

Adolescent Sexuality and Reproductive Health in Benue State, Nigeria

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ASRH	Adolescent Reproductive Health
ASRH	Adolescent Sexuality and Reproductive Health
CEDPA	The Centre for Development and Population Activities
FP	Family Planning
HIV	Human Immune Deficiency Virus
IEC	Information, Education, Communication
JSS	Junior Secondary School
LGA	Local Government Area
NACA	National Action Committee on AIDS
PLA	Participatory Learning and Action
PLWHA	Persons Living with HIV/AIDS
SRH	Sexuality and Reproductive Health
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
VCP	Vulnerable Children's Project

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CHAPTER 1

INTRODUCTION AND THE RESEARCH AGENDA

According to the 1999 HIV/AIDS sentinel survey, Benue State in central Nigeria has the highest (21%) HIV/AIDS sero-prevalence rate in the country, almost four times the national average of 5.4% (Federal Ministry of Health 1999). This high prevalence in Benue, one of Nigeria's 36 States, has been borne out consistently by sentinel surveys (National Action Committee on AIDS (NACA) 2000).

While the entire state has high HIV/AIDS prevalence, there are data to show that the Otukpo area has a higher rate of infection (Pathfinder 1999) and "has the highest HIV prevalence in Nigeria" (CEDPA 2001:1). In Otukpo General Hospital, the major public-sector, secondary care facility in the area, up to 30% of in-patients are hospitalised for AIDS-related conditions (Pathfinder 1999, Ochinokwu 2000). Furthermore, in a rural health centre run by the Catholic Church in the semi-urban community of Ogobia, laboratory records show that 29 out of 250 voluntary blood donors in 1996 tested positive for HIV. Most communities in and around Otukpo have lost 15-20 people to AIDS in the past four years (Pathfinder 1999). According to the 1994 sentinel survey figures, the HIV sero-prevalence among pregnant women in Otukpo area was 5.5% compared to 4.5% nationally.

An important aspect of the HIV/AIDS epidemic is the care of those infected and affected. While there is some attention to the care of people living with HIV/AIDS (PLWHA) (Alubo et al, 2002), there is less corresponding attention to people **affected** by it. Yet, the response to the epidemic by communities, donors, and the government will be limited until this neglected aspect is brought into the equation. The absence of a more holistic response could place more people, including those affected, at risk of fueling the epidemic. It is therefore crucial to also focus on those affected by HIV/AIDS.

Nowhere is this need more crucial than in regions of high prevalence such as in Benue State. In response to this need, CEDPA/Nigeria is supporting a Vulnerable Children's Project (VCP) in Otukpo town and in two rural communities in Benue State. The project defines vulnerable children as "those 0-18 who have lost one or both parents because of AIDS" and provides support through (1) direct assistance on an emergency basis; 2) capacity building of caregivers; and (3) mobilisation of the community to respond to the children's needs and to combat negative perceptions of PLWHA and orphans" (CEDPA, 2000:2).

The project supports some of the children orphaned by AIDS as well as their caregivers. For the vulnerable children, CEDPA supports secondary education by assisting with school fees, books, and uniforms; it also encourages and supports income-generating activities for the caregivers. Another project goal is to strengthen the VCP in order to cover other aspects such as food security and other needs and to make the project more sustainable. CEDPA/Nigeria is currently supporting a rice mill, a piggery, and an oil seed processing facility as part of efforts to enhance the incomes of caregivers. The VCP entered its third year in 2002 and was, by January 2002, supporting 700 children in Otukpo town and environs, including Akpa in Otukpo Local Government Area (LGA); and Ojapo and Idobe and other villages in Okpogwu Local Government Area. All the communities are in the Idoma-speaking area of Benue State.

The Need for an Adolescent Sexuality and Reproductive Health Component

As part of the VCP activities, several studies initiated by CEDPA have been undertaken in the area (Idoko 2001, Adekunle and Isiugo-Abanihe 2000). These studies indicate that adolescents have some understanding of sexuality and reproductive health (SRH). According to one of the CEDPA-commissioned studies:

Knowledge of HIV/AIDS and its mode of transmission is total in the area of study, evidence of a successful IEC programme. The majority of respondents also know the preventive measures. Seven out of ten caregivers had ever discussed HIV/AIDS within the family, with the aim of educating the children (Adekunle and Isiugo-Abanihe 2000:15).

Perhaps because of the perception of VCP as an “AIDS project,” most of the current SRH information is limited to HIV/AIDS, with little attention to other aspects such as unintended pregnancy. Furthermore, it has also been discovered that while

there is very basic knowledge of body functions in the area of reproductive health acquired in the Junior Secondary School (JSS I and II) [this] knowledge is not complete, sometimes incorrect (reproduction) and more related to young people’s feelings, being very technical and “anatomical” and without exploring gender issues (Swanson and Kamp 2001).

There is therefore a need for a more comprehensive understanding of SRH issues in the project area from the adolescents’ perspective. This need is underscored by the fact that three of the children in the VCP had become pregnant.

The SRH component is therefore being incorporated into the VCP both to strengthen the project and to bolster adolescent SRH knowledge in the area more generally. An adolescent sexuality and reproductive health baseline was conducted as the first step towards this incorporation.

