
National Radio FM 96 (PP)	1.2	1.3	1.2	0.7	0.9	0.7
Paillin municipal Radio Station FM90.5	1.0	1.3	1.1	0.7	2.2	1.3
Family FM Radio FM 99.5 (PP)	1.2	0.3	0.8	0.7	0.4	0.6
SweetFM 100.5 (Sreap)	0.7	0.9	0.8	0.0	1.3	0.6
Apsara Radio FM 97 (PP)	1.0	0.3	0.7	1.0	1.7	1.3
LOVE FM 97.5 (PP)	1.0	0.3	0.7	1.0	0.0	0.6
Kampuchea Pursat radio (FM 98.5)	0.5	0.9	0.7	0.0	0.4	0.2
National Radio Kampuchea AM 918	1.0	0.0	0.5	1.0	0.4	0.7
Sovanna Phum FM 104 (PP)	0.2	0.6	0.4	0.3	2.2	1.1
Others	1.5	5.3	3.2	2.0	4.3	3.0
Listened to radio, but do not know	5.4	9.7	7.3	5.6	10.4	7.6
Base (multiple answers)	**410**	**320**	**730**	**306**	**230**	**536**

1: WMC Radio FM 102 (PP) was included its Provincial Relay from FM102.2 (KThom) and FM94.5 (SRieng).
2: Bayon Radio FM 95 (PP) was included its Provincial Relays from FM91(KCham), FM93 (SReap) and FM92 (SVille).

NB: The stations in BOLD are BBC World Service Trust partners.

Table 9- Radio Channel Listening by Residence

Most listening channels	Weekday			Weekend		
	Urban	Rural	Total	Urban	Rural	Total
	%	%	%	%	%	%
Municipal Radio FM 103 (PP)	25.9	19.9	21.1	21.6	15.5	16.6
WMC Radio FM 102 (PP)[1]	12.2	14.9	14.4	12.4	10.0	10.4
Khmer Radio FM 107(PP)	19.0	9.6	11.5	14.4	11.2	11.8
Khemarak Phomin Radio FM 98 (PP)	10.2	7.9	8.4	9.3	8.4	8.6
Bayon Radio FM 95 (PP)[2]	10.9	7.2	7.9	10.3	3.4	4.7
Monkul Sovan FM 105.5 (Sreap)	6.8	6.7	6.7	8.2	4.1	4.9
SweetFM 103.25 (BTB)	10.2	4.5	5.6	5.2	4.3	4.5
SweetFM 88 (PP)	6.1	4.6	4.9	4.1	3.0	3.2
Siem Reapcity radio station FM102.5	3.4	4.3	4.1	4.1	5.5	5.2
Kampong Cham radio (FM 92.5)	9.5	2.4	3.8	10.3	2.1	3.5
SweetFM 100.5 (Pursat)	0.0	3.8	3.0	1.0	3.4	3.0
Khemarak Phomin Radio FM 98 (SReap)	2.0	3.1	2.9	3.1	3.0	3.0
Sambok Khmoum Radio FM 105 (PP)	4.1	2.4	2.7	5.2	3.2	3.5
Radio FM 99 (PP)	4.8	2.1	2.6	5.2	1.8	2.4
Prum Meanchey FM 96.5 (BTChey)	0.0	3.3	2.6	0.0	1.8	1.5
Sweet FM 103.5 (BTChey)	0.7	2.1	1.8	0.0	2.1	1.7
Radio Khlaing Meoung FM90.25 (BTB)	2.0	1.5	1.6	1.0	0.9	0.9
South East Asia Voice FM106 (PP)	1.4	1.5	1.5	2.1	1.8	1.9
Radio National Kampuchea FM96 (BTB)	1.4	1.5	1.5	1.0	1.4	1.3
Taprum FM 90.5 (PP)	1.4	1.4	1.4	2.1	2.1	2.1
National Radio FM 96 (PP)	0.7	1.4	1.2	1.0	0.7	0.7
Paillin municipal Radio Station FM90.5	1.4	1.0	1.1	0.0	1.6	1.3
Family FM Radio FM 99.5 (PP)	0.7	0.9	0.8	0.0	0.7	0.6
SweetFM 100.5 (Sreap)	0.7	0.9	0.8	1.0	0.5	0.6
Apsara Radio FM 97 (PP)	0.7	0.7	0.7	2.1	1.1	1.3
LOVE FM 97.5 (PP)	2.7	0.2	0.7	1.0	0.5	0.6
Kampuchea Pursat radio (FM 98.5)	0.0	0.9	0.7	0.0	0.2	0.2
National Radio Kampuchea AM 918	0.0	0.7	0.5	0.0	0.9	0.7
Sovanna Phum FM 104 (PP)	0.7	0.3	0.4	1.0	1.1	1.1
Others	3.4	3.1	3.2	2.1	3.2	3.0
Listened to radio, but do not know	3.4	8.2	7.3	2.1	8.9	7.6
Base (multiple answers)	**147**	**583**	**730**	**97**	**439**	**536**

1: WMC Radio FM 102 (PP) was included its Provincial Relay from FM102.2 (KThom) and FM94.5 (SRieng).
2: Bayon Radio FM 95 (PP) was included its Provincial Relays from FM91(KCham), FM93 (SReap) and FM92 (SVille).

NB: The stations in BOLD are BBC World Service Trust partners.

Radio Phone-In Programmes

Ever Listen to Phone-In Programmes

Among respondents who had ever listened to radio, nearly all (89%) reported they had listened to radio phone-in programmes.

- The respondents aged between 15-19 years old had the highest percentage of listening to phone-ins (92%),
- A similar proportion (89%) of males and females listened to radio phone-in programmes.
- Rural respondents (90%) listened to radio phone-ins more than urban (84%).

Ever Called to Phone-In Programmes

Of all respondents who ever listened to phone-in programmes, very few of them ever called (12%).

- Females (14%) were more likely to call the programmes than males (11%)
- Those in the older age group (15% 25-29 years old) called programmes more than the other group (9% 15-19 years old).

Table 10- Have ever listened/called to a radio phone-in programme?

Background Characteristic	Yes, Ever listented			Yes, Ever called		
	%	#	Base	%	#	Base
All respondents	89.0	870	977	12.3	107	871
Gender						
Male	89.4	470	526	10.8	51	471
Female	88.7	400	451	14.0	56	400
Ages						
15-19	91.9	375	408	9.1	34	375
20-24	88.0	315	358	14.6	46	316
25-29	85.2	179	210	15.1	27	179
Residence						
Urban	83.7	164	196	17.1	28	164
Rural	90.4	706	781	11.2	79	707
Education						
No/primary school	87.7	329	375	8.5	28	329
Secondary school	89.9	355	395	12.4	44	355
High school/university	89.9	186	207	18.8	35	186
Marital status						
Single	90.8	642	707	12.3	79	643
married	84.1	228	271	13.0	28	215

Television

Most respondents had watched TV: Only 10% had never watched television. More than three-fourths (76%) were weekly viewers; 62% had done so within a day of the survey interview, and another 14% within the week.

Gender, age, residence, education and marital status were associated with daily television watching:

- The younger age group watched TV more (71% in age group 15-19 and 57% among ages 25-29).
- Urban respondents watched slightly more TV within a day/yesterday prior to interview compared to rural, 77% vs 58% respectively.
- Respondents with higher education is more likely to enjoy watching TV. 76% of respondents who watched television within today/ yesterday were from high school/university while only 50% from No/primary school.
- Single respondents reported watching TV more than married, 68% and 49% respectively.

Table 11- When was the last time you watched television?

Last time watch TV	Base	Today/ yesterday		Within a week		Within a month		Within a year		Never		
		%	#	%	#	%	#	%	#	%	#	
All respondents	1368	61.9	847	14.5	198	4.4	60	9.1	125	10.1	138	
Gender(*)												$\chi^2(4) = 11.32$
Male	684	61.7	422	**17.1**	117	4.5	31	8.0	55	8.6	59	p= 0.023
Female	684	62.1	425	***11.8***	81	4.2	29	10.2	70	11.5	79	
Age(*)												$\chi^2(8) = 44.11$
15-19	536	**71.3**	382	13.1	70	***2.2***	12	7.3	39	***6.2***	33	p=0.000
20-24	486	***55.1***	268	16.9	82	4.9	24	10.7	52	**12.3**	60	
25-29	344	56.7	195	13.4	46	**7.0**	24	9.9	34	**13.1**	45	
Residence(*)												$\chi^2(4) = 32.75$
Urban	277	**76.5**	212	***10.5***	29	***2.2***	6	***5.8***	16	***5.1***	14	p= 0.000
Rural	1091	***58.2***	635	15.5	169	4.9	54	10.0	109	11.4	124	
Education(*)												$\chi^2(8) = 77.63$
No/primary school	604	***49.8***	301	**16.9**	102	**6.0**	36	**12.4**	75	**14.9**	90	p= 0.000
Secondary school	512	**69.1**	354	13.9	71	3.5	18	***7.0***	36	***6.4***	33	
High school/university	252	**76.2**	192	***9.9***	25	***2.4***	6	***5.6***	14	***6.0***	15	
Marital status(*)												$\chi^2(4) = 60.31$
Single	919	**68.2**	627	14.0	129	***2.9***	27	***7.1***	65	***7.7***	71	p= 0.000
Married	449	***49.0***	220	15.4	69	**7.3**	33	**13.4**	60	**14.9**	67	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

NB: For purposes of analysis and reporting, those who reported watching television in the past month are referred to as 'television viewers'.

Weekday and Weekend Viewing; Preferred TV channels

The respondents were asked to name separately their three favourite television channels spontaneously for the weekday and weekend. Spontaneous naming of stations was used to record preferences. A response for one or more of the five weekdays (Monday - Friday) was categorised as Weekday Viewing. Similary, a response for either of the two or both of the weekend days (Saturday or Sunday) was categorised as Weekend Viewing.

Among television viewers, weekday watching was higher than weekend viewing: 97% of television viewers watched on weekdays, compared to 89% on weekends. Male viewing was slightly lower than female on weekdays (97% male, 99% female) but virtually all watched. On weekends the differences were greater (93% male, 84% female). Urban viewing was higher on both weekdays and weekends: 88% of rural viewers tuned in compared to 98% urban on weekdays, but on weekends, rural viewing was closer (88%) to urban (90%) levels.

Table 12- Summary of Weekday and Weekend Television Viewing

TELEVISION		Weekday					Weekend				
		Male	Female	Urban	Rural	Total	Male	Female	Urban	Rural	Total
Viewing	%	96.7	97.8	97.6	88.1	97.2	92.6	84.3	90.3	88.1	88.6
	#	551	523	241	756	1074	528	451	223	756	979
Base		570	535	247	858	1105	570	535	247	858	1105

The two most popular TV channels were:

- CTN – 50% weekdays, 52% weekends
- TV5 – 36% weekdays, 34% weekends

Three other channels had large audiences, being viewed by about one-fifth of television viewers, among males or on just the weekend:

- TV3 – 27% weekdays, 10% weekends
- TV9 – 20% males, 7% females
- Bayon TV - 14% weekdays, 22% weekends

Table 13- Favourite TV stations by Gender

Most viewing channels	Weekday			Weekend		
	Male %	Female %	Total %	Male %	Female %	Total %
CTN	47.9	51.4	49.6	51.7	51.4	51.6
TV5	39.7	32.9	36.4	37.1	29.9	33.8
TV3	24.9	28.5	26.6	9.5	9.5	9.5
TV9	20.1	7.1	13.8	11.7	5.1	8.7
Bayon TV	13.8	13.8	13.8	21.6	21.7	21.7
TVK	6.5	4.6	5.6	2.8	5.1	3.9
TV11	4.2	3.6	3.9	2.8	2.0	2.5
Local Cable TV	3.3	2.7	3.0	0.6	0.2	0.4
Base (multiple answers)	**551**	**523**	**1074**	**528**	**451**	**979**

By residence, channel preferences were notable:

- CTN – 67-70% urban, 44-46% rural
- TV5 – 24-25% urban, 40-37% rural
- TV3 – 21% urban, 28% rural on weekdays

Bayon TV was the exception: weekend viewing did not differ by residence - 21% urban, 22% rural on weekends.

Table 14- Favourite TV stations by Residence

Most viewing channels	Weekday			Weekend		
	Urban	Rural	Total	Urban	Rural	Total
	%	%	%	%	%	%
CTN	67.6	44.4	49.6	69.5	46.3	51.6
TV5	24.9	39.7	36.4	24.7	36.5	33.8
TV3	20.7	28.3	26.6	9.0	9.7	9.5
TV9	13.7	13.8	13.8	9.9	8.3	8.7
Bayon TV	14.9	13.4	13.8	21.1	21.8	21.7
TVK	10.0	4.3	5.6	4.9	3.6	3.9
TV11	4.1	3.8	3.9	3.1	2.2	2.5
Local Cable TV	12.0	0.4	3.0	9.0	0.0	2.0
Base (multiple answers)	**241**	**833**	**1074**	**223**	**756**	**979**

BBC World Service Trust Outputs

BBC World Service Trust has continued the radio phone-in programmes– *Really*, *Real Men* and *Hip Hop Girls* from the previous DFID-funded project.

The respondents were asked whether they had ever listened to any of these three phone-in programmes. A combination of prompted recall methods were used, using title as well as audio stimulus. Overall, 22% of respondents have listened to the *Really* programme, followed by 13% *Real Men* and 10% had listened to *Hip Hop Girls*. Considering that just over half of respondents are radio listeners, and the leading stations managed to capture about 20% of radio listeners, these are very strong performances by these three programmes.

This survey was conducted seven months after the *Taste of Life* drama broadcasts had ended. More than three-fourths (78%) of respondents reported that they had watched this drama; more urban (87%) than rural (75%); more male (79%) than female (76%). Taking into account the overall levels of television viewing by urban and rural residents, the *Taste of Life* drama reached nearly all the television viewers surveyed.

Table 15- Exposure to BBC World Service Trust Outputs

Media Profile	Urban		Rural		Male		Female		Total	
	%	#	%	#	%	#	%	#	%	#
TOL Viewer	86.6	240	75.2	820	79.2	542	75.7	518	77.5	1060
Hip Hop Girls	11.9	33	9.3	101	10.1	69.0	9.5	65.0	9.8	134
Real Men	17.7	49	11.3	123	13.6	93	11.5	79	12.6	172
Really	27.1	75	20.9	228	23.0	157	21.3	146	22.1	303
Base		**277**		**1091**		**684**		**684**		**1368**

Mobile Telephone Access

Respondents were asked if they had access to a mobile phone and, if so, whose phone they had access to.

Access to mobile phones was high (88%):

- Access was almost universal among females (93%) and urban respondents (93%), compared to males (82%) and rural (86%) respondents.

Table 16- Access to Mobile Telephone (Base: All Respondents)

		Mobile Phone Access				
		Urban	**Rural**	**Male**	**Female**	**Total**
Yes	**%**	93.1	86.1	81.6	93.4	87.5
	#	258	939	558	639	1197
Base		277	1091	684	684	1368

This access was via public, personal and shared mobile phones, which varied by gender and location:

- Phone booth (53%)
- Personal phone/'my own' (25%) was highest among urban (35%) respondents; lower among rural (22%) and female (21%)
- Shared with relative (35%), neighbour (14%), friend (5%) and spouse (3%) – with variations by location and gender.

Table 17- Person Whose Mobile is Accessible (Base: Respondents with Access to a Mobile Phone)

		Whose Mobile Phone				
		Urban	**Rural**	**Male**	**Female**	**Total**
Phone Booth	**%**	47.7	54.4	54.3	51.8	53.0
	#	123	511	303	331	634
Relative	**%**	39.1	34.3	38.2	32.9	35.3
	#	101	322	213	210	423
My own	**%**	35.3	21.6	28.5	21.1	24.6
	#	91	203	159	135	294
Neighbour	**%**	10.9	14.9	17.9	10.6	14.0
	#	28	140	100	68	168
Friend	**%**	12.4	3.3	10.2	0.9	5.3
	#	32	31	57	6	63
Spouse	**%**	4.7	3.0	0.5	5.8	3.3
	#	12	28	3	37	40
Base		258	939	558	639	1197

SMS use by those with access to a mobile phone was limited (18%):

- Urban (36%) and male (25%) respondents were higher SMS users.

Table 18- SMS Use (Base: Respondents with Access to a Mobile Phone)

		Ever Used SMS				
		Urban	**Rural**	**Male**	**Female**	**Total**
Yes	**%**	36.4	13.3	24.9	12.5	18.3
	#	94	125	139	80	219
Base		258	939	558	639	1197

Internet Use

Internet use was very limited (4% overall):

- Urban (12%) internet use was greater than rural (2%).
- Males had ever used the internet (5%) more than females (2%).

Table 19- Ever Used Internet (Base: All Respondents)

		Ever Used Internet				
		Urban	Rural	Male	Female	Total
Yes	%	12.3	1.5	5.3	2.0	3.7
	#	34	16	36	14	50
Base		277	1091	684	684	1368

For those who had ever used internet, social and research were the main purposes:

- E-mail (70%)
- Chat (44%)
- Search Information (40%)

Table 20- Internet Used (Base: Respondents who Had Ever Used Internet)

		Internet Used For…				
		Urban	Rural	Male	Female	Total
Email	%	70.6	68.8	66.7	78.6	70.0
	#	24	11	24	11	35
Chat	%	47.1	37.5	38.9	57.1	44.0
	#	16	6	14	8	22
Search Information	%	44.1	31.3	52.8	7.1	40.0
	#	15	5	19	1	20
Download Music	%	23.5	12.5	25.0	7.1	20.0
	#	8	2	9	1	10
Radio/TV/Film (each)	%	5.9	0.0	5.6	0.0	2.0
	#	2	0	2	0	1
Base		34	16	36	14	50

Sexual Matters

Summary of Findings: Sexual Matters

Talking About Sexual Matters

- More males reported talking about sexual matters than females.
- Single sexually active males talk the most about sexual matters: 65% had talked to at least one person about sexual matters in the past month.

- Of the two-thirds (66%) of respondents who had ever talked about sexual matters, females expressed more discomfort doing so than males.
- The sexually active single males expressed highest levels of comfort (94%).
- Females expressed the most discomfort (27%) regardless of their sexual profile.

- There was more support among males (80%) than females (58%) that '*men should discuss sexual matters*'; but both genders were equally supportive (68%) of the idea that '*women should discuss sexual matters'*.
- Female respondents expressed more disapproval of men discussing sexual matters (35%) than of women discussing them (26% disagreement).
- Sexually active single males expressed the most support for discussion by either gender (87% for men and 73% for women discussing sexual matters).

Attitudes towards Sexual Matters

- Overall, respondents did not support (65%) men having sex before marriage, with females holding this opinion (71%) more than males (60%), and rural respondents (69%) more than urban ones (51%).

- There was universal and stronger disapproval (84%) of women having sex before marriage.
- Yet, half of respondents were of the opinion that women did in fact have sex before marriage but did not admit it. Sexually active married females held this opinion (59%) more than any other sub-group.

- Overall disapproval of men having sex outside marriage (75%) was higher than overall disapproval of men having sex before marriage (65%).
- Sexually active married males were more tolerant of extramarital relations (30%) than sexually active married females (15%); sexually active single men expressed the highest levels of approval of men having extramarital sex (46%).
- Less strongly held, and more mixed, were opinions about whether it is boring for men to have sex with only one woman. More males (50%) than females (40%) disagreed with the idea that a single partner is boring. Married men disagreed the most (55%) with the notion; while single sexually active males reported the highest levels (66%) of agreement.

- There was universal and very high (93%) disapproval of men having sex with men.

Talking About Sexual Matters

Respondents were asked about talking about sexual matters.

Of all respondents, 34% reported they ***never*** talked about sexual matters; 28% had done so but more than a month ago; while 38% reported they had talked about sexual matters with at least one person[22] in the last month.

There was a significant relationship between gender and talking about sexual matters:

- More than half (51%) of males said they had talked about sexual matters with at least one person in the past month, compared to 26% of females
- Forty-seven percent (47%) of females had never talked about sexual matters.

Age, education and sexual profile were also associated with talking about sexual matters:

- Talking about sexual matters was reported most (44%) by 25-29 year olds; while 44% of 15-19 year olds never talked about sexual matters.
- Those with lower levels of education also reported they talked about sexual matters less: 38% with no/primary education never talked about sex, compared to 26% of those with high school/university education.
- Sexually active single males talked about sexual matters the most (65% in the past month), followed by sexually active married males (52%); 60% of not sexually active females never talked about sexual matters.

[22] Respondents were asked with whom they had talked about sexual matters and when the last time they had done so.

Table 21- Talk about Sexual Matters

	Respondent has talked about Sexual Matters							
	Base	Never		More than a month ago		Within last month		
		%	#	%	#	%	#	
ALL RESPONDENTS	1368	33.5	458	28.1	385	38.4	525	
Gender (*)								$\chi^2(2) = 122.62$
Male	684	***20.5***	140	28.9	198	**50.6**	346	$p = 0.000$
Female	684	**46.5**	318	27.3	187	***26.2***	179	
Age (*)								$\chi^2(4) = 42.39$
15-19	536	**43.5**	233	***22.9***	123	***33.6***	180	$p = 0.000$
20-24	486	***29.4***	143	30.5	148	40.1	195	
25-29	344	***23.8***	82	**32.6**	112	**43.6**	150	
Residence								$\chi^2(2) = 3.27$
Urban	277	31.8	88	32.5	90	35.7	99	$p = 0.195$
Rural	1091	33.9	370	27	295	39.0	426	
Education (*)								$\chi^2(4) = 16.28$
No/primary school	604	**37.7**	228	29.0	175	***33.3***	201	$p = 0.003$
Secondary school	512	32.0	164	27.1	139	40.8	209	
High school/university	252	***26.2***	66	28.2	71	**45.6**	115	
Sexual Profile (*)								$\chi^2(8) = 227.02$
Not sexually active males	414	***28.0***	116	***25.1***	104	**46.9**	194	$p = 0.000$
Not sexually active females	398	**59.8**	238	***22.1***	88	***18.1***	72	
Sexually active married males	164	***11.0***	18	**37.2**	61	**51.8**	85	
Sexually active single males	91	***3.3***	3	31.9	29	**64.8**	59	
Sexually active married females	276	***28.3***	78	**34.1**	94	37.7	104	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

Comfort Talking About Sexual Matters

The sixty six percent of respondents who had ever talked about sexual matters described their comfort discussing sexual matters. The majority (70%) expressed comfort talking about sexual matters.

There was a significant association between gender and comfort:

- 63% of females expressed comfort compared to 75% of males;
- 17% of males and 27% of females said they were not comfortable.

Among those who had ever talked about sexual matters, education and sexual profile was associated with comfort talking about sexual matters:

- Highest levels of comfort were reported by those with the most education (79%); 25% of those with no/primary education were not comfortable.
- Extremely high comfort was found among single sexually active males (94%).

Table 22- Comfort Talking about Sexual Matters

	Respondent is comfortable to Talk About Sex								
	Base	Mean	Not comfortable(1)		Neutral(2)		Comfortable(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	912	2.49	20.7	189	9.5	87	69.7	636	
Gender (*)									$\chi^2(2) = 16.72$
Male	544	**2.58**	***16.5***	90	8.8	48	74.6	406	$p = 0.000$
Female	368	**2.36**	**26.9**	99	10.6	39	***62.5***	230	
Age									$\chi^2(4) = 7.98$
15-19	303	2.39	**25.1**	76	10.9	33	64.0	194	$p = 0.092$
20-24	344	**2.53**	19.2	66	8.1	28	72.7	250	
25-29	263	**2.55**	17.5	46	9.9	26	72.6	191	
Residence									$\chi^2(2) = 3.32$
Urban	192	2.57	17.7	34	7.3	14	75.0	144	$p = 0.190$
Rural	720	2.47	21.5	155	10.1	73	68.3	492	
Education (*)									$\chi^2(4) = 17.16$
No/primary school	377	2.38	**24.7**	93	**12.2**	46	***63.1***	238	$p = 0.002$
Secondary school	347	**2.52**	19.3	67	8.9	31	71.8	249	
High school/university	188	**2.64**	***15.4***	29	***5.3***	10	**79.3**	149	
Sexual Profile (*)									$\chi^2(8) = 38.33$
Not sexually active males	298	2.48	20.1	60	11.4	34	68.5	204	$p = 0.000$
Not sexually active females	161	2.34	**27.3**	44	11.2	18	61.5	99	
Sexually active married males	146	2.56	18.5	27	6.8	10	74.7	109	
Sexually active single males	88	**2.92**	***2.3***	2	***3.4***	3	**94.3**	83	
Sexually active married females	199	2.38	**26.6**	53	8.5	17	64.8	129	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

'*Men should discuss sexual matters'*

Attitudes towards whether men should discuss sexual matters varied according to respondent profiles. Overall, there was support for men to discuss sexual matters: 69% agreed with the statement.

However, there were significant differences according to gender:

- More males (80%) than females (58%) agreed that men should discuss sexual matters, while more than a third of females (35%) disagreed.

Age, education and sexual profile were also associated with attitudes towards men discussing sexual matters.

- The highest level of support for men discussing sexual matters was recoded by high school/university educated (79%), followed by (72%) the secondary school educated.
- The highest level of support for men discussing sexual matters was reported by single sexually active males (87%)

Table 23- *'Men should discuss sexual matters'*

	Men should Discuss Sexual Matters								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1332	2.43	26.1	348	4.8	64	69.1	920	
Gender (*)									$\chi^2(2) = 70.59$
Male	675	**2.62**	***17.5***	118	***3.0***	20	**79.6**	537	$p = 0.000$
Female	657	**2.23**	**35.0**	230	**6.7**	44	***58.3***	383	
Age (*)									$\chi^2(4) = 11.32$
15-19	521	2.35	29.2	152	**6.3**	33	64.5	336	$p = 0.023$
20-24	474	**2.50**	23.2	110	3.4	16	73.4	348	
25-29	335	2.45	25.4	85	4.2	14	70.4	236	
Residence									$\chi^2(2) = 3.43$
Urban	265	2.46	23.8	63	6.8	18	69.4	184	$p = 0.180$
Rural	1067	2.42	26.7	285	4.3	46	69.0	736	
Education (*)									$\chi^2(4) = 23.40$
No/primary school	592	2.32	**31.4**	186	5.6	33	***63.0***	373	$p = 0.000$
Secondary school	498	**2.48**	23.5	117	5.0	25	71.5	356	
High school/university	242	**2.60**	***18.6***	45	***2.5***	6	**78.9**	191	
Sexual Profile (*)									$\chi^2(8) = 83.16$
Not sexually active males	408	2.57	***19.9***	81	3.4	14	**76.7**	313	$p = 0.000$
Not sexually active females	379	**2.14**	**39.3**	149	**7.7**	29	***53.0***	201	
Sexually active married males	162	2.66	***15.4***	25	3.1	5	**81.5**	132	
Sexually active single males	90	2.74	***12.2***	11	***1.1***	1	**86.7**	78	
Sexually active married females	269	**2.36**	29.4	79	5.2	14	65.4	176	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

'Women should discuss sexual matters'

Respondents were asked whether women should discuss sexual matters. Most, 68% of both males and females agreed with the statement that 'women should discuss sexual matters.'

While there was a statistically significant relationship between gender and women's discussion on sexual matters, the difference was greatest among 'neutral' responses (3% males, 6% females), and only slightly more males (29%) than females (26%) disagreed that women should discuss sexual matters.

Education and sexual profile were statistically associated with women's discussion on sexual matters.

- Agreement with women discussing sexual matters was in relation to the level of education: 77% agreed among high school/university; 62% of no/primary school agreed with the statement.
- Sexually active single males agreed the most (73%), followed by sexually active married females (72%); and lowest level of disagreement was among sexually active married females (23%). However, the statistically important differences were mostly among 'neutral' responses, although these were below 7% for all categories.

Table 24- *'Women should discuss sexual matters'*

	Women should Discuss Sexual Matters								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1342	2.40	27.9	374	4.2	56	68.0	912	
Gender (*)									$\chi^2(2) = 9.72$
Male	671	2.39	29.4	197	***2.5***	17	68.1	457	$p = 0.008$
Female	671	2.41	26.4	177	**5.8**	39	67.8	455	
Age									$\chi^2(4) = 7.27$
15-19	527	2.34	30.4	160	5.1	27	64.5	340	$p = 0.122$
20-24	473	2.47	25.2	119	3.0	14	71.9	340	
25-29	340	2.40	27.6	94	4.4	15	67.9	231	
Residence									$\chi^2(2) = 1.34$
Urban	272	2.44	26.1	71	3.3	9	70.6	192	$p = 0.512$
Rural	1070	2.39	28.3	303	4.4	47	67.3	720	
Education (*)									$\chi^2(4) = 20.65$
No/primary school	587	2.30	**32.4**	190	**5.5**	32	***62.2***	365	$p = 0.000$
Secondary school	508	**2.45**	25.6	130	3.9	20	70.5	358	
High school/university	247	**2.55**	***21.9***	54	***1.6***	4	**76.5**	189	
Sexual Profile (*)									$\chi^2(8) = 16.66$
Not sexually active males	403	2.37	30.0	121	***2.7***	11	67.2	271	$p = 0.034$
Not sexually active females	394	2.36	28.7	113	**6.6**	26	64.7	255	
Sexually active married males	163	2.35	30.7	50	3.7	6	65.6	107	
Sexually active single males	90	2.47	26.7	24	***0.0***	0	73.3	66	
Sexually active married females	268	2.49	***23.1***	62	4.9	13	72.0	193	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

Attitudes towards Sexual Matters

'Men should not have sex before marriage'

Opinions on whether 'men should not have sex before marriage' were different according to the respondents' profiles. In general, there was a high level of agreement with the statement: 65%.

Gender was statistically associated with the view that men should not have sex before marriage:

- 71% of women supported the statement compared to 60% of men;
- 38% of men and 27% of women said they disagreed.

Residence, education and sexual profile were related to the statement.

- 'Men should not have sex before marriage' was supported more by rural respondents (69%) compared to 60% of urban ones.
- No formal education/primary school and secondary school supported the statement at 66% in both categories. Yet, the major differences were the 'neutral' responses by no/primary school (4%) and secondary school (2%).
- The highest support of these opinions was among not sexually active females (71%) and sexually active married females (70%), 54% of sexually active single males disagreed with the statement.

Table 25- *'Men should not have sex before marriage'*

	Men should Not Have Sex Before Marriage								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1339	2.33	32.4	434	2.5	33	65.1	872	
Gender (*)									$\chi^2(2) = 20.39$
Male	671	**2.22**	**38.2**	256	2.1	14	***59.8***	401	$p = 0.000$
Female	668	**2.44**	***26.6***	178	2.8	19	**70.5**	471	
Age									$\chi^2(4) = 5.37$
15-19	522	2.37	30.7	160	1.9	10	67.4	352	$p = 0.251$
20-24	475	2.29	33.5	159	**3.6**	17	62.9	299	
25-29	340	2.31	33.8	115	1.8	6	64.4	219	
Residence (*)									$\chi^2(2) = 30.20$
Urban	266	**2.05**	**45.9**	122	3.4	9	***50.8***	135	$p = 0.000$
Rural	1073	**2.40**	***29.1***	312	2.2	24	68.7	737	
Education (*)									$\chi^2(4) = 12.69$
No/primary school	594	2.36	30.0	178	**3.9**	23	66.2	393	$p = 0.013$
Secondary school	503	2.33	32.8	165	1.6	8	65.6	330	
High school/university	242	2.24	37.6	91	***0.8***	2	61.6	149	
Sexual Profile (*)									$\chi^2(8) = 43.73$
Not sexually active males	403	2.31	33.0	133	2.7	11	64.3	259	$p = 0.000$
Not sexually active females	389	2.44	***27.0***	105	1.8	7	71.2	277	
Sexually active married males	163	2.17	**41.1**	67	***0.6***	1	58.3	95	
Sexually active single males	90	**1.89**	**54.4**	49	2.2	2	***43.3***	39	
Sexually active married females	270	2.45	***25.2***	68	**4.4**	12	70.4	190	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

'It is OK for women to have sex before marriage'

Respondents were asked whether they agreed that 'it is OK for women to have sex before marriage'.

