HIV-Related Knowledge, Attitudes, Behaviors, and Practices of Young People in Cross River State and Kogi State, Nigeria

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HIV-Related Knowledge, Attitudes, Behaviors, and Practices of Young People in Cross River State and Kogi State, Nigeria

By Chamberlain Diala, Seyi Olujimi, Folami Harris, and Kale Feyisetan

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Cover photo**:** A discussion group for out-of-school females in Ugep, Cross River State

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Acronyms

AIDS	Acquired immunodeficiency (or immune deficiency) syndrome
ART	Antiretroviral treatment
ARV	Antiretroviral drug
BCC	Behavior change communication
C-Change	Communication for Change
CRBC	Cross River Broadcasting Corporation
FGD	Focus group discussion
GHAIN	Global HIV/AIDS Initiative Nigeria
HCT	HIV counseling and testing
HIV	Human immunodeficiency virus
IDI	Individual in-depth interview
JSS	Junior secondary school
KABP	Knowledge, attitudes, behaviors, and practices
LACA	Local Government Action Committee on AIDS
LGA	Local Government Area
M&E	Monitoring and evaluation
NACA	National Agency for the Control of AIDS
NGO	Non-governmental organization
PLHIV	People living with HIV
PMTCT	Prevention of mother-to-child transmission
PSU	Primary sampling unit
SACA	State Agency for the Control of AIDS
SBCC	Social and behavior change communication
SSS	Senior secondary school
UCTH	University of Calabar Teaching Hospital

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Executive Summary

Background

Communication for Change (C-Change) works around the world to improve the effectiveness and sustainability of social and behavior change communication (SBCC) across program areas, including health, environment, economic growth and poverty alleviation, and democracy and governance. In Nigeria, C-Change supports health and HIV prevention objectives of the USAID Mission. The project is building SBCC capacity for country-driven interventions that aim to prevent new HIV infections, reduce HIV prevalence among high-risk groups, and stabilize HIV prevalence within the general population. C-Change recognizes the social context as an important determinant of individual behavior, and relies on research to determine the focus and design of SBCC interventions.

Like the Government of Nigeria, USAID/Nigeria sees sustained behavior change as a prerequisite to reducing the incidence and impact of HIV and AIDS in the country. The Mission considers community involvement and mass media interventions to be key factors in realizing this overall objective, and it emphasizes the use of evidence when designing HIV prevention programs and comprehensive HIV services.

C-Change/Nigeria thus launched formative research to inform the focus and design of country-driven SBCC interventions that aim to achieve two of the project's four objectives:

1. Reduce HIV risk behaviors among youth ages 15–24 years in Kogi and Cross River states through multi-channeled campaigns implemented through national sub-partners.
2. Expand the use of mass media by SBCC implementing agencies and improve mass media support for prevention priorities outlined in the National BCC Strategy and Prevention Plan.

The KAPB Survey and Summary of Findings

C-Change/Nigeria assessed HIV-related knowledge, attitudes, beliefs, and practices (KABP) of 1,266 youth ages 10–24 in Cross River and Kogi States: 625 in Cross River and 641 in Kogi. Respondents were evenly split between males and females, and their mean age was 17.7.

Junior and senior students in secondary schools made up about one half of all respondents; students in tertiary institutions accounted for about one-third; and out-of-school youth who had never been to school or did not go beyond primary school comprised about one fifth. In total, 14 focus group discussions (FGDs) were organized among these three target groups, 7 with males and 7 with females. Individual in-depth interviews were also conducted with stakeholders in each state: policymakers, community opinion leaders, staff of USAID implementing partners, and school authorities.

Knowledge and attitudes relating to HIV and AIDS

Respondents in both states were very knowledgeable about how HIV is transmitted and can be prevented, though their knowledge of other STIs is low, with the exception of gonorrhea. Notwithstanding, the survey evidences the stubborn persistence of myths and misconceptions about HIV and AIDS. A significant number of respondents said they would not buy food from an HIV-positive vendor, and many others believe that divine intervention can get rid of the virus. However, the vast majority say they would care for an HIV-positive

relative, and most do not believe that people living with HIV (PLHIV) need to be banned from attending school or otherwise isolated.

The vast majority of respondents in both states know that getting an HIV test is the only way to determine a person's HIV status and they know where to go for a test. However, less than half of the respondents in Cross River and less than a third in Kogi have ever been tested. Many expressed fear that the test kits and testing processes might infect them with the HIV virus.

Sexual practices and risk behaviors

Six out of ten respondents in Cross River and four out of ten in Kogi are sexually active. Reported age at sexual debut averaged 15 and 16, respectively. Some FGD participants reported that children within their communities who are as young as 8 or 9 are having sex. Unprotected last sex was reported by 62% of respondents in Cross River and by 41% in Kogi. Reasons for not using condoms included their unavailability, beliefs that they reduce pleasure or are ineffective, and that condoms are not needed with a trusted sexual partner.

The survey reflects five out of the seven drivers of HIV in Nigeria: (1) unprotected heterosexual sex; 2) multiple and concurrent sexual partnerships; 3) informal transactional sex; 4), intergenerational sex involving girls and older men; and 5) low HIV-risk perception. Multiple sexual partnerships were reported by 66% of respondents: 62% in Cross River and 41% in Kogi.

Drug and alcohol use is not a substantial risk factor, since 90% of respondents in Cross River and 98% in Kogi State report no drug use and 60% in Cross River and 84% in Kogi State report no alcohol use. Among those who use alcohol, 14% in Cross River State and 5% in Kogi State do so infrequently—less than once a week. In addition, respondents in both states rarely reported use of injection drugs or psychoactive substances. While polygamy and other cultural practices increase HIV risk, their impact on HIV prevalence is not substantial.

Youth media habits

Youth in Cross River and Kogi States rely on established and credible media (radio, television, and newspapers) for health information. They also have good recall of overall health and HIV prevention and intervention programs. However, they are concerned about lack of youth perspectives in the design and implementation of these programs.

Conclusions and Recommendations

The study reveals youth in both states have high levels of awareness about HIV but low knowledge about transmission and basic HIV prevention facts. Few youth in both states use drugs and alcohol. Though myths and misinformation about HIV and AIDS have not disappeared, it is clear that most youth rely on established and credible media for health and HIV/AIDS information. Respondents had good recall of HIV prevention programs and interventions, though some were not considered sufficiently youth-friendly or youth-focused.

The survey's troublesome news is that respondents have unrealistic perceptions of their own HIV risk. Among youth who are sexually active, most did not use condoms at last sex, during the past 12 months, or at sexual debut. And most respondents have not been tested

for HIV, though they know the value of the test and where to get one. These are serious risk factors that must be addressed, along with multiple and concurrent sexual partnerships and inter-generational sex between young women and older men.

A clear need exists for future SBCC messaging to emphasize abstinence and faithfulness (AB) with youth age 16 and younger, mostly in-school youth. Messaging about the importance and effectiveness of protected sex (condoms) must be emphasized, especially for sexually active, older university and out-of-school youth who have multiple and concurrent partners, engage in inter-generational and transactional sex, and perceive themselves to be at low risk for HIV infection. Interventions and mass media messages must cover the entire state, and must not be localized to urban areas.

Heterosexual sex accounts for 80% of HIV transmission in Nigeria.[1] A 2008 national survey indicated that HIV prevalence among youth ages 15–19 is 3.3% and is 4.6% among those ages 20–24.[2] The overall HIV rate in Cross River is 7.1% and 5.8% in Kogi, surpassing the 4.1% national rate. It is in this context that we invest efforts to identify the knowledge, attitudes, practices and beliefs of young people in the two selected states.

[1] Federal Ministry of Health, *National HIV/AIDS and Reproductive Health Survey (NARHS Plus)* Abuja, 2008.
[2] National AIDS/STI Control Programme, Federal Ministry of Health, National HIV Sero-Prevalence Sentinel Survey, Abuja, 2008.

I. Survey Methods, Sample Size, and Selection of Respondents

Research Method and Sample Size

To ensure that SBCC interventions to reduce the spread of HIV are evidence-based and effective, C-Change collaborated with the State Action Committee on AIDS (SACA) in Cross River State and Kogi State to conduct formative research on HIV-related knowledge, attitudes, beliefs, and practices (KABP) of youth ages 10–24. The objective of the survey was to inform the design and implementation of SBCC programs for youth that contribute to reducing risky behaviors and HIV prevalence.

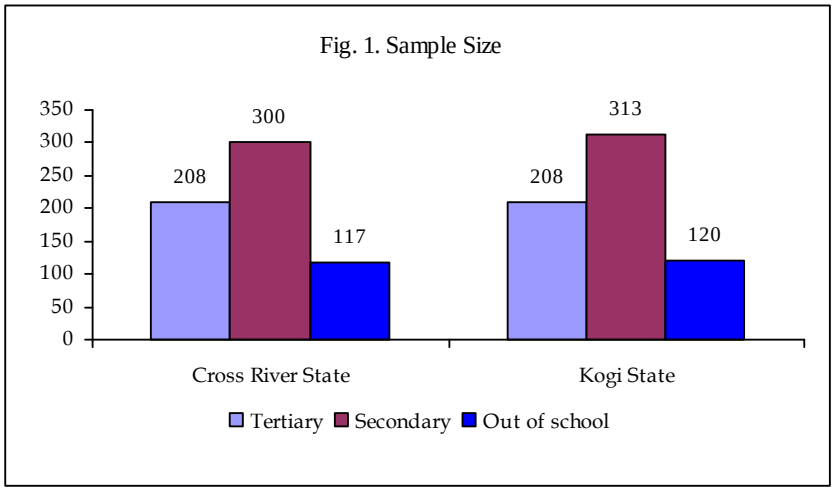
The survey was conducted in two states: the first in Cross River State from November 5 to 18, 2009, and the second in Kogi State from January 21 to 30, 2010. Respondents selected for face-to-face interviews were students in secondary schools and tertiary institutions, as well as out-of-school youth who had either never attended school or advanced beyond the primary level.
The following formula was used to calculate the sample sizes for all target groups.

$$n = D\frac{\left[\sqrt{2P(1-P)}Z_{1-\alpha} + \sqrt{P_1(1-P_1)+P_2(1-P_2)}Z_{1-\beta}\right]^2}{\Delta^2}$$

- D is the design effect.
- P_1 is the known/assumed pre-survey value of the indicator of interest or the estimated proportion of the target population with the characteristic of interest during the first survey.
- P_2 is the value of the indicator of interest at a future date or the target population with the characteristic of interest at some future date, such that the quantity (P_2 - P_1) is the size of the magnitude of change that the survey wants be able to detect: P = (P_1 + P_2) / 2.
- $Z_{1-\alpha}$ is the z-score corresponding to the probability that an observed change of size (P_2 - P_1) would not have occurred by chance.
- $Z_{1-\beta}$ is the z-score corresponding to the desired degree of confidence in detecting a change of size (P_2 - P_1), if one actually occurred: = 0.05 ($Z_{1-\alpha}$ = 1.65) β=0.20 ($Z_{1-\beta}$=0.83).

To determine the sample size, the primary indicator of interest was the percentage reporting sexual debut by age 15. Its initial value was estimated at 50%, since not much is known about the current risk behaviors of youth in the two states. The desired change in the value of the indicator was set at 15%. Also, because a cluster was used rather than a simple random design, a design effect of 1.7 was applied and the level of precision set at 0.05. The application of this formula yielded a sample size of 226 male and 226 female youth per state.

Because not all youth would have experienced sexual debut, the sample size was inflated by the reciprocal of the probability of finding a respondent who has had sex by age 15. The probability was set at 0.5, implying that one out of two youth would have had sex by age 15. This brought the sample size to 452 male and 452 female youth per state.



As there were no guarantees that all youth approached by interviewers would agreed to be interviewed, the sample size was again adjusted upward by 10%, to 498 male and 498 female youth per state. Adjustments due to cost constraints and other factors modified the number to 600 per state: 300 youth in secondary school, 200 youth in tertiary institutions, and 100 out-of-school youth. The total sample when field work ended was 1,266, with the extra 66 as backup in case some interviews needed to be rejected (Fig. 1).

In each state, survey coverage encompassed a good representation from urban, semi-urban, and rural areas and three local government areas (LGAs) and senatorial districts (Table 1).

Table 1. Survey respondents, by LGA, gender, and targeted group

Cross River State				
LGA, Senatorial District (sector)	**Calabar, Cross River South (urban)**	**Ogoja, Cross River Central (semi-urban)**	**Yakurr, Cross River North (rural)**	**Total**
Males in secondary school	44	50	51	145
Males in tertiary school	116	–	–	116
Males out of school	34	16	18	68
Total males	***194***	***66***	***69***	***329***
Females in secondary school	56	50	49	155
Females in tertiary school	92			92
Females out of school	12	19	18	49
Total females	***160***	***69***	***67***	***296***
Grand total	**354**	**135**	**136**	**625**
Kogi State				
LGA, senatorial district (sector)	**Lokoja, Kogi West (urban)**	**Adavi, Kogi Central (semi-urban)**	**Dekina, Kogi East (rural)**	**Total**
Males in secondary school	52	52	52	156
Males in tertiary school	45	30	30	105
Males out of school	20	20	20	60
Total males	***117***	***102***	***102***	***321***
Females in secondary school	52	52	51	155
Females in tertiary school	45	30	30	105
Females out of school	20	20	20	60
Total females	***117***	***102***	***101***	***320***
Grand total	**234**	**204**	**203**	**641**

Selection of Respondents

Youth in secondary schools: In-school youth were selected using multi-stage cluster sampling. For each LGA, four secondary schools were selected: two co-educational (boys and girls), one for boys only, and one for girls only. The selection was based on the need to represent these types of schools in the sample and to avoid selecting schools exposed to HIV interventions in the recent past.

The initial plan was to use lists of students from these schools as sampling frames. However, relevant ministries and school authorities would not release such lists, some records were not available, and others were not up-to-date. The survey team therefore asked students at the junior secondary school (JSS) level and the senior secondary school (SSS) level to line up, then randomly selected 13 from each of these levels, using as the sampling interval the current day of the month. If the date had two digits, these were added together to become one digit. If the addition resulted in two digits, they were added again to arrive at one digit. If the genders of students selected in co-educational schools were not equal, the team made up for the shortfall by going to the beginning of the line again and using the same sampling interval, rejecting students in the over-represented group.