Objectives

The baseline research seeks, among other things, to provide information on the following issues/questions, which are central to the ASRH project:

- Sources of SRH health information
- Nature of sexual networking and reproductive health practices
- Knowledge of HIV/AIDS and ways of preventing acquiring it
- Knowledge of methods to avoid unwanted pregnancy
- Knowledge of other STIs, their health effects, and treatments
- Communication about SRH matters between adolescents and their parents.

These general aspects of adolescent sexuality and reproductive health derive from the following project objectives:

Objective 1

Increase by five percent the number of youth in the target group (ages 12 to 15) who can demonstrate appropriate knowledge of HIV/AIDS risk reduction behaviours and methods of avoiding unintended pregnancies.

Objective 2

Increase by five percent the number of youth in the target group (ages 12 to 15) who adopt appropriate behaviours and methods for avoiding unintended pregnancies and HIV/AIDS.

Objective 3

Increase the number of religious, community and political leaders and organizations within the target areas that show demonstrated support for adolescent sexual and reproductive health education activities.

Objective 4

Increase the capacity of local youth-serving organizations to address adolescent sexual and reproductive health needs.

The baseline survey was preceded by a series of meetings and other preliminary activities such as appointing a lead consultant and four assistants, all of them native speakers of the Idoma language. The preparatory phase also included developing a protocol and training field assistants in the use of research instruments. The baseline was conducted in January 2002 in Otukpo and Okpokwu LGAs, the two areas of VCP activities in Benue State.

This report contains five chapters. The second chapter describes the methodology and data sources, while chapter three focuses on the main findings from the in-school respondents. Chapter Four provides the findings from the supplementary research on adults and out-of school youth. The final chapter draws conclusions and points to implications for programming and action.

CHAPTER 2

METHODOLOGY AND DATA SOURCES

The baseline survey was conducted in all Vulnerable Children's Project communities, namely Asa/Babaylon and Ogwonigbahapa, both in Otukpo metropolis; and Idobe and Ojapo in Okpoku LGA. The first sites are urban, while the last two are rural. As part of CEDPA support, there are ongoing ASRH interventions among in- and out-of-school youth in the first two sites, while such activities are yet to commence in the other two.

The Sample

The sample includes in- and out-of-school youth in the four research sites, as well as adults/parents. The former comes from the Junior Secondary School, the majority of whom are anticipated to be in the 10-15 years category. The sample for in-school youth was randomly selected from the enrolment register, using the systematic sampling format. In some cases where enrollment was less than 150, the minimum number from each school, such as Ojapo and Bishop Ameh Secondary School Asa, all the students in the JSS classes were selected. The sample included some VCP in all the schools, although these were not specifically identified.

All out-of-school youth were selected through the VCP field supervisors; the same procedure was used for the adult/parents group. Typically the supervisors were requested to assemble 10-15 youth or adults for a discussion. The timing and venues for the meeting were agreed with the groups (see Chapter 4 for discussion of these study groups).

For purposes of the main analysis in this report, only in-school subjects (567) were included, and subjects were excluded if they were 20 years of age or older. Analyses for the adult (N 145) and out-of-school (N 71) surveys can be found in Chapter 4.

2.1 The Sample Size

The sample of in-school youth consists of 567 youth, under the age of 20, attending five schools.

Table 2.1: Distribution of In-School Youth Sample by School

LGA/Community	Schools	Number of Respondents In School N (%)
Asa	St. Anne's Secondary School	101 (17.8)
Asa	Bishop Ameh Sec. School	67 (11.8)
Ojapo/Ogwunigbahapa	Edumoga Com. Sec. School	68 (12.1)
Ojapo/Idobe	St. Francis	202 (35.7)
Ojapo/Idobe/Asa	Ugwu	125 (22.1)
--	Missing information	4 (0.7)
Total		567

2.2 Research Instrument

The baseline exercise has both quantitative and qualitative aspects. The quantitative would provide data to compare with the endline data. Specifically designed youth and adult questionnaires (see Appendix A and B) were administered to provide the quantitative data.

The in-school respondents were assisted by interviewers in completing the questionnaires. Typically, each item was first explained. When respondents had sufficiently understood what was required, the questionnaire was filled in. The questionnaires for the out-of-school youth and for the adults/parents were also administered by the interviewers. This process involved translations to the Idoma language, for which the interviewers, besides being native speakers, were specifically trained.

In addition, information was sought through interactive processes commonly referred to as Participatory Learning and Action (PLA). The qualitative data were also canvassed from the same groups of respondents. The PLA processes are described in a separate report, *Adolescent Sexuality and Reproductive Health in Benue State: a PLA Report*.

2.3 Interviewer Training

The fieldwork was preceded by a five-day training course, which covered the PLA activities, understanding and translating the items in the questionnaires and PLA tools into Idoma language, and pre-testing of the instruments. The lead consultant, assisted by two others, trained the interviewers. All of the latter had previous experience in social research, including PLA processes and questionnaire administration. The two assistant trainers had considerable experience as team leaders and field supervisors in other PLA activities and in questionnaire administration in the area. Translations into the Idoma language, often involved courses about appropriate terminology, and the extent to which translations captured the intended meaning. The translation was further refined by interactions during the pre-tests.

2.4 Data Collection

The data collection processes went well although many adult respondents complained that some of the questionnaire items went “too far”. There were particular complaints about the questions about whether respondents have had a sexual relationship, age at first sex and related questions (see Appendix A, questions 31-45). There were also problems in getting some of the adult respondents to turn up for appointments. More often than not, many would come late for appointments, while some left before the processes were completed. These problems may account for rates of missing data ranging from approximately 3-10 percent as well as very poor data regarding sexual practices.