Of all respondents, 84% expressed an attitude that it was not acceptable for women to have sex before marriage. Both male and female respondents disagreed with the statement to a similar degree (84%, 85% respectively).

This opinion was held universally: There were no statistically significant variations across any of the demographic characteristics or sexual profiles.

Table 26- *'It is OK for women to have sex before marriage'*

	It is OK for woman to Have Sex Before Marriage								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1353	1.29	84.2	1139	2.7	36	13.2	178	
Gender									$\chi^2(2) = 1.57$
Male	677	1.30	83.9	568	2.2	15	13.9	94	p = 0.456
Female	676	1.28	84.5	571	3.1	21	12.4	84	
Age									$\chi^2(4) = 7.61$
15-19	532	1.23	87.2	464	2.4	13	***10.3***	55	p = 0.107
20-24	480	1.31	82.7	397	3.1	15	14.2	68	
25-29	339	**1.35**	81.4	276	2.4	8	16.2	55	
Residence									$\chi^2(2) = 2.70$
Urban	274	1.35	81.0	222	2.9	8	16.1	44	p = 0.260
Rural	1079	1.27	85.0	917	2.6	28	12.4	134	
Education									$\chi^2(4) = 8.53$
No/primary school	593	1.32	82.1	487	**4.0**	24	13.8	82	p = 0.074
Secondary school	511	1.27	85.7	438	***1.6***	8	12.7	65	
High school/university	249	1.27	85.9	214	1.6	4	12.4	31	
Sexual Profile									$\chi^2(8) = 4.47$
Not sexually active males	409	1.29	84.1	344	2.4	10	13.4	55	p = 0.813
Not sexually active females	396	1.24	86.4	342	3.0	12	10.6	42	
Sexually active married males	164	1.33	82.3	135	2.4	4	15.2	25	
Sexually active single males	89	1.28	85.4	76	1.1	1	13.5	12	
Sexually active married females	270	1.32	85.4	223	1.1	8	13.5	39	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

'*Women have sex before marriage but don't admit it*'

Respondents were also asked whether they agreed that 'women have sex before marriage but don't admit'. Of all respondents, 50% supported the statement compared to 40% who didn't.

There was a significant difference between genders on opinions about whether women have sex before marriage but don't admit it.

- More females (52%) than males (47%) expressed the opinion that women were having premarital sex but not saying so

Residence and sexual profile were statistically associated with these attitudes.

- Fifty one percent of urban respondents expressed their agreement with the statement compared to rural respondents (43%).
- Sexually active married females (59%) had the highest agreement; followed by sexually active single males (54%). Yet, not sexually active males had highest disagreement (47%).

Table 27- *'Women have sex before marriage but don't admit'*

	Women have sex Before Marriage But Don't Admit								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1280	2.09	40.8	522	9.7	124	49.5	634	
Gender (*)									$\chi^2(2) = 9.50$
Male	628	**2.02**	***44.9***	282	8.3	52	46.8	294	$p = 0.009$
Female	652	**2.15**	***36.8***	240	11.0	72	52.1	340	
Age									$\chi^2(4) = 8.22$
15-19	502	2.00	**45.2**	227	9.8	49	***45.0***	226	$p = 0.084$
20-24	455	**2.17**	36.7	167	9.9	45	53.4	243	
25-29	321	2.12	39.6	127	9.0	29	51.4	165	
Residence (*)									$\chi^2(2) = 6.23$
Urban	254	**1.96**	46.5	118	11.0	28	***42.5***	108	$p = 0.044$
Rural	1026	**2.12**	39.4	404	9.4	96	51.3	526	
Education									$\chi^2(4) = 5.68$
No/primary school	561	2.12	38.1	214	11.6	65	50.3	282	$p = 0.224$
Secondary school	485	2.05	43.3	210	8.2	40	48.5	235	
High school/university	234	2.08	41.9	98	8.1	19	50.0	117	
Sexual Profile (*)									$\chi^2(8) = 22.83$
Not sexually active males	383	1.97	**47.0**	180	9.1	35	***43.9***	168	$p = 0.004$
Not sexually active females	378	2.04	42.3	160	11.1	42	46.6	176	
Sexually active married males	148	2.06	43.2	64	7.4	11	49.3	73	
Sexually active single males	85	2.15	38.8	33	7.1	6	54.1	46	
Sexually active married females	264	**2.29**	***29.9***	79	11.0	29	**59.1**	156	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

'It is boring for men to have sex with just one woman'

Respondents were asked if they supported the statement that 'it is boring for men to have sex with just one woman'. Opinions were evenly divided overall: Only 43% overall agreed with this opinion, compared to 45% who didn't.

The relationship between gender and the opinion of if it is boring for men to have sex with just one woman was statistically significant:

- 50% of men did not hold this opinion; compared to 40% of women. There was also a statistical importance of the 'neutral' responses among women (16%).

Sexual profile and attitudes about the statement were also statistically related.

- The highest proportion of agreement with these statements was sexually active single males (66%)
- The lowest level of agreement was among sexually active married males (35%).

Table 28- *'It is boring for men to have sex with just one woman'*

	Boring for men to Have Sex with Just One Woman								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1283	1.98	45.1	578	12.2	157	42.7	548	
Gender (*)									$\chi^2(2) = 22.24$
Male	647	**1.91**	**50.2**	325	***8.7***	56	41.1	266	p = 0.000
Female	636	**2.05**	***39.8***	253	**15.9**	101	44.3	282	
Age									$\chi^2(4) = 3.71$
15-19	497	1.98	44.7	222	12.9	64	42.5	211	p = 0.446
20-24	457	2.02	42.7	195	12.5	57	44.9	205	
25-29	327	1.91	49.2	161	10.7	35	40.1	131	
Residence									$\chi^2(2) = 0.09$
Urban	255	1.96	45.9	117	12.2	31	42.0	107	p = 0.955
Rural	1028	1.98	44.8	461	12.3	126	42.9	441	
Education									$\chi^2(4) = 1.85$
No/primary school	573	1.97	44.5	255	13.6	78	41.9	240	p = 0.764
Secondary school	478	1.98	45.4	217	11.1	53	43.5	208	
High school/university	232	1.97	45.7	106	11.2	26	43.1	100	
Sexual Profile (*)									$\chi^2(8) = 52.54$
Not sexually active males	383	1.86	**52.2**	200	9.9	38	37.9	145	p = 0.000
Not sexually active females	366	2.08	***36.9***	135	**18.0**	66	45.1	165	
Sexually active married males	161	1.80	**55.3**	89	*9.9*	16	***34.8***	56	
Sexually active single males	88	**2.34**	***31.8***	28	***2.3***	2	**65.9**	58	
Sexually active married females	262	1.99	44.3	116	12.6	33	43.1	113	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

'It is OK for men to have sex outside marriage'

Informants expressed their viewpoints if 'it is OK for men to have sex outside marriage'. Overall, the majority of respondents (75%) disagreed with the statement.

There was a significant relationship between gender and the acceptance for men to have sex outside marriage:

- Only 14% of females agreed, compared to 26% of males.

Age and sexual profile were also statistically related to these opinions.

- Level of agreement according to age range; the highest acceptance of men having extramarital sex was among 25-29 years old (25%) and lowest (16%) supported among 15-19 years old.
- Sexually active single males (46%) expressed highest levels of support for male extramarital sex, followed by sexually active married males (30%).
- Sexually active married males were more tolerant of extramarital relations (30%) than sexually active married females (15%).

Table 29- '*It is OK for men to have sex outside marriage*'

	It is OK for men to Have Sex Outside Marriage								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1352	1.45	74.9	1013	5.2	70	19.9	269	
Gender (*)									$\chi^2(2) = 28.17$
Male	675	**1.56**	***69.9***	472	4.4	30	**25.6**	173	$p = 0.000$
Female	677	**1.34**	**79.9**	541	5.9	40	***14.2***	96	
Age (*)									$\chi^2(4) = 12.75$
15-19	527	1.38	77.8	410	6.3	33	***15.9***	84	$p = 0.013$
20-24	481	1.47	74.2	357	5.0	24	20.8	100	
25-29	342	**1.53**	71.6	245	3.5	12	**24.9**	85	
Residence									$\chi^2(2) = 1.18$
Urban	274	1.46	74.8	205	4.0	11	21.2	58	$p = 0.555$
Rural	1078	1.45	75.0	808	5.5	59	19.6	211	
Education									$\chi^2(4) = 3.36$
No/primary school	600	1.43	75.8	455	5.0	30	19.2	115	$p = 0.500$
Secondary school	504	1.44	75.0	378	6.0	30	19.0	96	
High school/university	248	1.51	72.6	180	4.0	10	23.4	58	
Sexual Profile (*)									$\chi^2(8) = 64.59$
Not sexually active males	407	1.45	74.2	302	6.1	25	19.7	80	$p = 0.000$
Not sexually active females	392	1.34	79.8	313	6.1	24	***14.0***	55	
Sexually active married males	164	**1.62**	68.3	112	***1.8***	3	**29.9**	49	
Sexually active single males	89	**1.94**	***51.7***	46	2.2	2	**46.1**	41	
Sexually active married females	275	1.36	79.3	218	5.8	16	***14.9***	41	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

Acceptable for Men to Have Sex with Men

Attitude about whether it is acceptable for men to have sex with men were similar across the all profiles. The majority (93%) expressed disagreement with the statement.

Both male (93%) and female (92%) respondents had quite similar levels of disagreement to the acceptance for men to have sex with men, but there was no statistically significant relationship between all profiles and the attitudes.

Table 30- Acceptable for Men to Have Sex with Men

	Acceptable for men to Have Sex With Men								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1330	1.12	92.5	1230	3.4	45	4.1	55	
Gender									$\chi^2(2) = 0.39$
Male	676	1.11	92.6	626	3.6	24	3.8	26	$p = 0.821$
Female	654	1.12	92.4	604	3.2	21	4.4	29	
Age									$\chi^2(4) = 4.16$
15-19	522	1.11	92.5	483	4.0	21	3.4	18	$p = 0.384$
20-24	471	1.11	92.6	436	3.4	16	4.0	19	
25-29	335	1.13	92.5	310	2.1	7	5.4	18	
Residence									$\chi^2(2) = 2.49$
Urban	267	1.15	90.3	241	4.1	11	5.6	15	$p = 0.288$
Rural	1063	1.11	93.0	989	3.2	34	3.8	40	
Education									$\chi^2(4) = 9.17$
No/primary school	587	**1.16**	90.1	529	4.3	25	**5.6**	33	$p = 0.057$
Secondary school	498	1.09	94.2	469	3.0	15	***2.8***	14	
High school/university	245	1.09	94.7	232	2.0	5	3.3	8	
Sexual Profile									$\chi^2(8) = 8.34$
Not sexually active males	409	1.12	91.7	375	4.6	19	3.7	15	$p = 0.401$
Not sexually active females	382	1.13	91.4	349	4.5	17	4.2	16	
Sexually active married males	163	1.12	93.3	152	1.8	3	4.9	8	
Sexually active single males	89	1.09	94.4	84	2.2	2	3.4	3	
Sexually active married females	262	1.11	93.5	245	***1.5***	4	5.0	13	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

Self-Reported Sexual Practices

Summary of Findings: Sexual Practices

- Forty-one percent of respondents had ever had sex, and nearly the same (39%) were sexually active, having had at least one partner in the last year.
- Most married males (86%) and all but one married female reported having only one partner in the past year.

- Sexually experienced single males reported an average of 2.8 partners; 32% had three or more; their partners were sex workers (63%) and sweethearts (57%).
- Wives were the predominant partners of married males (96%) but also sex workers (10%) and sweethearts (6%).
- For all but three married females, husbands were partners (100%).

- Single respondents who had never had sex expressed universal interest (98%) to remain virgins until marriage.
- Social concerns – reputation and tradition – were the main reasons given by both male and females; for females the largest concern expressed was 'Lost reputation' (68%).
- Health concerns – fear of AIDS and pregnancy – were also reasons to maintain virginity but less so than social concerns.

- Nearly a fourth (24%) of single respondents currently had a sweetheart; with single sexually active males (58%) having most.

- Of single respondents who ever had sweetheart, a quarter (25%) reported having sexual experience.

- Nearly one third of married males (32%) and 5% of married females said they had had sex before marriage. Male premarital partners were sweethearts (48%), sex workers (44%) and their future spouse (19%); females' premarital partners were predominantly their future spouse (77%).

- Nearly a third (32%) of married men had had sex outside of marriage.

- Forty-three percent of sexually experienced males had ever paid for sex and 12% had had group sex. This was mostly among single sexually active males: 77% had paid for sex and 28% said they had had group sex.

- Only two male respondents reported they had ever had sex with a man; both were married.

All respondents were asked a series of questions about their sexual experiences and practices. Four separate sets of questions were used, distinguishing respondents by their gender and marital status.

Sexual Experience (Ever Had Sex)

As reported in the Sexual Profile section earlier in this report, overall, four in ten of respondents (41%) reported they had ever had sex. Sexual experience was associated with marital status for both males and females; and while less then 1% of single females reported they had had sex, 20% of single men reported sexual experience.

Table 31- Profile - Ever had Sex

	Ever Had Sex					
	Base	Yes		No		
		%	#	%	#	
ALL RESPONDENTS	1368	40.6	556	59.4	812	
Gender						$\chi^2(1) = 0.77$
Male	684	39.5	270	60.5	414	p=0.378
Female	684	41.8	286	58.2	398	
Marital Status(*)						$\chi^2(3) = 1012.56$
Married Males	165	**100.0**	165	***0.0***	0	p= 0.000
Single males	519	***20.2***	105	**79.8**	414	
Married Females	284	**100.0**	284	***0.0***	0	
Single females	400	***0.5***	2	**99.5**	398	

Sexual Partners

Number of Sexual Partners in the Past Year

'How many sexual partners have you had in the last year?'

All sexually experienced respondents were asked about the number of partners they had in the past year. Nearly the same proportion, (39%) of all respondents, was sexually active, and reported having had at least one sexual partner in the past year.

Table 32- Profile - Sexually Active - Ever had sex and had at least one partner in the past year

	How many sexual partners have you had in the past year?				
	Base	Zero or never had sex		One or more	
		%	#	%	#
ALL RESPONDENTS	1368	61.0	835	39.0	533
Marital Status					
Married Males	165	0.6	1	99.4	164
Single males	519	82.5	428	17.5	91
Married Females	284	2.8	8	97.2	276
Single females	400	99.5	398	0.5	2

The mean number of partners differed by gender and marital status of the sexually experienced respondents. Most married males (86%) and all but one married female (99%) reported having one sexual partner. On average (mean 2.84), single males reported more partners, with a third (32%) reporting having had one and another third (34%) reporting they had three or more.

Table 33- Number of sexual partners in the past year (Base: Sexually experienced males and females)

	Married Males		Single Males		Married Females		
	%	#	%	#	%	#	
Number of Partner(s) in Past Year(*)							$\chi^2(6) = 231.29$
Zero	***0.6***	1	**11.7**	12	2.8	8	p= 0.000
1	86.1	142	***32.0***	33	**96.8**	275	
2	9.1	15	**22.3**	23	***0.0***	0	
3 or more	***4.2***	7	**34.0**	35	***0.4***	1	
Mean		1.25		2.84		0.99	
Median		1.00		2.00		1.00	
Base		**165**		**103**		**284**	

Relationship with Sexual Partners in the Past Year

Respondents who had at least one partner in the past year were asked about their relationship with the partner(s).

Sexually experienced married males referred to their spouse (98%); additionally several of them also named a sex worker (10%) and sweetheart (6%) in their partner relationships. Sexually experienced single males reported their partner(s) as sex workers (63%), followed by sweethearts (57%).

Table 34- Relationship with sexual partners in the past year (Base: Sexually active males and females)

	Thinking about this/these partner(s), what was/were your relationship(s) with them in the past year?					
	Married Males		**Single males**		**Married Females**	
	%	#	%	#	%	#
Relationship to partner(s) in Past Year						
Spouse	98.2	161	0.0	0	99.6	274
Sweetheart - sangsar	5.5	9	57.1	52	0.0	0
Sex worker	9.8	16	62.6	57	0.0	0
Other	1.2	2	3.3	3	1.1	3
Don't want to answer	0.0	0	1.1	1	0.0	0
Base (multiple answers)		**164**		**91**		**275**

Single Respondents

Virginity

All single respondents who reported no sexual experience (not ever had sex) were asked about virginity.

The desire to maintain virginity until marriage was universal among those who had not yet had sex before marriage: 98% of single males and all of the single females without sexual experience declared their intention to be a virgin when they got married.

Table 35- Intention to be a virgin until marriage (Base: Single males and females who had never had sex)

	Do you intend to be a virgin when you get married?					
	Base	Yes		No		
		%	#	%	#	
All Respondents	800	98.1	785	1.9	15	
Gender(*)						$\chi^2(1) = 11.09$
Male	406	96.6	392	**3.4**	14	p= 0.000
Female	394	99.7	393	***0.3***	1	
Age						$\chi^2(2) = 0.60$
15-19	490	98.4	482	1.6	8	p= 0.739
20-24	246	97.6	240	2.4	6	
25-29	62	98.4	61	1.6	1	
Residence						$\chi^2(1) = 0.48$
Urban	157	97.5	153	2.5	4	p=0.488
Rural	643	98.3	632	1.7	11	
Education						$\chi^2(2) = 4.27$
No/primary school	276	99.3	274	0.7	2	p=0.118
Secondary school	348	98.0	341	2.0	7	
High school/university	176	96.6	170	3.4	6	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variable

Respondents were also asked '*Why*' they wanted to be a virgin when they married. The reasons given for wanting to be a virgin differed by gender. Social concerns – reputation and tradition – were the main reasons given by both males and females. However, while 'Tradition' was equally important to about half of both males (46%) and females (48%), for females the largest concern expressed was 'Lost reputation' (68%), compared to 38% of males, and some (4% of females) also commented about concerns about relationships ending after sex.

Health concerns were also expressed but less so: Fear of AIDS was third main reason given by males (28%) yet a very low concern among females (3%). Pregnancy was a concern shared by both males (10%) and females (12%) but to a lesser degree than social concerns.

Table 36- Reasons for intention to be a virgin until marriage (Base: Single males and females who had never had sex and who intended to be a virgin until marriage)

	Single Males			Single Females		
	Base	%	#	Base	%	#
Against tradition	392	45.7	179	393	47.8	188
Pregnancy	392	9.9	39	393	11.7	46
Lost reputation	392	37.8	148	393	68.4	269
Scare of AIDS	392	27.8	109	393	2.5	10
Some persons need only sex with us after sex they leave us	392	0.8	3	393	4.3	17
Other	392	5.1	20	393	0.8	3

Sweetheart Relationships

All single respondents were also asked if they currently had a sweetheart and/or if they had had one in the past year. Nearly a fourth (24%) of single respondents reported having a sweetheart at time of the survey.

Having a sweetheart was associated with gender, age, residence and sexual profile:

- More males (29%) than females (18%) currently had a sweetheart.
- Older respondents had more sweetheart relationships (34% of 20-24 year olds, 35% of 25-29 year olds).
- Urban respondents (34%) reported more relationships than rural (21%).
- The highest levels were among single sexually active males (58%).

Table 37- Have a sweetheart (Base: Single males and females)

	Having Sweetheart Now or in the Past Year							
	Base	Never had sweetheart		Had sweetheart in the past year, but not now		Having sweetheart now		
		%	#	%	#	%	#	
All Respondents	918	66.3	609	9.5	87	24.2	222	
Gender(*)								$\chi^2(2) = 23.58$
Male	519	***59.7***	310	11.0	57	**29.3**	152	p= 0.000
Female	399	**74.9**	299	7.5	30	***17.5***	70	
Age(*)								$\chi^2(4) = 77.36$
15-19	517	**78.1**	404	***5.6***	29	***16.2***	84	p= 0.000
20-24	305	***52.1***	159	**13.4**	41	**34.4**	105	
25-29	94	***46.8***	44	**18.1**	17	**35.1**	33	
Residence(*)								$\chi^2(2) = 15.96$
Urban	198	***55.1***	109	10.6	21	**34.3**	68	p=0.000
Rural	720	69.4	500	9.2	66	***21.4***	154	
Education								$\chi^2(4) = 4.59$
No/primary school	311	66.6	207	9.6	30	23.8	74	p=0.330
Secondary school	386	69.2	267	8.0	31	22.8	88	
High school/university	221	61.1	135	11.8	26	27.1	60	
Sexual Profile(*)								$\chi^2(4) = 95.77$
Not sexually active males	428	67.8	290	9.1	39	23.1	99	p=0.000
Not sexually active females	397	**75.3**	299	7.3	29	***17.4***	69	
Sexually active single males	91	***22.0***	20	**19.8**	18	**58.2**	53	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

The single, sexually experienced male respondents were asked who their sexual partners were. Multiple answers were possible. 54% reported that a sweetheart had been a sexual partner; 70% said that a sex worker had been their partner.

Table 38- Premarital Sex Partners (Base: Single males who had ever had sex)

Premarital Sex Partners (multiple answers)	Base	Frequency	
		%	#
Paid sex worker	105	69.5	73
Sweetheart	105	54.3	57
Friend	105	5.7	6
Other	105	1.0	1

Married Respondents

Married respondents who had been married for less than six months to more than five years: 13% had been married for less than a year; 20% for one to two years; 29% for three to five years; and 38% for more than five years.

The length of marriages varied by age and education.

Table 39- Length of Marriage (Base: married males and females)

	Base	Less than one year		One to two years		Three to five years		More than five years		
		%	#	%	#	%	#	%	#	
All Respondents	440	13.4	59	20.2	89	28.6	126	37.7	166	
Gender										$\chi^2(3) = 2.25$
Male	164	14.6	24	22.6	37	29.3	48	33.5	55	p=0.522
Female	276	12.7	35	18.8	52	28.3	78	40.2	111	
Age(*)										$\chi^2(6) = 101.47$
15-19	18	**44.4**	8	33.3	6	22.2	4	***0.0***	0	p=0.000
20-24	180	**20.0**	36	**28.3**	51	**36.1**	65	***15.6***	28	
25-29	242	***6.2***	15	***13.2***	32	23.6	57	**57.0**	138	
Residence										$\chi^2(3) = 4.83$
Urban	76	18.4	14	23.7	18	30.3	23	27.6	21	p=0.184
Rural	364	12.4	45	19.5	71	28.3	103	39.8	145	
Education(*)										$\chi^2(6) = 15.15$
No/primary school	289	10.4	30	18.7	54	28.4	82	42.6	123	p=0.019
Secondary school	121	17.4	21	23.1	28	28.1	34	31.4	38	
High school/university	30	**26.7**	8	23.3	7	33.3	10	***16.7***	5	
Sexual Profile										$\chi^2(3) = 2.25$
Sexually active married males	164	14.6	24	22.6	37	29.3	48	33.5	55	p=0.522
Sexually active married females	276	12.7	35	18.8	52	28.3	78	40.2	111	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

Sex before Marriage

All married respondents were asked if they had had sex before marriage. Nearly one-third (32%) of married men and 13 (5%) of married females reported they had sex before marriage.

Table 40- Sex before Marriage – (Base: Married males and females)

	Did you have sex before marriage?					
	Base	Yes		No		
		%	#	%	#	
ALL RESPONDENTS	449	14.5	65	85.5	384	
Marital Status(*)						$\chi^2(1) = 61.16$
Married Males	165	**31.5**	52	***68.5***	113	p=0.000
Married Females	284	***4.6***	13	**95.4**	271	

The married respondents who reported having sex before marriage were asked who their sexual partners had been. Multiple answers were possible and varied by gender: 19% of males and ten (77%) females reported that their spouse (before they were married) had been their partner; 48% of males and two females said another sweetheart had been a sexual partner; 44% of married males said that a sex worker had been their partner and 4% said other.

Table 41- Premarital Sex Partners (Base: Married males and females who had sex before marriage)

Premarital Sex Partner	Married Males			Married Females		
(multiple answers)	Base	%	#	Base	%	#
My spouse (before we were married)	52	19.2	10	13	76.9	10
A sweetheart (not my current spouse)	52	48.1	25	13	15.4	2
Sex worker	52	44.2	23	13		
Other	52	3.8	2	13	7.7	1

Sex outside Marriage

All married men were asked if they had ever had sex outside marriage.
One-third (33%) of married men reported they had ever had sex outside marriage; of these 41% said they had done so in the past year.

Table 42- Sex Outside marriage

	Married Males				
		Yes		No	
	Base	%	#	%	#
Ever had sex outside of marriage	165	32.7	**54**	67.3	111
Ever had sex outside of marriage in the past year	**54**	40.7	22	59.3	32

Paid Sex

Both single and married males who had ever had sex (40% of all male respondents) were asked if they had ever paid for sex.

Paid sex was reported by 43% of all sexually experienced males. Ever having paid for sex was associated with marital status: 22% of married males and 77% of single sexually experienced males reported they had ever paid for sex.

Table 43- Ever Paid for Sex (Sexually experienced males)

	Have You Ever Paid for Sex?					
	Base	Yes		No		
		%	#	%	#	
All Respondents	268	43.3	116	56.7	152	
Marital Status(*)						$\chi^2(1) = 78.34$
Married Males	164	***22.0***	36	**78.0**	128	p= 0.000
Single males	104	**76.9**	80	***23.1***	24	

Paid Sex in the Past Year

Paid sex in the past year was reported by 29% of all sexually experienced males. The number of times ranged from 1 to more than 5, with the frequency differing between single and married males who had ever paid for sex.

More than half (56%) of married men who had ever paid for sex reported not having done so in the past year, compared to only 23% of the single males. (It is possible that the married males reported their experience paying for sex before they were married.) More than a quarter (28%) of the single males who reported recently paying for sex said they had done so more than five times.

Table 44- Number of Times Paid for Sex in Past Year (Sexually experienced males who had ever paid for sex)

Number of time to paid fo sex	Single Males		Married Males	
in the past year	%	#	%	#
Zero	22.5	18	55.9	19
1	12.5	10	11.8	4
2	20.0	16	11.8	4
3	15.0	12	5.9	2
4	2.5	2	0.0	0
5 or more	27.5	22	14.7	5
Mean		4.51		4.88
Median		2		2
Base		**80**		**34**

Group Sex

Both single and married males who had ever had sex (40% of all male respondents) were asked if they had ever had group sex.

Group sex was reported by 12% of all sexually experienced males. Ever having had group sex was associated with marital status:

- Younger sexually experienced males had more experience of group sex: 26% of 15-19 year olds compared to 6% of 25-29 year old males.
- 2% of married males and 28% of single, sexually experienced males reported they had ever had group sex.

Table 45- Ever had Group Sex (Sexually experienced males)

	Have You Ever Had Group Sex?					
	Base	Yes		No		
		%	#	%	#	
ALL RESPONDENTS	269	12.3	33	87.7	236	
Age(*)						$\chi^2(2) = 11.08$
15-19	23	**26.1**	6	73.9	17	p= 0.003
20-24	113	16.8	19	83.2	94	
25-29	133	***6.0***	8	94.0	125	
Marital Status(*)						$\chi^2(1) = 38.42$
Married Males	165	***2.4***	4	97.6	161	p= 0.000
Single Males	104	**27.9**	29	72.1	75	

Ever had Sex with Men (All males who ever had sex)

Single and married males who had ever had sex (40% of all male respondents) were asked if they had ever had sex with a man. Only 2 respondents reported they had ever had sex with a man; both were married.

Table 46- Ever had Sex with Men? (Sexually experienced males)

	Have You Ever Had Sex with Men?					
	Base	**Yes**		**No**		
		%	#	**%**	#	
ALL RESPONDENTS	269	0.7	2	99.3	267	
Marital Status						$\chi^2(1) = 1.27$
Married Males	165	1.2	2	98.8	163	P= 0.259
Single males	104	0.0	0	100.0	104	

HIV and AIDS

Summary of Findings: HIV and AIDS

Knowledge about HIV and AIDS Risk Reduction

- High knowledge (97%) of reducing the risk of getting HIV: condoms were the main method stated for reducing the risk of getting HIV.
- More males than females noted condoms to be a method of reducing the risk of HIV transmission (93% and 87%, respectively). Highest mention of condoms was found among sexually active single males (98%).
- Sharing razors (31%) and having only partner (29%) were mentioned at lower levels.

Talking about HIV and AIDS

- More males (47%) than females (27%) reported they talked about HIV and AIDS.
- A third (34%) of females had never talked about HIV and AIDS.
- The most silence was found among the not sexually active females (40% never talked about HIV and AIDS).

- Of those who ever talked about HIV and AIDS, nearly two thirds (64%) reported they had talked comfortably about HIV and AIDS and 31% didn't.

Attitudes towards Talking about HIV and AIDS

- The opinion that 'Women should talk about HIV and AIDS risks' was widely held: 94% of all respondents supported the statement.
- Similarly, respondents (97%) also strongly indicated their agreement that married couples should talk about HIV and AIDS.

- Overall, 94% of all respondents agreed with the opinion that taking about HIV and AIDS is a way to demonstrate your love/care about your partner; the strongest disagreement was found among not sexually active females (7%) but at low levels.

- A quarter (30%) of all respondents felt embarrassed to talk about HIV and AIDS risks.
- More females (33%) than males (26%) agreed that it is embarrassing for them to talk about HIV and AIDS risk.
- The most embarrassment was found among not sexually active females (36%); followed by 30% of sexually active married females.

- More females (51%) than males (39%) agreed with the statement 'it scares me to talk about HIV and AIDS risks'.
- The strongest level of agreement was found among married females (56%), followed by not sexually active females (48%).

- Attitudes about 'only with sex workers is it necessary to talk about HIV and AIDS risks': More females (21%) indicated their agreement compared to (14%) of males.

Self-Assessed Chance of Getting HIV

- Seventy-nine percent of all respondents reported feeling that they have 'no chance' of getting HIV.
- More females (81%) than males (77%) felt 'no chance' of getting HIV; the strongest proportion of feeling 'no chance' of getting HIV were among not sexually active females (87%), followed by not sexually active males (82%).

- Only eleven percent (11%) of both sexually active single males and sexually active married females thought that they had a 'medium or high chance'.
- More than half of sexually active single males considered themselves to have some chance (46%) or high risk (6%); as did a fourth of sexually active married women (24% some, 2% high).

- The main reasons given by those who felt they had no risk were having never had sex (51%), faithfulness (26%) and condoms (12%).
- The strongest reference to fidelity was among married, sexually active respondents - males (62%) and females (87%).
- Condoms were the reason given by 87% of single, sexually active men.

- The strongest reason for those who thought they had some/high risk of getting HIV were injecting equipment (33%), distrust in their partner (27%) and sex without a condom (21%).

Risk Reduction Knowledge

'What can a person do to reduce his or her risk of getting HIV?'

The open-ended question was used to find out the level of knowledge for reducing the risk of getting HIV with pre-coded answers. Overall, the majority (97%) of respondents spontaneously demonstrated at least one method to reduce the risk of getting HIV. Condoms (90%) were most frequently mentioned.

The further detail of those who mentioned condoms as the way of reducing risk of getting HIV is shown on the next page.

Table 47- What can a person do to reduce his or her risk of getting HIV?

Knowledge About HIV	**Base**	**Frequency**	
		%	#
Use a condom	1367	90.0	1230
Do not use contaminated injecting equipment	1368	30.8	421
Stay faithful to your partner/ have only one partner	1368	28.5	390
Abstinence	1368	13.6	186
Don't touch blood of PLHIV	1368	12.2	167
Take HIV testing before getting married	1368	5.2	71
Reduce the number of partners	1368	3.4	47
Wait until you are older to start having sex	1368	2.3	32
Don't have baby when having HIV	1368	1.3	18
Other	1368	3.1	42
Don't know	1368	3.1	42

Using a Condom to Reduce the Risk of Getting HIV

Most respondents (90%).stated that using a condom reduced the risk of getting HIV.

Gender and sexual profile were statistically associated with the recalls of using a condom to reduce the risk of getting HIV.

- More males than females recalled the method of using a condom to reduce the risk (93% and 87%, respectively) of infection.
- Highest recalls were found among sexually active single males (98%), while not sexually active females (86%) mentioned them the least.