Youth in tertiary schools: The initial plan for selecting respondents could not be executed because tertiary institutions had just resumed classes after a three-month strike by lecturers. Their staff were thus deeply involved in registration and exam preparations and did not cooperate with the survey team. To overcome this challenge, a recruitment questionnaire was designed for students (Appendix 1).

Out-of-school youth: In Cross River State, time-location sampling was adopted to select out-of-school respondents. The team worked with representatives of relevant NGOs, SACAs, and LGAs to compile a list of locations that attract out-of-school youth, including restaurants, hairdressing salons, auto repair shops, dress-making shops, beer parlor, retail stores, and street venues where goods are hawked.

The estimated number of youths in these locations was recorded during a mapping exercise, and a list of time-location primary sampling units (PSUs) generated. Ten PSUs were identified in Calabar and five were selected. Five PSUs were selected and used in Ogoja and six in Ugep (Yakurr). In each PSU, the team interviewed five respondents, most of whom were available only after 5pm or if they were made available by their bosses.

In Kogi State, it was difficult to find a concentration of out-of-school youth in specific locations, and the PSU approach could not be used. Another questionnaire was designed to recruit respondents at auto repair sites, gas stations, market places, and other locations (Appendix 2).

The questionnaire developed for the three groups of respondents explored the following issues: sexual practices, lifestyles, and HIV-risk behaviors; knowledge of and attitudes around HIV and AIDS, HIV testing and counseling, and HIV stigma and discrimination; and media habits and assessments of past and current HIV prevention messages and interventions (Appendix 3).

Survey Population

Demographic information collected included age, gender, education, religion, and marital status. In Cross River State among 625 respondents—334 male and 291 female—the mean age was 17.9 (standard deviation=3.6). Most respondents were Christians. The mean age for males was 18.2 (standard deviation=3.6), and the mean age for females was 17.8 (standard deviation =3.5). Among 641 respondents in Kogi—318 males and 323 females—the mean age was 17.4 (standard deviation=3.7). The mean age by sex was 17.6 for males (standard deviation =3.7) and 17.2 for females (standard deviation=3.8).

Table 2 shows age and other characteristics of respondents. Students in secondary schools made up almost half the sample (48.8%), followed by tertiary students (33%) and out-of-school youth (18%). Respondents were even by gender. Those in the age range 10–14 were mostly in secondary schools, while those ages 15–24 were more likely to be in a tertiary institution or out of school.

Table 2. Respondents by selected characteristics

	Cross River			Kogi		
	Tertiary	**Secondary**	**Out of school**	**Tertiary**	**Secondary**	**Out of school**
n=	208	300	117	208	313	120
Male (%)	56	49	60	50	49	51
Female (%)	44	51	40	50	51	49
Single (%)	96	99	92	99.5	100	94
Married/cohabiting (%)	4	1	8	.5	-	6
10–14 years (%)	–	32	–	–	38	17
15–19 years (%)	25	68	32	26	60	46
20–24 years (%)	75	–	67	74	2	37
Christian (%)	98	96	91	78	60	32
Islam (%)	1	1	4	22	40	68
Traditional (%)	1	3	5	—	—	—

Focus Group Discussions and In-Depth Interviews

The team developed guidance for focus group discussions (FGDs) and for individual in-depth interviews (IDIs), which constituted the qualitative component of this study (Appendix 4 and 5). In all, 14 FGDs were conducted. These were equally split between males and females within the three categories and in each state (Table 3).

In the secondary schools, at least one student from the six levels of classes (JSS 1–3 and SSS 1–3) was included in each FGD conducted. FGDs for students in tertiary institutions involved students in different study years. Some of the comments provided during these FGDs are provided in Appendix 6.

Table 3: FGDs by LGA, gender, and target group

Respondents	Cross River LGAs			Total	Kogi LGAs			Total
	Calabar	Ogoja	Yakurr		Lokoja	Adavi	Dekina	
Males in secondary school	1	1	1	**3**	1	1	1	***3***
Males in tertiary school	1			**1**	1			***1***
Males out of school	1	1	1	**3**	1	1	1	***3***
Total males	***3***	***2***	***2***	***7***	***3***	***2***	***2***	***7***
Females in secondary school	1	1	1	**3**	1	1	1	***3***
Females in tertiary school	1			**1**	1			***1***
Females out of school	1	1	1	**3**	1	1	1	***3***
Total females	***3***	***3***	***3***	***7***	***3***	***2***	***2***	***7***
Grand total	***6***	***4***	***4***	***14***	***6***	***4***	***4***	***14***

A total of 30 IDIs were conducted in the two states with policymakers, school authorities, opinion leaders, representatives of NGO and implementing agencies, and other stakeholders (Table 4).

Table 4. IDIs, by respondents and LGAs

Respondents	Cross River LGAs			Total	Kogi LGAs			Total
	Calabar	Ogoja	Yakurr		Lokoja	Adavi	Dekina	
Policymaker, Min. Health	1	NS	NS	1	1	NS	NS	**1**
Policymaker, Min. Education	1	NS	NS	1	1	NS	NS	**1**
School authorities	1	1	1	3	1	1	1	**3**
Youth leaders	1	1	1	3	1	1	1	**3**
Community opinion leaders	1	1	1	3	1	1	1	**3**
SACA representative	1	NS	NS	1	1	NS	NS	**1**
NGOs/implementing agencies	1	NS	NS	1	2	NS	NS	**2**
USAID implementing partners	1	NS	NS	1	2	NS	NS	**2**
Total	**8**	**3**	**3**	**14**	**10**	**3**	**3**	**16**

NS = Not scheduled

Challenges and Constraints

The following challenges made it difficult to follow rigorously the study protocol.

1. While some secondary school authorities were cooperative, others did not grant permission to begin the study as scheduled. Interviews disrupted lessons, so it was difficult to get and maintain student's attention.

2. A three-month strike by academic staff in tertiary institutions affected the schedule. The study in Cross River State coincided with the end of the strike, but it was difficult to obtain accurate lists or get the students' attention. The timing of the study in Kogi coincided with students' return after the Christmas and New Year break, and departmental staff and students were busy preparing for examinations.

3. Most out-of-school youth were not released from work for interviews or FGD sessions until after close of business. Some interviews and FGDs ran as late as 7.30 pm, and some had to be rescheduled.

II. Detailed Findings: HIV Knowledge and Awareness

Knowledge about HIV Transmission

Respondents were asked how a person can be infected with the virus that causes AIDS, a question that required multiple responses. In descending order of frequency, the main routes of transmission cited in both states, across genders and target groups, were unprotected sex, use of unsterilized skin-piercing objects, unscreened blood transfusions, and mother-to-child transmission (Table 5). Greater percentages of respondents in Cross River State than in Kogi correctly cited these modes of transmission. Knowledge of mother-to-child transmission was low, especially in Kogi State.

Though in negligible proportions, some respondents believe HIV can be transmitted by deep kissing, using a toilet, skin disease or infection, or shaking hands or sharing a meal or a toothbrush with PLHIV.

Table 5. Modes of HIV transmission cited in both states (Cross River shaded)

	Total		**Males**		**Females**		**Tertiary**		**Secondary**		**Out of school**	
n=	**624**	**610**	**333**	**307**	**291**	**303**	**207**	**207**	**300**	**301**	**117**	**102**
Unprotected sex (%)	91	88	92	88	90	88	97	95	90	87	84	76
Unsterilized skin-piercing (%)	77	69	74	71	80	67	82	86	78	71	66	30
Unscreened transfusion (%)	57	32	54	33	61	31	77	44	50	29	39	17
Mother to child (%)	34	9	31	9	39	9	52	10	28	10	21	6
Kissing (%)	9	4	10	6	8	3	16	10	6	2	8	-
Mosquito bite (%)	3	3	2	3	3	3	2	2	2	3	6	7
Sharing toilet (%)	.6	2	.9	2	.3	1	-	.5	1	2	–	4
Sharing meal (%)	.3	2	.6	3	-	2	-	1	.3	2	1	5

Participants in the 14 FGDs displayed high levels of awareness about the most common routes for HIV transmission, but also evidenced a few persistent, erroneous beliefs. For instance, when a respondent in a male out-of-school FGD in Calabar said, "An enemy can conjure it [HIV] on you from the witchcraft world," the group agreed with him. Quotations from FGDs that reveal other misperceptions can be seen in Appendix 6.

Knowledge about HIV Prevention

Respondents were asked to identify methods that prevent HIV infection. Abstaining from sex was most frequently mentioned in both states—by 73% in Cross River and 61% in Kogi.

In descending order, other methods mentioned were avoiding the use of unsterilized sharp objects (69% in Cross River and 54% in Kogi); using condoms correctly (44% in Cross River and 35% in Kogi); avoiding unscreened blood transfusions (51% in Cross River and 23% in Kogi), and being faithful to one sex partner (23% in Cross River and 11% in Kogi). That lower percentages cited condom use and being faithful indicates that most respondents have not absorbed the ABC of HIV prevention.

A very small proportion of respondents believed HIV can be prevented by avoiding blood

contact and blood oaths; getting tested for HIV before sex; avoiding deep kissing; taking honey and drugs, including antiretroviral drugs (ARVs); and by not sharing a meal, cup, or other personal items with PLHIV and isolating them.

Table 6: Prevention method cited, by gender and target group in both states (Cross River shaded)

	Total		Males		Females		Tertiary		Secondary		Out of school	
n=	**624**	**610**	**333**	**307**	**291**	**303**	**207**	**207**	**300**	**301**	**117**	**102**
Abstain from sex (%)	73	61	70	59	77	63	86	66	63	87	56	47
Avoid unsterilized sharps (%)	70	54	30	39	39	33	44	37	38	71	23	25
Avoid unscreened transfusions (%)	51	23	47	25	56	22	74	29	22	29	39	13
Use condoms correctly (%)	45	35	44	41	46	29	50	54	26	10	60	13
Stick to one partner (%)	23	11	17	13	30	8	35	17	5	2	21	16
Avoid casual sex (%)	19	9	15	9	24	9	30	9	8	3	15	12

In FGDs in Cross River, "being faithful to a partner" and "avoiding unscreened blood transfusions" were frequently mentioned modes of prevention. In an FGD for male tertiary students in Calabar, participants said HIV prevention should include knowledge of one's status. Though an out-of-school FGD in Ogoja referred to total abstinence as the best mode, they added that this was impossible: males need to satisfy their sexual desires and females have financial needs. This suggests that these youth know the best prevention method but lack the skills, the will, and the enabling environment to put it into action. At a female FGD in Ogoja, participants said that HIV prevention should begin with improvements in youths' economic situation, which could discourage them from risky behaviors and lifestyles.

In Kogi, most FGD participants correctly noted correct condom use, screening of blood before transfusion, avoidance of unsterilized sharps, abstinence, and being faithful. However, participants in out-of-school FGDs in Lokoja responded that HIV could be transmitted by wearing the clothes of someone with HIV and by breathing in dust from soil spat upon by an infected person (Appendix 6).

Awareness of Behaviors and Lifestyles That Increase HIV Risk

When asked to state the types of behavior or lifestyles that put youth at risk for HIV, 66 percent in both states referred to multiple sexual partners. In both states, this risk was recognized by greater proportions of females than males—73% versus 61% in Cross River, and 69% versus 64% in Kogi.

In Cross River, tertiary students showed the greatest awareness of this risk (77%), compared to secondary students and out-of-school youth (both about 64%). In Kogi, the highest awareness of this risk behavior was evinced by out-of-school youth (76%), compared to secondary students (65%) and tertiary students (63%).

Unprotected sex was referenced as a risk behavior by 62% of Cross River respondents, by more females than males (64% versus 60%), and by a greater proportion of out-of-school youth (62%) than secondary students (51%), though tertiary students registered the highest awareness among the groups (73%). Unprotected sex was cited by smaller proportions of

respondents in Kogi (41%) and by more males than females (43% versus 39%).

In declining order, respondents in both states reported other risk behaviors: casual sex (38%), commercial sex work (32%), use of unsterilized sharps (23%), and excessive consumption of alcohol (10%). Female knowledge of these risks was equal to or better than that of males. And more tertiary students recognized these risks than secondary students and out-of-school youth. Overall, commercial sex work (24%), use of unsterilized sharp objects (24%), and casual sex (22%) were also recognized as HIV risk behaviors. However, only 7% of out-of-school youth recognized risks posed by using unsterilized sharps, compared to 31% of tertiary students and 26% of secondary students.

Among lifestyles noted as putting youths at risk for HIV infection among Cross River respondents were attending night parties, keeping bad company, indecent dressing, rape, and taking blood oaths (youth cult behaviors). In Kogi, some persistent myths and misconceptions were added to this list: eating or partying with an HIV-positive person and wearing dirty clothes.

FGDs in Ugep and Calabar said that watching pornographic films and peer pressure push youth toward risky sex. "Husband/boyfriend-snatching" was also referenced as behavior that spread the virus by a female out-of-school FGD in Ugep.

Awareness that PLHIV Can Look Healthy

More respondents in Cross River (81%) than in Kogi (63.6%) knew that a healthy-looking person can be HIV positive. There were no dramatic differences between males and females in responding to this question: 80% of males and 83% of females in Cross River and 65% of males and 62% of females in Kogi acknowledged this fact. More significant differences were seen between target groups in each state. While 92% of tertiary students in Cross River and 82% in Kogi knew this to be true, percentages for out-of-school youth were considerably lower: 60% in Cross River and 35% in Kogi.

Respondents who agreed that a healthy-looking person could be HIV positive could choose multiple options when explaining why this is so. In Cross River, 64% said that PLHIV take drugs to suppress the effect of HIV; 47% said the infection is not "written on the face;" and 44% said the infection takes time to manifest. Self-care, good care and support, and good food and sufficient fruit were also cited. Responses in Kogi State were similar, though fewer respondents provided these reasons (Table 7).