CHAPTER 3

MAIN RESEARCH FINDINGS

Characteristics of the In-School Youth Sample

3.1 Sex Distribution of the In-School Youth Sample

As shown in Table 3.1 the majority of respondents are male, accounting for a full 63 percent of the sample; only 37 percent of the sample is female.

Table 3.1: Sex Distribution of In-School Youth Sample

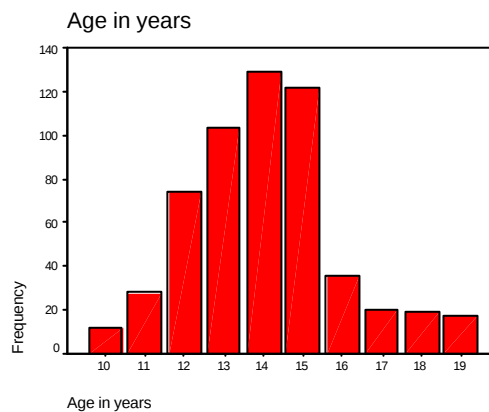
Sex	N (%)
Female	209 (36.9)
Male	358 (63.1)
Total	567 (100.0)

3.2 Age Distribution of In-School Youth

The majority of the youth are in the 12-15 age bracket as per the first objective of this report, accounting for approximately three quarters of the entire in-school youth sample (75.7% N= 429).

Table 3.2 Age Distribution of In-School Respondents

Age Groups	N (%)
10-14	347 (61.2)
15-19	214 (37.3)
Data missing	6 (1.1)
Total	567 (100.0)



3.3 Religion

The majority of the respondents were Catholic (70.7% N=401), followed by Protestant (20.8% N=118). There are also some Muslims (5.3% N=30) and practitioners of traditional religion (1.2% N=7).

3.4 Involvement in Youth Organisations by In-School Youth

The majority of the youth (88.7%) are involved in community youth organisations. There were no differences between the gender groups with regard to involvement in youth organizations. From the PLA processes the main youth organisations in the communities are age-groups and religious organisations.

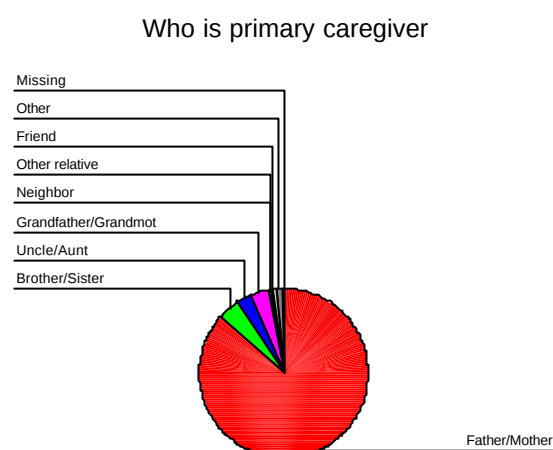
3.5 Primary Caregivers of In-School Youth

According to the youth, the majority of them (87%) have their parents as the primary caregivers. The pattern is the same for both male and female adolescents. Only a few are cared for by a brother/sister (4%), grandparents (4%), and uncles/aunts (3%) as shown in Table 3.3.

Table 3.3 Primary Caregivers of Youth

Primary Caregiver	N (%)
Father/Mother	492 (86.8)
Brother/Sister	23 (4.1)
Uncle/Aunt	15 (2.6)
Grandfather/mother	22 (3.9)
Other*	14 (2.5)
Missing	1 (0.2)
Total	567 (100.0)

* "Other" includes other relatives, neighbours, friends, etc.



3.6 In-School Adolescents' Sources of Health Information

From the analysis the most important source of health information for the in-school youth was mass media (91%); however, additional sources of information besides media varied by gender. Female adolescents most commonly listed parents (86%) and teachers (85%) as sources of SRH information, while male adolescents most commonly listed friends (77%) and health workers (71%).

Table 3.4 Sources of Health Information by Gender

Resource Named as Source of Information	Female Respondents N (%) of Respondents Who Named Source	Male Respondents N (%) of Respondents Who Named Source	Total N (%) of Respondents Who Named Source
Mass media	188 (90.4)	325 (91.3)	513 (91.0)
Friends	157 (75.5)	273 (76.7)	430 (76.2)
Health workers	163 (78.7)	252 (71.0)	415 (73.8)
School subject*	164 (79.2)	242 (68.0)	406 (72.1)
Religious leaders*	158 (76.7)	213 (60.3)	371 (66.4)
Parents*	179 (86.1)	184 (52.0)	363 (64.6)
Teachers*	177 (85.1)	159 (44.7)	336 (59.6)
Youth organization*	156 (75.4)	174 (48.9)	330 (58.6)

* Gender differences are statistically significant at a χ^2 p-value<0.05

3.7 The Use of Family Planning Services by In-School Youth

Assessment of family planning (FP) methods used is particularly difficult for this study, since information regarding sexual activity was limited. The researchers reported that the respondents were reluctant to discuss their sexual experiences. Thus, the percentages of those who have **ever used** particular FP methods and those who are **currently using** FP methods are both low, as shown in Table 3.5. These data may include some respondents who are not yet sexually active but did not understand the question; therefore these data may not be representative of actual FP methods used.