Table 48- Using a condom to reduce the risk of getting HIV

	Using a condom to reduce the risk of getting HIV					
	Base	Yes		No		
		%	#	%	#	
ALL RESPONDENTS	1367	90.0	1230	10.0	137	
Gender(*)						$\chi^2(1) = 16.50$
Male	684	93.3	638	***6.7***	46	p= 0.000
Female	683	86.7	592	**13.3**	91	
Age						$\chi^2(2) = 2.44$
15-19	536	89.2	478	10.8	58	p= 0.295
20-24	485	89.3	433	10.7	52	
25-29	344	92.2	317	7.8	27	
Residence						$\chi^2(1) = 1.13$
Urban	277	91.7	254	8.3	23	p=0.286
Rural	1090	89.5	976	10.5	114	
Education						$\chi^2(2) = 4.79$
No/primary school	603	88.1	531	11.9	72	p=0.090
Secondary school	512	91.0	466	9.0	46	
High school/university	252	92.5	233	7.5	19	
Sexual Profile(*)						$\chi^2(4) = 20.62$
Not sexually active males	429	92.8	398	***7.2***	31	p=0.000
Not sexually active females	406	85.5	347	**14.5**	59	
Sexually active married males	164	92.1	151	7.9	13	
Sexually active single males	91	97.8	89	***2.2***	2	
Sexually active married females	275	88.4	243	11.6	32	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

Talking About HIV and AIDS

Respondents were asked to indicate whether they have talked about HIV and AIDS.

Only a fourth of respondents (25%) reported that they had ***never*** talked about HIV and AIDS. Thirty-eight percent of respondents said that they had talked about HIV and AIDS with at least one person more than a month ago; while 37% had done so in the last month.

Talking about HIV and AIDS was statistically associated with gender:

- Almost half (47%) of men said that they had talked about HIV and AIDS compared to a fourth (27%) of women.
- A third (34%) of females had never talked about HIV and AIDS.

Age, residence, education and sexual profile were also associated with talking about HIV and AIDS.

- The highest proportion, 30% of 15-19 year old respondents, indicated that they had never talked about HIV and AIDS compared 21% of 25-29 year old respondents.
- A higher proportion (26%) of rural respondents compared to 20% of urban respondents had never talked about HIV and AIDS.
- The most discussion about HIV and AIDS was found among higher levels of education: 45% with high school/university had ever talked about HIV and AIDS within the last month compared to 31% of those with No/primary school education; while 35% of No/primary school respondents had never done.
- Sexually active single males reported that they had talked about HIV and AIDS the most (58%) in the last month, followed by sexually active married males (48%).
- The highest silence was found among the not sexually active females (40% never talked about HIV and AIDS).

Table 49- Talk about HIV and AIDS

	Respondent has talked about HIV and AIDS						
	Base	Never		More than a month ago		Within last month	
		%	#	%	#	%	#	
ALL RESPONDENTS	1368	25.0	342	38.0	520	37.0	506	
Gender(*)								$\chi^2(2) = 79.15$
Male	684	***16.2***	111	36.8	252	**46.9**	321	p = 0.000
Female	684	**33.8**	231	39.2	268	***27.0***	185	
Age(*)								$\chi^2(4) = 14.29$
15-19	536	**30.2**	162	36.6	196	33.2	178	p = 0.006
20-24	486	22.0	107	39.5	192	38.5	187	
25-29	344	20.9	72	38.1	131	41.0	141	
Residence(*)								$\chi^2(2) = 6.49$
Urban	277	***19.5***	54	38.6	107	41.9	116	p = 0.038
Rural	1091	26.4	288	37.9	413	35.7	390	
Education(*)								$\chi^2(4) = 63.32$
No/Primary shool	604	**34.9**	211	***34.1***	206	***31.0***	187	p = 0.000
Secondary school	512	***19.7***	101	40.2	206	40.0	205	
High school/university	252	***11.9***	30	42.9	108	**45.2**	114	
Sexual Profile(*)								$\chi^2(8) = 127.44$
Not sexually active males	429	***20.0***	86	35.7	153	**44.3**	190	p = 0.000
Not sexually active females	406	**40.1**	163	40.9	166	***19.0***	77	
Sexually active married males	164	***13.4***	22	39.0	64	**47.6**	78	
Sexually active single males	91	***3.3***	3	38.5	35	**58.2**	53	
Sexually active married females	276	24.3	67	36.6	101	39.1	108	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

Comfort Talking About HIV and AIDS

Among the respondents who had ever talked about HIV and AIDS (75%), nearly two-thirds (64%) reported they had talked comfortably about HIV and AIDS and 31% didn't.

Gender was not significantly related to comfort. The relationships were found between residence and education, and comfort talking about HIV and AIDS were statistically significant among those respondents who had talked about HIV and AIDS:

- More urban (72%) than rural (61%) respondents expressed comfort; while 33% of rural respondents did not feel comfortable.
- Highest levels of comfort were reported by those with the highest education (73%); followed by 65% of those with secondary school education; the most uncomfortable (36%) respondents were among No/primary school education.

Table 50- Comfort Talking about HIV and AIDS

	Respondent is comfortable to Talk About HIV and AIDS								
	Base	Mean	Not comfortable(1)		Neutral(2)		Comfortable(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1029	2.33	30.6	315	5.8	60	63.6	654	
Gender									$\chi^2(2) = 1.51$
Male	575	2.34	30.6	176	5.0	29	64.3	370	p= 0.469
Female	454	2.32	30.6	139	6.8	31	62.6	284	
Age									$\chi^2(4) = 2.44$
15-19	373	2.33	30.6	114	5.6	21	63.8	238	p= 0.654
20-24	382	2.28	33.0	126	6.0	23	61.0	233	
25-29	273	2.39	27.5	75	5.9	16	66.7	182	
Residence(*)									$\chi^2(2) = 11.07$
Urban	223	**2.50**	***21.5***	48	6.7	15	**71.7**	160	p=0.003
Rural	806	**2.28**	33.1	267	5.6	45	61.3	494	
Education(*)									$\chi^2(4) = 14.93$
No/primary school	395	2.21	**36.2**	143	6.6	26	***57.2***	226	p=0.004
Secondary school	412	2.35	29.4	121	5.8	24	64.8	267	
High school/university	222	**2.50**	***23.0***	51	4.5	10	**72.5**	161	
Sexual Profile									$\chi^2(8) = 14.04$
Not sexually active males	345	2.26	34.5	119	4.9	17	60.6	209	p=0.080
Not sexually active females	243	2.41	26.3	64	6.6	16	67.1	163	
Sexually active married males	142	2.40	27.5	39	4.9	7	67.6	96	
Sexually active single males	88	2.53	***20.5***	18	5.7	5	73.9	65	
Sexually active married females	210	2.21	35.7	75	7.1	15	57.1	120	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

Attitudes towards Talking About HIV and AIDS Risks

'Woman should talk about HIV and AIDS risks'

The respondents were asked about their attitudes on whether women should talk about HIV and AIDS risks. Overall, a strong majority of respondents (94%) agreed with the statement.

The opinion that women should talk about HIV and AIDS risks were not significantly different in relation to gender: 94% of both males and females supported the statement equally.

However, the significant difference in agreement to the statement '*woman should talk about HIV and AIDS risks*' was found between the education categories:

- The strongest disagreement (7%) was expressed among No/primary school education, but the 'neutral' responses (4%) also contributed to a significant difference.

Table 51- '*Woman should talk about HIV and AIDS risks'*

	Woman should talk about HIV and AIDS risks								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1364	2.89	4.4	60	2.0	27	93.6	1277	
Gender									$\chi^2(2) = 0.40$
Male	682	2.89	4.3	29	2.2	15	93.5	638	p=0.818
Female	682	2.89	4.5	31	1.8	12	93.7	639	
Age									$\chi^2(4) = 4.88$
15-19	534	2.87	5.4	29	2.1	11	92.5	494	p=0.299
20-24	486	2.93	***2.9***	14	1.6	8	95.5	464	
25-29	342	2.88	5.0	17	2.3	8	92.7	317	
Residence									$\chi^2(2) = 3.43$
Urban	276	**2.93**	2.5	7	1.4	4	96.0	265	p= 0.179
Rural	1088	**2.88**	4.9	53	2.1	23	93.0	1012	
Education(*)									$\chi^2(4) = 42.11$
No/primary school	601	**2.82**	**7.3**	44	**3.7**	22	89.0	535	p= 0.000
Secondary school	512	**2.93**	***2.9***	15	***1.0***	5	96.1	492	
High school/university	251	**2.99**	***0.4***	1	***0.0***	0	99.6	250	
Sexual Profile									$\chi^2(8) = 12.21$
Not sexually active males	427	2.92	3.5	15	1.4	6	95.1	406	p= 0.141
Not sexually active females	405	2.88	5.4	22	1.5	6	93.1	377	
Sexually active married males	164	2.84	5.5	9	**4.9**	8	89.6	147	
Sexually active single males	91	2.88	5.5	5	1.1	1	93.4	85	
Sexually active married females	275	2.91	3.3	9	2.2	6	94.5	260	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

'Married couples should talk about HIV and AIDS'

Opinions about whether married couples should talk about HIV and AIDS were universal. Of all respondents, 97% expressed levels of agreement with this attitude.

Agreement with the statement 'married couples should talk about HIV and AIDS' significantly differs by gender:

- Four percent (4%) of males expressed their level of disagreement with the statement compared to 1% of female.

Education[23] and sexual profile[24] were statistically associated with the attitude, but it was statistically invalid.

- Ninety eight percent of both secondary school and high school/university education similarly agreed with the statement 'married couples should talk about HIV and AIDS'; however, the greatest contribution was found among neutral responses of No/primary school education (2%).
- More than 95% across the subgroup of sexual profile; the highest proportion (99%) was found among not sexually active females.
- The strongest disagreement (6%) was expressed by sexually active single males; followed by the sexually active married males (4%) subgroup.

Table 52- '*Married couples should talk about HIV and AIDS'*

	Married couples should talk about HIV and AIDS								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1363	2.95	2.3	32	0.7	10	96.9	1321	
Gender(*)									$\chi^2(2) = 15.79$
Male	682	**2.91**	**4.0**	27	0.6	4	95.5	651	p= 0.000
Female	681	**2.98**	***0.7***	5	0.9	6	98.4	670	
Age									$\chi^2(4) = 3.00$
15-19	533	2.96	1.9	10	0.6	3	97.6	520	p=0.557
20-24	485	2.93	3.1	15	0.6	3	96.3	467	
25-29	343	2.95	2.0	7	1.2	4	96.8	332	
Residence									$\chi^2(2) = 0.70$
Urban	276	2.95	2.5	7	0.4	1	97.1	268	p= 0.703
Rural	1087	2.95	2.3	25	0.8	9	96.9	1053	
Education(*)									$\chi^2(4) = 12.13$
No/primary school	600	2.92	3.2	19	**1.5**	9	95.3	572	p= 0.016
Secondary school	511	2.97	1.6	8	0.2	1	98.2	502	
High school/university	252	2.96	2.0	5	0.0	0	98.0	247	
Sexual Profile(*)									$\chi^2(8) = 19.66$
Not sexually active males	427	2.92	**3.5**	15	0.7	3	95.8	409	p= 0.011
Not sexually active females	404	2.98	***0.7***	3	0.5	2	98.8	399	
Sexually active married males	164	2.91	**4.3**	7	0.6	1	95.1	156	
Sexually active single males	91	2.89	**5.5**	5	0.0	0	94.5	86	
Sexually active married females	275	2.97	***0.7***	2	1.5	4	97.8	269	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

[23] The chi-square test was statistically invalid due to more than 20% cells (33.3%) have expected count less than 5. The minimum expected count is 1.85.
[24] The chi-square test was statistically invalid due to more than 20% cells (46.7%) have expected count less than 5. The minimum expected count is 0.67.

'It is the role of man in a relationship to talk about HIV and AIDS risks'

Viewpoints that it is the role of the man in a relationship to talk about HIV and AIDS risks were universal: Nine in ten (90%) of all respondents supported the statement.

There was no significant association between gender and the opinion that it is the role of man in a relationship to talk about HIV and AIDS risks.

Education was statistically related with this opinion:

- Highest levels of agreement were found among secondary school respondents (93%) compared to high school/university education (92%). However, the major significant association came from 'neutral' responses of No/primary school (5%).

Table 53- '*It is the role of man in a relationship to talk about HIV and AIDS risks*'

	It is the role of man in a relationship to talk about HIV and AIDS risks								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1356	2.84	6.3	86	3.5	47	90.2	1223	
Gender									$\chi^2(2) = 5.44$
Male	679	**2.87**	5.3	36	2.7	18	92.0	625	p= 0.065
Female	677	**2.81**	7.4	50	4.3	29	88.3	598	
Age									$\chi^2(4) = 0.16$
15-19	529	2.84	6.2	33	3.6	19	90.2	477	p=0.996
20-24	485	2.83	6.6	32	3.5	17	89.9	436	
25-29	340	2.84	6.2	21	3.2	11	90.6	308	
Residence									$\chi^2(2) = 0.96$
Urban	276	2.82	7.6	21	3.3	9	89.1	246	p=0.618
Rural	1080	2.84	6.0	65	3.5	38	90.5	977	
Education(*)									$\chi^2(4) = 10.54$
No/primary school	596	2.80	7.7	46	**4.9**	29	87.4	521	p=0.032
Secondary school	508	2.88	4.9	25	2.6	13	92.5	470	
High school/university	252	2.86	6.0	15	2.0	5	92.1	232	
Sexual Profile									$\chi^2(8) = 12.05$
Not sexually active males	425	2.87	5.4	23	2.6	11	92.0	391	p= 0.148
Not sexually active females	403	2.78	**8.7**	35	**5.0**	20	86.4	348	
Sexually active married males	163	2.83	6.7	11	3.1	5	90.2	147	
Sexually active single males	91	2.93	***2.2***	2	2.2	2	95.6	87	
Sexually active married females	272	2.86	5.5	15	3.3	9	91.2	248	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

'Talking about HIV and AIDS risks is a way to demonstrate your love/care about your partner'

Respondents were asked whether they agreed with the statement *'talking about HIV and AIDS risks is a way to demonstrate your love/ care about your partner'*. Of all respondents, 94% held this view.

Gender was not statistically related to the statement *'talking about HIV and AIDS risks is a way to demonstrate your love/care about your partner'*. Over nine in ten males (95%) and females (92%) agreed to the statement.

There was a significant difference between age and sexual profile:

- Virtually all respondents agreed with the statement across the age groups: 96% and 95% of respondents aged 20-24 and 25-29 respectively, supported the viewpoint; while 6% among 15-19 year olds.
- The strongest level of agreement was found among sexually active single males (98%); and not sexually active females (90%) who showed the least support for the statement.
- Not sexually active females (7%) indicated their highest disagreement with the statement.

Table 54- '*Talking about HIV and AIDS risks is a way to demonstrate your love/ care about your partner'*

	Talking about HIV and AIDS risks is a way to demonstrate your love/care about your partner								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1348	2.90	3.9	52	2.4	32	93.8	1264	
Gender									$\chi^2(2) = 4.38$
Male	678	**2.92**	2.9	20	1.9	13	95.1	645	p= 0.111
Female	670	**2.88**	4.8	32	2.8	19	92.4	619	
Age(*)									$\chi^2(4) = 13.02$
15-19	523	**2.85**	**6.1**	32	2.9	15	91.0	476	p=0.011
20-24	482	2.93	***2.5***	12	1.9	9	95.6	461	
25-29	341	2.93	2.3	8	2.3	8	95.3	325	
Residence									$\chi^2(2) = 5.39$
Urban	275	2.91	2.5	7	**4.0**	11	93.5	257	p= 0.067
Rural	1073	2.90	4.2	45	2.0	21	93.8	1007	
Education									$\chi^2(4) = 6.39$
No/primary school	591	2.87	4.7	28	3.0	18	92.2	545	p= 0.171
Secondary school	505	2.91	3.4	17	2.4	12	94.3	476	
High school/university	252	2.94	2.8	7	***0.8***	2	96.4	243	
Sexual Profile(*)									$\chi^2(8) = 17.32$
Not sexually active males	424	2.91	3.1	13	2.6	11	94.3	400	p= 0.026
Not sexually active females	394	2.84	**6.6**	26	3.3	13	90.1	355	
Sexually active married males	163	2.92	3.7	6	0.6	1	95.7	156	
Sexually active single males	91	2.97	1.1	1	1.1	1	97.8	89	
Sexually active married females	274	2.93	2.2	6	2.2	6	95.6	262	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

'It is embarrassing for me to talk about HIV and AIDS risks'

Respondents were asked to express their level of agreement about embarrassment with talking about HIV and AIDS risks. Overall, two-thirds (67%) disagreed with the statement while 30% said they were embarrassed to talk about HIV and AIDS risks.

The relationship between gender and embarrassment with talking about HIV and AIDS risks is statistically significant:

- One third (33%) of females and 26% of males agreed that it is embarrassing for them to talk about HIV and AIDS risks.

Embarrassment with talking about HIV and AIDS risks was significantly different according to education and sexual profile.

- Lower level of education was related to lower levels of disagreement: 57% of No/primary school education compared to 83% of high school/university education disagreed with the statement..
- The not sexually active females (36%) showed strongest support for the statement; followed by sexually active married females (30%).
- The highest level of disagreement was found among the sexually active single males (81%).

Table 55- *'It is embarrassing for me to talk about HIV and AIDS risks'*

	It is embarrassing for me to talk about HIV and AIDS risks								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1359	1.63	67.0	910	3.2	44	29.8	405	
Gender(*)									$\chi^2(2) = 8.34$
Male	679	**1.56**	70.4	478	3.4	23	***26.2***	178	p= 0.015
Female	680	**1.70**	63.5	432	3.1	21	**33.4**	227	
Age									$\chi^2(4) = 2.61$
15-19	530	1.67	64.7	343	3.6	19	31.7	168	p=0.624
20-24	485	1.61	68.2	331	2.7	13	29.1	141	
25-29	342	1.59	68.7	235	3.5	12	27.8	95	
Residence									$\chi^2(2) = 2.40$
Urban	277	1.56	70.8	196	2.5	7	26.7	74	p= 0.300
Rural	1082	1.65	66.0	714	3.4	37	30.6	331	
Education(*)									$\chi^2(4) = 59.19$
No/primary school	599	**1.82**	***57.1***	342	4.2	25	**38.7**	232	p= 0.000
Secondary school	508	**1.56**	70.7	359	2.6	13	26.8	136	
High school/university	252	**1.32**	**82.9**	209	2.4	6	***14.7***	37	
Sexual Profile(*)									$\chi^2(8) = 18.57$
Not sexually active males	424	1.60	68.4	290	3.5	15	28.1	119	p= 0.017
Not sexually active females	403	1.74	62.0	250	2.2	9	**35.7**	144	
Sexually active married males	164	1.57	69.5	114	3.7	6	26.8	44	
Sexually active single males	91	1.35	**81.3**	74	2.2	2	***16.5***	15	
Sexually active married females	275	1.65	65.5	180	4.4	12	30.2	83	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

'It scares me to talk about HIV and AIDS risks'

Opinions on *'it scares me to talk about HIV and AIDS risks'* were divided: Of all respondents, 45% agreed with the statement, while 52% didn't.

However, there was a significant relationship between gender and the statement:

- Females (51%) agreed that it scares them to talk about HIV and AIDS risks compared to a fourth of males (39%).

Education and sexual profile were also statistically associated with the statement.

- Highest level of agreement was found among low level of education: 55% of No/primary school education agreed it scares them talking about HIV and AIDS risks compared to 31% of high school/university education; while 69% of high school/university expressed their disagreement with the statement.
- Sexually active married females (56%) expressed the highest level of agreement; followed by not sexually active females (48%); while not sexually active males (61%) showed the most disagreement with the statement.

Table 56- '*It scares me to talk about HIV and AIDS risks'*

	It scares me to talk about HIV and AIDS risks								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1357	1.93	51.7	701	3.4	46	45.0	610	
Gender(*)									$\chi^2(2) = 32.58$
Male	677	**1.80**	**59.1**	400	***2.1***	14	***38.8***	263	p= 0.000
Female	680	**2.07**	***44.3***	301	**4.7**	32	**51.0**	347	
Age									$\chi^2(4) = 6.26$
15-19	533	1.90	53.3	284	3.6	19	43.2	230	p=0.179
20-24	481	1.90	53.2	256	3.7	18	43.0	207	
25-29	341	2.04	46.6	159	2.6	9	**50.7**	173	
Residence									$\chi^2(2) = 5.01$
Urban	277	1.89	52.7	146	**5.4**	15	41.9	116	p=0.081
Rural	1080	1.94	51.4	555	2.9	31	45.7	494	
Education(*)									$\chi^2(4) = 63.19$
No/primary school	598	**2.14**	***41.0***	245	4.5	27	**54.5**	326	p= 0.000
Secondary school	507	**1.85**	55.8	283	3.6	18	40.6	206	
High school/university	252	**1.62**	**68.7**	173	***0.4***	1	***31.0***	78	
Sexual Profile(*)									$\chi^2(8) = 39.75$
Not sexually active males	424	1.77	**60.8**	258	***1.7***	7	***37.5***	159	p= 0.000
Not sexually active females	404	2.00	47.5	192	4.5	18	48.0	194	
Sexually active married males	162	1.90	53.7	87	3.1	5	43.2	70	
Sexually active single males	91	1.77	60.4	55	2.2	2	37.4	34	
Sexually active married females	274	2.16	***39.4***	108	**5.1**	14	**55.5**	152	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

'Only with sex workers is it necessary to talk about HIV and AIDS risks'

The notion that *'only with sex workers is it necessary to talk about HIV and AIDS risks'* was widely disagreed with. In general, 80% of all respondents disagreed with the statement while 18% were in support

The relationship between gender and the statement *'only with sex workers is it necessary to talk about HIV and AIDS risks'* was statistically significant:

- More females (21%) indicated their agreement compared to 14% of males.

Education and sexual profile were statistically related to the opinions:

- The highest level of education was related to the highest level of disagreement: 90% of high school/ university education did not support the statement, followed by 84% of secondary school education. A quarter (25%) of no/primary school education agreed with the statement.
- Twenty-one percent of both sexually active married females and not sexually active females expressed agreement with the statement. Four percent of sexually active married females reported they were 'neutral' to the statement.

Table 57- '*Only with sex workers is it necessary to talk about HIV and AIDS risks'*

	Only with sex workers is it necessary to talk about HIV and AIDS risks								
	Base	**Mean**	**Disagree(1)**		**Neutral(2)**		**Agree(3)**		
			%	#	%	#	%	#	
ALL RESPONDENTS	1358	1.38	80.0	1086	2.4	33	17.6	239	
Gender(*)									$\chi^2(2) = 11.53$
Male	679	**1.31**	83.7	568	2.1	14	***14.3***	97	p= 0.003
Female	679	**1.45**	76.3	518	2.8	19	**20.9**	142	
Age									$\chi^2(4) = 3.42$
15-19	530	1.39	79.1	419	3.2	17	17.7	94	p=0.489
20-24	484	1.37	81.0	392	1.4	7	17.6	85	
25-29	343	1.38	79.9	274	2.6	9	17.5	60	
Residence									$\chi^2(2) = 5.90$
Urban	276	**1.46**	75.0	207	3.6	10	21.4	59	p= 0.052
Rural	1082	**1.35**	81.2	879	2.1	23	16.6	180	
Education(*)									$\chi^2(4) = 47.31$
No/primary school	598	**1.53**	***72.1***	431	3.0	18	**24.9**	149	p= 0.000
Secondary school	509	1.29	84.1	428	2.6	13	***13.4***	68	
High school/university	251	1.18	**90.4**	227	***0.8***	2	***8.8***	22	
Sexual Profile(*)									$\chi^2(8) = 17.75$
Not sexually active males	424	1.32	82.8	351	2.8	12	***14.4***	61	p= 0.023
Not sexually active females	402	1.44	77.1	310	2.0	8	**20.9**	84	
Sexually active married males	164	1.29	84.8	139	1.2	2	14.0	23	
Sexually active single males	91	1.29	85.7	78	0.0	0	14.3	13	
Sexually active married females	275	1.46	74.9	206	**4.0**	11	21.1	58	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

Personal Risk Assessment

'Based on what you know, how much would you say are your chances of getting HIV?'

Respondents were asked to rate their chances of getting HIV on a five point scale[25], which was recoded in this analysis into three categories. Most (79%) of respondents rated themselves as having '*no chance'*, 19% of respondents felt they had some chance (answering either '*low*' or '*medium' chance'*), while only 3% considered their risks of getting HIV to be high (answering either '*high*' or '*very high/almost certain'*).

The relationship between gender and knowledge of self-assessed chance of getting HIV was statistically significant:

- More females (81%) felt '*no chance'* of getting HIV compared with males (77%).
- Yet, more males than females felt that they had a '*high chance'* of getting HIV (3% and 1%, respectively).

Age, residence, education and sexual profile were statistically related to personal risk-assessment:

- Eight five percent of respondents aged 15-19 feltthat they had '*no chance'*; however, 23% of both respondents aged 20-24 and 25-29 reported they had '*some chance*'.
- More rural respondents felt that they had '*no chance'* than urban respondents: 82% of rural compared with 68% of urban.
- Those with low education expressed the highest feeling of '*no chance*': 80% of no/primary school and secondary school reported having '*no chance'* , while a fourth (25%) of high school/university felt '*some chance'* of getting HIV.
- A large proportion (87%) of not sexually active females felt '*no chance*' of getting HIV, followed by 82% of not sexually active males.
- Nearly half (46%) of sexually active single males, followed by 24% of sexually active married females thought that they had '*some chance'*.
- An additional 6% of sexually active single males considered their chances '*high*' as did 2% of sexually active married women.

[25] Possible answers were: No chance, low chance, medium chance, high chance, very high chance/almost certain.

Table 58- Self-assessed Chance of Getting HIV

	Self-assessed chance of getting HIV								
	Base	Mean	No chance(1)		Some chances(2)		High chance(3)		
			%	#	%	#	%	#	
All Respondents	1368	1.23	78.9	1079	18.9	259	2.2	30	
Gender(*)									$\chi^2(2) = 7.51$
Male	684	**1.27**	76.5	523	20.5	140	**3.1**	21	p= 0.023
Female	684	**1.20**	81.3	556	17.4	119	***1.3***	9	
Age(*)									$\chi^2(4)= 23.06$
15-19	536	**1.17**	**85.3**	457	***12.9***	69	1.9	10	p= 0.000
20-24	486	1.29	74.3	361	**22.8**	111	2.9	14	
25-29	344	1.26	75.6	260	**22.7**	78	1.7	6	
Residence(*)									$\chi^2(2)= 24.41$
Urban	277	**1.36**	***68.2***	189	**27.8**	77	**4.0**	11	p=0.000
Rural	1091	**1.20**	81.6	890	***16.7***	182	1.7	19	
Education(*)									$\chi^2(4)= 9.52$
No/primary school	604	1.22	80.0	483	17.9	108	2.2	13	p=0.049
Secondary school	512	1.23	79.7	408	17.4	89	2.9	15	
High school/university	252	1.26	74.6	188	**24.6**	62	***0.8***	2	
Sexual Profile(*)									$\chi^2(8) = 75.69$
Not sexually active males	429	1.21	82.1	352	***15.4***	66	2.6	11	p=0.000
Not sexually active females	406	1.14	**86.7**	352	***12.6***	51	0.7	3	
Sexually active married males	164	1.26	77.4	127	19.5	32	3.0	5	
Sexually active single males	91	**1.57**	***48.4***	44	**46.2**	42	5.5	5	
Sexually active married females	276	1.28	73.9	204	**23.9**	66	2.2	6	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

Main Reasons for No Self-assessed Chance of Getting of HIV

'What are the main reasons you think are your chances of getting HIV?'

Respondents were asked for their reasons behind their self-assessed chances of getting HIV. Multiple answers were possible. The majority (79%) of respondents who felt that they had '*no chance*' did so mainly due to never having sex[26] (51%) and faithfulness (26%).

Table 59- Main Reasons for No Self-assessed Chance of Getting HIV

Reasons for No Self-assessed Chance of Getting HIV (multiple answers)	Base	Frequency	
		%	#
I never had sex	1079	51.1	551
My partner or I are faithful	1079	26.0	281
My partner is faithful	1079	19.9	215
I am faithful	1079	10.4	112
I do not use contaminated injecting instrument	1079	14.0	151
I know how to protect myself	1079	13.9	150
I have used condoms	1079	11.5	124
I do not have sex with unknown person	1079	7.2	78
I abstain, do not have sex	1079	3.7	40
I am married	1079	3.6	39
Other	1079	1.9	21

[26] Age distribution from 15 to 29 in this study which over half of sample population were single never married and never had sex

Looking more closely at three of the main reasons given - faithfulness with partner, condoms, and knowledge about protection – there were differences in who gave each of the responses.

'My partner or I are faithful' (Base: Respondents who felt no chance of getting HIV)

While overall fidelity was the reason given by 26% of the respondents who felt they were at no risk, there were differences among the demographic variables:

- Females (33%) gave the response more than males (19%);
- Older respondents (55% of 25-29 year olds)

The strongest reference to fidelity was among married sexually active respondents - males (62%) and females (87%).

Table 60- '*My Partner or I are Faithful*' (Base: Respondents who felt no chance of getting HIV)

	My partner or I are faithful					
	Base	Yes		No		
		%	#	%	#	
All Respondents	1079	26.0	281	74.0	798	
Gender(*)						$\chi^2(1) = 25.25$
Male	523	***19.1***	100	**80.9**	423	p= 0.000
Female	556	**32.6**	181	***67.4***	375	
Age(*)						$\chi^2(2) = 232.71$
15-19	457	***4.4***	20	**95.6**	437	p= 0.000
20-24	361	**32.7**	118	67.3	243	
25-29	260	**55.0**	143	***45.0***	117	
Residence						$\chi^2(1) = 1.28$
Urban	189	22.8	43	77.2	146	p=0.256
Rural	890	26.7	238	73.3	652	
Education(*)						$\chi^2(2) = 67.66$
No/primary school	483	**37.9**	183	***62.1***	300	p=0.000
Secondary school	408	***18.9***	77	**81.1**	331	
High school/university	188	***11.2***	21	**88.8**	167	
Sexual Profile(*)						$\chi^2(4) = 690.96$
Not sexually active males	352	***2.6***	9	**97.4**	343	p=0.000
Not sexually active females	352	***1.1***	4	**98.9**	348	
Sexually active married males	127	**62.2**	79	***37.8***	48	
Sexually active single males	44	27.3	12	72.7	32	
Sexually active married females	204	**86.8**	177	***13.2***	27	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

'I use condoms' (Base: Respondents who felt no chance of getting HIV)

By contrast, while only 12% gave using condom as their reason for their low personal risk assessment, males (20%) referred to condoms more than females (3%); the highest reference to condoms was among single sexually active males (89%).

Table 61- '*I use condoms*' (Base: Respondents who felt No chance of getting HIV)

	I use condoms					
	Base	Yes		No		
		%	#	%	#	
All Respondents	1079	11.5	124	88.5	955	
Gender(*)						$\chi^2(1) = 73.53$
Male	523	**20.1**	105	***79.9***	418	p= 0.000
Female	556	***3.4***	19	**96.6**	537	
Age(*)						$\chi^2(2) = 27.94$
15-19	457	***5.7***	26	94.3	431	p= 0.000
20-24	361	**14.4**	52	85.6	309	
25-29	260	**17.7**	46	82.3	214	
Residence						$\chi^2(1) = 3.34$
Urban	189	**15.3**	29	84.7	160	p=0.067
Rural	890	10.7	95	89.3	795	
Education						$\chi^2(2) = 0.28$
No/primary school	483	12.0	58	88.0	425	p=0.869
Secondary school	408	11.3	46	88.7	362	
High school/university	188	10.6	20	89.4	168	
Sexual Profile(*)						$\chi^2(4) = 316.06$
Not sexually active males	352	11.1	39	88.9	313	p=0.000
Not sexually active females	352	***0.0***	0	**100.0**	352	
Sexually active married males	127	**21.3**	27	78.7	100	
Sexually active single males	44	**88.6**	39	***11.4***	5	
Sexually active married females	204	**9.3**	19	90.7	185	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

'I know how to protect myself' (Base: Respondents who felt no chance of getting HIV)

Finally, knowledge about protection as the reason for being at no risk of getting HIV was expressed the most by not sexually active single females (21%).