Table 7. Reasons cited for PLHIV looking healthy in both states (Cross River shaded)

	Total		**Males**		**Females**		**Tertiary**		**Secondary**		**Out of school**	
n=	**506**	**610**	**265**	**307**	**241**	**303**	**190**	**207**	**246**	**301**	**70**	**101**
Drugs suppress virus's effect (%)	64	60	60	49	69	64	67	61	63	59	60	17
Not written on the face (%)	47	29	47	34	46	23	57	33	45	20	24	50
Takes time to manifest (%)	44	28	47	33	44	22	59	30	36	25	30	30
Don't know (%)	1	3	3	2	–	4	1	1	1	–	3	6

Participants in FGDs agreed that the drugs given to PHIV make them look healthy. A female respondent cited an HIV-positive person she knows who is very healthy and takes drugs that "hide" the virus. Participants in an FGD for out-of-school males in Calabar cited consistent antiretroviral treatment (ART) and good diets, along with the factor that the disease "takes a long time to develop." These respondents believed that they could always tell whether people are HIV positive because they lose their hair.

Knowledge of How HIV Differs from AIDS

Most male and female respondents in both states agreed that HIV and AIDS are not the same, though in higher proportions in Cross River and among tertiary and secondary students. Respondents who had this knowledge were asked to describe the differences between HIV and AIDS (Table 8). In both states, most chose "HIV leads to AIDS" and "HIV is a virus, AIDS is a disease." However, no out-of-school females in an FGD in Adavi knew that HIV and AIDS are different.

Table 8. Differences cited between HIV and AIDS in both states (Cross River shaded)

	Total		Males		Females		Tertiary		Secondary		Out of school	
n=	473	400	243	205	230	195	172	172	235	194	66	34
HIV leads to AIDS (%)	65	50	63	50	67	49	68	61	59	41	80	41
HIV is a virus, AIDS a disease (%)	60	41	55	45	67	35	51	47	65	38	64	24
Don't know (%)	7	14	7	13	7	14	2	6	9	16	15	41

Knowledge of Own HIV Status and of HIV Testing Services

In Cross River, 93% of respondents and 88% of respondents in Kogi knew the only way to determine one's HIV status is to be tested. A negligible proportion mentioned the symptoms or signs they thought could reflect HIV-positive status: frequent sickness, constant headache and fever, skin rashes, frequent malaria, loss of appetite, loss of weight, and sleeplessness.

The survey assessed youth knowledge about HIV counseling and testing (HCT) and nearby locations where it is offered, since this service is an entry point for many other HIV and AIDS services. Most respondents knew about HCT—92% in Cross River and 90% in Kogi—and most knew at least one or two locations they could go to be tested.

Government facilities were mentioned most often. In Calabar, participants mentioned Heart-to-Heart centers, Big Qua Health Center, GHAIN office, and UCTH; in Ugep, they referred to Danex and Angelic clinics; and in Ogoja to Monah Hospital. In Kogi, most respondents in all the groups mentioned at least four HCT centers in their communities.

Respondents supplied the following reasons for being tested, among others:

- illness
- requirement for school or an employment application
- prerequisite for a driver's license or blood donation
- distrust of current sexual partner

Respondents also noted two barriers to testing: demands for money in some HCT centers and the stigma and discrimination often experienced by people who test positive.

Knowledge of Other STIs

While all respondents reported knowledge about HIV, their knowledge and awareness of other sexually transmitted infections (STIs) was low, with the exception of gonorrhea (Table 9). About one-third of the respondents correctly stated some symptoms of gonorrhea, with 46% of respondents in Cross River noting "burning pain during urination" as a symptom for men.

Table 9: Awareness of other STIs in both states (Cross River shaded)

	Total		Males		Females		Tertiary		Secondary		Out of school	
n=	625	538	334	281	291	257	208	191	300	268	117	79
Gonorrhea (%)	61	46	57	32	66	41	64	61	58	41	58	38
Syphilis (%)	25	12	20	13	26	10	25	47	18	10	18	1
Candidasis (%)	6	2	3	2	9	2	12	6	2	2	2	24
Herpes (%)	4	1	2	1	5	1	8		1	1	1	0

Awareness and Assessments of Prevention Messages and Interventions

Respondents were asked whether they had heard or seen film, radio, or TV messages about HIV and AIDS, STIs, and condoms in the past 12 months. In Kogi, 73% reported exposure to messages, a higher percentage than in Cross River (66%). There were no gender differences, but 84% of tertiary students in Kogi reported hearing or seeing messages, compared to 65% of their counterparts in Cross River.

Cross River respondents stated they liked TV and radio messages that enlighten about abstinence as the best way to prevent infection, though some said that abstinence is not possible. A few were not comfortable with heightened levels of condom promotion, while others complained about media lapses on condom use. In Kogi, respondents said they liked advice on abstinence ("ZIP UP"), "AIDS Is Real" messages, and "Facts about HIV."

Recall of prevention messages and of TV and radio programs

Most respondents were unable to recall many specifics or the names of the programs whose messages they saw or heard, though they mentioned the following phrases or slogans:

- Abstinence is the best way to avoid HIV
- AIDS is real
- AIDS no de show for face (AIDS doesn't show on the face)
- Avoid bad company
- Avoid casual sex
- Avoid indiscriminate sex
- Avoid multiple sex partners
- Avoid negative peer influence
- Avoid risky behavior.
- Avoid stigma and discrimination of those that are positive; show them love
- Avoid unhealthy practices
- Be faithful to a sex partner
- HIV is real
- It is good to know your HIV status
- Know your HIV status
- Know your status, go for test
- Say no to stigma and discrimination
- There is hope if you are HIV positive
- Use a condom
- Use sterilized sharp object
- Using a condom is an effective preventive measure

In Cross River, TV and radio programs recalled by youth included the following:

- *Edge of Paradise:* HIV-focused TV drama series by CRBC that deals with HIV stigma and promotes adherence to ART and services that prevent mother-to-child transmission.
- *Bayelsa Silhouettes*: HIV-awareness drama series on CRBC-TV sponsored by Bayelsa State Action Committee on AIDS.
- *Story Story*: Weekly CRBC radio and TV drama series sponsored by the BBC World Service Trust on cross-cutting themes related to HIV and AIDS
- *One Thing at a Time*: Radio serial drama produced by the Society for Family Health to address personal hygiene and sensitize policymakers to health needs, including HIV and AIDS.
- *Flava*: Youth-focused radio magazine sponsored by the BBC World Service Trust focused on behavior change that has dealt with a wide range of HIV and AIDS issues.
- *Youth Corner*: Weekly CRBC radio and TV magazine on issues affecting young people, including HIV and AIDS.
- *Health Matters*: Weekly health program with guest speakers on CRBC TV.

Recall of local prevention interventions

Generally, about one-third of respondents in both states expressed considerable awareness of local HIV prevention interventions—more women than men in Cross River, and more men than women in Kogi.

Respondents in secondary schools reported the most awareness, while out-of-school youth pointed only to HCT centers. Most respondents claimed to have participated in or benefitted from such programs. Those in Cross River recalled at least one intervention, though not its details. Among specific school and community interventions mentioned by secondary school respondents were free HIV tests and ART distribution by the government and organizations (names not remembered); AIDS Strikers Club; GPI or Girls Power Initiative; NYSC HIV & AIDS Initiative; and National Youths AIDS Program

Information about current and past HIV prevention interventions was gathered from in-depth-individual interviews (IDI). They mentioned HIV prevention interventions by various local and international organizations, including the Kogi State Agency for the Control of AIDS (KOSACA), Global HIV/AIDS Initiative Nigeria (GHAIN), United Nations Children's Fund (UNICEF), a project by the International Center for AIDS Care and Treatment Programs (ICAP) of Columbia University, Management Sciences for Health (MSH), Centre of Development & Population Activities (CEDPA), Youth and Women Health Empowerment Project (YAWEP).

Although respondents did not provide details about activities of each project, brief summaries are provided below.

- The MSH project involves capacity development for youth in peer education and media campaigns.
- The ICAP project involves mostly service provision, with community mobilization and sensitization components.

- The KOSACA project included behavior change communication for youth on drug abuse and HIV.
- The CEDPA project focused on gender and human rights issues related to HIV and attitudinal change among in-school youth. It was reported to be highly successful in providing life skills training and reproductive health information.

IDI respondents reported that such projects have achieved much in terms of HIV and AIDS awareness and education on the negative effects of stigma and discrimination. However, interventions initiated by federal ministries are chronically starved of funds, impeding their smooth implementation and sometimes grounding them.

IDI respondents agreed that current knowledge levels among youth in the two states are not sufficient to sustain the desired behavior change. A KOSACA official recommended scaling up youth HIV prevention projects so they cover a wider community and bring about the wider change desired.

Youth Media Habits

Respondents were asked about their sources of information on HIV and AIDS, their preferred media, and their information needs. In both states, they identified radio, television, and newspapers as their major sources of information. To a much lesser extent, they identified school, friends, magazines, enlightenment campaigns (awareness programs), health workers, billboards, and comics.

In this context, it is worth noting that about 67% of Cross River and Kogi respondents reported they have regular access to radio. In Cross River, respondents preferred CRBC radio (30%), followed by Unity FM (19%) and Cosmos FM (16%). In Kogi, 58% preferred Grace FM, followed by Confluence FM (32%).

The most popular TV station among youth in Cross River was CRBC (55%), which was preferred by 88% of tertiary students. The next most popular stations were NTA Enugu (20%) and NTA Calabar (18%). In Kogi, 62% of respondents preferred NTA Lokoja, followed by Confluence TV (16%).

Table 10. Sources of information in both states (Cross River shaded)

	Total		Males		Females		Tertiary		Secondary		Out of school	
n=	**623**	**609**	**333**	**306**	**290**	**303**	**207**	**207**	**299**	**301**	**177**	**101**
Radio (%)	87	87	88	88	85	86	85	92	87	83	87	86
TV (%)	74	81	72	82	75	81	86	84	67	85	70	65
Newspapers (%)	51	37	48	35	55	39	67	45	48	39	31	14
School (%)	39	17	37	18	42	17	42	18	45	22	19	2
Friends (%)	35	15	32	14	39	17	32	14	32	15	47	17
Magazines (%)	29	10	27	10	30	9	46	15	20	8	18	7
Campaigns (%)	24	11	24	13	24	8	33	13	18	8	22	12
Health workers (%)	23	6	20	6	25	5	33	5	18	6	16	7
Billboards (%)	21	5	19	6	24	5	38	10	12	3	14	2
Other (%)	5	11	4	10	7	11	1	13	8	11	5	5

When asked to identify the types of information they need, more than half of the respondents from Cross River mentioned health, followed by employment, education, and sex education. The pattern in Kogi was similar, though the proportion that cited each of these areas was lower.

III. HIV-Related Attitudes and Beliefs

Stigma and Discrimination against PLHIV

Questions were asked to assess levels of stigma and discrimination as many PLHIV in Nigeria are afraid to be tested or be open about their serostatus, which not only limits their access to HIV care, treatment, and support services, but leads to increased HIV transmission and under-reporting. Respondents were thus asked whether they would continue to work or study with an HIV-positive person, buy food from him or her, and care for an HIV-positive family member (Table 11).

In both states and regardless of gender, over 90% of respondents would care for a relative living with HIV. Almost the same percentage would allow HIV-positive students to attend school and an HIV-positive lecturer to teach. However, only a little over half of them stated that they would buy food from a HIV-positive vendor, which indicates a large percentage believe incorrectly that HIV can be transmitted this way.

In Cross River, 15% of respondents approved of isolating an HIV-positive person, compared to 25% in Kogi. It is worth noting that out-of-school youth in Kogi expressed the most support for this discriminatory viewpoint—a disturbing 45%—but support was also high among tertiary and secondary students. This attitude needs to be addressed, since it is a barrier to HIV testing and disclosure.

Table 11: Attitudes to PLHIV in both states (Cross River shaded)

	Total		**Males**		**Females**		**Tertiary**		**Secondary**		**Out of school**	
n=	**623**	**610**	**333**	**307**	**290**	**303**	**207**	**207**	**299**	**301**	**117**	102
Allow an HIV+ student to attend school (%)	88	75	87	76	90	75	90	91	87	72	86	52
Care for an HIV+ relative (%)	91	88	91	85	91	88	96	96	91	88	86	63
Allow an HIV+ lecturer to teach (%)	90	80	90	80	90	79	96	91	86	79	88	59
Buy food from an HIV+ vendor (%)	56	26	56	27	56	26	60	34	56	25	47	15
HIV+ family members remain secret (%)	54	60	54	60	54	60	63	62	48	58	52	60
Separate PLHIV from others (%)	14	25	16	27	13	23	8	16	16	25	21	45

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While participants in an FGD for male secondary students in Okoi Arikpo declared that an HIV-positive student would definitely leave the school because he or she would experience stigma and discrimination, males at an FGD at the University of Calabar expressed no concern about attending class with an HIV-positive student or an HIV-positive lecturer, and added that HIV-positive friends should be cared for and encouraged to make the best use of their lives.

However, many FGD participants who claimed they would care for a HIV-positive relative or buy food from a HIV-positive person admitted they would do this with a lot of caution. Fear of being infected seems to be the source of these attitudes, not hatred or disgust for PLHIV. Most respondents said they would care for HIV-positive family members, though an out-of-school female group in Ogoja felt an HIV-positive relative would reflect negatively on the family.

FGD participants in Kogi were more reluctant than those in Cross River to study or work with PLHIV and purchase food from them, though participants in an out-of-school FGD in Anyigba expressed more tolerance than their counterparts in Adavi. Overall, respondents in Cross River appear to be generally more accepting of PLHIV than those in Kogi, and tertiary students appear to be more tolerant than those in the other two groups.

Attitudes to HIV Testing and Disclosure of Positive Serostatus

While 44% of respondents in Cross River have been tested for HIV, only 27% in Kogi have been tested. There were no significant gender differences. Most of those tested said they had wanted to know their status—78% of those tested in Cross River and 71% in Kogi. Among those tested, 29% in both states had gone for a test because they wanted to know how to prevent HIV.