Table 3.5 Use of Family Planning Services by In-School Youth

Family Planning Methods	Ever Used N (%)	Currently Using N (%)
Pill	19 (3.4)	18 (3.2)
Condom	28 (4.9)	21 (3.7)
Spermicide	16 (2.8)	14 (2.5)
Injectable	29 (5.1)	29 (5.1)
Abstinence	48 (8.5)	38 (6.7)
Calendar	39 (6.9)	35 (6.2)
IUD	14 (2.5)	11 (1.9)
Other	10 (1.8)	9 (1.6)
Total reporting modern methods	56 (9.9)	47 (8.3)
Total reporting any of the above	96 (16.9)	86 (15.2)

Table 3.6 Use of Family Planning Services by Age Group

Family Planning Methods	Ever Used N (%)	
	10-14	15-19
Age Group (years)		
Pill	6 (1.7)	13 (6.1)
Condom	12 (3.5)	16 (7.5)
Spermicide	6 (1.7)	10 (4.7)
Injectable	13 (3.8)	16 (7.5)
Abstinence	16 (4.6)	31 (14.5)
Calendar	17 (4.9)	22 (10.3)
IUD	5 (1.4)	8 (3.7)
Other	2 (0.6)	8 (3.7)
Total reporting modern methods	24 (6.9)	31 (14.5)
Total reporting any of the above	39 (11.2)	55 (25.7)

3.8 In-School Youth Knowledge of HIV/AIDS

There is a very high level of knowledge of HIV/AIDS among the in-school population. As shown in Table 3.7, the majority of respondents have correct information about the epidemic, the main mode of transmission and whether a healthy-looking person can have AIDS. Nearly all respondents (98%) have heard of HIV/AIDS, 8% believe that there is a cure for AIDS and that you can get HIV/AIDS by working next to a PLWHA. More than four in five respondents (85%) understand that you can get HIV/AIDS through sex, 85% understand mother-to-child transmission, and 84% acknowledge that there are ways of prevention.

Nevertheless, only 30 percent of the total sample acknowledge that they can get AIDS. It is unclear whether they hold this view because they are not sexually active or engaging in other risky behaviour or whether they are incorrectly perceiving their risk of contracting AIDS.

Table 3.7 In-School Youth Knowledge of HIV/AIDS by Age Group

Specific Knowledge of HIV/AIDS	Age Group (years) Respondents Answering “Yes” N (%)		Total Respondents Answering “Yes” N (%)
	10-14	15-19	
Have you ever heard of HIV/AIDS?	343 (98.9)	209 (97.7)	558 (98.4)
Is there a cure for HIV/AIDS?	22 (6.3)	23 (10.8)	47 (8.3)
Can you get HIV/AIDS through sex?	301 (86.7)	177 (82.7)	482 (85.0)
Can you get HIV/AIDS by working next to a PLWHA?	34 (10.1)	12 (5.6)	47 (8.3)
Can an infected pregnant woman pass HIV/AIDS to her baby?	299 (86.2)	177 (82.7)	479 (84.5)
Can a healthy looking person have HIV/AIDS?	218 (62.8)	122 (57.0)	343 (60.5)
Do you think you can get HIV/AIDS?	88 (25.4)	83 (38.8)	172 (30.3)
Is there a way to avoid getting HIV/AIDS?	294 (84.7)	179 (83.6)	477 (84.1)

3.9 Knowledge of Other STIs

Many more subjects had heard of gonorrhoea (78%) as compared to other STIs such as syphilis (24%), tubal sickness (29%), and chancroid (22%). Both female and male adolescents demonstrated similar trends with respect to STI knowledge, however, more males had heard of gonorrhoea (84% vs. 68%) and more females had heard of tubal sickness (35% vs. 25%).

Table 3.8 In-School Youth Knowledge of Other STIs by Age Group and Gender

Knowledge of STIs “Heard of...”	Age Group (years) Respondents N (%)		Gender Respondents N (%)		Total Respondents N (%)
	10-14	15-19	Female	Male	
Gonorrhoea	277 (79.8)	163 (76.2)	143 (68.4)	301 (84.1)	444 (78.3)
Syphilis	72 (20.8)	62 (29.0)	59 (28.2)	76 (21.2)	135 (23.8)
Tubal sickness	96 (27.7)	66 (30.8)	74 (35.4)	88 (24.6)	162 (28.6)
Chancroid/ulcer	66 (19.0)	32 (15.0)	55 (26.3)	68 (19.0)	123 (21.7)

3.10 In-School Youth Knowledge of Health Effects of STIs

In the survey, subjects were asked to name some health effects of STDs. The results are shown in Table 3.11. The most frequently known STI health effect was rash (62%), followed by painful urination (59%), painful intercourse (51%), and weight loss (49%) (see Table 3.9 for a complete list). Overall, respondents did not demonstrate very extensive knowledge of the health effects of STIs.