Table 62- '*I know how to protect myself*' (Base: Respondents who felt no chance of getting HIV)

	I Know how to protect myself					
	Base	Yes		No		
		%	#	%	#	
All Respondents	1079	13.9	150	86.1	929	
Gender(*)						$\chi^2(1) = 7.64$
Male	523	***10.9***	57	89.1	466	p= 0.005
Female	556	**16.7**	93	83.3	463	
Age						$\chi^2(2) = 0.49$
15-19	457	14.7	67	85.3	390	p= 0.781
20-24	361	13.0	47	87.0	314	
25-29	260	13.5	35	86.5	225	
Residence						$\chi^2(1) = 0.08$
Urban	189	13.2	25	86.8	164	p=0.767
Rural	890	14.0	125	86.0	765	
Education(*)						$\chi^2(2) = 11.69$
No/primary school	483	***9.9***	48	90.1	435	p=0.002
Secondary school	408	16.7	68	83.3	340	
High school/university	188	**18.1**	34	81.9	154	
Sexual Profile(*)						$\chi^2(4) = 19.29$
Not sexually active males	352	11.6	41	88.4	311	p=0.000
Not sexually active females	352	**20.5**	72	79.5	280	
Sexually active married males	127	9.4	12	90.6	115	
Sexually active single males	44	9.1	4	90.9	40	
Sexually active married females	204	10.3	21	89.7	183	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

Main Reasons for Some or High Self-assessed Chance of Getting HIV

Of the fifth (21%) who felt that they had '*some or high chances*' of contracting HIV, the main reasons given were having used contaminated injecting instrument (33%), followed by not trusting their partner and not using a condom (27% and 21%, respectively).

Table 63- Main Reasons for Some or High Self-assessed Chance of Getting HIV

Reasons for Self-assessed Chance of Getting HIV (multiple answers)	Base	Frequency	
		%	#
I use contaminated injecting instrument	289	32.5	94
I don't not trust partner	289	27.0	78
I had sex without a condom	289	20.8	60
I have touched blood or pus of PLHIV	289	3.1	9
Other	289	15.6	45

'I don't trust my partner'

To understand more details behind the reasons for some or high chances of contracting HIV, '*not trust partner*' and '*had sex without a condom*' differed according to profiles.

'*Not trust partner*' was spontaneously considered the most important among sexually active married females (51%), followed by sexually active single males (40%).

Table 64- '*I don't trust my partner*' (Base: Respondents who felt some or high chance of getting HIV)

	I don't trust partner					
	Base	Yes		No		
		%	#	%	#	
All Respondents	289	27.0	78	73.0	211	
Gender						$\chi^2(1)$ =2.11
Male	161	23.6	38	76.4	123	p=0.145
Female	128	31.3	40	68.8	88	
Age(*)						$\chi^2(2)$ =11.20
15-19	79	19.0	15	81.0	64	p=0.003
20-24	125	23.2	29	76.8	96	
25-29	84	**40.5**	34	59.5	50	
Residence						$\chi^2(1)$ =0.87
Urban	88	30.7	27	69.3	61	p=0.349
Rural	201	25.4	51	74.6	150	
Education						$\chi^2(2)$ =2.13
No/primary school	121	31.4	38	68.6	83	p=0.344
Secondary school	104	23.1	24	76.9	80	
High school/university	64	25.0	16	75.0	48	
Sexual Profile(*)						$\chi^2(4)$ = 57.01
Not sexually active males	77	***6.5***	5	**93.5**	72	p=0.000
Not sexually active females	54	***5.6***	3	**94.4**	51	
Sexually active married males	37	37.8	14	62.2	23	
Sexually active single males	47	**40.4**	19	59.6	28	
Sexually active married females	72	**51.4**	37	***48.6***	35	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

'I had sex without a condom'

Similarly, '*having sex without a condom*' was mentioned the most among the sexually active married females (42%); while about a fourth of both sexually active married and single males (27% and 26%, respectively) gave not using a condom as their reason.

Table 65- '*I had sex without a condom'* (Base: Respondents who felt some or high chance of getting HIV)

	I had sex without a condom					
	Base	Yes		No		
		%	#	%	#	
All Respondents	289	20.8	60	79.2	229	
Gender						$\chi^2(1) = 1.66$
Male	161	18.0	29	82.0	132	p= 0.0.196
Female	128	24.2	31	75.8	97	
Age						$\chi^2(2) = 5.91$
15-19	79	11.4	9	88.6	70	p= 0.052
20-24	125	24.8	31	75.2	94	
25-29	84	23.8	20	76.2	64	
Residence						$\chi^2(1) = 1.38$
Urban	88	25.0	22	75.0	66	p=0.239
Rural	201	18.9	38	81.1	163	
Education(*)						$\chi^2(2) = 11.74$
No/primary school	121	**29.8**	36	70.2	85	p=0.002
Secondary school	104	17.3	18	82.7	86	
High school/university	64	9.4	6	90.6	58	
Sexual Profile(*)						$\chi^2(4) = 38.57$
Not sexually active males	77	***9.1***	7	90.9	70	p=0.000
Not sexually active females	54	***1.9***	1	***98.1***	53	
Sexually active married males	37	27.0	10	73.0	27	
Sexually active single males	47	25.5	12	74.5	35	
Sexually active married females	72	**41.7**	30	***58.3***	42	

Notes:

A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.

Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

Condoms

Summary of Findings: Condoms

Talking About Condoms

- More males than females reported talking about condoms; nearly half (48%) of females had never talked about condoms.

- Single sexually active males talked about condoms the most - 62% had talked about condoms to at least one person in the past month.

- Seven in ten (72%) of the respondents who had talked about condoms felt comfortable talking about them.

- One-fourth (26%) of females expressed discomfort, while the sexually active single males expressed the highest levels of comfort (93%).

Attitudes towards Condoms

Condom Attributes

- Women (28%) more than men (18%) regard condoms as messy to use, especially married sexually active females (32%).
- Sexually active single males disagreed the most to the notion that condoms were messy to use (83%).

- The majority of males (59%) and females (53%) agreed that *'condoms reduce sexual sensation'*.
- However, about a quarter of females (23% of sexually active married females, for example) were neutral about the matter.
- Sexually active single males (75%) agreed the most with the statement that condoms reduced sensation.

Condom Users

- There was very strong support (89%) for the idea that '*proposing condom use is a way to demonstrate your love/care about your*' partner; strongest disagreement was found among 10% of females..

- There was even higher agreement (92%) that '*it is acceptable for a woman to tell a man to use a condom*'. More males (95%) supported this opinion than females (89%), with the most disagreement, albeit low (8%), among sexually active married females.

- Support for women actually buying condoms was lower (66%) however; single, sexually active males (76%) and sexually active married males (73%) were most supportive of women buying condoms, while a third (33%) of non-sexually active females did not find it acceptable for a woman to buy condoms.

- Embarrassment about buying condoms was divided: 48% found buying a condom embarrassing, while 49% did not.

- Embarrassment was greater for women (56%) than men (41%); it was lowest among single sexually active males (73% not embarrassed), yet only half of sexually active married women (50%) said they were not embarrassed to buy a condom.

- Men who use condoms were widely regarded as responsible (91%).

- The opinion that '*women who use condoms are not virtuous*' is most strongly held by of sexually active married females (23%), and least so by sexually active single men (10%).

Condom Use

Availability of Condoms

- A majority of respondents are aware (86%) of where to get a condom: drug/grocery/street seller (48%) was the most well-known place, followed by pharmacy (41%).
- The highest recall of pharmacies as a place to get a condom was among sexually active single males (65%).
- Not sexually active females (31%) and sexually active married females (35%) mentioned getting a condom at pharmacy the least.

Condom Buying

- Eighteen percent of all respondents had ever bought a condom and only 7% owned a condom.
- Gender was statistically related to condom buying: More males (28%) had bought a condom compared to females (7%).
- Overwhelmingly, most sexually active single males (81%) have ever bought a condom, followed by sexually active married males (41%). Whereas, only 16% of sexually active married females had done so.

Ever used a Condom

- Over half (54%) of respondents who had at least one sexual partner in the past year reported that they had never used a condom, while only 28% had used a condom at last sex.
- The biggest proportion (88%) of those who used a condom at last sex was found among sexually active single males. While 74% of sexually active married females had never used a condom.
- To prevent HIV and/or STIs (70%) and to prevent pregnancy (55%) were the major purposes for using a condom.
- However, of those (54%) who never used a condom a few major factors such as trust the partner (68%) and trying to have a baby (19%) were mentioned.

- Of those who used a condom with the purpose of preventing HIV and/or STIs, many more sexually active single males (94%) than sexually active married females (38%) mentioned it.
- In contrast, '*trust the partner'* was a major factor leading to not use a condom (68%).

Consistent Condom Use

- Condom habits varied according to sexual partners:
  - Over nine in ten (93%) always use a condom with paid sex workers.
  - Only 49% said that they always use a condom with a sweetheart.
  - Slightly more females (77%) never use a condom with their husband than married males (71%).

- Three-fourths (76%) considered condom use necessary with a trusted partner; however, agreement was lowest among sexually active married females (69%).

- Overall opinions were divided about the necessity of using condoms only with sex workers, and varied among sub-groups: Half of females (51%), nearly two-thirds of urban residents (62%), yet only a third of sexually active married males (34%) agreed that condoms were only needed with sex workers.

Talking About Condoms

Respondents were asked about talking about condoms.

Of all respondents, 34% reported that they had ***never*** talked about condoms. Thirty-four percent had talked about condoms more than a month ago; while only 32% said they had talked about condoms with at least one person in the last month.

There was a significant association between gender and talking about condoms:

- Forty-four percent of males reported that they had talked about condoms, compared to one-fifth (21%)of females
- Almost half (48%) of females had never talked about condoms.

Age, residence, education and sexual profile were also associated with talking about condoms:

- Similar proportions (33%) of respondents aged 20-24 and 25-29 reported that they had talked about condoms within last month; while 40% aged 15-19 never talked about them.
- A higher proportion (36%) of rural respondents reported that they had never talked about condoms compared to urban respondents of whom 27% had never done so.
- Those with lower levels of education said that they talked about condoms less: 27% with no/primary education had talked about condoms in the past month compared to 42% of those with high school/university education.
- Sexually active single males talked about condoms the most (62%) within the last month, while 45% of sexually active married males had talked about them more than a month ago. The most silence was found among the not sexually active females (56% never talked about condoms).

Table 66- Talk about condoms

	Respondent has talked about condoms						
	Base	Never		More than a month ago		Within last month	
		%	#	%	#	%	#	
ALL RESPONDENTS	1368	34.1	466	33.8	462	32.2	440	
Gender(*)								$\chi^2(2) = 141.44$
Male	684	***19.9***	136	36.3	248	**43.9**	300	$p = 0.000$
Female	684	**48.2**	330	31.3	214	***20.5***	140	
Age(*)								$\chi^2(4) = 13.89$
15-19	536	**39.6**	212	***29.3***	157	31.2	167	$p = 0.007$
20-24	486	30.9	150	36.4	177	32.7	159	
25-29	344	29.7	102	37.2	128	33.1	114	
Residence(*)								$\chi^2(2) = 7.22$
Urban	277	***27.4***	76	35.7	99	36.8	102	$p = 0.027$
Rural	1091	35.7	390	33.3	363	31.0	338	
Education(*)								$\chi^2(4) = 28.75$
No/Primary shool	604	**40.4**	244	32.3	195	***27.3***	165	$p = 0.000$
Secondary school	512	31.6	162	35.4	181	33.0	169	
High school/university	252	***23.8***	60	34.1	86	**42.1**	106	
Sexual Profile(*)								$\chi^2(8) = 196.72$
Not sexually active males	429	***25.2***	108	33.8	145	**41.0**	176	$p = 0.000$
Not sexually active females	406	**56.4**	229	***27.1***	110	***16.5***	67	
Sexually active married males	164	***14.0***	23	**44.5**	73	**41.5**	68	
Sexually active single males	91	***5.5***	5	33.0	30	**61.5**	56	
Sexually active married females	276	36.2	100	37.7	104	***26.1***	72	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

Comfort Talking About Condoms

Sixty six percent of respondents who had ever talked about condoms expressed their level of comfort discussing condoms. The majority (72%) reported they felt comfortable talking about condoms.

There was a significant association between gender and comfort:

- 65% of females expressed comfort compared to 77% of males;
- 18% of males and 26% of females reported they were not comfortable.

The relationships between age, education and sexual profile, and comfort talking about condoms were statistically significant:

- The older respondents expressed their comfort the most (78%) aged 25-29, followed by 74% of 20-24 years old.
- Highest levels of comfort were reported by those with the highest education (80%); followed by 72% of the secondary school education. However, the neutral responses (10% of no/primary school, 4% of high school/university) made the great contribution to significance.
- Overwhelmingly high comfort was found among sexually active single males (93%).

Table 67- Comfort talking about condoms

	Respondent is comfortable to Talk About Condoms								
	Base	Mean	Not comfortable(1)		Neutral(2)		Comfortable(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	904	2.51	20.9	189	7.2	65	71.9	650	
Gender(*)									$\chi^2(2) = 14.73$
Male	549	**2.59**	***17.7***	97	5.8	32	76.5	420	p= 0.000
Female	355	**2.39**	**25.9**	92	9.3	33	***64.8***	230	
Age(*)									$\chi^2(4) = 14.50$
15-19	324	**2.38**	**26.9**	87	8.3	27	***64.8***	210	p= 0.005
20-24	336	2.55	19.3	65	6.5	22	74.1	249	
25-29	244	2.63	***15.2***	37	6.6	16	78.3	191	
Residence									$\chi^2(2) = 4.57$
Urban	202	2.58	16.3	33	9.4	19	74.3	150	p=0.101
Rural	702	2.49	22.2	156	6.6	46	71.2	500	
Education(*)									$\chi^2(4) = 13.53$
No/primary school	361	2.46	21.9	79	**10.2**	37	67.9	245	p=0.008
Secondary school	350	2.49	22.6	79	5.7	20	71.7	251	
High school/university	193	2.64	16.1	31	***4.1***	8	79.8	154	
Sexual Profile(*)									$\chi^2(8) = 39.77$
Not sexually active males	321	2.47	23.7	76	5.9	19	70.4	226	p= 0.000
Not sexually active females	177	2.32	**29.9**	53	7.9	14	***62.1***	110	
Sexually active married males	142	2.67	***13.4***	19	6.3	9	80.3	114	
Sexually active single males	86	**2.91**	***2.3***	2	4.7	4	**93.0**	80	
Sexually active married females	177	2.46	22.0	39	**10.2**	18	67.8	120	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

Attitudes: Condom Attributes

'Condoms are messy to use'

Respondents were asked about whether condoms are messy to use. Overall, the majority did not support this notion: 68% disagreed with the statement.

However, there was a significant difference between gender and the opinion:

- More males (78%) than females (56%) disagreed that condoms are messy, while more than a fourth of females (28%) agreed.

Education and sexual profile were also statistically related to the statement.

- Quite similar proportions (74%) of high school/university education and 75% of secondary school education disagreed that condoms are messy to use.
- The strongest disagreement was found among sexually active single males (83%); followed by not sexually active males (79%); while sexually active married females (32%) showed the greatest support for the statement.

Table 68- '*Condoms are messy to use'*

	Condoms are messy to use								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1179	1.55	67.9	800	9.7	114	22.5	265	
Gender(*)									$\chi^2(2) = 74.44$
Male	649	**1.40**	**77.7**	504	***4.5***	29	***17.9***	116	p= 0.000
Female	530	**1.72**	***55.8***	296	**16.0**	85	**28.1**	149	
Age									$\chi^2(4) = 3.67$
15-19	462	1.52	69.3	320	10.0	46	20.8	96	p=0.451
20-24	426	1.54	68.8	293	8.2	35	23.0	98	
25-29	291	1.60	64.3	187	11.3	33	24.4	71	
Residence									$\chi^2(2) = 1.84$
Urban	244	1.48	70.9	173	9.8	24	19.3	47	p= 0.397
Rural	935	1.56	67.1	627	9.6	90	23.3	218	
Education(*)									$\chi^2(4) = 32.82$
No/primary school	509	**1.70**	***58.9***	300	**12.0**	61	**29.1**	148	p= 0.000
Secondary school	447	1.43	**74.7**	334	7.8	35	***17.4***	78	
High school/university	223	1.43	74.4	166	8.1	18	***17.5***	39	
Sexual Profile(*)									$\chi^2(8) = 84.62$
Not sexually active males	404	1.37	**79.2**	320	***4.2***	17	***16.6***	67	p= 0.000
Not sexually active females	310	1.69	***56.5***	175	**17.7**	55	25.8	80	
Sexually active married males	158	1.51	70.9	112	7.0	11	22.2	35	
Sexually active single males	87	1.33	**82.8**	72	***1.1***	1	16.1	14	
Sexually active married females	218	1.77	***54.6***	119	**13.8**	30	**31.7**	69	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

'Condoms Reduce Sexual Sensation'

Opinions about whether '*condoms reduce sexual sensation*' found that, generally, over half (56%) agreed to the statement.

The relationship between condoms reducing sexual sensation and gender is statistically significant:

- 59% of males and 53% of females agreed that '*condoms reduce sexual sensation'*, while 32% of males disagreed compared to 21% of females.
- The major difference was from the 'neutral' responses (9% of males and 27% of females).

Sexual profile was statistically associated with condoms reducing sexual sensation:

- Sexually active single males (75%) had the most agreement and not sexually active females (49%) agreed the least, with many (29%) offering only a 'neutral' response.

Table 69- '*Condoms reduce sexual sensation'*

	Condoms reduce sexual sensation/pleasure								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1060	2.29	27.4	290	16.2	172	56.4	598	
Gender(*)									$\chi^2(2) = 64.09$
Male	614	2.27	**32.2**	198	***8.8***	54	59.0	362	p= 0.000
Female	446	2.32	***20.6***	92	**26.5**	118	52.9	236	
Age(*)									$\chi^2(4) = 10.11$
15-19	404	2.21	30.0	121	**19.6**	79	***50.5***	204	p=0.038
20-24	377	2.35	25.7	97	13.8	52	60.5	228	
25-29	278	2.33	25.9	72	14.7	41	59.4	165	
Residence									$\chi^2(2) = 3.37$
Urban	222	2.27	26.1	58	20.3	45	53.6	119	p= 0.184
Rural	838	2.29	27.7	232	15.2	127	57.2	479	
Education									$\chi^2(4) = 5.29$
No/primary school	471	2.35	24.0	113	16.8	79	59.2	279	p= 0.258
Secondary school	396	2.22	30.8	122	15.9	63	53.3	211	
High school/university	193	2.27	28.5	55	15.5	30	56.0	108	
Sexual Profile(*)									$\chi^2(8) = 88.62$
Not sexually active males	374	2.16	**36.6**	137	***11.2***	42	52.1	195	p= 0.000
Not sexually active females	252	2.28	***21.4***	54	**29.4**	74	***49.2***	124	
Sexually active married males	151	2.39	27.2	41	***6.6***	10	**66.2**	100	
Sexually active single males	89	2.53	22.5	20	***2.2***	2	**75.3**	67	
Sexually active married females	193	2.38	***19.7***	38	**22.8**	44	57.5	111	

Notes:
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Attitudes: Condom Users

'Proposing a condom use is a way to demonstrate your love/ care about your partner'

Respondents were also asked whether they agreed that '*proposing a condom use is a way to demonstrate your love/ care about your partner*'. The large majority (89%) of all respondents supported the statement.

There was a significant relationship between gender and the opinion that '*proposing condom use is a way to demonstrate their love/care about their partner*'.

- More males (91%) than females (87%) agreed to the statement; 10% of females did not.

Residence was statistically associated with these attitudes:

- Rural respondents (90%) stronger expressed their agreement to the statement compared to urban respondents (84%), but the greatest contribution to the differences were from 'neutral' responses (7% of urban and 2% of rural).

Table 70- '*Proposing condom use is a way to demonstrate your love/care about your partner*'

	Proposing condom use is a way to demonstrate your love/care about your partner								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1339	2.81	7.8	105	3.1	42	89.0	1192	
Gender(*)									$\chi^2(2) = 8.06$
Male	675	**2.85**	***5.8***	39	3.1	21	91.1	615	p= 0.017
Female	664	**2.77**	**9.9**	66	3.2	21	86.9	577	
Age									$\chi^2(4) = 4.94$
15-19	516	2.82	7.2	37	4.1	21	88.8	458	p=0.292
20-24	480	2.79	9.4	45	2.3	11	88.3	424	
25-29	342	2.84	6.7	23	2.9	10	90.4	309	
Residence(*)									$\chi^2(2) = 17.57$
Urban	269	2.76	8.6	23	**7.1**	19	84.4	227	p= 0.000
Rural	1070	2.83	7.7	82	***2.1***	23	90.2	965	
Education									$\chi^2(4) = 6.41$
No/primary school	591	2.82	7.3	43	3.2	19	89.5	529	p= 0.170
Secondary school	503	2.77	**9.9**	50	3.2	16	86.9	437	
High school/university	245	2.87	***4.9***	12	2.9	7	92.2	226	
Sexual Profile									$\chi^2(8) = 12.74$
Not sexually active males	420	2.84	6.0	25	4.0	17	90.0	378	p= 0.121
Not sexually active females	390	2.76	**10.3**	40	3.1	12	86.7	338	
Sexually active married males	164	2.87	5.5	9	2.4	4	92.1	151	
Sexually active single males	91	2.89	5.5	5	***0.0***	0	94.5	86	
Sexually active married females	272	2.78	9.6	26	3.3	9	87.1	237	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

'It is acceptable for a woman to tell a man to use a condom'

Acceptance for a woman to tell a man to use a condom was also high (92%).

There was significant association according to gender: 95% of men supported the statement compared to 89% of women; while 7% of women said that they disagreed.

Education and sexual profile were related to the opinions held:

- The higher level of support for the statement that '*it is acceptable for a woman to tell a man to use a condom*' was found among the higher levels of education: 96% of secondary school, followed by 95% of high school/ university, and the strongest disagreement (9%) was from no/primary education respondents.
- The highest support for the statement was among sexually active males (98%) and least sexually active married females (87%). Eight percent of sexually active married females disagreed with the statement.

Table 71- '*It is acceptable for a woman to tell a man to use a condom'*

	It is acceptable for a woman to tell a man to use a condom								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1354	2.86	5.5	74	2.7	37	91.8	1243	
Gender(*)									$\chi^2(2) = 16.20$
Male	682	**2.91**	***3.8***	26	***1.5***	10	94.7	646	p= 0.000
Female	672	**2.82**	**7.1**	48	**4.0**	27	88.8	597	
Age									$\chi^2(4) = 5.02$
15-19	528	2.88	4.5	24	3.2	17	92.2	487	p=0.284
20-24	482	2.87	5.0	24	2.7	13	92.3	445	
25-29	342	2.83	**7.6**	26	2.0	7	90.4	309	
Residence									$\chi^2(2) = 1.21$
Urban	274	2.89	4.4	12	2.2	6	93.4	256	p= 0.545
Rural	1080	2.86	5.7	62	2.9	31	91.4	987	
Education(*)									$\chi^2(4) = 36.57$
No/primary school	595	**2.78**	**8.9**	53	**4.4**	26	86.7	516	p= 0.000
Secondary school	509	2.94	***2.6***	13	***1.4***	7	96.1	489	
High school/university	250	2.92	***3.2***	8	1.6	4	95.2	238	
Sexual Profile(*)									$\chi^2(8) = 21.05$
Not sexually active males	427	2.90	4.2	18	1.9	8	93.9	401	p= 0.006
Not sexually active females	398	2.84	6.5	26	3.3	13	90.2	359	
Sexually active married males	164	2.91	3.7	6	1.2	2	95.1	156	
Sexually active single males	91	2.96	2.2	2	***0.0***	0	97.8	89	
Sexually active married females	272	2.79	**8.1**	22	**5.1**	14	86.8	236	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

'It is acceptable for a woman to buy condoms'

Respondents were asked about acceptability of a woman buying condoms. Generally, two-third (66%) of respondents expressed agreement to this statement.

There is a significant relationship between gender and this opinion:

- Over three-fifth of both male and female respondents agreed with the statement (70% and 62% respectively).
- However, the statistical association was due to 'neutral' responses by 9% of women and 4% of men.

Age, education and sexual profiles were statistically associated with the attitudes:

- Strongest support for women buying condoms was among older respondents (71% of aged of 25-29).
- High school/university education respondents expressed the highest level of agreement (75%) and no/primary school education respondents supported the statement the least (60%).
- Sexually active married males (76%) expressed the strongest support to the statement, followed by sexually active single males (73%).
- A third of the non-sexually active females (33%) disagreed, the highest level of disagreement among any sub-group.

Table 72- '*It is acceptable for a woman to buy condoms'*

	It is acceptable for a woman to buy condoms								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1330	2.38	27.8	370	6.5	87	65.6	873	
Gender(*)									$\chi^2(2) = 20.20$
Male	669	**2.43**	26.6	178	***3.7***	25	69.7	466	p= 0.000
Female	661	**2.33**	29.0	192	**9.4**	62	61.6	407	
Age(*)									$\chi^2(4) = 13.40$
15-19	522	**2.28**	**32.0**	167	8.0	42	***60.0***	313	p=0.009
20-24	470	2.43	25.3	119	6.2	29	68.5	322	
25-29	336	2.46	24.7	83	4.8	16	70.5	237	
Residence									$\chi^2(2) = 2.28$
Urban	268	2.37	27.2	73	8.6	23	64.2	172	p= 0.318
Rural	1062	2.38	28.0	297	6.0	64	66.0	701	
Education(*)									$\chi^2(4) = 19.27$
No/primary school	584	**2.28**	**31.8**	186	**8.2**	48	***59.9***	350	p= 0.000
Secondary school	502	2.42	26.1	131	6.0	30	67.9	341	
High school/university	244	2.53	***21.7***	53	***3.7***	9	**74.6**	182	
Sexual Profile(*)									$\chi^2(8) = 36.82$
Not sexually active males	417	2.38	28.8	120	***4.6***	19	66.7	278	p= 0.000
Not sexually active females	392	2.23	**33.2**	130	**10.5**	41	***56.4***	221	
Sexually active married males	163	2.54	***21.5***	35	***3.1***	5	**75.5**	123	
Sexually active single males	89	2.47	25.8	23	***1.1***	1	73.0	65	
Sexually active married females	267	2.46	23.2	62	7.9	21	68.9	184	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

'It is embarrassing for me to buy condoms'

Respondents expressed their viewpoints on '*it is embarrassing for me to buy condoms'*. The respondents' viewpoints were equally divided overall: 48% agreed and 49% disagreed with the statement.

There was a significant relationship between gender and embarrassment about to buying condoms:

- Forty-one percent of males compared to 56% of females agreed that it was embarrassing for them to buy condoms.

Education and sexual profile were also statistically related to these opinions:

- People with lower levels of education expressed more embarrassment about buying condoms (55% of no/primary school respondents) compared to high school/ university educated (38%) respondents.
- Sexually active single males (73%) were the least embarrassed about buying condoms, followed by sexually active married males (62%). Sexually active married women were divided about the issue (46% agreed, 50% disagreed), while the highest embarrassment was among of not sexually active females (63%).

Table 73- '*It is embarrassing for me to buy condoms'*

	It is embarrassing for me to buy condoms								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1344	1.99	48.7	655	3.1	41	48.2	648	
Gender(*)									$\chi^2(2) = 35.43$
Male	677	**1.84**	**56.7**	384	2.2	15	***41.1***	278	p= 0.000
Female	667	**2.15**	***40.6***	271	3.9	26	**55.5**	370	
Age									$\chi^2(4) = 9.41$
15-19	524	2.08	44.3	232	3.1	16	52.7	276	p=0.051
20-24	480	1.98	49.4	237	3.3	16	47.3	227	
25-29	338	1.88	**54.7**	185	2.7	9	42.6	144	
Residence									$\chi^2(2) = 2.91$
Urban	272	2.08	44.1	120	3.3	9	52.6	143	p= 0.233
Rural	1072	1.97	49.9	535	3.0	32	47.1	505	
Education(*)									$\chi^2(4) = 23.67$
No/primary school	590	**2.13**	***42.2***	249	2.9	17	**54.9**	324	p= 0.000
Secondary school	504	1.94	51.2	258	3.6	18	45.2	228	
High school/university	250	1.79	**59.2**	148	2.4	6	***38.4***	96	
Sexual Profile(*)									$\chi^2(8) = 69.93$
Not sexually active males	423	1.95	51.3	217	2.6	11	46.1	195	p= 0.000
Not sexually active females	396	**2.28**	***34.1***	135	3.8	15	**62.1**	246	
Sexually active married males	164	1.76	**61.6**	101	1.2	2	***37.2***	61	
Sexually active single males	90	1.51	**73.3**	66	2.2	2	***24.4***	22	
Sexually active married females	269	1.96	49.8	134	4.1	11	46.1	124	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

'Men who use condoms are responsible'

Respondents were asked if they supported the statement that '*men who use condoms are responsible*'. Overwhelmingly, 91% of respondents agreed with this statement.

The relationship between gender and the opinions of *'men who use condoms are responsible*' was statistically significant:

- Men (93%) widely held this opinion; compared to women (88%). Although, the most statistically important were from 'neutral' responses (2% of males and 4% of females).

This opinion was held universally: There were no significant differences across other demographic characteristics or sexual profile.

Table 74- '*Men who use condoms are responsible'*

	Men who use condoms are responsible								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1348	2.84	7.0	94	2.5	34	90.5	1220	
Gender(*)									$\chi^2(2) = 8.77$
Male	677	**2.87**	5.9	40	***1.5***	10	92.6	627	p= 0.012
Female	671	**2.80**	8.0	54	**3.6**	24	88.4	593	
Age									$\chi^2(4) = 6.21$
15-19	525	2.80	8.6	45	3.2	17	88.2	463	p=0.183
20-24	481	2.86	5.8	28	2.5	12	91.7	441	
25-29	340	2.86	6.2	21	1.5	5	92.4	314	
Residence									$\chi^2(2) = 5.04$
Urban	274	2.83	6.2	17	**4.4**	12	89.4	245	p= 0.080
Rural	1074	2.84	7.2	77	2.0	22	90.8	975	
Education									$\chi^2(4) = 0.70$
No/primary school	595	2.83	7.4	44	2.5	15	90.1	536	p= 0.950
Secondary school	505	2.84	6.7	34	2.8	14	90.5	457	
High school/university	248	2.85	6.5	16	2.0	5	91.5	227	
Sexual Profile									$\chi^2(8) = 13.85$
Not sexually active males	425	2.85	6.6	28	2.1	9	91.3	388	p= 0.085
Not sexually active females	396	2.78	**9.1**	36	**3.8**	15	87.1	345	
Sexually active married males	161	2.91	4.3	7	***0.6***	1	95.0	153	
Sexually active single males	91	2.89	5.5	5	***0.0***	0	94.5	86	
Sexually active married females	273	2.84	6.2	17	3.3	9	90.5	247	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

'Women who use condoms are not virtuous'

Respondents were asked their opinion on the statement; '*women who use condoms are not virtuous*'. Of all respondents, three-fourths (75%) disagreed with the statement.

The relationship between the opinions about the statement and gender is statistically significant:

- 80% of males and 71% of females did not support the idea that a woman who used a condom lacked virtue. The 'neutral' responses (less than 10%) made the statistically significant differences.

Education and sexual profile was statistically associated with the attitudes towards the virtue of women who use condoms.

- The strongest disagreement was from high school/university respondents (88%), followed by 79 % of secondary school education respondents.
- Sexually active single males (88%) disagreed the most, followed by sexually active married males (78%)
- Agreement with '*women who use condoms are not virtuous'* was found the most among sexually active married females (23%).