In Cross River, the 57% of respondents (or 354) who had never been tested for HIV were asked whether they would be willing to be tested in future, and 70% (or 248) said they would. Among the 30% (106) who insisted that they would not be tested, 34% (36) admitted they were afraid of a positive result. Another 25% of this group (27 respondents) said they would not agree to be tested because they believe they are not or cannot be infected: "I'm not sick," said one. Other rationales provided for this belief included having a trusted partner; always using condoms; avoiding "anything that could lead to HIV infection," including "premature sex;" and practicing abstinence and never having had sex.

Another reason given for rejecting the test was fear of being infected during testing. This was cited by 9% of respondents in this group in Cross River and Kogi. Other reasons given included the cost of the test, fear of injections, and a lack of confidence that health workers would keep results secret. This is a particular issue in rural settings, where providers are related to or know a large proportion of residents. As a participant in an FGD for out-of-school males in the small community of Adavi put it, "Them dey exchange person results."

Among Cross River respondents, 60% said they would be willing to disclose their HIV status if they tested positive (Table 12), compared to 54% in Kogi. There were no significant gender differences. Out-of-school youth in both states were the least willing to disclose their status.

Table 12. Willingness to disclose HIV status (Cross River shaded)

	Total		Males		Females		Tertiary		Secondary		Out of school	
n= total	**623**	**610**	**333**	**307**	**290**	**303**	**207**	**207**	**299**	**301**	**117**	**102**
Would disclose (%)	60	54	60	54	61	53	60	61	64	52	52	42

Respondents who rejected disclosure were asked to give reasons. In both states, most said it was because "people discriminate" against PLHIV. Other reasons included shame, embarrassment, loss of freedom, loss of respect, and fear of being the subject of gossip and

no longer being able to "relate well with others." The "no cure" burden of HIV was also referenced, along with the sentiment that "people can't be trusted."

When asked to whom they would disclose their serostatus, respondents mentioned parents and medical doctors: parents would not abandon them and would provide the care needed, and doctors could be trusted to keep the information secret. One respondent said she would confide in her pastor "so he can start praying," as she believed in the power of his prayers.

Attitudes on Condom Use

Opinions on who should initiate condom use varied between groups and by gender. A minority in FGDs said that condom use is a shared responsibility. Female participants in an out-of-school FGD in Ugep said females should initiate condom use because disproportionate consequences of unprotected sex fall on them: pregnancy, along with HIV and other STIs. Participants in an FGD for tertiary female students in Calabar said most females use condoms because of HIV; they insisted that a female can always negotiate condom use because she is more at risk.

However, respondents in a male out-of-school FGD in Ugep stated that condom use should be initiated by males. They are the ones using them, they said, and girls "are usually carried away by emotions." An FGD for males at the University of Calabar concluded that both parties should be responsible for initiating condom use.

Opinions were also divided on the effectiveness of condoms, though most believed they are effective. However, in both states, condom use was reported by both genders to "reduce sexual pleasure." Some complained that the condoms accessible to them were of low quality. It was also stated that "the oil in condom will not allow [females] to enjoy sex."

That youth are not using condoms consistently was ascribed by a female out-of-school FDG to "talks about HIV/AIDS dying down." In some FDGs, trusting a partner was a major factor contributing to inconsistent condom use. This low risk perception may also be linked to erroneous beliefs that a healthy-looking person cannot be HIV positive.

Perceptions of Personal Risk of HIV Infection

Because low personal risk perception has been found to be one of the drivers of HIV in Nigeria,[3] the study asked respondents to rate their chances of being infected with HIV as high, moderate, low or no chance at all.

In Cross River, only 1% of all respondents rated their chances of being infected as high; 11% rated them as moderate; 33% rated their chances as low; and 42% believed they were at no risk. Responses to this question in Kogi were similar: 2% rated their chances of infection as high; 7% as moderate; 23% as low; and 60% as no risk at all (Table 13).

Table 13: Risk perceptions of respondents (Cross River shaded)

	Total		Males		Females		Tertiary		Secondary		Out of school	
n=	623	610	333	307	290	303	207	207	299	301	117	102

[3] National Agency for the Control of AIDS, *National HIV/AIDS Prevention Plan, 2007 – 2009*, Abuja: NACA, 2007. http://ghiqc.usaid.gov/projsearch/docs/620-08-010/national_prevention_plan.pdf

High risk (%)	1	2	2	2	.3	2	.5	1	1	1	4	6
Moderate risk (%)	11	7	9	9	13	5	9	8	10	8	15	2
Low risk (%)	33	24	31	27	26	21	25	26	34	22	27	26
No risk at all (%)	42	61	46	57	37	64	45	62	43	65	35	45

Respondents were then asked to give reasons—often more than one—for these low personal risk perceptions. Table 14 presents their responses, which are not shown in percentages because most numbers were small. In both states, the main reasons given for low risk or no risk were abstinence from sex, trusted partners, and avoidance of unsterilized needles. These reasons were also given by some respondents who rated their HIV risk as moderate.

Table 14: Reasons for rating given to personal HIV risk (Cross River shaded), in numbers

	High		**Moderate**		**Low**		**No chance**	
Totals	**9**	**11**	**67**	**43**	**207**	**146**	**261**	**370**
Reasons								
Abstain from sex	1	1	13	13	102	77	179	294
Trust partner	–	1	14	7	57	40	50	35
Avoid unsterilized needles	–	1	19	2	50	24	44	68
Always use condom	–	1	21	5	56	30	46	43
No contact with PLHIV	–	–	2	3	2	1	2	10
Had sex with HIV+ person	–	–	–	–	1	–	–	4
Had sex with condom at last sex	1	–	7	4	13	6	6	10
Had sex with multiple partners	3	3	4	4	3	2	–	1
Had sex with sex worker	1	–	2	–	1	–	–	1
Condom broke	2	2	10	1	8	6	–	–
Have own hair clippers	–	–	4	–	1	2	1	8
Other	2	3	5	7	1	8	2	2

Attitudes and Beliefs about HIV

While 97% of respondents in both states said they believe that the epidemic is real, 2% of respondents in Kogi do not, saying that it is "just a rumor." Other comments from non-believers included: "I have not seen it;" "USA is trying to control African population;" and "It is a way of stopping us from having sex."

Respondents were also asked if they believe there is a cure for AIDS. In Cross River, 14% of respondents said they believe there is a cure, as did 22% in Kogi. Many with this belief refer to divine intervention: God's ability to do anything for those who have faith. The belief that AIDS can be cured through prayer was expressed by participants in several FGDs, including a male in-school group from Adavi, male and female groups at Kogi State Polytechnic, and a female group from Anyigba.

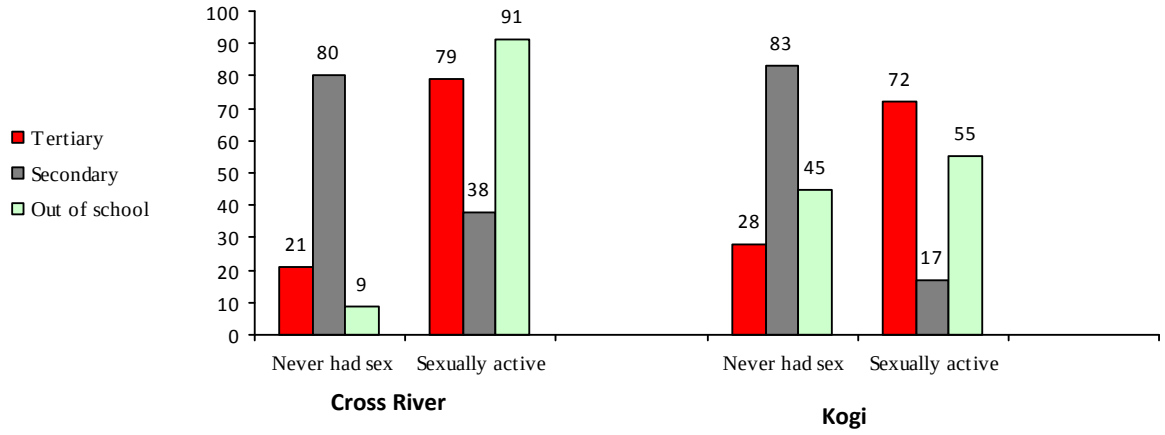
IV. HIV-Related Practices and Behaviors

Sexual Activity

Respondents were asked if they were sexually active. More males than females said they were sexually active in both states: 64% of males versus 60% of females in Cross River, and 46% of males versus 38% of males in Kogi.

Among all Cross River respondents, 62% said they were sexually active, with 91% of out-of-school youth reporting this status. Fewer respondents in Kogi were sexually active (42%), including fewer out-of-school youth (55%). About seven out of ten respondents in tertiary institutions were sexually active, about the same proportion as in Cross River (Fig. 2). Respondents who were not sexually active often said they were too young, had no interest in sex, or were religious.

Fig 2. Sexual status of respondents in both states



Among 1,266 survey respondents in both states, 2.3% said they were married or co-habiting (21 in Cross River and 8 in Kogi). Though this proportion is small, this study did not differentiate single respondents from this group in its assessments of sexual activities and practices.

Sexually active respondents were asked when they had last sex (Table 15). It is worth noting that more respondents from Cross River reported recent sex (yesterday, last week, 2–3 weeks ago), while more Kogi respondents reported distant sex (1 month ago, 2–3 months ago, 3–6 months ago, and more than 6 months ago.

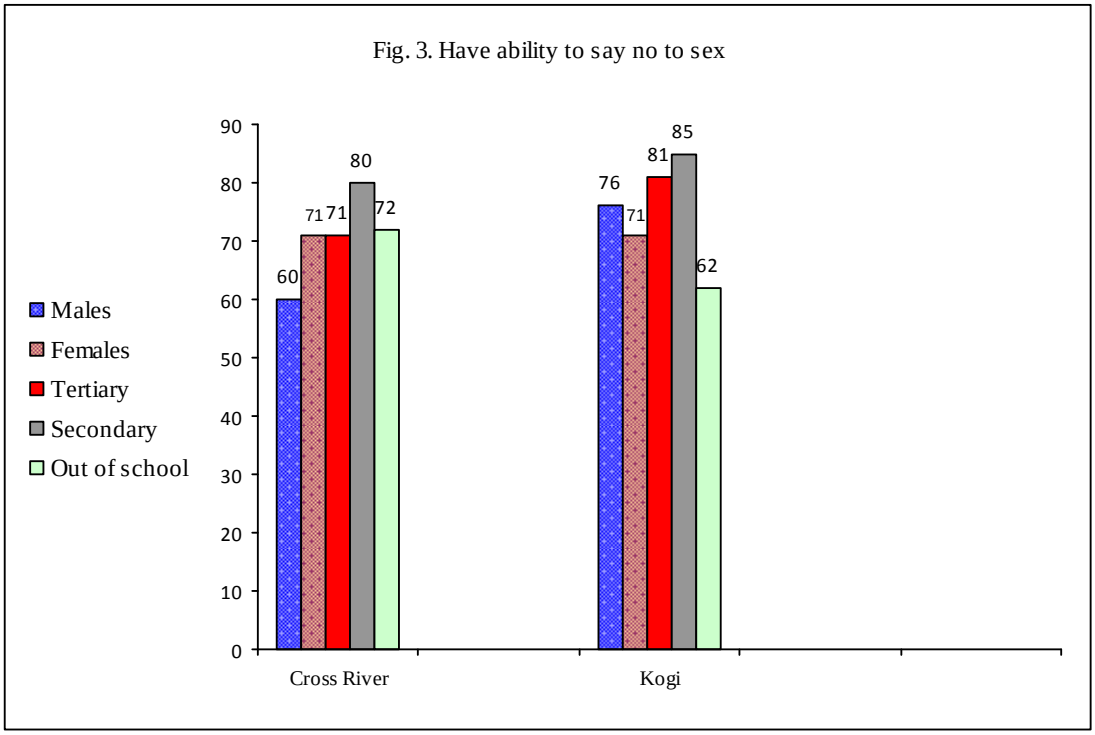
Table 15: When had last sex (Cross River shaded), in numbers

	Total		Males		Females		Tertiary		Secondary		Out of school	
#never had sex	**238**	**354**	**121**	**165**	**117**	**189**	**43**	**58**	**185**	**250**	**10**	**46**
# Sexually active	**384**	**256**	**211**	**142**	**173**	**114**	**164**	**149**	**114**	**51**	**106**	**56**
Yesterday (%)	17	7	16	6	19	10	19	7	13	2	19	13
Last week (%)	18	12	18	12	19	11	18	11	7	2	31	23
2–3 weeks ago (%)	13	10	13	9	12	11	18	9	10	8	7	16
1 month ago (%)	14	20	13	23	15	17	13	22	18	25	9	13
2–3 months ago (%)	6	11	5	13	7	8	6	12	6	14	7	5
3–6 months ago (%)	6	6	7	6	5	5	6	6	6	4	6	35
> 6 months ago (%)	27	34	29	31	24	38	21	33	40	47	22	25

Ability to Say No to Sex

The study sought to know whether respondents have the skills to say "no" when pressured to have sex. Most respondents claimed they do: 76% in Kogi and 64% in Cross River (Fig. 3).

Fig. 3. Have ability to say no to sex



When asked what they would do if a boyfriend or girlfriend threatened to drop them if they refuse sex, 77% of respondents in Cross River and 74% in Kogi said they would end the relationship. "Avoid him/her" was the response about 14% in Kogi and Cross River, while "run away/shout for help" was stated by 7% in Cross River and 19% in Kogi.

Notwithstanding, alternative responses to this threat were presented in FGDs. In Ugep, female out-of-school groups said they would give in if refusing sex meant losing either "a guy they liked very much" or one with whom they had "gone far." A similar group in Okuku, Ogoja agreed they could say no, but would quickly give in if a boyfriend threatened to leave them. One respondent said she was the breadwinner in the family and could not

afford to lose her boyfriend. Another made it clear she did not trust her boyfriend, but would rather give in to sex than lose him. Other female respondents said they would pretend to be menstruating.

A male out-of-school FGD stated that saying 'no' to a girl is like losing a "golden opportunity." The ability to say no to sex is reportedly offset by the desire for sexual pleasure among males and the material and financial needs of females.