Table 3.9 In-School Youth Knowledge of Health Effects of STIs by Age Group

Type of health effect	Age group (years) respondents N (%)		Total respondents N (%)
	10-14	15-19	
Rash	223 (64.3)	125 (58.4)	349 (61.6)
Discharge	129 (37.2)	94 (43.9)	223 (39.3)
Ulcer	100 (28.8)	83 (38.8)	184 (32.5)
Painful intercourse	172 (49.6)	115 (53.7)	289 (51.0)
Infertility	100 (28.8)	89 (41.6)	189 (33.3)
Painful urination	200 (57.6)	131 (61.2)	334 (58.9)
Weight loss	165 (47.6)	111 (51.9)	277 (48.9)
Stillbirth	122 (35.2)	89 (41.6)	212 (37.4)
Abdominal pain	144 (41.5)	94 (43.9)	238 (42.0)

3.11 In-School Youth Knowledge of STI Treatment

In the survey, in-school adolescent subjects were asked to list the places where a person could go to receive treatment for an STI. Their responses are summarized in Table 3.10 and are listed in the order in which the respondents listed them in the survey. The majority of adolescents (59%) listed the pharmacy or traditional healer as the first source of STI treatment as opposed to only 26 percent who listed either a government or private doctor.

Table 3.10 In-School Youth Knowledge of Sources of Treatment for STIs

Source of Treatment	Listed as First Source N (%)	Listed as Second Source N (%)	Listed as Third Source N (%)
Pharmacy	207 (36.5)	48 (8.5)	43 (7.6)
Traditional Healer	127 (22.4)	107 (18.9)	50 (8.8)
Government Dr/nurse/clinic	93 (16.4)	59 (10.4)	316 (55.7)
Private Dr/nurse/clinic	53 (9.3)	255 (45.0)	51 (9.0)
Shop	28 (4.9)	7 (1.2)	17 (3.0)
VCP/CEDPA	16 (2.8)	16 (2.8)	8 (1.4)
Counsellor/CHW	9 (1.6)	13 (2.3)	10 (1.8)
Market seller	3 (0.5)	6 (1.1)	8 (1.4)

3.12 Knowledge among In-School Youth of High-Risk Sexual Activities and Methods of Preventing HIV Infection

Respondents are well informed about the major risk factors in the transmission of HIV/AIDS. Approximately nine in ten correctly identified multiple partners as constituting high-risk factors followed by unprotected sex, and seven in ten mentioned untreated STIs as a risk factor.

Table 3.11 Knowledge of High-Risk Behaviour by Age Group among In-School Youth

High-Risk Behaviour	Age Group (Years) Positive respondents N (%)		Total Respondents with Positive Response N (%)
	10-14	15-19	
Multiple partners	327 (94.2)	190 (88.8)	521 (91.9)
Unprotected sex	319 (91.9)	185 (86.5)	507 (89.4)
Untreated STIs	261 (75.2)	147 (68.7)	410 (72.3)

The data show that respondents appreciate the risks involved in sexual relations and recognize that these could lead to transmission of HIV/AIDS.

There is a generally high level of awareness of prevention methods with the majority knowing of abstinence as a method of prevention (88%), followed by condom use (81%), and monogamy or mutual fidelity (71%). Nevertheless, a considerable proportion of the respondents (29%) claim to have knowledge of protective medications against HIV/AIDS.

Data on ever-used and currently-used methods of pregnancy and STI/HIV/AIDS prevention are omitted because they were not consistent with other reported sexual behaviours such as abstinence and monogamy. As was explained earlier, adolescents were hesitant to discuss sexual practices and so the data collected on sexual practices are incomplete.

Table 3.12 In-School Youth Knowledge and Use of Methods of Preventing HIV Transmission

Method of Prevention	Ever Heard of It N (%)
Abstinence	498 (87.8)
Monogamy	400 (70.5)
Condom	459 (81.0)
Medications	162 (28.6)
Other	71 (12.5)

3.13 Sources of Condoms

Overall approximately three in five respondents indicated that they knew where to buy condoms. However, when asked to list specific sources, few listed sources other than the pharmacy and

health center (see Table 3.13). It is noteworthy that nearly one in five know that they can obtain condoms from the CEDPA-funded project.

Table 3.13 Where Condoms Can Be Obtained by In-School Youth; Where Last Purchased

Source of Condoms	Know about Source N (%)	Previously Obtained Condoms From Source N (%)
Pharmacy	384 (67.7)	82 (14.5)
Health center	298 (52.6)	58 (10.2)
Shop	215 (37.9)	44 (7.8)
VCP/CEDPA	99 (17.5)	29 (5.1)
Village market	69 (12.2)	26 (4.6)
Other	23 (4.1)	7 (1.2)

3.14 Sexuality and Reproductive Health Communication with Parents by In-School Youth

Among the youth interviewed, most reported an “excellent” (65%) or “very good” (20%) relationship with their parents. Yet there is a low level of SRH communication between adolescents and parents as only 27 percent of the respondents said they discuss sex with their parents.

Table 3.14 gives some of the reasons listed for why subjects avoided SRH discussion with parents. Nearly one third of the youth mentioned that it was against their religion while another third said they wanted to avoid future problems.

Table 3.14 Reasons for Not Discussing SRH with Parents

Reason Given	N (%) of respondents
Against religion	182 (32.1)
Avoid any future problems	177 (31.2)
Discussion would encourage exploration	89 (15.7)
Not in culture to discuss	74 (13.1)
Other reasons (not listed)	10 (1.8)

Subjects were also asked to indicate the age at which they thought it appropriate to discuss SRH matters with parents, as indicated in Table 3.5.