Table 75- *'Women who use condoms are not virtuous'*

	Women who use condoms are not virtuous								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1339	1.43	75.1	1006	6.9	93	17.9	240	
Gender(*)									$\chi^2(2) = 16.11$
Male	672	**1.36**	79.5	534	***4.8***	32	15.8	106	p= 0.000
Female	667	**1.49**	70.8	472	**9.1**	61	20.1	134	
Age									$\chi^2(4) = 1.06$
15-19	517	1.44	74.7	386	6.8	35	18.6	96	p=0.899
20-24	478	1.42	75.5	361	6.5	31	18.0	86	
25-29	343	1.41	75.5	259	7.9	27	16.6	57	
Residence									$\chi^2(2) = 0.83$
Urban	271	1.44	74.9	203	5.9	16	19.2	52	p= 0.658
Rural	1068	1.42	75.2	803	7.2	77	17.6	188	
Education(*)									$\chi^2(4) = 50.55$
No/primary school	592	**1.57**	***66.6***	394	**10.3**	61	**23.1**	137	p= 0.000
Secondary school	501	**1.37**	79.0	396	5.2	26	15.8	79	
High school/university	246	**1.22**	**87.8**	216	***2.4***	6	***9.8***	24	
Sexual Profile(*)									$\chi^2(8) = 30.72$
Not sexually active males	417	1.39	78.2	326	***4.8***	20	17.0	71	p= 0.000
Not sexually active females	392	1.43	74.7	293	7.1	28	18.1	71	
Sexually active married males	164	1.38	78.0	128	6.1	10	15.9	26	
Sexually active single males	91	1.22	87.9	80	***2.2***	2	***9.9***	9	
Sexually active married females	273	1.58	***64.8***	177	**12.1**	33	**23.1**	63	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

Attitudes towards Condoms: Risk Perceptions

'I need to use a condom with a partner I trust'

Respondents were asked whether they agreed to the statement; '*I need to use a condom with a partner I trust*'.

Of all respondents, 76% expressed the view that they needed to use condoms with a partner they trusted.

There is a significant relationship between gender and this view:

- Both male and female respondents agreed with the statement to a quite similar degree (77% and 75% respectively).
- However, the statistically important association were made by 'neutral' responses (5% of women and 2% of men).

Residence and sexual profile were statistically significant in association to trusting one's partner and using a condom with them.

- A higher proportion of rural (77%) than urban (73%) respondents agreed to the statement, but the major significant differences were among the 'neutral' responses (7% of urban and 2% of rural respondents).
- Sexually active single males (81%) supported the statement the most. .
- The lowest level of support was found among sexually active married females and males (25% disagreement). (However, again, the 'neutral' responses expressed by 6% of sexually active married females contributed to the significant differences.)

Table 76- *'I need to use a condom with a partner I trust'*

	I need to use a condom with a partner I trust								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1344	2.55	20.8	279	3.2	43	76.0	1022	
Gender(*)									$\chi^2(2) = 7.26$
Male	678	2.56	21.1	143	***1.9***	13	77.0	522	p= 0.026
Female	666	2.55	20.4	136	**4.5**	30	75.1	500	
Age									$\chi^2(4) = 8.69$
15-19	521	2.59	18.4	96	3.8	20	77.7	405	p=0.069
20-24	479	2.58	19.8	95	2.3	11	77.9	373	
25-29	342	2.46	**25.4**	87	3.5	12	71.1	243	
Residence(*)									$\chi^2(2) = 12.89$
Urban	273	2.52	20.9	57	**6.6**	18	72.5	198	p= 0.001
Rural	1071	2.56	20.7	222	***2.3***	25	76.9	824	
Education									$\chi^2(4) = 6.87$
No/primary school	588	2.56	19.9	117	**4.4**	26	75.7	445	p= 0.142
Secondary school	508	2.57	20.3	103	2.6	13	77.2	392	
High school/university	248	2.51	23.8	59	1.6	4	74.6	185	
Sexual Profile(*)									$\chi^2(8) = 21.87$
Not sexually active males	423	2.57	20.3	86	2.6	11	77.1	326	p= 0.005
Not sexually active females	391	2.62	17.4	68	3.6	14	79.0	309	
Sexually active married males	164	2.49	25.6	42	***0.0***	0	74.4	122	
Sexually active single males	91	2.65	16.5	15	2.2	2	81.3	74	
Sexually active married females	273	2.44	24.9	68	**5.9**	16	69.2	189	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

'It is only necessary to use condoms with sex workers'

Viewpoints that it is only necessary to use condoms with sex workers were divided among the whole population: 46% agreed to the statement compared to 51% did not.

The responses to the statement that '*it is only necessary to use condoms with sex workers*' were significantly associated with gender:

- Four-tenths (41%) of males agreed with the statement, while over half (56%) of men disagreed.
- Conversely, half (51%) of women agreed with the statement.

Residence and sexual profile were statistically related to the statement:

- Six in ten (62%) of urban respondents thought that condoms are only needed with sex workers, compared to 42% of rural respondents.
- Sexually active married males (64%) more than any other subgroup disagreed with the statement, followed by 55% of not sexually active males.
- Sexually active married females and males (51% and 52% respectively) considered condoms only necessary with sex workers.

Table 77- '*It is only necessary to use condoms with sex workers'*

	It is only necessary to use condoms with sex workders								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1346	1.95	51.0	686	2.6	35	46.4	625	
Gender(*)									$\chi^2(2) = 15.43$
Male	677	**1.85**	**56.3**	381	2.2	15	***41.5***	281	p= 0.000
Female	669	**2.06**	***45.6***	305	3.0	20	**51.4**	344	
Age									$\chi^2(4) = 2.88$
15-19	521	2.00	48.4	252	3.1	16	48.6	253	p=0.577
20-24	483	1.92	53.0	256	2.1	10	44.9	217	
25-29	340	1.94	51.8	176	2.6	9	45.6	155	
Residence(*)									$\chi^2(2) = 35.31$
Urban	274	**2.27**	***35.0***	96	2.9	8	**62.0**	170	p= 0.000
Rural	1072	**1.87**	**55.0**	590	2.5	27	***42.4***	455	
Education									$\chi^2(4) = 4.12$
No/primary school	590	1.95	50.7	299	3.6	21	45.8	270	p= 0.388
Secondary school	505	1.95	51.7	261	2.0	10	46.3	234	
High school/university	251	1.98	50.2	126	1.6	4	48.2	121	
Sexual Profile(*)									$\chi^2(8) = 27.02$
Not sexually active males	422	1.87	55.0	232	2.8	12	42.2	178	p= 0.000
Not sexually active females	394	2.05	46.2	182	2.3	9	51.5	203	
Sexually active married males	164	1.70	**64.0**	105	1.8	3	***34.1***	56	
Sexually active single males	91	2.03	48.4	44	***0.0***	0	51.6	47	
Sexually active married females	273	2.07	44.7	122	4.0	11	51.3	140	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

Condom Use: Availability of Condoms

If you want to get a condom, where would you get one?

An open-ended question with pre-coded answers was used to measure availability of condoms (places where they would get condoms). The majority (86%) of all respondents spontaneously reported that they knew at least one place to get a condom while only 14%[27] didn't.

The well-know places, the drug/grocery/street sellers (48%), followed by pharmacies (41%) were spontaneously described as the places where a person could get a condom.

Further details of specific audiences will be shown in the following pages.

Table 78- Places to get a condom

Place to get condoms (multiple answers)	Base	Frequency	
		%	#
Drug/grocery/street sellers	1367	48.1	657
Hospital/Clinic	1367	42.1	575
Hospital	1367	29.8	407
Clinic	1367	15.9	218
Pharmacy	1367	40.5	554
Health worker	1367	3.4	47
Friend/Relative	1367	1.2	16
Don't know	1367	13.8	189

[27] Of those who did not know the place to get a condom were most among not sexually active females (46%), followed by not sexually active males (32%) and sexually active married females (15%).

Getting a Condom at Drug/Grocery/Street Sellers

The following table shows more specific target audiences who spontaneously mentioned the place where they knew they would be able to get a condom (Drug/Grocery/Street Sellers, Pharmacy, Hospital/Clinic).

Nearly half (48%) of all respondents demonstrated that they knew they could get a condom at drug/grocery/street sellers.

There were no significant differences across the demographic and sexual profiles.

Table 79- Getting a condom at Drug/Grocery/Street Sellers

	Getting a condom at Drug/Grocery/Street sellers					
	Base	Yes		No		
		%	#	%	#	
ALL RESPONDENTS	1367	48.1	657	51.9	710	
Gender						$\chi^2(1) = 0.89$
Male	684	46.8	320	53.2	364	p= 0.343
Female	683	49.3	337	50.7	346	
Age						$\chi^2(2) = 2.07$
15-19	536	47.0	252	53.0	284	p= 0.354
20-24	485	50.7	246	49.3	239	
25-29	344	46.2	159	53.8	185	
Residence						$\chi^2(1) = 0.08$
Urban	277	47.3	131	52.7	146	p=0.774
Rural	1090	48.3	526	51.7	564	
Education						$\chi^2(2) = 0.97$
No/primary school	603	47.9	289	52.1	314	p=0.614
Secondary school	512	49.4	253	50.6	259	
High school/university	252	45.6	115	54.4	137	
Sexual Profile						$\chi^2(4) = 9.34$
Not sexually active males	429	45.9	197	54.1	232	p= 0.052
Not sexually active females	405	45.4	184	54.6	221	
Sexually active married males	164	44.5	73	55.5	91	
Sexually active single males	91	54.9	50	45.1	41	
Sexually active married females	276	**54.7**	151	***45.3***	125	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

Getting a Condom at a Pharmacy

Of the forty-one percent (41%) who knew about getting a condom at pharmacies, there were variations according to gender: Males (49%) were more likely to get a condom at a pharmacy than females (32%).

Age, residence, education and sexual profile were statistically related to awareness of getting a condom at a pharmacy.

- Getting a condom at pharmacies was less recalled among respondents aged 15-19 than the other two age groups: 36% of 15-19 year olds compared with 44% of 20-24 year olds and 43% of 25-29 year olds.
- Urban respondents (54%) knew pharmacies as a place to get a condom more than rural respondents (37%) did.
- Getting a condom at a pharmacy was least reported by no/primary school respondents (29%); the highest recalls were among high school/university respondents (62%).
- The highest recall of pharmacies as places to get condoms was among sexually active single males (65%).
- Not sexually active females (31%) and sexually active married females (35%) mentioned getting a condom at pharmacy the least within the sample.

Table 80- Getting a Condom at Pharmacy

	Getting a condom at Pharmacy					
	Base	Yes		No		
		%	#	%	#	
ALL RESPONDENTS	1367	40.5	554	59.5	813	
Gender(*)						$\chi^2(1) = 37.79$
Male	684	**48.7**	333	***51.3***	351	p= 0.000
Female	683	***32.4***	221	**67.6**	462	
Age(*)						$\chi^2(2) = 9.11$
15-19	536	***35.6***	191	64.4	345	p= 0.010
20-24	485	44.3	215	55.7	270	
25-29	344	43.0	148	57.0	196	
Residence(*)						$\chi^2(1) = 26.75$
Urban	277	**54.2**	150	***45.8***	127	p=0.000
Rural	1090	***37.1***	404	62.9	686	
Education(*)						$\chi^2(2) = 78.96$
No/primary school	603	***29.4***	177	**70.6**	426	p=0.000
Secondary school	512	43.4	222	56.6	290	
High school/university	252	**61.5**	155	***38.5***	97	
Sexual Profile(*)						$\chi^2(4) = 50.65$
Not sexually active males	429	**45.2**	194	54.8	235	p=0.000
Not sexually active females	405	***30.6***	124	**69.4**	281	
Sexually active married males	164	**48.8**	80	51.2	84	
Sexually active single males	91	**64.8**	59	***35.2***	32	
Sexually active married females	276	35.1	97	64.9	179	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

Getting a Condom at a Hospital/Clinic

Of the forty-two percent (42%) who said they would get a condom at a hospital/clinic were divided quite similar between the genders: males (41%) and females (43%).

Age, residence and sexual profile were statistically associated with knowledge of getting a condom at a hospital/clinic.

- Younger age had less recall of 'getting a condom at a hospital/ clinic' among the age groups: 36% of respondents aged 15-19 mentioned it compared with 51% of 25-29 years olds.
- A higher proportion of rural respondents (45%) was aware they could get a condom at a hospital/clinic compared to urban respondents (31%).
- Strongest recall of 'getting a condom at a hospital/clinic' was found among the sexually active married females.

Table 81- Getting a Condom at a Hospital/Clinic

	Getting a Condom at a Hospital/Clinic					
	Base	Yes		No		
		%	#	%	#	
ALL RESPONDENTS	1367	42.1	575	57.9	792	
Gender						$\chi2(1) = 0.91$
Male	684	40.8	279	59.2	405	p=0.339
Female	683	43.3	296	56.7	387	
Age(*)						$\chi2(2) =17.36$
15-19	536	***36.4***	195	**63.6**	341	p= 0.000
20-24	485	42.5	206	57.5	279	
25-29	344	**50.6**	174	***49.4***	170	
Residence(*)						$\chi2(1) =18.45$
Urban	277	***30.7***	85	**69.3**	192	p=0.000
Rural	1090	45.0	490	55.0	600	
Education						$\chi2(2) = 3.37$
No/primary school	603	39.3	237	60.7	366	p=0.184
Secondary school	512	44.3	227	55.7	285	
High school/university	252	44.0	111	56.0	141	
Sexual Profile(*)						$\chi2(4) = 19.49$
Not sexually active males	429	39.4	169	60.6	260	p= 0.000
Not sexually active females	405	37.3	151	62.7	254	
Sexually active married males	164	47.0	77	53.0	87	
Sexually active single males	91	36.3	33	63.7	58	
Sexually active married females	276	**52.2**	144	***47.8***	132	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

Condom Use: Buying Condoms

'Have you ever bought a condom?'

'Do you own a condom now?'

Of all respondents, 18% said that they had bought a condom and only 7% said they owned a condom[28].

[28] Own a condom was defined as that the respondents had a condom at the time of the interview but not necessary with them or at their home.

Table 82- Condom buying and ownership

Condom buying and ownership	Base	Yes		No	
		%	#	%	#
Ever bought a condom	1366	17.5	239	82.5	1127
Own a condom	1366	7.3	100	92.7	1266

Condom buying

Nearly a-fifth (18%) of the sample population reported that they had bought a condom. Gender was statistically related to condom buying: More males (28%) had bought condoms than females (7%).

Age, residence and sexual profile were statistically associated with condom buying:

- Older respondents had more experience of buying a condom: only 8% of respondents aged 15-19 reported that they had bought a condom compared to those aged 20-24 (23%) and 25-29 (25%).
- Nearly a fourth (23%) of urban respondents have bought a condom, compared to 16% of rural respondents.
- Overwhelmingly most of the sexually active single males (81%) have bought a condom. Forty-one percent (41%) of sexually active married males have, whereas, among sexually active married females only 16% have ever bought a condom.

Table 83- Condom buying

	Have you ever bought a condom?					
	Base	Yes		No		
		%	#	%	#	
ALL RESPONDENTS	1366	17.5	239	82.5	1127	
Gender(*)						$\chi^2(1)=97.98$
Male	683	**27.7**	189	***72.3***	494	p= 0.000
Female	683	***7.3***	50	**92.7**	633	
Age(*)						$\chi^2(2)=59.47$
15-19	535	***7.7***	41	**92.3**	494	p= 0.000
20-24	485	**23.3**	113	76.7	372	
25-29	344	**24.7**	85	75.3	259	
Residence(*)						$\chi^2(1) =6.80$
Urban	276	**22.8**	63	77.2	213	p=0.009
Rural	1090	16.1	176	83.9	914	
Education						$\chi^2(2)=5.53$
No/primary school	603	***14.9***	90	85.1	513	p=0.062
Secondary school	511	18.8	96	81.2	415	
High school/university	252	21.0	53	79.0	199	
Sexual Profile(*)						$\chi^2(4)=402.41$
Not sexually active males	428	***11.2***	48	88.8	380	p=0.000
Not sexually active females	405	***1.5***	6	**98.5**	399	
Sexually active married males	164	**40.9**	67	***59.1***	97	
Sexually active single males	91	**81.3**	74	***18.7***	17	
Sexually active married females	276	15.9	44	84.1	232	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

Condom Use: Ever Used a Condom, Consistent Condom Use

'Have you ever used a condom?'

The sexually active respondents were asked whether they had ever used a condom. Of all sexually active respondents, over half (54%) reported that they had never used a condom.

Age, residence, education and sexual profile were statistically associated with never having used a condom:

- Oldest respondents reported never using a condom the most (58% of 25-29 year olds).
- More rural (59%) than urban respondents (44%) reported never having used a condom..
- Two-thirds (65%) of the sexually experienced respondents with no/primary education had never used a condom.
- Three-fourths (74%) of sexually active females reported that they had never used a condom compared to 32% of males.

'Did you use a condom at last sex?'

Sexually active respondents who had ever used a condom were asked a follow-up question on whether they had used a condom the last time they had sex.

Of all the sexually active respondents, only 28% reported consistent condom use, meaning they had used a condom last time they had sex.

Consistent condom use was associated with gender, age, residence, education and sexual profile:

- Nearly half (47%) of the sexually active male respondents reported they had used a condom last time they had sex.
  - Younger respondents (43% of 15-19 year olds) reported higher consistent condom use.
  - More urban (41%) than rural (25%) respondents used a condom the last time they had sex.
  - Consistent condom use increased with educational attainment: 58% of high school/university respondents used a condom the last time they had sex compared to 19% of no/primary school respondents.
  - The biggest proportion (88%) of those who used a condom the last time they had sex was found among sexually active single males, compared to only 12% of married sexually active females.

Table 84- Ever Used a Condom, Consistent Condom Use (Base: Sexually active respondents)

	Condom Use Experience							
	Base	Never used a condom		Ever used a condom, but not last sex		Used a condom last sex		
		%	#	%	#	%	#	
ALL RESPONDENTS	528	54.2	286	17.4	92	28.4	150	
Gender(*)								$\chi^2(2) = 104.32$
Male	252	***32.1***	81	21.0	53	**46.8**	118	p= 0.000
Female	276	**74.3**	205	14.1	39	***11.6***	32	
Age(*)								$\chi^2(4) = 11.00$
15-19	35	42.9	15	14.3	5	**42.9**	15	p= 0.026
20-24	227	52.0	118	15.0	34	33.0	75	
25-29	266	57.5	153	19.9	53	***22.6***	60	
Residence(*)								$\chi^2(2) = 10.24$
Urban	111	44.1	49	15.3	17	**40.5**	45	p= 0.005
Rural	417	56.8	237	18.0	75	25.2	105	
Education(*)								$\chi^2(4) = 54.63$
No/primary school	313	**65.2**	204	16.3	51	***18.5***	58	p=0.000
Secondary school	155	***43.9***	68	19.4	30	**36.8**	57	
High school/university	60	***23.3***	14	18.3	11	**58.3**	35	
Sexual Profile(*)								$\chi^2(4) = 214.40$
Sexually active married males	164	48.2	79	**26.8**	44	25.0	41	p=0.000
Sexually active single males	88	***2.3***	2	***10.2***	9	**87.5**	77	
Sexually active married females	276	**74.3**	205	14.1	39	***11.6***	32	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

Reasons for Condom Use

'Why do you use a condom?'

The 46% of respondents who had ever used a condom were asked for their reasons for using or not using a condom consistently. Multiple answers were possible to the open-ended questions with pre-coded answers; all answers were unprompted.

Among those who reported they had used a condom the last time they had sex, the reasons most often mentioned for using a condom were to prevent HIV and/or STIs (70%) and to prevent pregnancy (55%).

Further profile details of who reported using a condom to prevent HIV and/or STIs are shown on the next page.

Table 85- Main reasons for using a condom (Base: Consistent condom users)

Why do you use a condom? (multiple answers)	**Base**	**Frequency**	
		%	#
Use a condom to prevent HIV and/or STIs	154	70.1	108
Use a condom to prevent HIV	154	64.9	100
Use a condom to prevent STIs	154	46.8	72
Use a condom to prevent pregnancy	154	55.2	85

Among the 54% who had never used a condom or had not used a condom the last time they had sex, there were a few major factors mentioned, such as trust in their partner (68%), trying to have a baby (19%), and partner's resistance (8%).

Further profile details of those who did not use a condom because of trust in their partner are shown on the page after next.

Table 86- Main Reasons for Not Using a Condom (Base: Condom never users and those who did not use a condom the last time had sex)

Why DON'T you use a condom? (multiple answers)	**Base**	**Frequency**	
		%	#
I trust my partner	374	67.9	254
Trying to have children, get pregnant	374	19.3	72
Partner did not want to use	374	8.0	30
Using contraceptive pills	374	4.0	15
Don't feel good/ uncomfortable	374	4.5	17
Don't know or how to use a condom	374	7.8	29
Other	374	7.8	29

Using a Condom to Prevent HIV and/or STIs

The most common reason (70%) for using a condom – to prevent HIV and/or STIs – was statistically associated with gender:

- More males (79%) than females (38%) reported that their reason for using a condom is for HIV and/or STIs prevention.

Residence and sexual profile were significant in relation to using a condom to prevent HIV and/or STIs:

- Urban respondents (84%) mentioned using a condom for HIV and/or STI prevention more than rural respondents (64%).
- The highest mention of using a condom to prevent HIV and/or STIs were found among sexually active single males (94%). Sexually active married females mentioned it the least (38%).

Table 87- Using a condom to prevent HIV and/or STIs (Base: Consistent condom users)

	Using a condom to prevent HIV and/or STIs					
	Base	Yes		No		
		%	#	%	#	
ALL RESPONDENTS	154	70.1	108	29.9	46	
Gender(*)						$\chi^2(1) = 21.18$
Male	120	79.2	95	***20.8***	25	p= 0.000
Female	34	***38.2***	13	**61.8**	21	
Age						$\chi^2(2) = 2.58$
15-19	16	75.0	12	25.0	4	p= 0.274
20-24	76	75.0	57	25.0	19	
25-29	62	62.9	39	37.1	23	
Residence(*)						$\chi^2(1) = 6.21$
Urban	45	84.4	38	***15.6***	7	p=0.012
Rural	109	64.2	70	35.8	39	
Education						$\chi^2(2) = 4.82$
No/primary school	61	60.7	37	39.3	24	p=0.089
Secondary school	57	73.7	42	***26.3***	15	
High school/university	36	80.6	29	19.4	7	
Sexual Profile(*)						$\chi^2(4) = 42.28$
Sexually active married males	43	53.5	23	**46.5**	20	p=0.000
Sexually active single males	77	**93.5**	72	***6.5***	5	
Sexually active married females	34	***38.2***	13	**61.8**	21	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

Reasons for Not Using Condoms

'Why don't you use a condom?'

'I trust my partner'

The condom use barriers were demonstrated: '*I trust my partner*' (68%) was a key factor for not using a condom,

The relationship between '*I trust my partner*' and gender was statistically significant: More males (82%) reported that they had trusted their partners compared with females (60%).

Sexual profile was statistically related to the statement:

- Sexually active married males (83%) reported trust in their partner the most, while sexually active married females did so the least (60%).

Table 88- *'I trust my partner'* (Base: Condom never users and those who did not use a condom the last time had sex)

	I trust my partner					
	Base	Yes		No		
		%	#	%	#	
ALL RESPONDENTS	374	67.9	254	32.1	120	
Gender(*)						$\chi^2(1) = 18.09$
Male	132	**81.8**	108	***18.2***	24	p= 0.000
Female	242	60.3	146	**39.7**	96	
Age						$\chi^2(2) = 0.94$
15-19	19	57.9	11	42.1	8	p= 0.623
20-24	151	68.9	104	31.1	47	
25-29	204	68.1	139	31.9	65	
Residence						$\chi^2(1) = 0.00$
Urban	66	68.2	45	31.8	21	p=0.959
Rural	308	67.9	209	32.1	99	
Education						$\chi^2(2) = 4.59$
No/primary school	252	65.1	164	34.9	88	p=0.100
Secondary school	98	76.5	75	23.5	23	
High school/university	24	62.5	15	37.5	9	
Sexual Profile(*)						$\chi^2(2) = 19.73$
Sexually active married males	121	***82.6***	100	17.4	21	p=0.000
Sexually active single males	11	72.7	8	27.3	3	
Sexually active married females	242	60.3	146	39.7	96	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

Condom Use and Different Partner Relationships

'How often do you use a condom with your partner(s)?'

Sexually experienced respondents were asked how often they used a condom with their partner(s) on a seven point scale[29].

The following table illustrates condom habits within various sexual relationships:

- Over nine in ten (93%) reported that they always use a condom with paid sex partners; whereas, only half (49%) said that they always use a condom with a sweetheart.
- Slightly more married females (77%) than married males (71%) reported that they never use a condom with their spouse.

Table 89- *'How often do you use a condom with your partner(s)?'* (Base: Sexually experienced)

	With Wife		With Husband		With Sweetheart		With Paid Sex	
	%	#	%	#	%	#	%	#
Never(0%)	70.8	114	77.0	211	17.5	11	1.4	1
Very little(1%-40%)	15.5	25	9.9	27	4.8	3	0.0	0
Sometimes(40%-60%)	4.3	7	6.2	17	9.5	6	0.0	0
Often(60%-99%)	8.7	14	3.6	10	19.0	12	5.4	4
Always(100%)	0.6	1	3.3	9	49.2	31	93.2	69
Base	**Married males (n=161)**		**Married females (n=274)**		**61 sexually experienced males+2 femeles (n=63)**		**Sexually experienced males (n=74)**	

[29] Possible answers were: Never, Rarely—less than 20%, Not very often—about 20%-40%, Some of the time—about 40%-60%, Often—about 60%-80%, Most of the time—more than 80%, Always (100%) but only five scale analysis which recoded as never, very little(rarely and not very often), sometimes, often(often and most of the time) and always.

Being Tested for HIV

Summary of Findings: Being Tested for HIV

Talking about Being Tested for HIV

- Nearly half (45%) of respondents reported they had never talked about being tested for HIV. More females (57%) than males (34%) reported never talking about being tested for HIV..

- Two thirds (66%) of not sexually active females said they had never talked about being tested for HIV; in contrast to nearly half (47%) of sexually active single males who had talked about being tested for HIV in the last month.

- Of those who had talked about being tested for HIV, slightly more males (72%) than females (68%) were comfortable doing so.

- The lowest levels of comfort were expressed by those with least education, who also as a group had talked about HIV testing the least (62% of no/primary school education, 75% of high school/university respondents).

Knowledge about Being Tested for HIV

- Knowledge of the statement; *'being tested for HIV is the only way to know whether or not person has it'* was universal. Ninety-eight percent agreed with the statement.

Attitudes towards Being Tested for HIV

- Overall, tha statement '*pregnant women should be tested for HIV'* was also widely agreed upon among the sample (95%).

- Extremely high levels of agreement were found among both males and females for the statement; '*people should be tested for HIV before getting married*'.

- Ninety-nine percent of women held the opinion that a man should get tested if they have sex with multiple partners, compared to 97% of men.

- Ninety-eight percent (98%) of sexually active married females strongly supported the statement that a pregnant woman should be tested for HIV, followed by not sexually active females (97%)

- More females (33%) agreed with the statement; '*a woman who has only ever had sex with her husband does not need to be tested for HIV*' ,compared to males
- Sexually active married females (42%) showed the highest levels of support for the opinion followed by sexually active married males (30%).

HIV Test Practice

Availability of HIV Testing Centre

- High awareness of HIV testing centres, 93% of respondents spontaneously described the place(s).
- Public health facilities were recalled the most (76%), followed by health provision places where ever there is a RED RIBBON (39%).

Interest in Being Tested for HIV

- Forty-three percent (43%) of all respondents reported wanting to be tested.
- More males said that they wanted to get HIV test then females (46% compared with 40%, respectively).
- Sexually active single males (70%) expressed the strongest interest to get an HIV test, followed by sexually active married females (48%) and sexually active married males (47%).
- Of those who wanted to get an HIV test most were concerned about their health related to HIV transmission (86%) and past exposure to HIV (16%).

HIV Testing Experience

- Twenty-one (21%) of respondents reported that they had been tested for HIV.
- Females (25%) reported that they had been tested for HIV more than males (16%).
- Sexually active married females (51%) reported test experience the most.
- The least experiences of HIV testing was among not sexually active males (5%).

Talking About Being Tested for HIV

Respondents were asked about talking about being tested for HIV.

In general, 45% reported they ***never*** talked about being tested for HIV; 32% had done so more than a month ago; while 23% reported they had talked about being tested for HIV with at least one person[30] in the last month.

There was a significant relationship between gender and talking about being tested for HIV:

- Almost six in ten (57%) of women said they had never talked about being tested for HIV, compared to 34% of men; only 15% of women had talked about being tested for HIV with at least one person in the past month.

Significant differences in talking about being tested for HIV were also evident according to age, residence, education and sexual profile:

- Highest levels of never talking occurred among respondents 15-19 years of age (57%), and 36% of 20-24 year olds, 41% of the oldest group 25-29 year olds reported they had talked with someone but more than a month ago.
- More than one in three (35%) of urban respondents reported that they had never talked about being tested for HIV, compared to 48% of rural respondents.
- Talking about being tested for HIV increased with education: Half (51%) of no/primary school never talked about being tested for HIV compared to 30% of high school/university; of whom nearly a third (32%) talked about being tested for HIV in the last month.
- Sixty-six percent of not sexually active females said they had never talked about being tested for HIV, followed by not sexually active males (41%); 47% of sexually active single males had talked about being tested for HIV in the last month.
- Most talkative sub-group was single sexually active males: Nearly half (47%) reported having talked about being tested in the last month. Only 12% had never talked.

[30] Respondents were asked with whom they had talked about sexual matters and the last time they had done so.

Table 90- Talk about being tested for HIV

	Respondent has talked about being tested for HIV						
	Base	Never		More than a month ago		Within last month	
		%	#	%	#	%	#
ALL RESPONDENTS	1368	45.4	621	31.6	432	23.0	315	
Gender(*)								$\chi^2(2) = 88.25$
Male	684	***33.8***	231	34.6	237	**31.6**	216	$p = 0.000$
Female	684	**57.0**	390	28.5	195	***14.5***	99	
Age(*)								$\chi^2(4) = 56.34$
15-19	536	**56.5**	303	***21.5***	115	22.0	118	$p = 0.000$
20-24	486	***39.5***	192	**36.0**	175	24.5	119	
25-29	344	***36.0***	124	**41.3**	142	22.7	78	
Residence(*)								$\chi^2(2) = 14.26$
Urban	277	***35.4***	98	**38.3**	106	26.4	73	$p = 0.000$
Rural	1091	47.9	523	29.9	326	22.2	242	
Education(*)								$\chi^2(4) = 34.70$
No/Primary shool	604	**51.2**	309	30.0	181	***18.9***	114	$p = 0.000$
Secondary school	512	46.1	236	30.5	156	23.4	120	
High school/university	252	***30.2***	76	**37.7**	95	**32.1**	81	
Sexual Profile(*)								$\chi^2(8) = 167.29$
Not sexually active males	429	***40.6***	174	28.2	121	**31.2**	134	$p = 0.000$
Not sexually active females	406	**66.3**	269	***22.7***	92	***11.1***	45	
Sexually active married males	164	***28.0***	46	**48.2**	79	23.8	39	
Sexually active single males	91	***12.1***	11	**40.7**	37	**47.3**	43	
Sexually active married females	276	43.8	121	**36.6**	101	19.6	54	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

Comfort Talking about Being Tested for HIV

The 55% of respondents who had ever talked about being tested for HIV rated how comfortable they felt discussing being tested. The majority (70%) expressed comfort talking about being tested for HIV.

There was a significant association between gender and comfort:

- Seven in 10 (72%) of males expressed comfort compared to 68% of females. However, neutral responses (11% of females and 4% of males) made a significant difference.

Education was associated with comfort talking about being tested for HIV:

- Lowest comfort was expressed by those with lowest level of education: 62% of no/primary school education respondents expressed comfort talking about being tested for HIV compared to 75% of high school/university respondents.