Age at Sexual Debut

Sexually active respondents were asked how old they were when they had their first sexual experience. Most respondents said they were between 15 and 17, with 15.2 as the mean age reported in Cross River and 16.3 in Kogi. The question was asked because early initiation into sex may result in health challenges, including HIV infection, and can negatively affect educational attainment and economic productivity.[4]

In Kogi, 20% of sexually active respondents said they had first sex between ages 10 and 14. The percentages reporting first sex at this young age in Cross River was much greater—40%—mostly by youth in secondary school (Table 16).

Table 16: Age at sexual debut (Cross River shaded)

	Total		Males		Females		Tertiary		Secondary		Out of school	
n=	**224**	**256**	**190**	**142**	**144**	**114**	**133**	**149**	**108**	**51**	**98**	**56**
< 10 (%)	2	2	2	3	1	1	–	1	5	6	1	2
10–14 (%)	40	20	41	20	38	19	22	7	75	39	25	36
15–19 (%)	45	63	44	63	46	61	53	68	20	55	60	55
20–25 (%)	14	16	13	14	15	18	25	25	–	–	14	7

That 12-year-old girls and 16-year-old boys feel they are mature enough for sex was the main reason given for early debut. Other reasons given for males included peer pressure, attraction to the opposite sex, exposure to pornography, and poor parental upbringing. These influences applied to females as well, along with additional factors: early onset of puberty and sexual harassment by adult males. For females, poverty was cited as the most important and pervasive reason for early sexual debut. Most respondents believed that females who initiate sex early are motivated by financial and material gain.

When asked to estimate the age at which boys and girls start having sex in their communities, respondents said between age 10 and 16, though some participants in FGDs stated age 7 and 8. Respondents in both states believed that girls initiate sex earlier than boys.

Sexually active respondents were also asked about motivating factors and circumstances of their first sexual experiences. Desire for pleasure ("to have fun") was cited by 62% in Cross River and 76% in Kogi. More males than females in both states were likely to say that a

[4] Institute for Youth Development, *Benefits of Delaying Sexual Debut* (Washington DC, 2008.) www.youthdevelopment.org/pdf/BenefitsofDelayingSexualDebut-ExecutiveSummary.pdf

desire to have fun motivated their initiation into sex. Next in importance was peer pressure, more so in Cross River than in Kogi.

"To obtain money" was cited by 19 respondents: 8 in Cross River (2%) and 11 in Kogi (4%). Rape was cited by 19 female respondents: nine in Cross River and ten in Kogi. "Being drunk" was cited by eight males and four females, more often in Cross River than in Kogi.

Experience with Intergenerational Sex

In Cross River, 46% of sexually active respondents reported they had sex in the past 12 months with someone older than they are: 65% of the respondents who said they had done so were female and 32% were male. In Kogi, 40% of sexually active respondents said they had had sex with an older partner; 60% in this group were female and 24% were male. Intergenerational sex was more often reported by tertiary students—by 75% of sexually active students in Cross River and 66% of them in Kogi. Intergenerational sex was reported least by sexually active in-school youth in Kogi (28%).

As Table 17 shows, 12% of sexually active Cross River respondents and 5% of them in Kogi acknowledged having sex with someone more than 10 years older in the preceding 12 months. However, more than 60% of Cross River respondents offered no response to this question.

Table 17: Age of sex partners who are older than respondents

	Cross River	Kogi
n=	179	102
More than 10 years older (%)	12	5
5–10 years older (%)	39	34
Less than 5 years older (%)	46	58
Don't know (%)	9	2
No response (%)	67	6

Participants in all FGDs in Cross River confirmed the existence of intergenerational sex, mainly to meet the financial and material needs of females. In one male FGD, it was stated that older, wealthier men would not break girls' hearts. In another, it was stated that "girls prefer men driving jeeps with big tires."

Experience with Multiple, Concurrent Sexual Partnerships

Sexually active respondents were asked to state how many sexual partners they have within three categories: steady girl/boyfriend; casual girl/boyfriend; and provider of money, gifts, or favors. While many respondents in Cross River declined to disclose this information, about one in ten in the state reported two to three steady sex partners.

Male FGDs came up with two main reasons for maintaining multiple concurrent partnerships: to derive sexual pleasure and to display masculinity. For females, material benefit was the main reason. Some female respondents said that intense poverty forces girls to exchange their bodies for money.

Four female FGDs reported an average of five sexual partners, saying these are needed to provide financial support for personal needs such as clothing and makeup. In an FGD for

tertiary females, participants agreed that young women prefer men who can take care of them financially. While acknowledging high HIV risk, these participants agreed that "no girl can stay with just one male," given that students have many financial needs.

An out-of-school FGD in Okuku, Ogoja also referred to an average of five sexual partners for each female. Participants felt that this number is inevitable, since there is need for financial support from different sources, and it is not possible to know which partners might marry or disappoint them. However, participants in another out-of-school FGD in Calabar said they believed that female empowerment could discourage the behaviors that increase HIV risk.

Some respondents in a female out-of-school FGD in Ugep said that having "alternative men or boyfriends" was normal. The preference was for wealthy men who have comfortable apartments, cars, and well-paying jobs. Such men may also hold out the promise of marriage.

Condom Use at First and Last Sex and in Past 12 Months

Sexually active respondents were asked whether they used a condom during their first sexual experience and whether they used a condom the last time they had sex. They were also asked whether they ever had sex without using condom in the last 12 months.

Proportionately, more respondents in Kogi—82% or 209 of the 256 who are sexually active—claimed to have used a condom during first sex and last sex. In Cross River, 56% (214 among the 384 sexually active respondents) made these claims. In addition, 45% of respondents—172 of 386 in Cross River and 92 of 205in Kogi—admitted they had not used a condom consistently in the past 12 months.

Among 107 respondents in Cross River who gave reasons for not using condoms during first sex, 20% said that condoms were unavailable; about 10% said a condom was not necessary; 16% did not think of it; 8 percent cited partners' objections; and 8% said they did not like condoms. Some cited multiple reasons. Among 152 respondents in Kogi, 34% said condoms were unavailable during first sex and 29% said a condom was not necessary.

High-Risk Behaviors: Male-to-Male Sex and Alcohol and Drug Use

Among 329 male respondents in Cross River State, six reported having sex with a male sex partner—three tertiary students, two secondary school students, and one out-of-school youth—but only three said they had sex with a male partner in the last 12 months. In Kogi, two males reported having sex with another male—one tertiary student and one out-of-school youth, but not the last 12 months.

Respondents were asked how often they had consumed an alcoholic drink in past four months, since frequent use of alcohol can encourage risky behavior and the spread of HIV. In Cross River, six in ten respondents—more females than males—had never had an alcoholic drink in that period, including 74% of secondary students, 52% of tertiary students, and 42% of out-of-school youth. Among out-of-school youth, 54% had consumed an alcoholic drink in the past four months. Within this group, 33% reported at least one alcohol drink per week and 9% reported daily alcohol use.

In Kogi, 84% had never consumed any alcoholic drink in that period. Again, more were

female than male (89% versus 79%), and 89% of secondary students, 79% of tertiary students and 42% of out-of-school youth were in this category. Among the out-of-school group, 4% said they consumed alcohol daily and 4% said they did so at least once a week.

Table 18: Alcohol consumption reported in the four months before survey (Cross River shaded)

	Total		Male		Female		Tertiary		Secondary		Out of school	
n=	**624**	**641**	**333**	**318**	**291**	**323**	**209**	**208**	**300**	**313**	**117**	**120**
Never (%)	61	84	52	79	71	89	52	79	74	90	42	4
Don't know (%)	2	2	2	2	2	1	2	1	1	1	3	4
No response (%)	2	5	2	5	2	5	3	2	2	6	1	3
Every day (%)	3	1	4	2	1	1	1	1	1	.3	9	77
At least once a week (%)	18	4	25	6	11	2	23	7	10	2	33	6
Less than once a week (%)	14	5	15	6	13	3	19	11	12	1	12	6

Only 10% of respondents in Cross River had ever tried any psychoactive drug, including cocaine, heroin, glue, and Chinese capsules (barbiturates colored bright red). Respondents who had used psychoactive drugs most often cited marijuana: this applied to 6% of respondents in Cross River and 1% in Kogi.

Relative to the groups targeted, out-of-school youth registered the most experience in marijuana use—14% of respondents in Cross River and 4% in Kogi—and tertiary students registered more use than secondary students. Youth leaders interviewed in Ugep and Calabar believed that excessive use of drugs such as marijuana could lead to "madness." Injection drug use was uncommon. Less than 1% of respondents in both states had ever injected drugs.

Cultural Practices That May Increase HIV Risk

Respondents were asked about cultural practices that may put youth at risk of HIV infection. Polygamy was mentioned by 34% of respondents in Cross River and by 30% in Kogi. It was of interest that proportionately fewer did so in Kogi, since that state has a large Muslim population who practice polygamy. Wife inheritance was also mentioned, since it is another form of sex with multiple partners. Circumcision with unsterilized sharps was mentioned by 30% of respondents in Cross River and 27%, in Kogi.

Other cultural practices mentioned by Kogi respondents include tribal marking, tattooing, and the taking of blood oaths. A school authority in Anyigba referenced as traditional burial ceremony rites where sharp objects are used to cut wives and children of the deceased. Notwithstanding, cultural practices like scarification and gang blood rituals appear to represent minimal HIV risks for youth in the two states.

Respondents noted that keeping women in purdah (physical segregation) restricts their access to HIV information and services. Also noted was the practice of using traditional birth attendants who lack the expertise to prevent HIV transmission from mother to child. Female genital mutilation was also referenced by an NGO official and respondents in Cross River.

Some annual festivals were mentioned as activities and events where youth are exposed to increased HIV risks. Leboku, a week-long annual festival, is jokingly dubbed "sex carnival," and female FGD respondents reported that it is rife with alcohol. A community leader in Calabar also referred to this festival as a cultural event where visitors offer young women plenty of money in exchange for sex.

Similarly, merriments during the Itado annual festival end up in "all kinds of misbehavior," including "indiscriminate sex." The Echeahiana festival at the New Year was also mentioned by a female in-school FGD in Adavi. It celebrates female transition into maturity and involves traditional dances, but provides opportunities for unsanctioned sexual relationships and attracts adult men who look over young women as prospective partners.

V. Conclusions and Recommendations

Conclusions

Though the results of this cross-sectional KAPB study are not generalizable beyond young people in Cross River State and Kogi State, they confirm many facts that exist in other states and across the country.

The 2008 National AIDS and Reproductive Health Survey reported the main drivers of the epidemic in Nigeria as unprotected heterosexual sex, multiple and concurrent sexual partnerships, intergenerational and transactional sex, and low HIV risk perceptions. These are the same drivers among youth in Cross River and Kogi. Because youth respondents in this study seem to engage in the same risk behaviors as adults do, their infection trajectory will only increase, if immediate and effective interventions are not implemented.

The following good news can be extracted from this study:

- Youth in Cross River and Kogi are very aware of how the virus is transmitted and how HIV can be prevented, though knowledge of PMTCT is low. Notwithstanding, the survey reveals that many believe certain myths and misconceptions: primarily that HIV can be cured through "divine" interventions and that buying food from an HIV-positive vendor constitutes an HIV risk.
- The vast majority of youth in Cross River and Kogi are eager for accurate and appropriate education and rely on established and credible media (radio, television, and newspapers) for health information. They have good recall of health and HIV prevention programs and interventions, although many were not considered to be sufficiently youth-friendly or youth-focused.
- Drug and excessive alcohol use are not significant risk factor for youth in the two states.

The report also flags many areas for concern and serious risk factors that can and must be addressed:

- On average, sexual debut occurs at age 15 in Cross River and 16 in Kogi. Six in ten youth in Cross River are sexually active, as are four in ten in Kogi.
- While respondents appear to know how to say no to sex, many young girls will give in to avoid losing boyfriends.
- In both states, the majority of sexually active youth did not use condoms at last sex, or in the preceding 12 months, or at sexual debut. Main reasons cited included unavailability of condoms and beliefs that condoms reduce pleasure or are ineffective.
- Intergenerational sex, mainly between young women and much older men, is reportedly pervasive, as are multiple and concurrent sexual partnerships.
- Respondents know about HCT and where to get the test, but about two-thirds have not been tested. Some in this group think that the testing process can infect them with HIV and are afraid get tested.
- Fourteen percent of Cross River and 22% of Kogi State respondents believe that there is a "cure for AIDS" and refer to "God's ability to do anything for those who believe in him." This is of serious concern as the full impact of this disease may be unknown to them or

the public information about it may need to be improved. It is also a challenge to convince people that there are limitations to divinity.

- Many youth in this study hold contradictory views: They would care for a relative who is HIV positive, but approve of separating PLHIV from others in the society. In other words, their relatives with HIV can live with them and get care, while others (non-relatives) can be isolated. Among out-of-school youth in Kogi, 45% report this viewpoint.
- More than 60% of Cross River State respondents had "no response" about age of sexual partners who are older than they are. Inter-generational sex is a major driver of HIV in Nigeria and in these states. A no response to this question is of concern as respondents may be fearful of being labeled as loose or a gold digger. A no response also hides this risk behavior, thus limiting effectiveness of intervention programs.

Some IDI respondents believed that this KAP study was a step in the right direction and long overdue. They said the study would demonstrate the impact of HIV prevention projects and suggested that state-wide scaling up of those found to be effective should occur, particularly outside state capitals and into rural areas.

Recommendations

1. The gap between knowledge about HIV prevention and transmission and the adoption of preventive behaviors must be bridged. Increased and continuing SBCC campaigns targeting young people should be launched in both states to convince them they are at high risk for HIV when they engage in unprotected sex, intergenerational sex, and multiple concurrent partnerships. Campaigns should emphasize the A and B of the ABC of HIV prevention. Evidence-based SBCC materials and tools need be used to effectively fill gaps in current behavior change interventions.

2. Youth SBCC interventions need to reach beyond urban areas and into rural communities in both states.

3. HIV prevention and SBCC interventions that target and resonate with students in tertiary institutions and out-of-school youth are needed. These messages must openly and honestly discuss issues that address the risks of unprotected sex, multiple and concurrent partnerships, and intergenerational and transactional sex. Though these audiences are most knowledgeable about saying no to sex, females reportedly quickly give in to sex for fear of losing boyfriends, especially those that provide material things or money needed. Most importantly, these groups must be engaged in the design and implementation of HIV prevention interventions that focus on their attitudes and behaviors.