Table 3.15 Age at Which Appropriate to Discuss SRH with Parents

Age	N (%) of Respondents
Not at any age	137 (24.2)
Ages 5+	27 (4.8)
Ages 8+	16 (2.8)
Ages 10+	146 (25.8)
Ages 14+	231 (40.7)

Upon further analysis it was evident that those who believed that sex should only be discussed with parents at a later age were less likely to discuss sex with parents (see Table 3.16).

Table 3.16 Discussion of SRH by Age Appropriateness Beliefs

Earliest Age Appropriate to Discuss SRH	Discuss SRH with Parents	
	Yes N (%)	No N (%)
Ages 10 and younger	77 (41.0)	111 (59.0)
Age 14	60 (26.0)	171 (74.0)
Never appropriate	15 (11.0)	121 (89.0)

*Percent differences between table groups are statistically significant at p-value<0.05

Furthermore, older subjects were less likely to discuss SRH matters with parents (see Table 3.17).

Table 3.17 Discussion of SRH by Age Group among In-School Youth

Age Group (Years)	Discuss SRH with Parents N (%)
10-14*	107 (30.8)
15-19*	46 (21.5)
Total	153 (27.0)

*Differences are statistically significant at p-value<0.05

CHAPTER 4

SUPPLEMENTARY RESEARCH FINDINGS ADULTS AND OUT-OF-SCHOOL YOUTH

Characteristics of the Adult Sample

4.1 Adult Sample Size

The adult sample is made up of N=145 individuals who were selected by the Vulnerable Children's Project field supervisors. See Chapter 2 for more details on recruitment and data collection described.

4.2 Age of Adult Respondents

The mean age of the adult respondents was 43.8 years.

Table 4.1 Age of Adult Respondents

Age Group (Years)	N (%)
20-29	6 (4.1)
30-39	42 (29.0)
40-49	39 (26.9)
50-59	20 (13.8)
60 +	17 (11.7)
Data missing	21 (14.5)

4.3 Adults' Sources of HIV/AIDS and Family Planning Information

The most commonly reported sources of information were listed as friends (77.2% N=112) and television (75.9% N=110) followed by religious leaders (57.9% N=84), and health workers (50.3% N=73).

4.4 Family Planning Methods Used by Adults

About half (52%) of adults surveyed reported using some method of FP; however, only about a half of those reporting using family planning are using a modern method. Specific methods used are listed in Table 4.2.

Table 4.2 Family Planning Methods Used by Adults

FP Method	N(%) Respondents
Calendar	34 (23.5)
Condoms	24 (16.6)
Pills	23 (15.9)
Abstinence	19 (13.1)
Injection	5 (3.5)
IUD	4 (2.8)
Spermicide	3 (2.1)
Other (not listed)	2 (1.4)
Use a modern method	40 (27.6)
Use any method listed above	76 (52.4)

4.5 Adults' Knowledge of HIV/AIDS

Compared with the in-school youth sample, the adult sample demonstrated a poorer knowledge of HIV transmission; however, the sample did demonstrate a better conception of self-risk for acquiring HIV/AIDS (see Table 4.3). Two-thirds (68%) said they thought they could get AIDS. Nearly one in five (18%) think there is a cure for AIDS. Almost two-thirds (64%) knew one can get AIDS from sex.

Table 4.3 Adults' Knowledge of HIV/AIDS

Specific Knowledge of HIV/AIDS	Total Respondents with Positive Response N (%)
Have you ever heard of HIV/AIDS?	96 (66.2)
Is there a cure for HIV/AIDS?	26 (17.9)
Can you get HIV/AIDS through sex?	93 (64.1)
Can you get HIV/AIDS by working next to a PLWHA?	21 (14.5)
Can an infected pregnant woman pass HIV/AIDS to her baby?	121 (83.5)
Can a healthy looking person have HIV/AIDS?	121 (83.5)
Do you think you can get HIV/AIDS?	99 (68.3)
Is there a way to avoid getting HIV/AIDS?	116 (80.0)

4.6 Adults' Perspectives on SRH Communication

The vast majority (89.0% N=129) of parents reported either “excellent” or “very good” relationships with their children and the majority of parents interviewed (72%) said they discuss SRH matters with their children. Among those who reported discussing SRH with children, the main reason given (90.6% N=96) was to avoid future problems. Among those who did not report discussing SRH matters with children, the majority (57%) listed potential encouragement of sexual practices as the main reason for not discussing SRH, followed by cultural taboo (20%),

and only one adult listing religious taboo as a reason. It is interesting to note that among the youth surveyed, over 30 percent listed religion as a major reason for not discussing SRH with parents

Table 4.4 Reasons for Not Discussing SRH with Children

Reason Given	N (%) of Respondents
Discussion would encourage exploration	17 (56.7)
Not in culture to discuss	6 (20.0)
Against religion	1 (3.3)

Table 4.5 shows that for the most part, adults felt similarly to the youth as to the age at which it is appropriate to discuss SRH matters. Adults were slightly more likely than youth to report younger ages at which it is appropriate. As would be expected, like the youth, adults who reported an older appropriate age were less likely to report having discussed SRH with children.