Table 91- Comfort talking about being tested for HIV

	Respondent is comfortable to Talk About Being Tested for HIV								
	Base	Mean	Not comfortable(1)		Neutral(2)		Comfortable(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	747	2.47	23.2	173	6.6	49	70.3	525	
Gender(*)									$\chi^2(2) = 17.92$
Male	453	2.47	24.9	113	***3.5***	16	71.5	324	p= 0.000
Female	294	2.48	20.4	60	**11.2**	33	68.4	201	
Age									$\chi^2(4) = 3.31$
15-19	232	2.45	25.0	58	5.2	12	69.8	162	p= 0.506
20-24	295	2.46	23.7	70	6.1	18	70.2	207	
25-29	220	2.50	20.5	45	8.6	19	70.9	156	
Residence									$\chi^2(2) = 2.31$
Urban	179	2.55	19.0	34	6.7	12	74.3	133	p=0.314
Rural	568	2.45	24.5	139	6.5	37	69.0	392	
Education(*)									$\chi^2(4) = 21.38$
No/primary school	295	**2.34**	**27.8**	82	**10.5**	31	***61.7***	182	p=0.000
Secondary school	275	2.56	20.0	55	***3.6***	10	76.4	210	
High school/university	177	2.55	20.3	36	4.5	8	75.1	133	
Sexual Profile(*)									$\chi^2(8) = 28.65$
Not sexually active males	255	2.42	27.1	69	4.3	11	68.6	175	p= 0.000
Not sexually active females	136	2.55	18.4	25	8.1	11	73.5	100	
Sexually active married males	118	2.45	26.3	31	***2.5***	3	71.2	84	
Sexually active single males	80	2.65	16.3	13	2.5	2	81.3	65	
Sexually active married females	156	2.44	21.2	33	**14.1**	22	64.7	101	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

Knowledge about HIV Testing

'Being tested for HIV is the only way to know whether or not a person has it'

Agreement with the statement *'being tested for HIV is the only way to know whether or not a person has it'* was very strong across all profiles. Ninety-eight percent (98%) agreed.

The relationship between gender and viewpoints on *'being tested for HIV is the only way to know whether or not a person has it'* was not significantly associated:

- Ninety-seven percent of men (97%) agreed with the statement compared to 99% of women.

There was a significant relationship between education[31] and agreeing with the statement, but it was not statistically valid:

- Ninety-seven percent (97%) of no/primary school respondents agreed with the statement compared to almost all high school/university respondents.

Table 92- *'Being tested for HIV is the only way to know whether or not a person has it'*

	Being tested for HIV is the only way to know whether or not a person has it								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1363	2.97	1.0	14	0.9	12	98.1	1337	
Gender									$\chi^2(2) = 4.02$
Male	680	**2.96**	1.5	10	1.2	8	97.4	662	p= 0.133
Female	683	**2.98**	0.6	4	0.6	4	98.8	675	
Age									$\chi^2(4) = 4.37$
15-19	533	2.98	0.4	2	0.9	5	98.7	526	p=0.357
20-24	484	2.96	1.4	7	0.6	3	97.9	474	
25-29	344	2.96	1.5	5	1.2	4	97.4	335	
Residence									$\chi^2(2) = 1.40$
Urban	277	2.98	0.7	2	0.4	1	98.9	274	p= 0.495
Rural	1086	2.97	1.1	12	1.0	11	97.9	1063	
Education(*)									$\chi^2(4) = 10.68$
No/primary school	599	**2.95**	**1.8**	11	1.3	8	96.8	580	p= 0.030
Secondary school	512	2.98	0.4	2	0.8	4	98.8	506	
High school/university	252	2.99	0.4	1	0.0	0	99.6	251	
Sexual Profile									$\chi^2(8) = 9.20$
Not sexually active males	426	2.96	1.4	6	0.7	3	97.9	417	p= 0.325
Not sexually active females	405	2.97	1.0	4	0.7	3	98.3	398	
Sexually active married males	163	2.94	1.8	3	1.8	3	96.3	157	
Sexually active single males	91	2.96	1.1	1	2.2	2	96.7	88	
Sexually active married females	276	3.00	***0.0***	0	0.4	1	99.6	275	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

[31] The Chi-square test was statistically invalid due to more than 20% of cells(33.3%) having expected count less than 5. The minimum expected count is 2.22.

Attitudes towards Being Tested for HIV

'A pregnant woman should be tested for HIV'

Overall, the attitude that '*pregnant women should be tested for HIV*' was widely held among the sample; a huge proportion (95%) agreed with the statement.

The opinion that pregnant women should be tested for HIV differed according to gender:

- More females (98%) than males (93%) supported the statement.

Sexual profile[32] had a significant relationship with the opinion but statistically invalid. Overall, there was very strong support for pregnant women being tested.

Table 93- A pregnant woman should be tested for HIV

	A pregnant woman should be tested for HIV								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1361	2.93	2.9	40	1.6	22	95.4	1299	
Gender(*)									$\chi^2(2) = 15.74$
Male	680	**2.89**	**4.6**	31	2.2	15	93.2	634	p= 0.000
Female	681	**2.96**	***1.3***	9	1.0	7	97.7	665	
Age									$\chi^2(4) = 1.90$
15-19	530	2.92	3.2	17	1.9	10	94.9	503	p=0.753
20-24	485	2.92	2.9	14	1.9	9	95.3	462	
25-29	344	2.94	2.6	9	0.9	3	96.5	332	
Residence									$\chi^2(2) = 0.26$
Urban	274	2.93	2.6	7	1.8	5	95.6	262	p= 0.875
Rural	1087	2.92	3.0	33	1.6	17	95.4	1037	
Education									$\chi^2(4) = 9.37$
No/primary school	601	2.95	2.0	12	1.5	9	96.5	580	p= 0.052
Secondary school	509	2.93	2.8	14	1.4	7	95.9	488	
High school/university	251	2.86	**5.6**	14	2.4	6	92.0	231	
Sexual Profile(*)									$\chi^2(8) = 18.98$
Not sexually active males	425	2.90	4.0	17	2.4	10	93.6	398	p= 0.014
Not sexually active females	404	2.96	***1.5***	6	1.2	5	97.3	393	
Sexually active married males	164	2.88	**5.5**	9	1.2	2	93.3	153	
Sexually active single males	91	2.86	5.5	5	3.3	3	91.2	83	
Sexually active married females	275	2.97	***1.1***	3	0.7	2	98.2	270	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

[32] The Chi-square test was statistically invalid due to more than 20% of cells (33.3%) having expected count less than 5. The minimum expected count is 1.47.

'A man should be tested for HIV before he gets married'

Respondents were asked whether they agreed that '*a man should be tested for HIV before he gets married*'. Of all respondents, 99% agreed that men should be tested for HIV before marriage.

There were no significant differences in agreement across the demographic characteristics or sexual profile.

Table 94- *'A man should be tested for HIV before marriage'*

	A man should be tested for HIV before marriage								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1365	2.99	0.4	6	0.3	4	99.3	1355	
Gender									$\chi^2(2) = 1.00$
Male	682	2.99	0.4	3	0.4	3	99.1	676	p= 0.604
Female	683	2.99	0.4	3	0.1	1	99.4	679	
Age									$\chi^2(4) = 1.57$
15-19	533	2.99	0.4	2	0.4	2	99.2	529	p=0.812
20-24	486	2.99	0.4	2	0.4	2	99.2	482	
25-29	344	2.99	0.6	2	0.0	0	99.4	342	
Residence									$\chi^2(2) = 2.56$
Urban	277	3.00	0.0	0	0.0	0	100.0	277	p= 0.277
Rural	1088	2.99	0.6	6	0.4	4	99.1	1078	
Education									$\chi^2(4) = 3.20$
No/primary school	601	2.99	0.5	3	0.5	3	99.0	595	p= 0.524
Secondary school	512	2.99	0.6	3	0.2	1	99.2	508	
High school/university	252	3.00	0.0	0	0.0	0	100.0	252	
Sexual Profile									$\chi^2(8) = 8.55$
Not sexually active males	427	2.99	0.5	2	0.2	1	99.3	424	p= 0.381
Not sexually active females	405	2.98	0.7	3	0.2	1	99.0	401	
Sexually active married males	164	2.98	0.6	1	**1.2**	2	98.2	161	
Sexually active single males	91	3.00	0.0	0	0.0	0	100.0	91	
Sexually active married females	276	3.00	0.0	0	0.0	0	100.0	276	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

'*A woman should be tested for HIV before marriage'*

The attitude that women should be tested for HIV before marriage was highly supported. Overall, respondents universally (99%) agreed with the statement.

There was no association between viewpoints on '*women should be tested for HIV before marriage*' across any of the subgroups:

- Almost all respondents men (99%) and women (100%) agreed with the statement.
- Virtually all subgroups supported the opinion (approximately 100%).

Table 95- *'A woman should be tested for HIV before marriage'*

	A woman should be tested for HIV before marriage								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1361	2.99	0.5	7	0.2	3	99.3	1351	
Gender									$\chi^2(2) = 1.64$
Male	679	2.98	0.7	5	0.3	2	99.0	672	p= 0.438
Female	682	2.99	0.3	2	0.1	1	99.6	679	
Age									$\chi^2(4) = 1.51$
15-19	530	2.98	0.6	3	0.4	2	99.1	525	p=0.824
20-24	485	2.99	0.4	2	0.2	1	99.4	482	
25-29	344	2.99	0.6	2	0.0	0	99.4	342	
Residence									$\chi^2(2) = 1.06$
Urban	274	2.99	0.7	2	0.0	0	99.3	272	p= 0.586
Rural	1087	2.99	0.5	5	0.3	3	99.3	1079	
Education									$\chi^2(4) = 2.93$
No/primary school	601	2.99	0.5	3	0.3	2	99.2	596	p= 0.568
Secondary school	510	2.98	0.8	4	0.2	1	99.0	505	
High school/university	250	3.00	0.0	0	0.0	0	100.0	250	
Sexual Profile									$\chi^2(8) = 4.64$
Not sexually active males	425	2.98	0.9	4	0.2	1	98.8	420	p= 0.794
Not sexually active females	404	2.99	0.2	1	0.2	1	99.5	402	
Sexually active married males	164	2.98	0.6	1	0.6	1	98.8	162	
Sexually active single males	90	3.00	0.0	0	0.0	0	100.0	90	
Sexually active married females	276	2.99	0.4	1	0.0	0	99.6	275	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

Attitudes towards HIV Testing: Risk Behaviours

'A man should get tested if they have sex with multiple partners'

Respondents were asked to indicate their agreement with '*a man should get tested if they have sex with multiple partners*'. Virtually all respondents (98%) agreed with the statement.

Gender[33] and education[34] were statistically related with the opinion that a man should get tested if they have sex with multiple partners but was not statistically valid.

Table 96- *'A man should get tested if they have sex with multiple partners'*

	A man should get tested if they have sex with multiple partners								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1363	2.96	1.5	21	0.7	9	97.8	1333	
Gender(*)									$\chi^2(2) = 8.70$
Male	682	**2.94**	**2.3**	16	1.0	7	96.6	659	p= 0.012
Female	681	**2.98**	***0.7***	5	0.3	2	99.0	674	
Age									$\chi^2(4) = 0.42$
15-19	533	2.97	1.3	7	0.8	4	97.9	522	p=0.980
20-24	485	2.96	1.6	8	0.6	3	97.7	474	
25-29	343	2.96	1.7	6	0.6	2	97.7	335	
Residence									$\chi^2(2) = 0.96$
Urban	277	2.97	1.1	3	0.4	1	98.6	273	p= 0.617
Rural	1086	2.96	1.7	18	0.7	8	97.6	1060	
Education(*)									$\chi^2(4) = 12.48$
No/primary school	599	2.94	**2.5**	15	**1.2**	7	96.3	577	p= 0.014
Secondary school	512	2.97	1.2	6	0.2	1	98.6	505	
High school/university	252	3.00	***0.0***	0	0.4	1	99.6	251	
Sexual Profile									$\chi^2(8) = 13.59$
Not sexually active males	427	2.95	1.9	8	**1.4**	6	96.7	413	p= 0.092
Not sexually active females	405	2.98	1.0	4	0.2	1	98.8	400	
Sexually active married males	164	2.93	**3.0**	5	0.6	1	96.3	158	
Sexually active single males	91	2.93	3.3	3	0.0	0	96.7	88	
Sexually active married females	274	2.99	***0.4***	1	0.4	1	99.3	272	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

[33] the Chi-square test was statistically invalid due to more than 20% of cells(33.3%) having expected count less than 5. The minimum expected count is 4.50.
[34] the Chi-square test was statistically invalid due to more than 20% of cells(44.4%) having expected count less than 5. The minimum expected count is 1.66.

'A person should get tested if they think they could be HIV positive'

The opinion that 'a *person should get tested if they think they could be HIV positive*' was held universally. Virtually all respondents (99%) agreed with this statement.

Very strong agreement was found across all groups, and there were no significant relationship found between the statement '*a person should get tested if they think they could be HIV positive*' and gender:

- Both men and women expressed similar levels of agreement with the statement by 99%

Education and the opinions were statistically significant:

- High levels of education expressed their support for the statement relatively more (100% high school/university) compared to no/primary school (98%).

Table 97- *'A person should get tested if they think they could be HIV positive'*

	A person should get tested if they think they could be HIV positive								
	Base	**Mean**	**Disagree(1)**		**Neutral(2)**		**Agree(3)**		
			%	#	%	#	%	#	
ALL RESPONDENTS	1362	2.98	0.8	11	0.4	5	98.8	1346	
Gender									$\chi^2(2) = 1.01$
Male	682	2.98	1.0	7	0.4	3	98.5	672	p= 0.601
Female	680	2.99	0.6	4	0.3	2	99.1	674	
Age									$\chi^2(4) = 9.15$
15-19	532	2.99	***0.0***	0	0.6	3	99.4	529	p=0.057
20-24	484	2.97	**1.4**	7	0.4	2	98.1	475	
25-29	344	2.98	1.2	4	0.0	0	98.8	340	
Residence									$\chi^2(2) = 2.81$
Urban	276	**3.00**	0.0	0	0.4	1	99.6	275	p= 0.244
Rural	1086	**2.98**	1.0	11	0.4	4	98.6	1071	
Education(*)									$\chi^2(4) = 9.63$
No/primary school	599	2.96	**1.5**	9	0.7	4	97.8	586	p= 0.047
Secondary school	511	2.99	0.4	2	0.2	1	99.4	508	
High school/university	252	3.00	0.0	0	0.0	0	100.0	252	
Sexual Profile									$\chi^2(8) = 8.66$
Not sexually active males	427	2.99	0.5	2	0.2	1	99.3	424	p= 0.371
Not sexually active females	403	2.98	0.7	3	0.5	2	98.8	398	
Sexually active married males	164	2.96	1.8	3	0.6	1	97.6	160	
Sexually active single males	91	2.95	2.2	2	1.1	1	96.7	88	
Sexually active married females	275	2.99	0.4	1	0.0	0	99.6	274	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

Attitudes towards HIV Testing: Testing Perception

'I would be embarrassed if my friends found out I was getting a test for HIV'

Respondents were asked to express their opinion on embarrassment if their friends found out they were getting tested for HIV. Despite universal support knowledge, embarrassment was expressed by nearly one third (32%) of all respondents (31% of males and 32% of females) agreed with the statement that '*I would be embarrassed if my friends found out I was getting a test for HIV*'. However, there was not a statistically significant relationship according to gender.

Residence and education were statistically associated with embarrassment if their friends found out they were getting a test for HIV:

- With urban respondents, 25% said they would feet embarrassed compared to 33% of rural respondents.
- The level of agreement decreased with higher levels of education: 42% with no/primary school education expressed agreement, 27% of secondary school and 18 of high school/university education.

Table 98- *'I would be embarrassed if my friends found out I was getting a test for HIV'*

	I would be embarassed if my friends found out I was getting a test for HIV								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1356	1.66	65.6	890	2.8	38	31.6	428	
Gender									$\chi^2(2) = 2.73$
Male	677	1.66	65.1	441	3.5	24	31.3	212	p=0.254
Female	679	1.66	66.1	449	2.1	14	31.8	216	
Age									$\chi^2(4) = 3.74$
15-19	529	1.69	63.7	337	3.4	18	32.9	174	p=0.441
20-24	481	1.67	65.7	316	2.1	10	32.2	155	
25-29	344	1.60	68.6	236	2.9	10	28.5	98	
Residence(*)									$\chi^2(2) = 6.42$
Urban	277	**1.54**	71.5	198	3.2	9	***25.3***	70	p= 0.040
Rural	1079	**1.69**	64.1	692	2.7	29	33.2	358	
Education(*)									$\chi^2(4) = 60.39$
No/primary school	596	**1.87**	***55.0***	328	3.2	19	**41.8**	249	p= 0.000
Secondary school	509	**1.56**	70.9	361	2.6	13	***26.5***	135	
High school/university	251	**1.37**	**80.1**	201	2.4	6	***17.5***	44	
Sexual Profile									$\chi^2(8) = 6.54$
Not sexually active males	423	1.70	63.1	267	**4.3**	18	32.6	138	p= 0.586
Not sexually active females	403	1.66	66.3	267	2.0	8	31.8	128	
Sexually active married males	163	1.61	68.7	112	1.8	3	29.4	48	
Sexually active single males	91	1.60	68.1	62	3.3	3	28.6	26	
Sexually active married females	274	1.66	65.7	180	2.2	6	32.1	88	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

'A woman who has only ever had sex with her husband does not need to be tested for HIV'

Respondents were asked whether they agreed with the statement that '*a woman who has only ever had sex with her husband does not need to be tested for HIV*'. Nearly a third (29%) agreed.

There was a significant relationship between gender and holding the above opinion:

- One third (33%) of females agreed with the statement that *'a women who has only ever had sex with her husband does not need to be tested for HIV'* compared to one fourth (24%) of males.

Education and sexual profile were also statistically related to this opinion:

- The level of agreement is strongest among least educated: No/primary school education respondents (37%) expressed highest agreement with the opinion and high school/university respondents (19%) was the least supportive of the statement.
- Sexually active married females (42%) felt most strongly that women who have only ever had sex with their husbands did not need to be tested; disagreement was found among not sexually active males (75%) and sexually active single males (74%), indicating that they thought married women who ever had sex may also need to be tested for HIV.

Table 99- *'A woman who has only ever had sex with her husband does not need to be tested for HIV'*

	A woman who has only ever had sex with her husband does not need to be tested for HIV								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1347	1.60	68.4	922	2.9	39	28.7	386	
Gender(*)									$\chi^2(2) = 15.02$
Male	672	**1.51**	72.6	488	3.4	23	***24.0***	161	p= 0.000
Female	675	**1.69**	64.3	434	2.4	16	**33.3**	225	
Age									$\chi^2(4) = 5.88$
15-19	522	1.56	70.7	369	2.7	14	26.6	139	p=0.207
20-24	485	1.58	69.7	338	2.9	14	27.4	133	
25-29	340	1.70	63.2	215	3.2	11	**33.5**	114	
Residence									$\chi^2(2) = 0.70$
Urban	275	1.60	68.4	188	3.6	10	28.0	77	p= 0.701
Rural	1072	1.60	68.5	734	2.7	29	28.8	309	
Education(*)									$\chi^2(4) = 50.34$
No/primary school	593	**1.78**	***58.7***	348	**4.2**	25	**37.1**	220	p= 0.000
Secondary school	503	1.49	**75.0**	377	***1.4***	7	***23.7***	119	
High school/university	251	1.40	**78.5**	197	2.8	7	***18.7***	47	
Sexual Profile(*)									$\chi^2(8) = 41.08$
Not sexually active males	419	1.47	**74.9**	314	3.3	14	***21.7***	91	p= 0.000
Not sexually active females	400	1.57	71.0	284	***1.5***	6	27.5	110	
Sexually active married males	162	1.64	66.0	107	3.7	6	30.2	49	
Sexually active single males	91	1.49	73.6	67	3.3	3	23.1	21	
Sexually active married females	273	1.88	***54.2***	148	3.7	10	**42.1**	115	

Notes:
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Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

'Sex workers are the only women who need to be tested for HIV'

Overall, the statement that '*sex workers are the only women who need to be tested for HIV*' was relatively strongly disagreed with (80%); less than a fifth (18%) agreed with the statement.

There was not a significant difference between gender and the opinion that sex workers were the only women who needed to be tested for HIV:

- More males (82%) than females (78%) disagreed with the statement.

The relationship between education and the opinion that sex workers were the only women who needed to be tested for HIV was statistically related:

- The no/primary school education respondents (25%) supported the statement more compared to high school/university respondents (10%).

- Sexually active married females (23%) agreed the most with the opinion that '*sex workers are the only women who need to be tested for HIV*', not sexually active males (14%) agreed the least, but these differences between sexual profiles were not statistically significant.

Table 100- *'Sex workers are the only women who need to be tested for HIV'*

	Sex workers are the only women who need to be tested for HIV								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1359	1.37	80.3	1091	2.2	30	17.5	238	
Gender									$\chi^2(2) = 3.74$
Male	680	1.33	82.4	560	2.1	14	15.6	106	p= 0.153
Female	679	1.41	78.2	531	2.4	16	19.4	132	
Age									$\chi^2(4) = 4.67$
15-19	528	1.38	79.2	418	**3.2**	17	17.6	93	p=0.321
20-24	486	1.35	81.7	397	1.6	8	16.7	81	
25-29	343	1.39	79.9	274	1.5	5	18.7	64	
Residence									$\chi^2(2) = 2.83$
Urban	277	1.44	76.9	213	2.2	6	20.9	58	p= 0.242
Rural	1082	1.35	81.1	878	2.2	24	16.6	180	
Education(*)									$\chi^2(4) = 47.29$
No/primary school	597	**1.53**	***72.4***	432	2.5	15	**25.1**	150	p= 0.000
Secondary school	510	1.27	85.1	434	2.5	13	***12.4***	63	
High school/university	252	1.21	**89.3**	225	***0.8***	2	***9.9***	25	
Sexual Profile									$\chi^2(8) = 14.04$
Not sexually active males	425	1.32	82.6	351	3.1	13	***14.4***	61	p= 0.080
Not sexually active females	402	1.37	80.3	323	2.5	10	17.2	69	
Sexually active married males	164	1.35	82.3	135	***0.0***	0	17.7	29	
Sexually active single males	91	1.36	81.3	74	1.1	1	17.6	16	
Sexually active married females	275	1.48	74.9	206	2.2	6	**22.9**	63	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

HIV Test Practice

Availability of HIV Testing Centres

'Where can a person get tested for HIV'?

Respondents were asked where they could get an HIV test. The majority (93%) spontaneously described the places where a person could go to be tested for HIV. Among the places mentioned '*public health facility'* was mentioned by 76% of respondents, followed by 39% of '*health provider places wherever there is RED RIBBON*', and 27% mentioned '*private clinic/NGOs'*. Further details of respondents who recalled public health facility are shown in following pages.

Table 101- *Where can a person get HIV testing?*

Where can a person get HIV testing? (multiple answers)	Base	Frequency	
		%	#
Public health facility	1368	75.7	1035
Health centre	1368	43.9	600
Referral hospital	1367	25.7	352
National hospital	1368	21.8	298
Laboratory	1368	4.4	60
Private clinic/NGOs	1368	27.0	370
Health provider places wherever there is RED RIBBON	1368	38.5	527
Not sure/Don't know	1368	6.5	89

Public Health Facility

In general, public health facility was recalled 76% of the time as places where people can go to get an HIV test.

Recall of public health facility was statistically different according to gender: 81% of males compared to 71% of females spontaneously referred the public health facility as an HIV testing centre.

Education and sexual profile were statistically related to recall of public health facility:

- Low levels of education mentioned public health facility less: 71% of no/primary school compared with 80% of both secondary school and high school/university respondents.
- Strongest recall of public health facility was found among sexually active single males (85%) followed by not sexually active males (81%).

Table 102- Public health facility

	Public Health Facility					
	Base	Yes		No		
		%	#	%	#	
All Respondents	1368	75.7	1035	24.3	333	
Gender(*)						$\chi^2(1) = 20.00$
Male	684	**80.8**	553	***19.2***	131	p= 0.000
Female	684	***70.5***	482	**29.5**	202	
Age						$\chi^2(2) = 1.04$
15-19	536	76.9	412	23.1	124	p= 0.592
20-24	486	75.5	367	24.5	119	
25-29	344	73.8	254	26.2	90	
Residence						$\chi^2(1) = 0.28$
Urban	277	76.9	213	23.1	64	p=0.591
Rural	1091	75.3	822	24.7	269	
Education(*)						$\chi^2(2) = 15.44$
No/primary school	604	70.5	426	**29.5**	178	p=0.000
Secondary school	512	79.7	408	***20.3***	104	
High school/university	252	79.8	201	20.2	51	
Sexual Profile(*)						$\chi^2(4) = 22.24$
Not sexually active males	429	81.1	348	***18.9***	81	p=0.000
Not sexually active females	406	71.9	292	**28.1**	114	
Sexually active married males	164	78.0	128	22.0	36	
Sexually active single males	91	84.6	77	***15.4***	14	
Sexually active married females	276	68.5	189	**31.5**	87	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

Interest in Being Tested

'Do you want to be tested for HIV?'

Respondents were asked whether they wanted to be tested for HIV. Of all respondents, forty-three percent (43%) said that they wanted to get an HIV test.

The relationship between gender and wanting to be tested for HIV was statistically significant:

- More males said that they wanted to get an HIV test than females: 46% compared with 40%, respectively.

Wanting to get HIV test was statistically associated with age, residence and sexual profile:

- Half (49%) of respondents aged 20-24 demonstrated their wants to get HIV test the most, followed by 48% of those aged 25-29.
- More urban (50%) than rural (41%) respondents wanted to be tested for HIV.
- Sexually active single males (70%) expressed the strongest interest to get an HIV test, followed by sexually active married females (48%) and sexually active married males (47%).
- The least interest was found among not sexually active females (35%).

Table 103- Wanting to be tested for HIV

	Do you want to be tested for HIV?					
	Base	Yes		No		
		%	#	%	#	
All Respondents	1365	42.9	586	57.1	779	
Gender(*)						$\chi^2(1) = 4.41$
Male	682	45.7	312	54.3	370	p= 0.035
Female	683	40.1	274	59.9	409	
Age(*)						$\chi^2(2) = 24.85$
15-19	536	***34.7***	186	**65.3**	350	p= 0.000
20-24	484	**48.8**	236	***51.2***	248	
25-29	343	47.8	164	52.2	179	
Residence(*)						$\chi^2(1) = 6.04$
Urban	277	**49.5**	137	50.5	140	p=0.013
Rural	1088	41.3	449	58.7	639	
Education						$\chi^2(2) = 2.08$
No/primary school	602	41.0	247	59.0	355	p=0.352
Secondary school	512	45.3	232	54.7	280	
High school/university	251	42.6	107	57.4	144	
Sexual Profile(*)						$\chi^2(4) = 45.39$
Not sexually active males	428	40.0	171	60.0	257	p=0.000
Not sexually active females	406	***34.5***	140	**65.5**	266	
Sexually active married males	163	47.2	77	52.8	86	
Sexually active single males	91	**70.3**	64	***29.7***	27	
Sexually active married females	275	48.0	132	52.0	143	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

Reasons for Being Tested or Not Being Tested for HIV

'Why do you want to get tested for HIV?'

Multiple answers were allowed for the question: *'Why do you want to get tested for HIV?'*

The 43% of respondents who reported that they wanted to be tested for HIV, concerns about their health related to HIV transmission (86%) and past exposure to HIV (16%) were the major reasons to get an HIV test.

Table 104- Reasons for Wanting to Be Tested

Why do you want to get HIV testing? (multiple answers)	Base	Frequency	
		%	#
Want to know health related to HIV transmission	588	86.1	506
Exposed - had been exposed to HIV	588	16.0	94
It was free	588	3.4	20
Felt Sick - had symptoms	588	2.4	14
Health worker recommended it	588	2.0	12
Confidentiality – Knew the result would be kept private	588	1.9	11
I was pregnant	588	1.9	11
Getting married	588	1.7	10
Counselling – Knew I'd get counselling and advice about the test and results	588	1.7	10
Other	588	2.0	12

'Why do you NOT want to get tested for HIV?'

However, for the 53% of respondents who did not want to be tested for HIV, the main reasons were: '*Not exposed to HIV*' (58%), '*not sick*' (31%) and '*already had been tested*' (12%).

Table 105- Reasons for NOT Wanting to Be Tested

Why do you NOT want to get HIV testing? (multiple answers)	Base	Frequency	
		%	#
Not Exposed - have not been exposed to HIV	778	58.1	452
Not Sick - do not have HIV	778	30.6	238
I was already tested	778	12.1	94
I don't like having my blood taken, don't like needles	778	7.3	57
I do not want to know	778	5.4	42
Fear - scared the test is positive / scared to have HIV	778	4.2	33
Other	778	6	47

'Have you ever been tested for HIV?'

Survey questions covered whether respondents had ever been tested for HIV. Of all respondents, 21% reported that they had been tested for HIV.

There was a significant relationship between gender and HIV test experience:

- More females than males reported that they had had HIV tests (25% and 16%, respectively).

Age, residence and sexual profile were statistically related to getting an HIV test:

- Older age was related to more HIV test experience: 38% of 25-29 year old respondents had HIV test experience compared with 26% of 20-24 year olds; Ninety-five percent of 15-19 year old respondents reported that they had never had an HIV test.
- More urban (29%) than rural (19%) respondents reported never getting HIV tested.
- The highest HIV test experience was found among sexually active married females (51%) followed by 38% of sexually active married males, while only 33% of sexually active single males had done so.
- The least experience of HIV testing was among not sexually active males (5%).

Table 106- *'Have you ever been tested for HIV?'*

	Have you ever been tested for HIV?					
	Base	Yes		No		
		%	#	%	#	
All Respondents	1343	20.7	278	79.3	1065	
Gender(*)						$\chi^2(1) = 16.03$
Male	675	***16.3***	110	83.7	565	p= 0.000
Female	668	**25.1**	168	74.9	500	
Age(*)						$\chi^2(2) = 147.27$
15-19	526	***4.9***	26	**95.1**	500	p= 0.000
20-24	478	**26.2**	125	73.8	353	
25-29	337	**37.7**	127	***62.3***	210	
Residence(*)						$\chi^2(1) = 13.51$
Urban	271	**28.8**	78	71.2	193	p=0.000
Rural	1072	18.7	200	81.3	872	
Education						$\chi^2(2) = 5.66$
No/primary school	588	23.3	137	76.7	451	p=0.058
Secondary school	504	***17.5***	88	82.5	416	
High school/university	251	21.1	53	78.9	198	
Sexual Profile(*)						$\chi^2(4) = 301.42$
Not sexually active males	424	***4.5***	19	**95.5**	405	p=0.000
Not sexually active females	396	***7.3***	29	**92.7**	367	
Sexually active married males	161	**37.9**	61	***62.1***	100	
Sexually active single males	90	**33.3**	30	66.7	60	
Sexually active married females	270	**51.1**	138	***48.9***	132	

Notes:

A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.

Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

People Living with HIV (PLHIV)

Summary of Findings: People Living with HIV

Talking to People Living with HIV

- Only a third (33%) of respondents reported they had ever talked to someone who they knew had HIV.
- Of all respondents, 70% expressed their comfort talking to PLHIV.
- More females (75%) said that they felt comfort talking to PLHIV compared to males (66%).
- Sexually active males (77%) demonstrated the most comfort talking to PLHIV, while not sexually active males (64%) did the least.
- There was a statistically significant relationship between having talked with a PLHIV and comfort talking with PLHIV: Among those who had ever talked to PLHIV, 81% expressed comfort, compared to 62% among those who had not talked with PLHIV.

Attitudes towards People Living with HIV

- Knowledge about the rights of PLHIV was universal. Of all respondents, similar proportions (96%) of overall and both males and females expressed their agreement with the statement *'a person with HIV has the same rights as somebody who is not HIV positive*'.

- One-fifth (22%) of males and 14% of females said it was the end of the world if they were HIV positive.
- The strongest disagreement was found among sexually active married males (26%) followed by not sexually active males (21%).

- Overwhelmingly, 92% of the sample supported the statement *'my interactions with my family would still be the same if I am HIV positive'*.
- Sexually active married males (11%) indicated the strongest disagreement, followed by 6% of sexually active single males and married females.

- The majority (71%) of all respondents showed agreement with the statement *'HIV and AIDS is a punishment for bad behaviour'*. A higher proportion of males (75%) than females (66%) agreed with the opinion.
- Strongest support for the statement was found among not sexually active males (76%) followed by sexually active married males (75%).

- The statement *'people with HIV should be ashamed of themselves being HIV positive'* was also highly supported among the survey population: two-thirds (66%) of all respondents expressed their agreement with this statement.
- Males (69%) more strongly agreed with the statement compared to females (63%).

- Moreover, strongest level of agreement was indicated among sexually active married males (75%) followed by not sexually active males (69%).