4. An intensive SBCC campaign also needs to find ways to improve the ability of young women to say no to sex and negotiate condom use. Youth of both genders also must be convinced that condoms are accessible and effective and that condom use is a joint decision.

5. Radio and television, the most widely used media by youth in both states, should be consistently employed by SBCC campaigns to reach in-school as well as out-of-school youth.

6. An SBCC campaign needs to address stigma directed to PLHIV and the barriers it presents to disclosure of serostatus and access to HCT services, care, and treatment.

7. HCT promotion also needs to debunk fears that an HIV test exposes clients to infection and that test results will not be kept confidential. Interventions need to be developed for healthcare workers that support these outcomes.

8. Public and private health facilities need to be made more youth-friendly to attract more clients from this age group.

9. In both states, opportunities should be taken to integrate HIV prevention messages for youth into seasonal and traditional festivals.

Appendix 1. Recruiting Questionnaire for Tertiary Students

APPROACH A YOUTH AND READ OUT: "We are talking to the youth in this community about their health and would like to know if you don't mind talking to us on this issue. But first I would like to know if you fall among the people who can provide the information that we need."

1	**ASK TERTIARY STUDENTS ONLY** What do you currently do for living?	Artisan.....1 Apprentice.....2 Trading.....3 Unemployed .....4 Schooling 5	1→Stop 2→Stop 3→Stop 4→Stop 5→Cont.
2	What is your current level of education? CIRCLE ONE	NONE 1 SOME PRIMARY 2 QURANIC EDUCATION ONLY 3 COMPLETED PRIMARY 4 SOME SECONDARY 5 COMPLETED SECONDARY 6 TERTIARY EDUCATION 7	] →**Stop**] → **Stop.**] → **Stop**] 5→ **Stop**] 5 → **Stop**] 5 →**Cont.**
3	Are you a student of this institution?	Yes …….1 No …….2	1 →**Cont.** 2 →**Stop**
4	In what year of study are you?	First Year 1 Second Year 2 Third Year 3 Fourth Year 4 Fifth Year 5 Sixth Year 6 Others7 (Please specify)…….	
5	How old were you at your last birthday?	Less than 10 years 1 10 – 24 2 Over 24 years 3	→**Stop** →**Cont.** →**Stop**
6	**CONTINUE WITH INTERVIEW IF RESPONDENT FALLS WITHIN 10 – 24 YEARS IN Q6**		

Appendix 2. Recruiting Questionnaire for Out-of-School Youth

APPROACH A YOUTH AND READ OUT: "We are talking to the youth in this community about their health and would like to know if you don't mind talking to us on this issue. But first I would like to know if you fall among the people who can provide the information that we need."

1	**ASK OUT-OF-SCHOOL ONLY** What do you currently do for a living?	Artisan.....1 Apprentice.....2 Trading.....3 Unemployed .....4 Schooling 5	1→Cont. 2→Cont. 3→Cont. 4→Cont. 5→Stop
2	**ASK OUT-OF-SCHOOL ONLY** Have you ever attended school?	Yes ……1 No ……..….2	1 →**Cont.** 2 →**Q4**
3	What is the highest level of school you completed: primary, secondary or higher? CIRCLE ONE	NONE 1 SOME PRIMARY 2 QURANIC EDUCATION ONLY 3 COMPLETED PRIMARY 4 SOME SECONDARY 5 COMPLETED SECONDARY 6 TERTIARY EDUCATION 7	] →**Cont.**] →**Cont.**] →**Cont.**] 5→**Stop**] 5 →**Stop**] 5 →**Stop**
4	How old were you at your last birthday?	Less than 10 years 1 10 – 24 2 Over 24 years 3	→**Stop** →**Cont.** →**Stop**
5	**CONTINUE WITH INTERVIEW IF RESPONDENT FALLS WITHIN 10 – 24 YEARS IN Q4**		

Appendix 3. Survey Questionnaire

IDENTIFICATION, ELIGIBILITY, AND CONSENT					
NO.	**QUESTIONS**	**RESPONSES & CODING**			**SKIP TO**
A0	Questionnaire Identification Number	___/___/___/___			
A1	Category of Youth	In-school (Tertiary) ……1 In-school (Secondary) ……2 Out-of-School……. ……3			
A2	Interviewer's Name				
A3	Supervisor's Name				
A4	Date of Interview (dd/mm/yyyy)	___ ___ / ___ ___ / ___ ___ ___ ___			
A5	Time at Start of Interview	**___ ___ : ___ ____**	AM	PM	
A6	Time at end of Interview	**___ ___ : ___ ____**	AM	PM	

"Hello. My name is _____. I am here on behalf of Communication for Change, Nigeria. At the moment we are carrying out a study on youth-related behaviors in this state and would be grateful if you could participate by answering some questions. The information you provide us is extremely important and valuable, as it will help the Government of Nigeria and all organizations involved in HIV/AIDS care and support to improve policy formulation and service delivery. Have you been interviewed in the past few weeks [or other appropriate time period] for this study? **IF THE RESPONDENT HAS BEEN INTERVIEWED BEFORE, DO NOT INTERVIEW THIS PERSON AGAIN.** Tell them you cannot interview them a second time, thank them, and end the interview. If they have not been interviewed before, continue:

Confidentiality and consent: "I'm going to ask you some very personal questions. Your answers are completely confidential. Your name will not be written on this form, and will never be used in connection with any of the information you tell me. You do not have to answer any questions that you do not want to answer, and you may end this interview at any time you want to. However, your honest answers to these questions will help us better understand what people think, say and do about certain kinds of behaviors. We would greatly appreciate your help in responding to this survey. The survey will take about XX minutes to ask the questions. **[Interviewer asks if the respondent has any questions and provides the necessary clarification before proceeding with the informed consent].** Would you be willing to participate?"

A7	Do I have your agreement to participate?	YES…… 1 NO (Reason: _____) 2		**2→ STOP**
A8	_____ (Signature of interviewer certifying that informed consent has been given verbally by respondent)			

Interviewer visit

	Visit 1	Visit 2	Visit 3
Date			
Interviewer			
Result			

Result codes: Completed 1; Partially completed 2; Refused 3; Other 4.

Background Characteristics

	Questions	Answers	SKIP TO
B1	State	Cross River ……1 Kogi ……...2	
B2	Senatorial District	CR Central……..…….……1 CR Northern…….……...2 CR Southern…..……..3 Kogi West……4 Kogi Central...…..……...5 Kogi East…….…….…….……..6	
B3	Local Government Area	Calabar Municipal……1 Calabar South……...2 Yakurr…….....3 Ogoja…….....4 Lokoja…….....5 Adavi…….....6 Dekina …….....7	
B4	Sector	Urban……1 Semi-Urban……..2 Rural…….3	
B5	Sex	Male…….……1 Female …….……2	
B6	Marital status	Single…….1 Married……..2 Divorced……3 Separated……...…4 Cohabiting…….5 Widowed……...6 Others (Please specify)……..7	
B7A	In what month and year were you born?	MONTH [__|__] DON'T KNOW MONTH 98 NO RESPONSE 99 YEAR [__|__] DON'T KNOW YEAR 98 NO RESPONSE 99	
B7B	How old were you at your last birthday?	AGE IN COMPLETED YEARS [__|__] MUST BE BETWEEN 10AND 24 YRS OLD DON'T KNOW 98 NO RESPONSE 99 **ESTIMATE BEST ANSWER**	

B8	What is your religion? CIRCLE ONE	No Religion 1 Christianity 2 Islam 3 Traditional 4 Other [Specify] ……5 No Response 9	
B9A	**ASK OUT-OF-SCHOOL ONLY** Have you ever attended school?	Yes ……1 No ……2 Don't know ……3	2 →**B11**
B9B	What is the highest level of school you completed: primary, secondary or higher? CIRCLE ONE	NONE 1 SOME PRIMARY 2 QURANIC EDUCATION ONLY 3 COMPLETED PRIMARY 4 SOME SECONDARY 5 COMPLETED SECONDARY 6 TERTIARY EDUCATION 7	
B9C	**ASK IN-SCHOOL (TERTIARY) ONLY** In what year of study are you?	First Year 1 Second Year 2 Third Year 3 Fourth Year 4 Fifth Year 5 Sixth Year 6 Others (Please specify)…….7	
B9D	**ASK IN-SCHOOL (SECONDARY) ONLY** Class of respondent	JSS1 ……...……1 JSS2……...…….2 JSS3……...…….3 SSS1……4 SSS2……5 SSS3……6	
B9E	**ASK IN-SCHOOL (TERTIARY) ONLY** Career Choice	..... …….....	
B10	**ASK ALL IN-SCHOOL ONLY** Who pays your school fees? **(Multiple options possible)**	Yes No MOTHER 1 2 FATHER 1 2 RELATIVES 1 2 BOYFRIEND/SEX PARTNER 1 2 GOVT/SCHOLARSHIP 1 2 "I PAY THEM MYSELF" 1 2 OTHER_____1 2 DON'T KNOW 1 2 NO RESPONSE 1 2	

B11	Please describe your family situation **CIRCLE ONE**	Both parents live together in the same house.....1 Parents are married but live in different towns/countries.....2 Parents are divorced.....3 One parent is dead – Father.....4 One parent is dead – Mother.....5 Both parents are dead.....6 Others (Please specify).....7	
B12	With whom do you live most often? **CIRCLE ONE**	With both parents 1 With mother only 2 With father only 3 With brother/sister 4 With friends 5 On my own.....6 My boy/girl friend.....7 Grand parent.....8 Aunt/Uncle.....9 Others 10	
B13	**ASK OUT-OF-SCHOOL ONLY** What do you currently do for living?	Artisan.....1 Apprentice.....2 Trading.....3 Others (Please specify).....4	
B14	**ASK ALL** During the last 4 weeks how often have you had drinks containing alcohol? Would you say .....**READ OUT** **CIRCLE ONE**	Every day 1 At least once a week 2 Less than once a week 3 Never 4 DON'T KNOW 8 NO RESPONSE 9	
B15	**ASK ALL** Some people have tried a range of different types of drugs. Which of the following, if any, have you tried? **READ LIST**	YES NO DK NR Cocaine 1 2 8 9 Heroine 1 2 8 9 Marijuana (Weed) 1 2 8 9 Glue 1 2 8 9 Pethidine 1 2 8 9 Pentazocine 1 2 8 9 Chinese Capsules 1 2 8 9 None 1 2 8 9 Other drugs 1 2 8 9	
B16	**Drugs Injected For Medical Purposes Or Treatment Of An Illness Do Not Count** Some people have tried injecting drugs using a syringe. Have you injected drugs in the last 12 months?	Yes 1 No 2 Don't Know 8 No Response 9	

Knowledge

	Questions	Answers	SKIP TO
D1	Have you heard about any disease (s) that one can get through sexual intercourse?	Yes ……1 No ……..….2	2 →**D5**
D2	If yes, which ones do you know? **Do *Not* Read Out** **Multiple Response Allowed**	Yes No Gonorrhea 1 2 HIV 1 2 Candidasis 1 2 Herpes 1 2 Syphilis 1 2 Staphylococcus 1 2 OTHER_____1 2 DON'T KNOW 1 2 NO RESPONSE 1 2	
D3	Can you describe any symptoms of STIs in women? ….. Any others? **Do *Not* Read Out The Symptoms** **More Than One Answer Is Possible.**	Yes No Waist/Abdominal Pain 1 2 Genital Discharge 1 2 Foul Smelling Discharge 1 2 Burning Pain On Urination 1 2 Genital Ulcers/Sores 1 2 Swellings In Groin Area 1 2 Itching 1 2 Other _____ 1 2 NO RESPONSE 1 2	
D4	Can you describe any symptoms of STIs in men? ….. Any others? **Do *Not* Read Out The Symptoms** **Multiple Response Allowed**	Yes No Genital Discharge 1 2 Burning Pain On Urination 1 2 Genital Ulcers/Sores 1 2 Swellings In Groin Area 1 2 Other _____ 1 2 NO RESPONSE 1 2	

IF HIV WAS NOT MENTIONED IN D2, ASK D5. OTHERWISE GO TO D6			
D5	Have you ever heard of HIV/AIDS?	Yes ……1 No ……..…2	2 →**STOP**
D6	From where did you hear about HIV and AIDS? **Multiple Response Allowed**	Yes No Radio ……. 1 2 TV …… 1 2 Newspaper …….. 1 2 Billboard ……. 1 2 Health education program ……1 2 Community meetings .....1 2 Friends ..... 1 2 Medical personnel .....1 2 Teachers ..... 1 2 Relatives .....1 2 Church/mosque .....1 2 Public campaigns .....1 2 Others (Please specify) 1 2	
D7	Do you think there is a difference between HIV and AIDS?	Yes 1 No 2 Don't know 3	2 →**D9**
D8	If yes, what is the difference between HIV and AIDS? **Multiple Responses Allowed**	Yes No HIV leads to AIDS……..... 1 2 HIV is a virus while AIDS is a disease…….... 1 2 Can't remember……..... 1 2 Others (Please specify)……..... 1 2 Don't know……..... 1 2 No answer……..... 1 2	
D9	How can a person be infected with HIV? **Multiple Responses Allowed**	Yes No Unprotected sex ..... 1 2 Sharing of skin piercing objects ..... 1 2 Unscreened blood transfusion ..... 1 2 Mother to child ..... 1 2 Kissing .....1 2 Mosquito bite ..... 1 2 Toilet sharing 1 2	

		Sharing meal..... 1 2 Skin disease ..... 1 2 Hand shakes..... 1 2 Others (Please specify)..... 1 2 Don't know..... 1 2 No answer 1 2	