Table 4.5 Ages at Which Appropriate to Discuss SRH with Children

Age	Total N (%) of Respondents	Report Discussing SRH Matters with Children N (%) in Age Appropriateness Group
Not at any age	31 (21.4)	11 (35.5)
Ages 5+	6 (4.1)	6 (100.0)
Ages 8+	25 (17.2)	24 (96.0)
Ages 10+	45 (31.0)	42 (93.3)
Ages 14+	28 (19.3)	21 (75.0)
Total	--	104 (71.7)

Characteristics of the Out-of-School Youth Sample

4.7 Out-of-School Youth Sample Size

The sample is made up of N=71 out-of-school adolescents who were selected (non-random) by the VCP field supervisors. See Chapter 2 for more details on recruitment and data collection described.

4.8 Age of Out-of-School Respondents

As shown in Table 4.6, the majority of out-of-school youth surveyed were between 15 and 19 years of age. On the whole, this group was older than the in-school respondent group.

Table 4.6 Age Distribution of Respondents

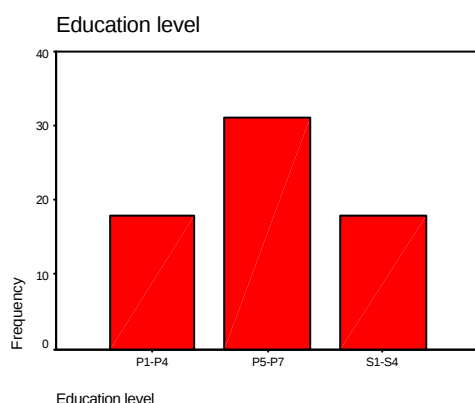
Age Groups	N (%)
10-14	15 (21.1)
15-19	56 (78.9)
Total	71(100.0)

4.9 Gender

Three in five (62%) (N=44) of the respondents were male, and 38% (N=27) were female.

4.10 Education Levels of Out-of-School Youth

Nine in ten (89%) (N=63) respondents reported some previous education, with approximately one quarter of those individuals having completed some secondary schooling (see Figure).



4.11 Youth Organization Involvement by Out-of-School Youth

Seven in 10 (72%) (N=51) respondents report involvement in a youth organization; there were no differences between males and females.

4.12 Sources of HIV/AIDS and Family Planning Information for Out-of-School Respondents

The most commonly reported source of HIV/AIDS and family planning information for out-of-school respondents was listed as friends (86%) and television (83%), followed by religious leaders (59%) and parents (45%) (See Table 4.7).

Table 4.7 Sources of Health Information for Out-of-School Youth

Source of Information	Total N (%) of Respondents Who Named Source
Friends	61 (85.9)
Mass media	59 (83.1)
Religious leaders	42 (59.2)
Parents	32 (45.1)
Teachers	31 (43.7)
Health workers	22 (31.0)
School	20 (28.2)
Youth organization	16 (22.5)

4.13 Out-of-School Youth Knowledge of HIV/AIDS

Compared with the in-school youth sample, the out-of-school sample demonstrated similar knowledge of HIV transmission; however, the out-of-school sample did demonstrate a better conception of self-risk for developing HIV/AIDS. Two-thirds said they thought they could get HIV/AIDS (see Table 4.8).

Table 4.8 Out-of-School Youth Knowledge of HIV/AIDS

Specific Knowledge of HIV/AIDS	Total Respondents with Positive Response N (%)
Have you ever heard of HIV/AIDS?	70 (98.6)
Is there a cure for HIV/AIDS?	13 (18.3)
Can you get HIV/AIDS through sex?	66 (93.0)
Can you get HIV/AIDS by working next to a PLWHA?	7 (9.9)
Can an infected pregnant woman pass HIV/AIDS to her baby?	64 (90.1)
Can a healthy looking person have HIV/AIDS?	53 (74.7)
Do you think you can get HIV/AIDS?	49 (69.0)
Is there a way to avoid getting HIV/AIDS?	66 (93.0)

4.14 Knowledge of Other Sexually Transmitted Infections

As compared to the in-school adolescents, the out-of-school subjects reported higher knowledge of other sexually transmitted infections (STIs) such as gonorrhoea and syphilis, but lower knowledge of tubal sickness and chancroid (see Table 4.9).

Table 4.9 Out-of-School Youth Knowledge of Other STIs

Knowledge of STIs	Total Respondents with Positive Response N (%)
Heard of gonorrhoea	64 (90.1)
Heard of syphilis	24 (33.8)
Heard of tubal sickness	4 (5.6)
Heard of chancroid/ulcer	6 (8.5)

4.15 Knowledge of High-Risk Sexual Activities and Methods of Preventing HIV Infection

Compared with the in-school sample, the out-of-school adolescents demonstrate less knowledge of high-risk activities with only 39% identifying untreated STIs as a risk factor (see Table 4.10).

Table 4.10 Out-of-School Youth Knowledge of High-Risk Behaviour

High-Risk Behaviour	Total Respondents with Positive Response N (%)
Multiple partners	67 (94.4)
Unprotected sex	61 (85.9)
Untreated STDs	28 (39.4)

4.16 Sources of Condoms

At a similar rate to the in-school sample, seven in ten (70.4%) of the out-of-school adolescents reported that they knew where to obtain condoms.

CHAPTER FIVE

SUMMARY, CONCLUSIONS, AND CHALLENGES

The Adolescent Sexuality and Reproductive Health Study in Benue State explored a range of SRH issues. Following is a summary of the study for each of the main areas examined. Because of the high numbers of in-school respondents (567) compared to the adult respondents (145) and out-of school respondents (71), the emphasis is put on the findings from the in-school survey. The adult and out-of school surveys are considered supplementary.