- The statement *'I would feel ashamed if I were positive'* was highly supported within the sample: 67% strongly demonstrated agreement with the statement.

- Opinions about the statement *'a person living with HIV has a responsibility not to transmit HIV to any one else'* were universal: 98% supported the statement.

Awareness of ARV

- Only 17% know the name of the drug as '*Prolong Life Drug'*.
- Forty-nine percent (49%) recalled '*public health facility'* spontaneously as a place to get ARV followed by NGOs (16%).
- Despite low knowledge about what the drugs used to treat HIV and AIDS are called, and mixed knowledge about where to obtain them, the general view that '*a person living with HIV can live a healthy life with ARVs (Thnamm Pon Year Chivit)*' was widely held: Of all respondents 86% agreed with the statement.

Talking to People Living with HIV

'Have you ever talked with someone who you know has HIV?'

Only a third (38%) of respondents reported that they had ever talked with someone who they knew had HIV. The levels of contact varied according to all demographic variables except gender. Highest levels of contact were reported by:

- Older respondents (43% of 25-29 year olds)
- Urban respondents (44%)
- More educated respondents (48% of those with high school/university education)
- Single sexually active males (54%)

The lowest levels of contact were reported by:

- 15-19 year olds (32%)
- Least educated respondents (32% of those with no/primary education)
- Single not sexually active males (32%)

Table 107- *'Have you ever talked with someone who you know has HIV?'*

	Have you ever talked with someone who you know has HIV?					
	Base	Yes		No		
		%	#	%	#	
ALL RESPONDENTS	1367	37.5	512	62.5	855	
Gender						$\chi^2(1) = 0.09$
Male	683	37.0	253	63.0	430	p= 0.753
Female	684	37.9	259	62.1	425	
Age(*)						$\chi^2(2) = 11.44$
15-19	536	***32.3***	173	**67.7**	363	p=0.003
20-24	485	39.4	191	60.6	294	
25-29	344	**43.0**	148	57.0	196	
Residence(*)						$\chi^2(1) = 5.75$
Urban	277	**43.7**	121	56.3	156	p=0.016
Rural	1090	35.9	391	64.1	699	
Education(*)						$\chi^2(2) = 18.26$
No/primary school	604	***32.3***	195	**67.7**	409	p=0.000
Secondary school	511	38.6	197	61.4	314	
High school/university	252	**47.6**	120	***52.4***	132	
Sexual Profile(*)						$\chi^2(4) = 18.66$
Not sexually active males	428	***31.5***	135	**68.5**	293	p=0.000
Not sexually active females	406	38.7	157	61.3	249	
Sexually active married males	164	42.1	69	57.9	95	
Sexually active single males	91	**53.8**	49	***46.2***	42	
Sexually active married females	276	36.6	101	63.4	175	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables

Comfort Talking to Someone who Respondent Knows Has HIV

Respondents were asked to express their comfort talking to someone who they know is HIV positive.

Overall, seven in ten (70%) of respondents reported that they felt comfortable talking to someone who was known to be HIV positive; only 23% said they felt uncomfortable.

The association between gender and comfort talking to a person living with HIV were statistically significant:

- Three quarters (75%) of females said that they felt comfortable talking to someone with HIV, compared to two-third (66%) of males. However, the neutral responses (9% of males and 3% of females) made the great contribution to significance.

Residence, education and sexual profile were also associated with comfort:

- More rural (25%) compared to urban (17%) respondents said they did not feel comfortable talking to a person living with HIV.
- More people with lower levels of education said that they felt uncomfortable: 30% with no/primary education compared to 17% of those with high school/university education.
- Sexually active single males (77%) demonstrated the most comfort talking to PLHIV, while not sexually active males (64%) did so the least. However, the neutral responses made the great significance among not sexually active males (10%).

Table 108- Comfort talking to someone respondent knows has HIV

	Comfort talking to someone who respondent knows has HIV								
	Base	Mean	Not comfortable(1)		Neutral(2)		Comfortable(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1172	2.47	23.4	274	6.2	73	70.4	825	
Gender(*)									$\chi^2(2) = 19.29$
Male	634	**2.42**	24.8	157	**8.8**	56	66.4	421	p= 0.000
Female	538	**2.53**	21.7	117	***3.2***	17	75.1	404	
Age									$\chi^2(4) = 8.41$
15-19	468	2.43	24.4	114	**8.5**	40	67.1	314	p= 0.077
20-24	409	2.49	23.2	95	4.4	18	72.4	296	
25-29	294	2.51	22.1	65	5.1	15	72.8	214	
Residence(*)									$\chi^2(2) = 8.84$
Urban	250	**2.61**	***17.2***	43	4.8	12	78.0	195	p=0.012
Rural	922	**2.43**	25.1	231	6.6	61	68.3	630	
Education(*)									$\chi^2(4) = 26.17$
No/primary school	482	**2.32**	**30.3**	146	7.3	35	***62.4***	301	p=0.000
Secondary school	454	2.56	***19.4***	88	5.7	26	74.9	340	
High school/university	236	2.61	***16.9***	40	5.1	12	78.0	184	
Sexual Profile(*)									$\chi^2(8) = 30.31$
Not sexually active males	395	2.38	25.8	102	**10.4**	41	***63.8***	252	p= 0.000
Not sexually active females	330	2.55	20.6	68	***3.3***	11	76.1	251	
Sexually active married males	151	2.42	25.2	38	7.9	12	66.9	101	
Sexually active single males	88	2.58	19.3	17	3.4	3	77.3	68	
Sexually active married females	206	2.50	23.8	49	***2.4***	5	73.8	152	

Notes:
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Experience Having Talked to PLHIV and Comfort Talking to PLHIV

Further analysis looked at the relationship between respondents' experience having talked to someone they knew had HIV and levels of comfort talking with them.

There was a statistically significant relationship between having talked with a PLHIV and comfort talking with PLHIV:

- Among those who had ever talked to PLHIV, 81% expressed comfort, compared to 62% among those who had not talked with PLHIV.

Table 109- Experience having talked to PLHIV and comfort talking to PLHIV

	How comfortable talking to someone who you know they have HIV?								
	Base	Mean	Not comfortable(1)		Neutral(2)		Comfortable(3)		
			%	#	%	#	%	#	
Yes	511	2.66	***15.1***	77	***3.7***	19	**81.2**	415	$\chi^2(2) = 51.25$
No	660	**2.32**	**29.8**	197	**8.2**	54	***62.0***	409	p=0.000

Among those who ever talked with PLHIV, the only significant variation in comfort levels was according to residence.

Table 110- Experience having talked to PLHIV and comfort talking to PLHIV (Base: Ever talked with someone who they knew had HIV)

	Experience having talked to PLHIV and comfort talking to someone who has been known that they are HIV positive								
	Base	Mean	Not comfortable(1)		Neutral(2)		Comfortable(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	511	2.66	15.1	77	3.7	19	81.2	415	
Gender									$\chi^2(2) = 4.98$
Male	252	**2.59**	18.7	47	3.6	9	77.8	196	p= 0.082
Female	259	2.73	11.6	30	3.9	10	84.6	219	
Age									$\chi^2(4) = 6.63$
15-19	173	2.71	11.6	20	5.8	10	82.7	143	p= 0.156
20-24	190	2.65	16.8	32	1.6	3	81.6	155	
25-29	148	2.62	16.9	25	4.1	6	79.1	117	
Residence(*)									$\chi^2(2) = 7.62$
Urban	121	2.79	9.9	12	***0.8***	1	89.3	108	p=0.022
Rural	390	**2.62**	16.7	65	4.6	18	78.7	307	
Education									$\chi^2(4) = 5.94$
No/primary school	194	2.58	18.6	36	5.2	10	76.3	148	p=0.203
Secondary school	197	2.71	12.7	25	3.6	7	83.8	165	
High school/university	120	2.72	13.3	16	1.7	2	85.0	102	
Sexual Profile									$\chi^2(8) = 8.26$
Not sexually active males	134	2.57	19.4	26	3.7	5	76.9	103	p=0.407
Not sexually active females	157	2.76	9.6	15	4.5	7	86.0	135	
Sexually active married males	69	2.57	20.3	14	2.9	2	76.8	53	
Sexually active single males	49	2.67	14.3	7	4.1	2	81.6	40	
Sexually active married females	101	2.68	14.9	15	2.0	2	83.2	84	

Notes:
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Attitudes towards Being a Person Living with HIV

'It is not the end of the world if I am HIV positive'

Respondents were asked for their opinion about the statement: *'It is not the end of the world if I am HIV positive'*. In general, a large proportion of respondents (79%) supported the statement.

The relationship between gender and the opinion were statistically significant:

- One-fifth (22%) of males and 14% of females said that it was the end of the world if they were HIV positive.

Education and sexual profile were statistically related to this statement:

- One in five (21%) of people with the highest education disagreed with the statement compared to the other two subgroups: secondary school (18%) and no/primary school (16%). However, there was statistical importance among neutral responses (4%).
- The strongest disagreement was found among sexually active married males (26%) followed by not sexually active males (21%).

Table 111- '*It is not the end of the world if I am HIV positive'*

	It is not the end of the world if I am HIV positive								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1351	2.62	17.6	238	3.0	40	79.4	1073	
Gender(*)									$\chi^2(2) = 15.03$
Male	677	**2.54**	**21.6**	146	2.5	17	75.9	514	p= 0.000
Female	674	**2.69**	***13.6***	92	3.4	23	82.9	559	
Age									$\chi^2(4) = 2.61$
15-19	529	2.65	15.9	84	2.8	15	81.3	430	p=0.624
20-24	481	2.62	17.7	85	3.1	15	79.2	381	
25-29	339	2.57	20.1	68	2.9	10	77.0	261	
Residence									$\chi^2(2) = 1.78$
Urban	275	2.64	16.0	44	4.0	11	80.0	220	p= 0.409
Rural	1076	2.61	18.0	194	2.7	29	79.3	853	
Education(*)									$\chi^2(4) = 11.22$
No/primary school	589	2.64	15.6	92	**4.4**	26	80.0	471	p= 0.024
Secondary school	510	2.62	18.0	92	2.0	10	80.0	408	
High school/university	252	2.56	21.4	54	1.6	4	77.0	194	
Sexual Profile(*)									$\chi^2(8) = 21.50$
Not sexually active males	425	2.55	**21.2**	90	3.1	13	75.8	322	p= 0.005
Not sexually active females	402	2.71	***13.2***	53	2.7	11	84.1	338	
Sexually active married males	161	2.47	**25.5**	41	1.9	3	72.7	117	
Sexually active single males	91	2.66	16.5	15	1.1	1	82.4	75	
Sexually active married females	270	2.67	14.4	39	4.4	12	81.1	219	

Notes:
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Stigma and Discrimination: Physical Interaction

'My daily interactions with family would still be the same if I am HIV positive'

Respondents were asked to indicate whether they agreed that their interactions with family would still be the same if they are HIV positive. Overwhelmingly, 92% supported this opinion among the survey population. Moreover, the relationship between gender and the opinion were not statistically significant: Male (92%) and female (93%) agreed with the statement.

Residence, education and sexual profile were statistically related to the statement '*my daily interactions with family would still be the same if I am HIV positive*':

- Higher levels of disagreement were found among rural respondents (6%). However, the neutral responses among urban respondents (4%) made a significant contribution.
- No/primary school education (8%) showed strongest disagreement. Significant differences were also made from neutral responses among no/primary school education (4%).
- Sexually active married males (11%) indicated the strongest disagreement, followed by 6% of sexually active single males and married females. The neutral responses among sexually active married females (4%) also made a great contribution.

Table 112- '*My daily interactions with family would still be the same if I am HIV positive'*

	My daily interactions with family would still be the same if I am HIV positive								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1359	2.87	5.2	70	2.5	34	92.3	1255	
Gender									$\chi^2(2) = 4.70$
Male	680	2.86	6.2	42	1.9	13	91.9	625	p= 0.095
Female	679	2.89	4.1	28	3.1	21	92.8	630	
Age									$\chi^2(4) = 9.33$
15-19	530	2.91	***3.2***	17	2.5	13	94.3	500	p=0.053
20-24	483	2.84	**6.8**	33	1.9	9	91.3	441	
25-29	344	2.85	5.8	20	3.5	12	90.7	312	
Residence(*)									$\chi^2(2) = 7.67$
Urban	274	2.91	***2.6***	7	**4.0**	11	93.4	256	p= 0.021
Rural	1085	2.86	5.8	63	2.1	23	92.1	999	
Education(*)									$\chi^2(4) = 19.57$
No/primary school	599	**2.81**	**7.5**	45	**3.7**	22	88.8	532	p= 0.000
Secondary school	509	2.93	***2.9***	15	***1.4***	7	95.7	487	
High school/university	251	2.90	4.0	10	2.0	5	94.0	236	
Sexual Profile(*)									$\chi^2(8) = 21.85$
Not sexually active males	425	2.89	4.5	19	1.9	8	93.6	398	p= 0.005
Not sexually active females	402	2.92	***3.0***	12	2.5	10	94.5	380	
Sexually active married males	164	2.75	**11.0**	18	3.0	5	86.0	141	
Sexually active single males	91	2.89	5.5	5	***0.0***	0	94.5	86	
Sexually active married females	275	2.84	5.8	16	**4.0**	11	90.2	248	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

'I try to avoid physical contact with a person who is HIV positive'

The statement '*I try to avoid physical contact with a person who is HIV positive'* was widely disagreed upon across all groups. Of all respondents, 79% disagreed with the opinion; while 18% agreed.

There was no significant relationship between gender and this statement: Both males (79%) and females (78%) disagreed with the statement.

Education and opinions about physical contact significantly related:

- Strongest disagreement was found among high level of education: 91% of high school/university education showed that they did not try to avoid physical contact with a person who is HIV positive, followed by 85% of secondary school education. Whereas, strongest agreement was reported among no/primary school education (28%).

Table 113- *'I try to avoid physical contact with a person who is HIV positive'*

	I try to avoid physical contact with a person who is HIV positive								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1360	1.39	78.5	1068	3.8	51	17.7	241	
Gender									$\chi^2(2) = 1.11$
Male	678	1.38	79.4	538	3.2	22	17.4	118	p= 0.573
Female	682	1.40	77.7	530	4.3	29	18.0	123	
Age									$\chi^2(4) = 2.21$
15-19	530	1.41	77.2	409	4.5	24	18.3	97	p=0.697
20-24	484	1.39	78.7	381	3.3	16	18.0	87	
25-29	344	1.36	80.5	277	3.2	11	16.3	56	
Residence									$\chi^2(2) = 5.19$
Urban	276	**1.30**	83.0	229	4.0	11	***13.0***	36	p= 0.074
Rural	1084	**1.42**	77.4	839	3.7	40	18.9	205	
Education(*)									$\chi^2(4) = 79.39$
No/primary school	600	**1.60**	***67.8***	407	4.7	28	**27.5**	165	p= 0.000
Secondary school	508	1.27	**85.0**	432	3.3	17	***11.6***	59	
High school/university	252	1.16	**90.9**	229	2.4	6	***6.7***	17	
Sexual Profile									$\chi^2(8) = 5.11$
Not sexually active males	424	1.39	78.3	332	4.0	17	17.7	75	p= 0.745
Not sexually active females	404	1.39	78.2	316	4.2	17	17.6	71	
Sexually active married males	163	1.40	78.5	128	2.5	4	19.0	31	
Sexually active single males	91	1.27	85.7	78	1.1	1	13.2	12	
Sexually active married females	276	1.42	76.8	212	4.3	12	18.8	52	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
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Stigma and Discrimination: Blame and Shame

'If a member of my family is HIV positive, I would want to remain a secret'

Attitudes towards wanting it to remain a secret if a family member is HIV positive were divided. Of all respondents, forty-seven percent (47%) disagreed and forty-eight percent (48%) agreed with the statement.

The relationship between the statement and gender is statistically significant:

- Half (50%) of females and 47% of males showed support for the statement, but the 'neutral' responses (7% of females and 3% of males) were significant.

Age and sexual profile were statistically associated with the attitude:

- More than half (54%) of respondents aged 15-19 supported the statement, followed by 47% of those aged of 20-24; while 54% of respondents aged of 25-29 disagreed.
- Sexually active married males (61%) disagreed with the statement the most compared to not sexually active females (40%) who expressed least disagreement.
- The strongest support (52%) for it remaining a secret was among both sexually active single males and not sexually active females.

Table 114- *'If a member of my family is HIV positive, I would want to remain a secret'*

	If a member of my family is HIV positive, I would want to remain a secret								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1350	2.02	46.9	633	4.7	63	48.4	654	
Gender(*)									$\chi^2(2) = 15.09$
Male	673	1.97	50.2	338	***2.7***	18	47.1	317	p= 0.000
Female	677	2.06	43.6	295	**6.6**	45	49.8	337	
Age(*)									$\chi^2(4) = 14.23$
15-19	527	2.12	***41.4***	218	5.1	27	**53.5**	282	p=0.006
20-24	481	1.99	48.0	231	5.0	24	47.0	226	
25-29	340	1.88	**54.1**	184	3.5	12	***42.4***	144	
Residence									$\chi^2(2) = 3.94$
Urban	274	2.11	41.6	114	5.5	15	52.9	145	p= 0.138
Rural	1076	1.99	48.2	519	4.5	48	47.3	509	
Education									$\chi^2(4) = 5.69$
No/primary school	595	2.06	44.2	263	5.5	33	50.3	299	p= 0.223
Secondary school	505	2.01	47.5	240	4.4	22	48.1	243	
High school/university	250	1.93	52.0	130	3.2	8	44.8	112	
Sexual Profile(*)									$\chi^2(8) = 32.76$
Not sexually active males	421	2.03	47.0	198	***3.1***	13	49.9	210	p= 0.000
Not sexually active females	401	2.12	***39.9***	160	**8.0**	32	52.1	209	
Sexually active married males	161	1.76	**60.9**	98	***1.9***	3	***37.3***	60	
Sexually active single males	91	2.05	46.2	42	2.2	2	51.6	47	
Sexually active married females	274	1.97	49.3	135	4.7	13	46.0	126	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

'HIV and AIDS is a punishment for bad behaviour'

Respondents were asked whether they agreed with the statement *'HIV and AIDS is a punishment for bad behaviour'*. Of all respondents, seven in ten (71%) of showed their support compared to 25% who didn't.

There was a significant relationship between gender and the statement*:*

- More males (75%) than females (66%) supported the opinion that HIV and AIDS is a punishment for bad behaviour; while 28% of females did not support it.

Education and sexual profile were also statistically associated with this opinion:

- The highest level of agreement that HIV and AIDS is a punishment for bad behaviour was found among people with secondary school education (76%), followed by no/primary school education (69%).
- More than a third (35%) of high school/university disagreed with the statement.
- The not sexually active males (76%) expressed the strongest support for the statement, followed by sexually active married males (75%). Whereas, both sexually active married women (69%) and not sexually active women (64%) indicated less agreement with the statement.

Table 115- 'HIV and AIDS is a punishment for bad behaviour'

	HIV and AIDS is a punishment for bad behaviour								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1359	2.46	25.0	340	4.4	60	70.6	959	
Gender(*)									$\chi^2(2) = 16.39$
Male	678	**2.53**	***22.1***	150	***2.8***	19	75.1	509	p= 0.000
Female	681	**2.38**	**27.9**	190	**6.0**	41	66.1	450	
Age									$\chi^2(4) = 4.49$
15-19	531	2.49	23.2	123	5.1	27	71.8	381	p=0.343
20-24	484	2.40	27.9	135	4.1	20	68.0	329	
25-29	342	2.49	24.0	82	3.5	12	72.5	248	
Residence									$\chi^2(2) = 1.43$
Urban	277	2.40	27.8	77	4.3	12	67.9	188	p= 0.487
Rural	1082	2.47	24.3	263	4.4	48	71.3	771	
Education(*)									$\chi^2(4) = 22.41$
No/primary school	598	2.44	24.9	149	5.7	34	69.4	415	p= 0.000
Secondary school	509	2.56	***20.4***	104	3.3	17	**76.2**	388	
High school/university	252	**2.27**	**34.5**	87	3.6	9	***61.9***	156	
Sexual Profile(*)									$\chi^2(8) = 22.97$
Not sexually active males	424	2.53	22.2	94	***2.4***	10	75.5	320	p= 0.003
Not sexually active females	405	2.36	28.6	116	**7.2**	29	***64.2***	260	
Sexually active married males	163	2.55	20.2	33	4.9	8	74.8	122	
Sexually active single males	91	2.48	25.3	23	***1.1***	1	73.6	67	
Sexually active married females	275	2.43	26.5	73	4.4	12	69.1	190	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

'People with HIV should be ashamed of themselves being HIV positive'

Respondents were asked to indicate agreement with the statement *'People with HIV should be ashamed of themselves being HIV positive'*. Two-thirds (66%) of all respondents supported the statement.

There was an association between gender and agreement, due to neutral responses:

- Males (69%) indicated stronger levels of agreement with the statement compared to females (63%), with differences in 'neutral' responses (4% males, 8% females).

Residence, education and sexual profile were statistically related to agreement with the statement *'people with HIV should be ashamed of themselves being HIV positive'*.

- More rural (68%) than urban (59%) respondents expressed their agreement with the statement.
- Those with low levels of education expressed stronger support for the statement: 73% of no/primary school education, compared to 57% of high school/university.
- Highest levels of agreement were found among sexually active married males (75%) followed by not sexually active males (69%).

Table 116- *'People with HIV should be ashamed of themselves being HIV positive'*

	People with HIV should be ashamed of themselves being HIV positive								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1351	2.38	28.0	378	5.8	78	66.2	895	
Gender(*)									$\chi^2(2) = 13.98$
Male	676	2.42	27.1	183	***3.6***	24	69.4	469	p= 0.000
Female	675	2.34	28.9	195	**8.0**	54	63.1	426	
Age									$\chi^2(4) = 4.02$
15-19	526	2.36	29.5	155	5.3	28	65.2	343	p=0.402
20-24	483	2.39	26.7	129	7.2	35	66.0	319	
25-29	340	2.40	27.6	94	4.4	15	67.9	231	
Residence(*)									$\chi^2(2) = 7.29$
Urban	273	**2.26**	**33.7**	92	7.0	19	59.3	162	p= 0.026
Rural	1078	**2.41**	26.5	286	5.5	59	68.0	733	
Education(*)									$\chi^2(4) = 30.52$
No/primary school	594	**2.52**	***20.9***	124	6.6	39	**72.6**	431	p= 0.000
Secondary school	506	2.32	**31.8**	161	4.5	23	63.6	322	
High school/university	251	2.20	**37.1**	93	6.4	16	***56.6***	142	
Sexual Profile(*)									$\chi^2(8) = 22.82$
Not sexually active males	422	2.41	27.7	117	***3.8***	16	68.5	289	p= 0.003
Not sexually active females	400	2.29	31.5	126	**7.8**	31	60.8	243	
Sexually active married males	163	2.53	***21.5***	35	3.7	6	74.8	122	
Sexually active single males	91	2.30	34.1	31	2.2	2	63.7	58	
Sexually active married females	273	2.42	24.5	67	**8.4**	23	67.0	183	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

'I would feel ashamed if I were HIV positive'

The statement '*I would feel ashamed if I were HIV positive*' was highly supported among the sample: 67% strongly demonstrated their agreement with the statement, but 30% did not support.

The responses to the statement '*I would feel ashamed if I were HIV positive'* were not significantly associated with gender.

Education was statistically related to the statement:

- Respondents with high school/university education (62%) showed less agreement compared no/primary school education (71%); while 27% would not feel ashamed it they were HIV positive.

Table 117- '*I would feel ashamed if I were HIV positive'*

	I would feel ashamed if I were HIV positive								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1357	2.37	30.1	409	2.9	40	66.9	908	
Gender									$\chi^2(2) = 0.23$
Male	678	2.36	30.5	207	3.1	21	66.4	450	p= 0.890
Female	679	2.38	29.7	202	2.8	19	67.5	458	
Age									$\chi^2(4) = 5.35$
15-19	531	2.34	31.1	165	3.8	20	65.2	346	p=0.252
20-24	483	2.42	28.2	136	1.9	9	70.0	338	
25-29	341	2.33	31.7	108	3.2	11	65.1	222	
Residence									$\chi^2(2) = 5.61$
Urban	272	2.30	32.7	89	**4.8**	13	62.5	170	p= 0.060
Rural	1085	2.39	29.5	320	2.5	27	68.0	738	
Education(*)									$\chi^2(4) = 11.18$
No/primary school	598	2.44	***26.8***	160	2.0	12	71.2	426	p= 0.024
Secondary school	509	2.32	31.8	162	3.9	20	64.2	327	
High school/university	250	2.27	34.8	87	3.2	8	62.0	155	
Sexual Profile									$\chi^2(8) = 2.96$
Not sexually active males	424	2.34	30.9	131	3.8	16	65.3	277	p= 0.936
Not sexually active females	403	2.37	30.0	121	3.0	12	67.0	270	
Sexually active married males	163	2.40	28.8	47	2.5	4	68.7	112	
Sexually active single males	91	2.35	31.9	29	1.1	1	67.0	61	
Sexually active married females	274	2.39	29.2	80	2.6	7	68.2	187	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

Stigma and Discrimination: Social Responsibility of PLHIV

'A person with HIV has the same rights as somebody who is not HIV positive'

Knowledge about the rights of PLHIV was universal. Of all respondents, 96% expressed agreement with the statement *'a person with HIV has the same rights as somebody who is not HIV positive'*, and there is no significant relationship between gender and this view.

Education[35] was statistically associated with the knowledge about the right of PLHIV, but not statistically valid.

- Low education respondents expressed strongest level of disagreement: 7% of no/primary school education compared to the two other subgroups where less than 1% disagreed with the statement.

Table 118- *'A person with HIV has the same rights as somebody who is not HIV positive'*

	A person with HIV has the same rights as somebody who is not HIV positive								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1361	2.93	3.2	44	0.7	10	96.0	1307	
Gender									$\chi^2(2) = 0.00$
Male	681	2.93	3.2	22	0.7	5	96.0	654	p= 0.999
Female	680	2.93	3.2	22	0.7	5	96.0	653	
Age									$\chi^2(4) = 3.04$
15-19	533	2.94	2.6	14	0.4	2	97.0	517	p=0.550
20-24	485	2.92	3.5	17	0.8	4	95.7	464	
25-29	341	2.91	3.8	13	1.2	4	95.0	324	
Residence									$\chi^2(2) = 4.91$
Urban	277	**2.96**	1.8	5	0.0	0	98.2	272	p= 0.085
Rural	1084	**2.92**	3.6	39	0.9	10	95.5	1035	
Education(*)									$\chi^2(4) = 42.66$
No/primary school	599	**2.86**	**6.5**	39	**1.3**	8	92.2	552	p= 0.000
Secondary school	511	2.98	***0.8***	4	0.2	1	99.0	506	
High school/university	251	2.99	***0.4***	1	0.4	1	99.2	249	
Sexual Profile									$\chi^2(8) = 7.40$
Not sexually active males	427	2.95	2.3	10	0.5	2	97.2	415	p= 0.493
Not sexually active females	404	2.93	3.2	13	0.2	1	96.5	390	
Sexually active married males	163	2.89	4.9	8	1.2	2	93.9	153	
Sexually active single males	91	2.90	4.4	4	1.1	1	94.5	86	
Sexually active married females	274	2.92	3.3	9	1.5	4	95.3	261	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

[35] the Chi-square test was statistically invalid due to more than 20% of cells (33.3%) having expected count less than 5. The minimum expected count is 1.84.

'A person living with HIV has a responsibility not to transmit HIV to anyone else'

Respondents were asked to demonstrate their agreement with whether PLHIV has a responsibility not to transmit HIV to anyone else. Overall, the majority of respondents absolutely supported this notion: 98% agreed with the statement.

Education was also statistically related with the statement.

- Higher level of education increased the level of agreement: virtually all (100%) of high school/university education agreed compared to 96% of no/primary school education; while 2% of no/primary school disagreed.

Table 119- *'A person living with HIV has a responsibility not to transmit HIV to anyone else'*

	A person living with HIV has a responsibility not to transmit HIV to anyone else								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1357	2.96	1.5	21	1.0	13	97.5	1323	
Gender									$\chi^2(2) = 3.78$
Male	682	2.95	1.6	11	1.5	10	96.9	661	p= 0.150
Female	675	2.97	1.5	10	0.4	3	98.1	662	
Age									$\chi^2(4) = 3.87$
15-19	529	2.96	1.3	7	1.5	8	97.2	514	p=0.422
20-24	484	2.95	1.9	9	0.8	4	97.3	471	
25-29	342	2.97	1.5	5	0.3	1	98.2	336	
Residence									$\chi^2(2) = 0.22$
Urban	276	2.96	1.4	4	0.7	2	97.8	270	p= 0.894
Rural	1081	2.96	1.6	17	1.0	11	97.4	1053	
Education(*)									$\chi^2(4) = 15.47$
No/primary school	598	2.93	**2.3**	14	**1.8**	11	95.8	573	p= 0.003
Secondary school	509	2.97	1.4	7	***0.2***	1	98.4	501	
High school/university	250	3.00	***0.0***	0	0.4	1	99.6	249	
Sexual Profile									$\chi^2(8) = 11.61$
Not sexually active males	427	2.95	1.6	7	**2.1**	9	96.3	411	p= 0.169
Not sexually active females	399	2.97	1.3	5	0.5	2	98.2	392	
Sexually active married males	164	2.95	2.4	4	0.6	1	97.0	159	
Sexually active single males	91	3.00	0.0	0	0.0	0	100.0	91	
Sexually active married females	274	2.96	1.8	5	0.4	1	97.8	268	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

ARV Awareness

'There are drugs available to treat HIV and AIDS, what are these drugs called?'

An open-ended question was used to find out what names respondents knew for the drugs that treat HIV and AIDS. Most (83%) of respondents reported that they did not know what the drugs were called; 17% reported the name of the drug, *Thnamm Pon Year Chivit* (directly translated as 'Prolong Life Drug').

Table 120- '*There are drugs available to treat HIV and AIDS, what are these drugs called?'*

	There are drugs available to treat HIV and AIDS, what are these drugs called?					
	Base	Prolonging Life Drugs		Don't Know		
		%	#	%	#	
All Respondents	1361	17.3	235	82.7	1126	
Gender						$X^2(1) = 3.08$
Male	679	15.5	105	84.5	574	p= 0.079
Female	682	19.1	130	80.9	552	
Age						$X^2(2) = 4.00$
15-19	533	18.6	99	81.4	434	p= 0.135
20-24	483	18.2	88	81.8	395	
25-29	343	13.7	47	86.3	296	
Residence						$X^2(1) = 0.17$
Urban	276	18.1	50	81.9	226	p=0.675
Rural	1085	17.1	185	82.9	900	
Education(*)						$X^2(2) = 14.40$
No/primary school	602	***13.5***	81	86.5	521	p=0.000
Secondary school	508	18.5	94	81.5	414	
High school/university	251	**23.9**	60	76.1	191	
Sexual Profile						$X^2(4) = 8.10$
Not sexually active males	425	17.4	74	82.6	351	p=0.087
Not sexually active females	405	20.2	82	79.8	323	
Sexually active married males	163	10.4	17	89.6	146	
Sexually active single males	91	15.4	14	84.6	77	
Sexually active married females	275	17.1	47	82.9	228	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables

Places to Obtain ARVs

An open-ended question was used to assess respondents' knowledge of where a person with HIV can obtain ARVs. Nearly half (49%) named at least one type of public health facility; 16% named NGOs and 40% did not know any place to obtain ARVs.

Table 121- Place of Service Availability of drugs

	Base	Frequency	
		%	#
Public health facility	1348	50.0	674
Health Center	1348	24.0	323
National hospital	1348	21.1	284
Referral hospital	1348	16.3	219
NOGs	1348	15.9	215
Pharmacy	1348	5.3	71
Other	1348	1.5	20
Don't know	1348	40.0	539

PLHIV Can Obtain ARVs at Public Health Facility

Half (50%) of all respondents spontaneously mentioned public health facility as a place to obtain ARVs'.
Awareness of this varied according to residence and education:

- More urban (60%) than rural (48%) recalled that ARVs were obtainable at '*public health facility*'.
- Higher education was associated with better knowledge about ARVs at public health facilities: 43% no/primary school, 61% of high school/university.