D10	How can HIV be prevented? **Multiple Responses Allowed**	Yes No Abstinence from sex..... 1 2 Avoid unscreened blood…….. ..... 1 2 Avoid use of sterilized needle/blaze ..... 1 2 Sticking to one sexual partner .....1 2 Correct use of condom ..... 1 2 Avoid casual sex..... 1 2 Avoid sharing of skin piercing object..... 1 2 Others (Please specify)..... 1 2 Don't know..... 1 2 No answer 1 2	
D11	Do you think a HIV-infected person can still look healthy?	Yes 1 No 2 Not sure 3 Don't know 8 No answer 9	2 →**D13** 3 →**D13** 8 →**D13** 9 →**D13**
D12	If yes, why? **Multiple Responses Allowed**	Yes No It is not written on the face..... …….....1 2 It takes some time before it manifests on the body... 1 2 May be taking a drug that suppresses the effect of the virus..1 2 Not sure ……..... 1 2 Don't know.....……..... 1 2 No answer…….....1 2	

HIV Counseling & Testing

	Questions	Answers	SKIP TO
D13	How can a person know that he/she has HIV?	By going for a test……1 By going for HIV Counseling & Testing…..…2 Others (Please specify)…….3 Don't know……...4	
D14	Do you know of a place where a person can go for an HIV test?	Yes ……1 No ……...2	
D15	(*I don't want to know the results*) Have you ever been tested to know your HIV status?	Yes ……1 No ……...2	2 →**D17**
D16	If yes, why did you do the test? **Multiple Responses Allowed**	Yes No To know my HIV status.....1 2 To know how to protect myself against the diseas 1 2 Because of marriage.....1 2 I had a talk about it .....1 2 My friends did/are doing it .....1 2 Others (Please specify).....1 2 Don't know.....1 2 No answer 1 2	]]]] →**D20**]]]]
D17	If no, are you willing to go for HIV testing?	Yes ……1 No ……...2	1 →**D20**

D18	If no, why? **Multiple Response Allowed**	Yes No I'm afraid the result might turn out positive.....1 2 I'm not interested in knowing my HIV status……...1 2 I cannot be infected with HIV.....1 2 Fear of being infected during test .....1 2 Others (Please specify).....1 2	1 →**D20** 2 →**D20** 4 →**D20** 5 →**D20**
D19	Why do you think you cannot be infected?	…….. ……..... ……..... ……......	
D20	If you are positive, will you be willing to disclose your HIV status?	Yes ……1 No ……...2	2 →**D22**
D21	If yes, why? **Multiple Responses Allowed**	Yes No To find solution to the problem.....1 2 To be able to get necessary help .....1 2 Others (Please specify).....1 2 Don't know.....1 2 No response.....1 2	]]] →**D23**]]
D22	If no, why? **Multiple Responses Allowed**	Yes No Because people discriminate against PLWHIV..1….2 Others (Please specify) ……...1….2	

Stigma and Discrimination

	Questions	Answers	SKIP TO
D23	If a student (or colleague at work) has HIV but is not sick, should he or she be allowed to continue attending school/lectures (or continue working with others)?	Yes ……1 No ……..2	
D24	If a relative of yours became sick with AIDS, would you be willing to care for her/him in your household?	Yes ……1 No ……..2	
D25	If a lecturer/teacher/boss has HIV but is not sick, should he/she be allowed to continue to teach/lecture (or work with) others?	Yes ……1 No ……..2	
D26	If you know that a shopkeeper or food seller has the HIV virus, would you buy food from them?	Yes ……1 No ……..2	
D27	If a member of your immediate family became ill with HIV, the virus that causes AIDS, would you want it to remain secret?	Yes ……1 No ……..2	
D28	Do you think people infected with HIV/AIDS should be physically separated from the rest of society?	Yes ……1 No ……..2	
D29	Would you be willing to share a meal (eat from the same plate) with a person that has HIV or AIDS?	Yes ……1 No ……..2	

Sexual Practices

	Questions	Answers	SKIP TO
ASK D30 & D31 FROM IN-SCHOOL TERTIARY & OUT-OF-SCHOOL ONLY			
D30	(*Please don't give any reason*) Are you …… **Circle One**	currently married, living with spouse 1 currently married, living with other sexual partner 2 currently married, not living with spouse or any other sexual partner 3 NO RESPONSE 4	
D31	(*Please don't give any reason*) Are you …… **Circle One**	not married, living with sexual partner 1 not married, not living with sexual partner 2 NO RESPONSE 3	
D32	**ASK ALL** When was the last time you had sexual intercourse? **Circle One**	Never had sexual intercourse.....1 Yesterday.....2 Last week.....3 2 - 3 weeks ago.....4 A month ago.....5 2- 3 months ago.....6 3- 6 months ago.....7 Over 6 months ago.....8	] →**D33**]]] →**D34**]]]
D33	Why have you never had sex? **Multiple Response Allowed**	Yes No I am too young.....1 2 Need to face work.....1 2 Because of my religious background.....1 2 Not interested for now.....1 2 To avoid getting infected with HIV viruss1 2 Others (Please specify).....1 2	
D34	At what age do boys start having sex in this community?	Age In Years [__|__] Don't Know 88 No Response 99	
D35	At what age do girls start having sex in this community?	Age In Years [__|__] Don't Know 88 No Response 99	

IF RESPONDENT HAS NEVER HAD SEX SKIP TO D48, OTHERWISE GO TO D35A			
D35A	What did you do to prevent infections or unwanted pregnancy?	…….. …….. ……..	
D36	At what age did you first have sexual intercourse?	AGE IN YEARS [__|__] DON'T KNOW 88 NO RESPONSE 99	
D37	In what circumstance? **Multiple Response Allowed**	Yes No RAPED 1 2 UNDER PRESSURE 1 2 TO OBTAIN MONEY 1 2 DRUNK 1 2 HAVING FUN 1 2 TO GET PREGNANT 1 2 OTHER_____1 2 DON'T KNOW 1 2 NO RESPONSE 1 2	
D38	Was condom used during the first time you had sexual intercourse?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	**1→D40**
D39	Why did you and your partner not use a condom? **Multiple Response Allowed**	Yes No Not available ..... 1 2 Desired the pregnancy ..... 1 2 Partner objected ..... 1 2 Don't like them ..... 1 2 Used other contraceptives .....1 2 Don't think it was necessary .....1 2 Didn't think of it .....1 2 Trust my partner ..... 1 2 Other (Please specify) 1 2	
D40	Have you had sexual intercourse in the last 12 months (i.e. since ___ 2009)?	YES 1 NO 2 NO RESPONSE 9	
D41	In the last one year (i.e. since ___ 2009), have you ever had sex with <u>someone older than you</u>?	YES 1 NO 2 NO RESPONSE 9	**2→D43**

D42	How much older was the person? **READ OUT ANSWERS:**	MORE THAN 10 YRS OLDER 1 5-10 YRS OLDER 2 LESS THAN 5 YRS OLDER 3 DON'T KNOW 8 NO RESPONSE 9	
D43	*For MALES:* Think about the *female* sexual partners you've had in the last 12 months (i.e. since ___ 2009). How many were: - Your steady boyfriends or girl friends or someone you intend to marry, or a live-in partner. - Partners with whom you had sex in exchange for money/gift or favor - Any partner other than a commercial or regular partner.	**STEADY BOY/GIRL FRIENDS** [__|__] DON'T KNOW 88 NO RESPONSE 99 **RECEIVED MONEY/GIFT OR FAVOR** [__|__] DON'T KNOW 88 NO RESPONSE 99 **CASUAL** [__|__] DON'T KNOW 88 NO RESPONSE 99	
D44	*For FEMALES:* Think about the *male* sexual partners you've had in the last 12 months (i.e. since ___ 2009). How many were: - Your steady boyfriends or girl friends or someone you intend to marry, or a live-in partner. - Partners with whom you had sex in exchange for money/gift or favor. - Any partner other than a commercial or regular partner.	**STEADY BOY FRIENDS** [__|__] DON'T KNOW 88 NO RESPONSE 99 **RECEIVED MONEY/GIFT OR FAVOR** [__|__] DON'T KNOW 88 NO RESPONSE 99 **CASUAL** [__|__] DON'T KNOW 88 NO RESPONSE 99	

ASK D44A from respondents with total number of partners greater than one, Otherwise Go To D45			
D44A	Was there a point in the past one year when you had more than one sexual partner at the same time?	YES 1 NO 2 NO RESPONSE 3	**→D44B** **→D45**
D44B	How many partners did you have at the same time?	NUMBER [__|__] DK 88 NR 99	
ASK D45 – D47 FROM IN-SCHOOL TERTIARY & OUT-OF-SCHOOL ONLY			
D45	**(Ask men):** – We've just talked about your female sexual partners. Have you ever had any **male sexual partners**? – Have you had sexual intercourse (sexual intercourse in this case is defined as penetrative anal sex) with any of your **male partners** in the past 12 months (i.e. since ___ 2009)? – How many male partners have you had anal intercourse with in the last 12 months (i.e. since ____ 2009)?	YES 1 NO 2 NO RESPONSE 9 YES 1 NO 2 NO RESPONSE 9 **Male partners** [__|__] DON'T KNOW 88 NO RESPONSE 99	**2→D46** **9→D46**
D46	Think of your very **last sex act** with a boy/girl friend, commercial or casual partner(s) within the last 12 months (i.e. since ___ 2009), in that **last sex act** did you use a condom?	YES 1 NO 2 NO RESPONSE 3	
D47	During the past 12 months (i.e. since ___ 2009), did you ever have sexual intercourse *without* using a condom with a sexual partner?	YES 1 NO 2 DON'T REMEMBER 3 NO RESPONSE 4	
D48	Considering your lifestyle, would you rate your chances of getting HIV as high, moderate, low, no chance at all or already infected? **Circle One**	High .....1 Moderate .....2 Low .....3 No chance .....4 Already infected .....5 Don't know .....6 No response 7	6 **→D50** 7 **→D50**

D49	Why do you consider your chance as high, moderate, low, no chance at all or already infected? **Multiple Response Allowed**	Yes No Never had sex contact.....1 2 Abstains from sexual intercourse .....1 2 Trust my partner .....1 2 No injection with unsterilized needle 1 2 Always use a condom ..... 1 2 Healthy no contact with HIV+ person 1 2 Had sex contact with HIV+ person ...1 2 Had sex contact with condom.....1 2 Had sex with multiple sex partners ...1 2 Had sex with commercial partner .....1 2 Condom breakage/leakage/slipping ..1 2 Might have been cursed ..... 1 2 Have my own barbing clippers .....1 2 Others (Please specify) .....1 2 Don't know .....1 2 No response 1 2	
D50	What kinds of behaviors can make one to get HIV easily? **Multiple Response Allowed**	Yes No Sex with multiple partners ..... 1 2 Casual sex with a non-regular partner1 2 Unprotected sex (without condom) ...1 2 Prostitution (commercial sex work) 1 2 Body piercing .....1 2 Excessive use of alcohol .....1 2 Taking drugs like marijuana .....1 2 Others (Please specify) …….....…...1 2	
D51	What activities do youths engage that could lead them to getting infected with HIV? **Multiple Response Allowed**	Yes No Sex with multiple partners ..... 1 2 Casual sex with a non-regular partner1 2 Unprotected sex (without condom) ...1 2 Prostitution (commercial sex work) 1 2 Body piercing .....1 2 Excessive use of alcohol .....1 2 Taking drugs like marijuana .....1 2 Others (Please specify) …….....…...1 2	
D52	What social and cultural practices in your opinion can put one at risk of HIV infection? **Multiple Response Allowed**	Yes No Polygamy..... 1 2 Circumcision of males..... 1 2 Unprotected sex (without condom) ...1 2 Prostitution (commercial sex work) . 1 2 Body piercing .....1 2 Excessive use of alcohol .....1 2 Taking drugs like marijuana .....1 2 Others (Please specify) ……...1 2	

Attitudes/beliefs about HIV/AIDS

	Questions	Answers	SKIP TO
D53	Do you believe that HIV/AIDS is real?	Yes .....1 No .....2 Don't know .....3 No response 4	1 →**D55**
D54	If no, why did you say so?	…….. …….. ……..	
D55	Does HIV/AIDS has a cure?	Yes .....1 No .....2 Don't know .....3 No response 4	

FOR IN-SCHOOL (SECONDARY) GO TO D58			
ASK D56 & D57 FROM IN-SCHOOL TERTIARY & OUT-OF-SCHOOL ONLY			
D56	Do you think that effective/correct use of condom can prevent HIV?	Yes .....1 No .....2 Don't know .....3 No response 4	1 →**D58**
D57	If no, why did you say so?	…….. …….. ……..	