Table 122- PLHIV Can Obtain ARV at Public Health Facility

	PLHIV Can Obtain ARVs at Public Health Facility					
	Base	Yes		No		
		%	#	%	#	
All Respondents	1348	50.0	674	50.0	674	
Gender						$\chi^2(1) = 0.46$
Male	676	50.9	344	49.1	332	p= 0.495
Female	672	49.1	330	50.9	342	
Age						$\chi^2(2) = 4.36$
15-19	533	53.5	285	46.5	248	p= 0.112
20-24	478	47.3	226	52.7	252	
25-29	335	48.7	163	51.3	172	
Residence(*)						$\chi^2(1) = 12.49$
Urban	268	**59.7**	160	***40.3***	108	p=0.000
Rural	1080	47.6	514	52.4	566	
Education(*)						$\chi^2(2) = 22.94$
No/primary school	602	***43.4***	261	**56.6**	341	p=0.000
Secondary school	500	52.8	264	47.2	236	
High school/university	246	**60.6**	149	***39.4***	97	
Sexual Profile						$\chi^2(4) = 3.41$
Not sexually active males	425	52.5	223	47.5	202	p=0.490
Not sexually active females	400	51.0	204	49.0	196	
Sexually active married males	162	48.1	78	51.9	84	
Sexually active single males	89	48.3	43	51.7	46	
Sexually active married females	270	45.9	124	54.1	146	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables

Don't Know Where PLHIV Can Obtain ARVs

Of all respondents, 40% reported that they did not know where PLHIV could obtain ARVs.

The awareness of ARV services differed according to residence and education:

- Many more rural people reported that they had not known the place where PLHIV could obtain ARVs: 43% of rural respondents did not know the places to obtain ARVs compared to 30% of urban respondents.
- Similarly, more respondents with low levels of education reported that they had not known the service: 47% of no/primary school did not know where PLHIV could obtain ARVs compared to 31% of high school/ university respondents.

Table 123- Don't Know Where PLHIV Can Obtain ARVs

	Don't Know Where PLHIV Can Obtain ARVs					
	Base	Yes		No		
		%	#	%	#	
All Respondents	1348	40.0	539	60.0	809	
Gender						$\chi^2(1) = 0.03$
Male	676	40.2	272	59.8	404	p= 0.850
Female	672	39.7	267	60.3	405	
Age						$\chi^2(2) = 2.38$
15-19	533	37.7	201	62.3	332	p= 0.303
20-24	478	42.5	203	57.5	275	
25-29	335	39.7	133	60.3	202	
Residence(*)						$\chi^2(1) = 15.39$
Urban	268	***29.5***	79	**70.5**	189	p=0.000
Rural	1080	42.6	460	57.4	620	
Education(*)						$\chi^2(2) = 21.54$
No/primary school	602	**46.5**	280	***53.5***	322	p=0.000
Secondary school	500	36.6	183	63.4	317	
High school/university	246	***30.9***	76	**69.1**	170	
Sexual Profile						$\chi^2(4) = 1.48$
Not sexually active males	425	40.5	172	59.5	253	p=0.829
Not sexually active females	400	38.0	152	62.0	248	
Sexually active married males	162	39.5	64	60.5	98	
Sexually active single males	89	40.4	36	59.6	53	
Sexually active married females	270	42.6	115	57.4	155	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables

'A person living with HIV can live a healthy life with ARVs'

Despite low knowledge about what the drugs used to treat HIV and AIDS are called, and mixed knowledge about where to obtain them, the general view that '*a person living with HIV can live a healthy life with ARVs (Thnamm Pon Year Chivit)*' was widely held: Of all respondents 86% agreed with the statement.

There was no significant association across demographic characteristics and sexual profile.

Table 124- *'A person living with HIV can live a healthy life with ARVs'*

	A person living with HIV can live a healthy life with ARVs								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1308	2.79	6.6	86	7.5	98	85.9	1124	
Gender									$\chi^2(2) = 2.24$
Male	644	2.77	7.3	47	8.2	53	84.5	544	p=0.325
Female	664	2.81	5.9	39	6.8	45	87.3	580	
Age									$\chi^2(4) = 7.11$
15-19	512	2.76	7.8	40	8.8	45	83.4	427	p=0.130
20-24	466	2.80	6.9	32	6.0	28	87.1	406	
25-29	329	2.84	***4.3***	14	7.6	25	88.1	290	
Residence									$\chi^2(2) = 1.26$
Urban	268	2.82	5.6	15	6.3	17	88.1	236	p= 0.532
Rural	1040	2.79	6.8	71	7.8	81	85.4	888	
Education									$\chi^2(4) = 6.77$
No/primary school	571	2.80	5.4	31	**9.3**	53	85.3	487	p= 0.148
Secondary school	492	2.79	7.3	36	6.5	32	86.2	424	
High school/university	245	2.79	7.8	19	5.3	13	86.9	213	
Sexual Profile									$\chi^2(8) = 9.33$
Not sexually active males	404	2.76	7.7	31	8.9	36	83.4	337	p=0.314
Not sexually active females	397	2.78	7.6	30	7.3	29	85.1	338	
Sexually active married males	152	2.77	7.9	12	7.2	11	84.9	129	
Sexually active single males	88	2.84	4.5	4	6.8	6	88.6	78	
Sexually active married females	265	2.87	***3.4***	9	6.0	16	90.6	240	

Notes:
A star (*) reports a significant relation between a demographic variable and dependent variable at 5% significance level.
Figures in **bold** represent cells with high positive, while those in ***bold italic*** represent high negative relation between both variables.

Discussion and Recommendations

Media Strategy

This data shows that mass media continue to be an effective mechanism to reach a vast proportion young Cambodians: Just 11% of all respondents had not listened to radio nor watched television in the past month.

The data also shows continued high levels of TV consumption (62% daily viewing; 76% on a weekly basis) and a smaller and fragmented radio market (31% daily listening; 48% within the week; in which the strongest listenership to a single station was 21% of all radio listeners and for most it was less than 5%). New data gives an increased understanding of how media is used in the course of daily life, with weekday consumption slightly greater than on the weekends. Noteworthy is the very high access to mobile phones reported by all respondents, almost universally (93%) by females, while internet use remains very limited (4%).

- Mass media is a strongly recommended method to communicate behaviour change and to address widespread social attitudes and norms that hinder access to HIV prevention, treatment, care and support: A large majority of respondents (89%) had accessed media within the past month.
- More young Cambodians use TV than radio, so if it is necessary to choose just one platform for mass media communications TV is the better choice.
- However, to ensure reaching as many young Cambodians as possible with programme outputs that meet their tastes and lifestyles, a multi-format, multi-media approach is necessary.
- Developing outputs that incorporate or are distributed via mobile phone platforms should also be explored, given the high penetration of mobile phones.
- Internet is not yet widely used. Exploring internet outputs that will be a part of growing internet use as by young Cambodian people, should be considered for HIV and AIDS communications, however.

TV

Television viewing is high among young Cambodians. While stronger among urban than rural residents, and among males more than females, only 10% of the young Cambodians in this study never watched TV. Sixty-one percent had watched TV within a day of being surveyed; three-fourths of respondents watched TV on a weekly basis.

Weekday viewing was almost universal (97%) but still strong on the weekend (89%).

Among the eight TV channels named by respondents in this study, CTN was the most popular station, followed by TV5 and TV3.

The strong performance of the Trust's outputs is notable. Seven months after broadcasts ended, more than three-fourths (78%) of all respondents said they had watched *Taste of Life*, testament of the effectiveness of a Khmer TV drama to reach a substantial proportion of the population.

- Television is the first choice of communications methods to reach young Cambodians on a large scale.
- Weekday broadcasts are preferable to weekend time slots; ideally a weekday broadcast would be supplemented by weekend re-broadcasts.
- A combination of broadcasters would assure strong reach to both urban and rural audiences: CTN is stronger among urban viewers, while TV5 is more popular in rural locations.
- Continue using the PSA format; consider renewing use of longer formats such as drama and short film.
- Incorporate elements of popular TV and radio programmes into longer format TV outputs.
- Cross-promote long-format TV outputs with other media such as radio and mobile phones.

Radio

Radio is less commonly used than TV but still used by nearly half of young Cambodians on a weekly basis. Radio listening is higher among males than females, so given the choice, it would be a more appropriate tool to reach male audiences rather than female.

Weekday listening was also very high (94%) among radio listeners and lower (69%) on weekends.

Among the 29 radio stations mentioned by respondents in this study, the strongest was FM103 (PP) which managed to reach 21% of radio listeners on a weekday. Other popular stations were FM102 Phnom Penh (PP) and Khmer Radio FM107 (PP). FM 103 (PP) reaches more male than female; in contrast FM102 (PP) is more popular with female audiences than male, so use FM 102 to reach females.

Nearly all radio listeners listen to phone-in programmes (89%) but very few had ever called one.

- Radio will also reach young Cambodians on a large scale.
- Weekday broadcasts are preferable to weekend time slots.
- A combination of broadcasters is necessary to achieve strong reach to both urban and rural audiences across the country: No single station will reach more than 20% of radio listeners, many will reach fewer.
- Continue PSA and phone-in formats; explore new formats.
- Encourage interaction with radio, particularly increasing calling in to radio programmes.
- Cross-promote phone-in programmes with mobile phones.

Radio Phone-in Programmes

The penetration of the Trust's radio phone-in programmes is also encouraging in terms of reaching target audiences and performing well in very crowded radio airwaves.

Phone-in programmes appeal to most radio listeners, 89% of respondents have listened to phone-in programmes; especially young (age 15-19), rural and single respondents.

Also accessibility to mobile phones is very high (88%), this indicates there is a chance to work on radio phone-in programmes. However, the reliance on public and shared phones may be a barrier.

- Further research should be carried out to find out why young people who listen to radio phone-in programmes don't call them.
- Encourage interaction with radio phone-in programmes.

Mobile Telephones

Mobile telephone access is very high (88% of all respondents), almost universal (93%) among urban respondents and females. Of these, about one fourth have their own phone and the others rely upon public and shared telephones.

Outputs that incorporate or are distributed via mobile phone platforms include ringtones, SMS, music, images, games and short films. These can be used to further encourage discussion and interpersonal communication, for campaign penetration and branding, as well as to encourage listeners to call phone-in programmes.

Furthermore, given their compact, portable nature, as well as the relative privacy of some applications, they could be effectively used for distribution of information and exchanging ideas about 'hidden' or 'silent' issues (such as female sexuality and sweetheart relationships) and for targeting 'niche' media within social networks of 'hidden', 'hard to reach' audiences (such as men who have sex with men).

- Develop outputs that incorporate or are distributed via mobile phone platforms.
- More research about handset and network capabilities, common uses and costs, as well as values, aesthetics, and social benefits (status, style, etc) users attribute to their phones is needed to develop communication strategies that incorporate mobile phone and to produce outputs for mobile phone platforms.
- Consider incentives to phone-in callers that would foster more private (not shared or public) mobile phone access.

'Niche Media'

While this study focussed on mass media consumption, a number of the opinions and experiences reported here do not occur in a community or family setting, and some of the issues that need to be addressed for HIV prevention purposes would be too specialised or not be considered suitable for mass media tastes. For these, a niche media strategy would be more suitable. An important feature of niche media outputs is their distribution, which necessarily needs to be highly targeted, specific and in many instances would be via smaller venues and partner organisations working within more diffuse, closed and 'hidden' social groups and/or social networks (such as men who have sex with men or PLHIV).

Niche media outputs would be designed to fit and capture attention in these specialised, more exclusive contexts, in a manner that matches the tone and style of the venue and its social activities.

For example: Video and music for beer halls, karaoke, clubs and cafes, in a tone and style to:

- Capture attention amid alcohol, music, friends, entertainment workers
- Acknowledge pleasure, rewards, sexual motivations
- Reflect fun mood, peer bonds
- Be more sexy than mass media

Target audience:

- Will vary, but may include males who pay for sex, men who have sex with men, couples in sweetheart relationships, entertainment workers

Purpose of communications:

- To promote relevant prevention responses and behaviours that specifically arise in certain social contexts and 'risk environments' and/or among specific social groups.

Messages

- Will vary, but likely to include condom use.
- Are likely to have specialised information and detail.

Communications Objectives, Target Audiences and Messages to Foster Discussion

Interpersonal Communications: 'Talk About'

Levels of discussion and dialogue differed between different topics. With the exception of 'ever having talked to a PLHIV' the frequency of discussion was, from most to least, as follows:

- Sexual matters
- HIV and AIDS
- Condoms
- HIV testing

Males discussed all topics more than females; single sexually active males discussed all topics the most, more than any other sub-group profile presented in the earlier analysis tables.

The exception on this ranking was 'ever having talked to PLHIV', which was top of the female ranking. For males in general, the actual level of ever having talked to PLHIV was the same as females, but ranked lower due to higher levels of discussion on other topics. This was also the case with single sexually active males who talked about all issues more than other sub-groups.

Table 125- Summary of Discussion about Topics, Ever Talked to PLHIV, and Comfort Doing So

Talked About in the Past Month		%	Mean Comfort
Males	Sexual Matters	50.6	2.58
	HIV and AIDS	46.9	2.34
	Condoms	43.9	2.59
	Ever Talked to PLHIV	37.0	2.42
	HIV Testing	31.6	2.47
Females	Ever Talked to PLHIV	37.9	2.53
	HIV and AIDS	27.0	2.32
	Sexual Matters	26.2	2.36
	Condoms	20.5	2.39
	HIV Testing	14.5	2.48
Single Sexually Active Males	Sexual Matters	64.8	2.92
	Condoms	61.5	2.91
	HIV and AIDS	58.2	2.53
	Ever Talked to PLHIV	53.8	2.58
	HIV Testing	47.3	2.65

This data indicate a silence among the majority of young Cambodians, and especially among females: just over a fourth had talked about HIV and AIDS, or sexual matters in the past month.

Concerns expressed about reputation, embarrassment and even fear surrounding specific issues suggest that many young Cambodians, especially females are constrained by their perceptions of social norms, as well as their own more conservative (than males) morals. In fact, males expressed approval for females to talk about certain issues, and more approval than females about some condom matters.

Young Cambodians, especially females, who overcome their inhibitions and conservatism to initiate and engage in discussion, may be likely, in fact, encounter approval and support from other males and females.

- Additional analysis comparing the attitudes towards certain issues, experience and comfort discussing them, among single and married females, would be helpful for further segmenting females and/or determining whether there is continuum of discussion that relates to other attitudes and experiences.
- Qualitative research exploring discussion and relationship scenarios could identify key situations and discussion skills to target and model in communications.

Target audience:
- Females

Purpose of communications:
- To encourage and model females to discuss HIV and AIDS, sexual matters, condoms and HIV testing.

Target audience:
- Males

Purpose of communications:
- To encourage and support other males to discuss HIV and AIDS, sexual matters, condoms and HIV testing.
- To encourage and support females to discuss HIV and AIDS, sexual matters, condoms and HIV testing.

Messages:
- Talking about issues will not damage/can enhance a woman's reputation
- Talking about issues can strengthen relationships.
- Your/a man's role as sweetheart/husband/head of family includes discussing …
- Your/a woman's role as daughter/sweetheart/wife/mother includes discussing …
- In some situations it is better to talk than to say nothing.
- Fear and embarrassment can be overcome with experience and practice, by learning to talk about…
- Not talking about something can also contribute to fear or embarrassment.
- There are many ways to talk about … [demonstration, practice]

Communications Objectives, Target Audiences and Messages According to Sexual Practices

Sexual Matters and Practices

This study provides information about young Cambodians' attitudes in regard to sexual matters, as well as more detail about how widespread certain sexual practices are.

The data suggest that it is not a universal practice in Cambodia for men to have premarital sex, extramarital relationships, multiple partners and/or to pay for sex. The men who do these are a sub-group of males. The data also indicate that three distinct types of sexual relationships exist between young Cambodian men and women: wife/spousal, sweetheart and paid. These three different types of relationships have apparent antecedents in historical Cambodian law and culture[36]; their parameters – roles, expectations, norms, terminology, etc – are established and understood in contemporary social life[37]. While men's extramarital and paid sexual behaviours meet with mixed social approval overall, a larger proportion of the men, particularly single sexually active males, did not express disapproval for these practices.

- The challenge, then, is to develop HIV and AIDS communications that are suitable for each of the three relationships and that resonate with both the men and the women in these relationships.

- This apparent divergence of opinion and practice suggests that separate sets of prevention objectives, content and messaging are needed for the men on the basis of their marital status and whether or not they do have premarital sex, extramarital relationships, multiple partners and/or pay for sex.

- Similarly, separate sets of prevention objectives, content and messaging for single women in sweetheart relationships and married women may be considered.

- Additional analysis profiling the attitudes of the sub-groups that are not already presented in this report would be helpful for further tailoring outputs and their content.

Recommended Target audiences:

- Single men and women who do not want to have sex before marriage
- Newly married men and women who did not have sex before marriage
- Men who do not have extramarital relations
- Married women
- Men and women who are in sweetheart relationships
- Men who have extramarital relations
- Men who pay for sex

[36] T Jacobsen, personal communication to L Frost Yocum, January 2008.
[37] PSI (2002)

Virginity and Premarital Sex

Much importance is placed on virginity before marriage for both males and females in attitude and in practice. There is low support for the idea of sex before marriage for males (32%) and even less so for females (13%). Social concerns – tradition and reputation – were main reasons single respondents who had not had sex gave for maintaining their virginity until marriage. Maintaining ones' reputation was the overriding concern of females (68%)[38].

These strong social norms may havecontributed to a degree of underreporting of premarital sexual experience, especially by single females. An appreciation of this social desirability factor probably also contributes to the belief by about half of respondents that women do have sex before marriage but don't admit it. These concerns might lead not to reveal their sexual experiences.

In practice, actual premarital sex was reported by married men at levels at lower levels than the social opinion in favour of male premarital sex: 31% of married males reported having sex before marriage, while 41% of sexually active married males disagreed that 'men should not have sex before marriage'; about one-fifth (20%) of single men reported that they had ever had sex and yet third 33% of not sexually active single males disagreed that 'men should not have sex before marriage.' Not surprisingly, this group, sexually active single males, also expressed the highest level of approval (54%) for men to have sex before marriage.

Nevertheless, a large majority of young Cambodian males – seven out of ten married males had and 80% of currently single males – seem to have their first sexual experiences upon marriage[39].

Target audience:

- Men and women who do not want to have sex before marriage.
- Newly married men and women who did not have sex before marriage.

Purpose of communications

- To encourage good marital sexual relations.
- To encourage that only sexual relationship be the one with wife/husband.

Messages

- Sexual relations between spouses can be interesting and pleasurable.
- Good sexual relationships are part of a good marriage, which is keeping with traditional.
- Condoms are not only for paid relationships; they can also show love and respect for a wife/husband.

[38] These concerns might also contribute to underreporting of sexual experiences by single females.
[39] This finding is consistent with findings of the Cambodia Demographic Health Survey 2005.

Extramarital Sex

Disapproval of extramarital relationships was also expressed at high levels. The majority (75%) did not approve of males having extramarital sex and opinions were divided about whether it is boring for a man to have sex with just one woman.

In practice, only a third (33%) of married men reported extramarital sex, and less than half (41%) of these said they had done so in the past year – about one in eight (13%) of all married men.

Consistent condom use with spouses was reported at very low levels by males (1%) and females (3%).

Target audience:
- Men who do not have extramarital relations.
- Married women (whose only partner is her husband)

Purpose of communications
- Continue to have only sexual relationship be the one with wife/husband.

Messages
- Most men and women support that a man's only relationship should be with his wife.
- Sexual relations between spouses can be interesting and pleasurable.
- Condoms are not only for paid relationships; they can also show love and respect for a wife.

Sweethearts

Nearly a third (29%) of single men, 18% of single women, and 6% of the married men who had more than one partner reported that they had relationships with a sweetheart. Also, married men who reported having premarital sex did so with sweethearts. (For nearly all the few married women who had sex before marriage, their premarital partner was their spouse.)

Consistent condom use with sweethearts was reported at medium (49%) levels.

Target audience:
- Single men and women who are in sweetheart relationships.
- Married men who have extramarital relations with a sweetheart.

Purpose of communications
- Use condoms more and consistently with sweethearts.

Messages
- Condoms are not only for paid relationships; they can also show love and respect for a sweetheart.

Paid for and Group Sex

Two-fifths (43%) of sexually experienced males said that they had paid for sex. This practice was higher among the single males than married males: More than three-fourths (77%) of sexually experienced males said they had paid for sex, and most (78%) had done so in the past year.

Group sex[40] was less common, and almost solely a practice reported by single sexually experienced males (28%), compared to only 2% of married males.

Consistent condom use with sex workers was reported at very high (93%) levels.

- Further analysis comparing the attitudes of men who acknowledged premarital sex, extramarital relationships, multiple partners and/or to paying for sex against those of the rest of the men who did not report them, would be useful to better understand their values and norms about these practices.

- A combination mass media and 'niche media' strategy can reinforce high condom use with sex workers, and explore social attitudes and stigma related to sex work that are barriers to condom use in other relationships.

Target audience:
- Men who pay for sex

Purpose of communications
- Maintain high levels consistent condom use with partners who are being paid for sex

Messages
- Men who use condoms in paid relationships are doing the right thing.
- Condoms can enhance pleasure and performance.
- Condoms are not only for paid relationships; they can also show love and respect for a sweetheart or wife.

[40] Group sex is a form of paid sex in which a woman has sex with a group of men as part of a single paid transaction.

Communications Objectives, Target Audiences and Messages Relating to Other Issues

HIV and AIDS Risks

This study found high knowledge about HIV and AIDS risk reduction, particularly the use of condoms. Knowledge was weaker about having only one partner and other methods.

There was strong support for women as well as married couples to talk about HIV and AIDS. Moreover, talking about HIV and AIDS also highly considered to demonstrate love for a partner. However, the findings showed that embarrassment and fear were barriers to talking about HIV and AIDS. Women and people with lower education expressed stronger embarrassment and more fear.

Purpose of communications:

- Encourage those who are talking about HIV and AIDS risks to continue talking.
- Ease the worries (embarrassment and fear) about the practice to increase comfort and reduce them as barriers to talking about HIV and AIDS risks.
- Normalise talking about HIV and AIDS risks in all relationships, not just with sex workers.

Messages:

- It is not embarrassing/scary to discuss HIV and AIDS
- Both males and females in relationships have their own roles discussing HIV and AIDS

Target Audiences:

- Females
- People with no/primary education

Risk Perception

Nearly a fifth of respondents reported that they felt they had some chance of getting HIV. The main reasons given by those who felt they had no risk were having never had sex, faithfulness and condoms. The strongest reference to fidelity was among married sexually active respondents; condoms were the reason given by single sexually active men. Among those who felt they did have some risk, injecting equipment, lack of trust in partner and not using condoms were the reasons.

- Qualitative research about what unsterile injecting scenarios are encountered by the general population.
- Qualitative research about what ‘trust’ and ‘faithfulness’ mean in relationships.

Taking into account the various sexual practices, in particular males having extramarital and paid sexual relations, and single sexually active males using condoms, these risk assessments may in fact be quite accurate for many respondents.

- Additional analysis comparing the personal risk perceptions and other reported sexual practices would be a quick validation of risk perceptions.

Purpose of communications:

- Support realistic, accurate risk assessments.
- Encourage actions to reduce risks.
- Encourage a 'reality-check' on risk assessments, without fostering self-doubt or mistrust.
- Recommend and model where individuals can introduce sterile injection equipment into common injecting scenarios.
- Encourage those who consider themselves to have some risk to get tested for HIV.
- Reinforce the practices that are basis of 'No Risk' assessment - condoms, being faithful to their partners.
- Encourage respondents who have not had sex yet to consider risk reduction, especially condom use, during their first sexual experiences.

Messages:

- Consider carefully the reasons for why you think you have no/some risk of getting HIV.
- If you have never had sex, think about how to reduce your risk in your first sexual relationship.
- If you do not think the injecting equipment is sterile do not let it be used on you.
- If you are unsure about your partner, protect yourself.
- Both males and females in relationships can protect themselves.

Target Audiences:

- Males
- Older (25-29)
- Urban
- Higher education
- Sexually active married females
- Sexually active single males

Condoms

There were only about a half of sexually experienced respondents who ever had sex who reported ever using a condom and only about a fifth used of them used one consistently, having done so the last time they had sex; more than half of those who never used a condom did so due to trust in their partner.

Overall, there was strong acceptance for a woman to tell a man to use a condom. Likewise, there was strong support for the viewpoint that proposing a condom is a way to demonstrate love about a partner. Similarly, the viewpoint that men who use condoms are responsible was strongly supported; nor did many agree that women who use condoms are not virtuous. Even so, nearly half considered condom use to only be necessary with sex workers.

However, there were still a third of population who never talked about condoms and also a fifth of those who had ever talked still felt uncomfortable.

The majority of the study population also found it acceptable for women to buy condoms. The findings show, however, that less than a fifth of all respondents, and only 7% of women, reported ever buying a condom. Moreover, while only 13% did not know where to obtain condoms, about half felt embarrassed to buy condoms, indicating that embarrassment may still be a barrier for people to buy a condom as well to talk about them. Also, about half agreed that condoms reduce sexual sensation; though the majority disagreed with the statement that condoms are messy to use.

- Additional analysis comparing condom attitudes and condom experiences would be helpful to identify if there is a clustering or spectrum of condom-favouring and condom-resisting attitudes and behaviours.

Purpose of communications:
- Encourage the initiation of condom use by those who have not yet ever used a condom
- Reinforce consistent condom use with those who have ever used a condom, regardless of the relationship with their partner
- Reduce embarrassment associated with talking about and purchasing condoms
- Promote the extension of condom use to sweetheart relationships
- Discourage the association of condoms with lack of virtue in women
- Encourage closer consideration of 'caring' and 'trust' in relationships, since one is associated with condom use and the other is a reason that condoms are not used, particularly with spouses.

Messages:
- Talking about and buying a condom does not need to be embarrassing
- A woman that uses a condom does not lack virtue.

Target audiences:
- Female
- Younger age
- Low education

Messages:
- Using a condom can be pleasurable
- Consider what it means to trust a partner
- Condoms can show trust

Target audiences:
- Males or older age

HIV Testing (VCCT)

The data show high knowledge and support for people getting tested for HIV at specific points in their life and relationships. There was also very high awareness (93%) of testing facilities. Nevertheless, nearly a third said they would be embarrassed if friends found out they were getting an HIV test.

Despite embarrassment, nearly one-fifth had been tested for HIV. The proportion of those who wanted to be tested (43%) was twice that of those considered themselves to have some/high risk of getting HIV (21%). The proportion of those who considered themselves at risk who had been tested (21%) was equal. Therefore, lack of knowledge is not the reason people do not get tested.

- Additional analysis comparing risk perceptions, embarrassment, interest in VCCT, or having been tested could identify more specific target audiences for VCCT promotion.

Purpose of communications:
- Support realistic, accurate risk assessments.
- Encourage those who consider themselves to have some risk to get tested for HIV.
- Reduce embarrassment about being tested for HIV.

Messages:
- Consider carefully the reasons for why you think you have no/some risk of getting HIV.
- If you think you are at risk of getting HIV, get tested.

Target Audiences:
- Males
- Older (25-29)
- Urban
- Higher education
- Sexually active married females
- Sexually active single males

Messages:
- Being tested for HIV is not a reason to be embarrassed.

Target Audiences:
- General
- Low education

ARV Awareness

Despite low knowledge about what the drugs used to treat HIV and AIDS are called, and mixed knowledge about where to obtain them, the general knowledge was high (86%) that '*a person living with HIV can live a healthy life with ARVs (Thnamm Pon Year Chivit)*'. However, this lack of knowledge about how to access ARV treatment, may be a reason people do not want to be tested for HIV

Purpose of communications:
- Sustain high knowledge that there are drugs that enable PLHIV to live healthy lives.
- Increase awareness of what the drugs that treat HIV and AIDS are called.
- Increase awareness of ARV centres: Where they are and how to obtain ARVs.

Target audiences:
- General population

Messages:
- The drugs to treat HIV and AIDS are called…
- They are available at ARV centres.

People Living with HIV: Stigma and Discrimination

Despite the limited direct contact (38%) with people living with HIV many respondents (70%) expressed comfort about talking with someone known to have HIV. The level of comfort in principle was nearly twice as high as the actual known level of contact. Furthermore, analysis showed an association between contact and comfort talking with an HIV positive person.

In terms of stigma and discrimination, the findings are encouraging in terms of physical interaction: The principle of the rights of PLHIV was high (96% supported idea that PLHIV has same rights as people who do not have HIV), personal distress about prospect was rather low (79%), nearly all (92%) felt their interactions with their family would not change, and less than one-fifth (17%) said they tried to avoid physical contact with PLHIV. However, in terms of judgement and blame, 71% felt HIV and AIDS was 'punishment', two-thirds (66%) felt PLHIV should be 'ashamed of themselves' and half of respondents (48%) said that they would keep a family member's HIV secret. This is likely a reflection of other strongly held attitudes about sexual behaviours, but also indicates that the potential for stigma and discrimination of PLHIV continues to exist.

These findings do suggest that fostering parasocial[41] interactions between audiences and PLHIV could contribute to increased comfort interacting with PLHIV in real life, and reduced judgement and blame.

- Further analysis is needed comparing the attitudes of people who have talked with PLHIV with those who have not, to better understand the extent of this relationship.

Purpose of communications:
- Give audience a sense of personally having a positive, comfortable personal interaction with PLHIV via engagement with various outputs
- Reinforce the widely held opinion about rights of PLHIV
- Normalise physical interaction and social inclusion of PLHIV
- Continue to confirm that having HIV is 'not the end of the world' and that many aspects of life and interactions would not change
- Reduce blame, shame and secrecy about being PLHIV

Target audiences:
- General Population

[41] Horton, Donald and R. Richard Wohl (1956): 'Mass Communication and Para-social Interaction: Observations on Intimacy at a Distance', *Psychiatry* 19: 215-29

- Younger age (15-19 year olds)
- No/primary education
- Not sexually active males

Messages:
- It does not matter how a person got HIV
- PLHIV can live without blame and shame in Cambodia
- PLHIV are included in day to day life, and participate in Cambodian society

Men Who Have Sex With Men: Stigma and Discrimination

In this study, only two men, both of whom were married, reported they had ever had sex with a man. This practice was considered unacceptable by nearly all (93%) respondents, with no variations across any profiles.

On the other hand, the Trust's qualitative research[42] involving NGOs, peer educators and men who have sex with men found that they experienced high levels of stigma, discrimination and secrecy. Furthermore they reported low levels of condom use, despite some knowledge of the benefits of condom use.

- Further analysis of public attitudes about men who have sex with men is needed to better understand the basis of this disapproval and how it contributes to stigma, discrimination and secrecy.
- Develop mass media strategy to increase awareness, understanding of MSM's lives, and to reduce stigma and secrecy.

Target audiences:
- General Population

Messages:
- To be determined (by qualitative research)[43]

[42] BBC World Service Trust (2008). Outlook, Identity and Risks in Lives of Men who have Sex with Men in Cambodia and How Media Can Contribute to an Enabling Environment and Risk Reduction.

[43] See BBC World Service Trust report on formative research with men who have sex with men.

Conclusions

This report provides a very rich picture of attitudes, practices and social norms related to discussion, sexual matters, HIV and AIDS, risks, condoms, people living with HIV and AIDS and men who have sex with men.

This study provides new information about young Cambodians' attitudes in regard to sexual matters, as well as more detail about how widespread certain sexual practices are. Of note, the data suggest that it is not a universal practice in Cambodia for men to have premarital sex, extramarital relationships, multiple partners and/or to pay for sex. The men who do this are a sub-group of males.

The study also confirms the important role of media and communications, and offers many new possibilities for using media and communications to respond to HIV and AIDS in Cambodia.

Finally, this report is a true testament to capacity-building and learning by the BBC World Service Trust's Research and Learning team: Over the last year, the Cambodian team members have raised their quantitative skills to a level that enabled this study and report. This document is evidence of their success – from designing the survey questionnaire in close consultation with Trust's production teams and partners, overseeing its fieldwork, through to conducting the analysis and drafting this extensive, detailed report.