Life Skills

	Questions	Answers	SKIP TO
D58	If your boyfriend/girlfriend or someone else asks you for sex, would you be able to say no?	Yes .....1 No .....2 No response 3	2 →**D60** 3 →**D60**
D59	If yes, what would you do that would enable you to avoid sex?	…… …… ……	
D60	If your boyfriend/girlfriend or someone else threatens to drop you if you say no to sex, what would you do?	…… …… ……	

Informational Needs

	Questions	Answers	SKIP TO
D61	What are the sources of information for young people in this community? **Multiple Responses Allowed**	Yes No Radio..... 1 2 TV..... 1 2 Newspaper..... 1 2 Comics..... 1 2 Magazines..... 1 2 Bill boards/posters ..... 1 2 Friends..... 1 2 School ……..... 1 2 Health workers..... 1 2 Enlightenment campaigns..... 1 2 Others (Please specify)..... 1 2	
D62	What kind of information do you think youths require? **Multiple Responses Allowed**	Yes No Health..... 1 2 Career/educationon..... 1 2 Relaxation/recreation r..... 1 2 Employment opportunities..... 1 2 Sex education..... 1 2 Prevention of STIs/HIV/AIDS..... 1 2 Sports..... 1 2 Social norms ……..... 1 2 Current affair..... 1 2 Others (Please specify)..... 1 2	
D63	Which of these news media do you have regular access to? **Multiple Responses Allowed**	Yes No Radio..... 1 2 TV..... 1 2 Newspaper..... 1 2 Others (Please specify)..... 1 2	
D64	Which radio station do you listen to regularly? **Single Response Allowed**	Prime FM 101.5 (FRCN).....1 Confluence FM (Radio Kogi 94.0) .....2 Grace FM 95.5.....3 Cosmos 105.5..... .....4 Joy FM ……..5 Others (Please specify).....6	
D65	Which TV station do you watch regularly? **Single Response Allowed**	NTA Lokoja.....1 Confluence TV .....2 Others (Please specify).....3	
D66	Which radio/TV programs do you listen to or watch regularly? **Single Response Allowed**	…… ……	
D67	From which of these media or channels do you prefer to receive HIV/AIDS information? **READ OUT & Circle One**	Radio .....1 TV .....2 Newspaper .....3 Comics .....4 Magazines .....5 Bill boards/posters .....6 Friends .....7 School .....8 Health workers……9 Enlightenment campaigns .....10 Others (Please specify) 11	

Assessment of Past HIV Prevention Messages

	Questions	Answers	SKIP TO

D68	Have you heard or seen any messages/film/radio or TV program about HIV, AIDS, sexually transmitted diseases or condoms within the last 12 months?	Yes .....1 No .....2 Don't know .....3 No response 4	2 → **D73** 3 →**D73** 4→**D73**
D69	If yes, which ones? (**Ask respondent to mention the program seen or heard**)	…… …… ……..…… ……..……	
D70	What was the program trying to tell you about HIV/AIDS or what message did you get from it What	…… …… ……..…… ……..…… …… ……	
D71	What do you like about the message?	…… …… ……..…… ……..……	
D72	What do you not like about the message?	…… …… ……..……	

Assessment of Current/past Interventions on HIV/AIDS

	Questions	Answers	SKIP TO
D73	Do you know of any program or activities about HIV/AIDS in your school (community – **for out-of school**)?	Yes .....1 No .....2 Don't know .....3 No response 4	1→**D74** 2 →**CI** 3 →**CI** 4 →**CI**
D74	If yes, what is the program (s) or activities about?	…… …… …… …… …… …… …… ……	
D75	Have you participated in or benefitted from the program?	Yes .....1 No .....2 No response 3	2 →**CI**
D76	**READ OUT** Thinking about the program you have participated in or benefitted from, would you say it was …	Very Good .....5 Good…… .....4 Poor…….....3 Very Poor…….....2 Can't say…….....1	 3 →**D77** 2 →**D77** 1 →**D78**
D77	If it was poor, why did you say so?	…… …… …… …… …… ……	
D78	What do you think should be done to improve the effectiveness of the program (s) you have just mentioned?	…….. …….. ……..	

Appendix 4. Focus Group Discussion Guide

Note: Modified for tertiary, secondary, and out-of-school audiences

A. Introduction

- Welcome respondents
- Introduce self, note taker and other observer (s), if any
- Introduce topic of discussion
- Ask respondents to introduce themselves one by one
- Introduce the use of tape recorder and why
- Assure confidentiality of information provided
- Seek respondents consent to proceed and ensure it is recorded.
- State ground rules for discussion

B. **Problems of Youth in the Community**

- What do you think are the main health problems facing the youth in this community?

- What is being done to address these problems?

C. Awareness about HIV/AIDS

- Have you ever heard about HIV/AIDS?
- From where did you hear about HIV/AIDS?
- What is the difference between HIV and AIDS? PROBE FULLY AND ASK RESPONDENTS TO MENTION THE DIFFERENCES
- How can a person be infected with HIV?
- What do you think should be done to discourage such behaviors/lifestyle?
- Do you think a healthy-looking person could be infected with HIV? ASK RESPONDENTS TO GIVE REASONS FOR WHATEVER POSITION THEY TAKE
- How can HIV be prevented?
- What is the government doing to curb or address these issues?

D. Sexual Practices

- At what age do girls in this community start having sexual relations? Why? PROBE FULLY

- At what age do boys in this community start having sexual relations? Why? PROBE FULLY

- What kinds of behaviors do young people engage in that you think can make them be infected with HIV easily?
- Why do the youth engage in sexual relations?

- What are the social and cultural practices in this community that can put one at risk of HIV infection?

E. HIV Counseling and Testing

- What can a person do to know whether he/she has HIV?
- Do you know of a place where a person can go for HIV test? ASK RESPONDENTS TO NAME SPECIFIC CENTRE KNOWN
- Have you ever been tested to know your HIV status?
- If yes, why did you do the test?
- If no, are you willing to go for HIV counseling and testing?
- If no, why are you not willing to go for HCT? PROBE FULLY
- If you are positive, who will you be willing to disclose your HIV status to? Why? ASK RESPONDENTS TO GIVE REASONS FOR THE PERSON (S) MENTIONED

IF RESPONDENT (S) WOULD NOT LIKE TO DISCLOSE STATUS, ASK:

- Why would you not want to disclose your HIV status? PROBE FULLY

F. Life Skills

- If your boyfriend/girlfriend asks you for sex, would you be able to say no?
- If yes, what would you do that would enable you to say no to sex?
- If your boyfriend/girlfriend threatens to drop you if you say no to sex, what would you do?

G. Stigma and Discrimination

- Is HIV/AIDS an issue in your school? If yes, why? If no, why? ASK RESPONDENTS TO GIVE REASONS FOR POSITIONS TAKEN
- If a student in your school is HIV positive but not sick, should she/he be allowed to continue attending school with you? If yes, why? If no, why?
- If a teacher has HIV but is not sick, should s/he be allowed to continue teaching in the school?
- What can you do for a friend/fellow student who is HIV positive?

H. Attitudes/Beliefs about HIV/AIDS

- Do you believe that HIV/AIDS is real?
- Does HIV/AIDS have a cure? ASK RESPONDENTS TO GIVE REASONS FOR WHATEVER POSITION THEY TAKE

I. Assessment of Current/Past Interventions on HIV/AIDS

- Are you aware of any program or activities about HIV/AIDS in your school?
- If yes, what is the program (s) or activities about?
- Thinking about the program, how would you assess its performance in the prevention of HIV/AIDS.

IF PEER EDUCATION PROGRAM IS NOT MENTIONED, ASK:

- Is there a PEER EDUCATION PROGRAM in your school?
- What is the program about?
- Have you ever participated in or used their services?

– In your own opinion, do you think the program has been effective in the prevention of HIV? If yes, why? If no, why?

J. Assessment of Past HIV Prevention Messages

- Have you heard or seen any messages/film/radio or TV program about HIV, AIDS, sexually transmitted diseases or condoms within the last 12 months?
- If yes, which ones? ASK RESPONDENT TO MENTION THE PROGRAM AND MEDIUM IT WAS SEEN OR HEARD
- What was the program trying to tell you about HIV/AIDS or what message did you get from it?

Appendix 5. Individual In-Depth Interview Discussion Guide

Policymakers, Traditional Opinion Leaders, Youth Leaders

A. Introduction

- Introduce self, note taker and other observer (s), if any
- Introduce topic of discussion
- Introduce the use of tape recorder and why
- Assure confidentiality of information provided
- Seek respondent's consent to proceed and ensure it is recorded
- State ground rules for discussion

B. **Problems of Youth in the Community**

- What do you think are the main health problems facing the youth in this community?

- What is being done to address these problems?

- What are the behaviors or lifestyle of youth that you think could encourage the spread of HIV among them?
- What do you think should be done to discourage such behaviors/lifestyle?
- What is the government doing to curb or address these issues?

C. Awareness and Assessment of Current/Past Interventions on HIV/AIDS in the Community

- Are you aware about any program on HIV/AIDS services in this community?
- Are you aware about any program on HIV/AIDS targeted at the youth in this community?

- Who or which organization is involved in it?

- What has the organization done to address the problem of HIV/AIDS among the youth in the community? ASK RESPONDENTS TO ENUMERATE PROGRAMS AND PROGRAM COMPONENTS.

- Thinking about these programs, how would you assess their performance in the prevention of HIV/AIDS in the state among their target group?
- What do you think should be done to improve the effectiveness of the program (s) you have just mentioned?

D. Assessment of Past HIV Prevention Messages

- Have you heard or seen any messages/film/radio or TV program about HIV, AIDS, sexually transmitted diseases or condoms within the last 12 months?

- If yes, which ones? ASK RESPONDENT TO MENTION THE ADVERT AND MEDIUM IT WAS SEEN OR HEARD

- What was the advert trying to tell you about HIV/AIDS or what message did you get from the advert?

E. Role of Cultural Practices/Traditional Beliefs

- What are the cultural practices you consider could encourage the spread of HIV epidemic in this community

Ask Youth Leaders

F. Assessment of Current Efforts by the Youth in HIV/AIDS Intervention

- As a youth leader, what efforts are you making towards the prevention of HIV/AIDS among the youth**.** IF RESPONDENT MENTIONS PROGRAM OR ACTIVITY, ASK HIM/HER TO MENTION THE NAMES OF PROGRAM, WHAT IT'S ALL ABOUT AND HOW IT OPERATES

- How would you assess your efforts so far? Would you consider it successful or otherwise? ASK RESPONDENT TO GIVE REASON (S) FOR HIS/HER POSITION

Suggestions

What would you suggest should be done to prevent the spread of HIV in this community?

Appendix 6. Quotations from Respondents

Misconceptions about HIV transmission

If person wey get HIV blood touch ya hand you fit get am.

Wearing and sharing clothes with somebody that has HIV. *Out-of-school female, Lokoja*

If person spit for ground, if motor match am and dust enter person nose, e go catch am. *Out-of-school male, Lokoja*

[Prevented by] not sharing of clothes.

Be careful when sharing toilet. *Female secondary student, Adavi*

Difference between HIV and AIDS

They are one and the same thing. *Out-of-school male, Calabar*

HIV may not kill you until it becomes AIDS. *Out-of-school male, Calabar*

HIV is the baby of AIDS while AIDS is the matured stage of HIV. *Out-of-school female, Okuku, Ogoja*
HIV does not kill, but AIDS does. *Out-of-school female Okuku, Ogoja*
HIV is a virus while AIDS is a disease, HIV moves to AIDS or is the byproduct. *Out-of-school male, Ugep*
HIV is the carrier stage while AIDS is the patient stage. *In-school male, Anyigba*
HIV is the virus while AIDS is the disease. *In-school male, Anyigba*
HIV is the virus while AIDS is the end result. *In-school male, Adavi*
A healthy looking person could be living with HIV/AIDS if he/she knows how to take care of himself/herself and if he/she is on the ARVs. *Tertiary female student, Calabar*

Cure for HIV and AIDS

With prayers and fasting, HIV can be cured. *Female tertiary student, Lokoja*

It can be cured spiritually because I have seen many cases of HIV that my pastor cured! *Female tertiary student, Lokoja*

Attitudes toward PLHIV

[A person living with HIV] has the right to education. *In-school male, Lokoja*

He/she should be allowed to continue school because she/he is still a human being and this is the time he/she will need love" *In-school female, Anyigba*

The [HIV-positive] student should not continue attending school so that other students will not contract it. *In-school female, Adavi*

I will not eat with the person or wash her clothes. *Out-of-school female, Adavi*

She is also a human being like us.

She should not be rejected because it is not the end of her life. *Female tertiary student, Lokoja*

I no go waka with am ooo!...make I no come catch HIV. *Out-of-school female, Lokoja*

Hey I go keep am as secret, but God forbid bad thing!

Because them be human beings like us, dem no be animals.*Out-of-school female, Lokoja*

I go chop for the same plate with am. *Out-of-school female, Lokoja*

I no fit chop for the same plate with somebody wey get HIV because e go transfer am for me. *Out-of-school female, Lokoja*

Personal risk perception

As young people we are exposed to the world and all kind of vices, like having more than one partner. *Out-of-school female, Lokoja*

Young people engage in multiple sex partner. *Out-of-school male, Adavi*

I am not involved in indiscriminate sex.

My girlfriend will use condom. *Male out-of-school FGD, Adavi*

I don't use sharp object carelessly.

Hey God forbid, I no fit catch am oh, lai lai. (I can never be infected with HIV)

I no dey follow any how person about (bad friends, bad company).

Condom use

No be all of dem dey use condom ooo! (Condoms are not used all the time)

Some dey use, some no dey use. (Some use and some don't)

Dem dey talk say e no dey sweet dem. (They do not enjoy sex with condom)

Some of dem go say dem no dey satisfy. (No pleasure with condom)

Some boys talk say e dey make their penis weak. (Some boys says it weakens their libido.) *Out-of-school female FGD, Lokoja*

Condom is not used some times because the boys do not feel satisfied with the use of condom. *Out-of-school male, Adavi*

Because [a female] is more vulnerable to the disease than the man and to avoid early pregnancy. *Female tertiary student, Lokoja*

Because na she go take body pack the dirty wey the boy go give am (the girl would bear the consequences of the sexual act), like pregnancy, HIV, "craw-craw" (rashes), so na she suppose to protect herself. *Out-of-school female, Lokoja*

Because it is more like having sex with the rubber not the woman.

Because the man will release the "releasable" on the "raincoat" not on you the woman. *Female tertiary FGD, Lokoja*

Because if a man fuck woman with condom na the "rubber" (condom) e go pour the 'dirty water' (semen), no be the woman body. *Out-of-school female, Lokoja*

You only use condom if you are not sure of a guy. *Out-of-school female, Ugep*

Regular condom use is not possible because we trust most girls. *Male tertiary student, Calabar*

Intergenerational sex

Some of the girls wey dey sleep with men, their papa and mama poor well well. (The parents of some girls who engage in illicit sex are very poor.) *Out-of-school female, Lokoja*

Married men for money and young smart men for servicing (sexual pleasure). *Female tertiary student, Lokoja*

Because they take care of girls better in terms of money, gifts, even they tend to show love better than the younger guys. *Female tertiary student, Lokoja*

Older men are more caring to young girls. *Out-of-school male, Anyigba*

Old men wey get money and big house.

Alhaji wey get motor, like Mercedez Benz or plenty houses.

Young guy even if him no get money, but make he get lady machine (type of motor cycle) wey him go fit carry girls about on sallah day

Any boy wey fine well well *Female out-of-school FGD, Lokoja*

Multiple sexual partners

Young women should be employed so they could stay off men, as indiscriminate sex was a sure way to getting infected. *Male out-of-school, Calabar*

[Males] cannot be satisfied sexually with one partner. *Female tertiary student, Lokoja*

One girl no reach dem, and one girl no go fit satisfy them. (One sexual partner will not satisfy them)
Out-of-school female, Lokoja

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