Summary

5.1 Sources of Health Information

The findings from the baseline show that adolescents receive SRH information from many sources; however, mass media was reported as the main source of health information for adolescents and adults. This finding suggests that mass media may have greater influence over the youth than other sources. Furthermore, while not vastly different, female adolescents seem somewhat more likely to report parents and teachers as sources of health information, while male adolescents were more likely to list friends and health workers. As such, gender differences may play a role in development of future health information initiatives.

5.2 Knowledge of HIV Prevention and Family Planning

The majority of youth seem well informed of methods for prevention of HIV and for family planning. In particular, 94% of in-school adolescents could identify abstinence, monogamy, and condom usage as means of HIV prevention. Nevertheless, only three in five in-school adolescents indicated that they knew where to obtain condoms.

5.3 General Knowledge of HIV/AIDS

Overall, there was a high level of knowledge of HIV transmission modes, high-risk behaviours, and a general acknowledgment that there are means of preventing HIV transmission. Yet despite the understanding of HIV, in-school adolescents demonstrated a very low level of acknowledgment that they were personally at risk.

5.4 Knowledge of Other STIs

In-school adolescents generally had a poor knowledge of other STIs besides HIV and gonorrhoea. Furthermore, many adolescents did not know of specific health effects of STIs, especially among the younger adolescents aged 10 to 14 years. Knowledge of treatment sources for STIs is not well known. When asked to name a treatment source for STIs, the most commonly listed sources were pharmacies and traditional healers, followed by private doctors/nurses/clinics.

5.5 Communication with Parents about Sexuality and Reproductive Health Matters

Both adolescents and adults largely reported an “excellent” or “very good” relationship with their parents/children; however, despite this relationship only a minority of adolescents reported discussing SRH matters with parents. Interestingly, the adults reported much higher levels of communication with children than the adolescents stated. It appears that each group defines SRH communication differently.

There seems to be another interesting disparity between adults and adolescents with regard to the reasons limiting SRH discussion. While adolescents reported religious taboo as a major reason for lack of SRH communication, adults barely reported religious taboo at all, with the majority listing the main barrier as possible encouragement of exploring sexual practices.

Implications for Programming

The findings from the baseline survey have several implications for planning youth programs:

1. That the majority of the respondents receive SRH information from the media and friends/peers indicates that the same sources should be used for programming purposes. In the case of the media, the local radio station at Idekpa can be used in addition to materials addressing specific issues such as “Know Your Body”, The “ABCs” of HIV/AIDS, assertiveness training, etc.
2. The general low level of knowledge of condom use among adults also points to an important gap in the SRH services in the community. It is important to create more awareness about condom use as well as other methods of safer sex. The project could ensure access to condoms either by directly making this method available through fieldworkers and clinics, or by linking potential clients to sources. Also efforts must be made to encourage youth to discuss condom use.
3. The low level of SRH communication between parents and children needs to be addressed. By working with community groups and religious leaders, many of the inhibitions that currently hinder such communication could be addressed.
4. While there is a high level of knowledge about HIV/AIDS, more efforts are needed to address existing misconceptions. (For example, many youth believe one could contract HIV by working with someone who has AIDS.) Such efforts would both focus on the few who are not yet well-informed as well as reinforce what the majority already know.
5. There is generally a low level of awareness of STIs other than gonorrhoea. In a similar manner information about health effects of STIs is limited to a few symptoms. Efforts are required to give more information about STIs, their symptoms, health effects, and sources of treatment. The present lack of awareness has important implications for treatment and counselling.

General Conclusions

The baseline study shows that there is an urgent need for more aggressive ASRH interventions. This need is underscored by the high HIV prevalence in the area in the context of very low practice of methods that could prevent infection. There is somewhat low knowledge of family planning methods and a poor understanding of personal risk of contracting HIV, which has implications for rapid spread of HIV as well as higher incidence of unwanted pregnancy. Furthermore, there is a poor understanding among adolescents of STIs and sources of treatment for STIs.

The picture is further complicated by low level of SRH communication with sources such as teachers and parents who are likely to have more accurate information. It is important to reduce youth' reliance on peers as sources of SRH information, or to use peer communication as a means of disseminating accurate information.

The challenge is therefore how to create a situation where adolescents have access to more accurate sources of SRH information, more access to family planning information and services, and where adolescents have more SRH communication with parents.

The challenges are daunting but more determination, such as is being exhibited by the VCP project and CEDPA's engagement with the community in general, will make a difference. Building this kind of determination will require the collaboration of all stakeholders in adolescent sexuality and reproductive health matters, namely the community at large but especially the youth themselves, parents, the government at all levels, donors, and NGOs/civil society organizations.

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APPENDIX A: YOUTH QUESTIONNAIRE

**BENUE ASRH PROJECT
BASELINE QUESTIONNAIRE (YOUTH)**

```

INTERVIEWER # |__|__|__| {FIELD_WKRK}
INTERVIEW DATE |__|__|__| {INT DATE ddmmyy}
                |__|__|__|
                dd mm yy

Community # |__|__|__| {COMM NUM}
HH # |__|__|__| {HH NUM}
Member # |__|__|__| {MEMBER NUM}

Q.1 Name(s) Usually called: ----- | {NAMES memo}
    Religious names: -----
    Any other names: -----

Q.2 Sex: |__| {SEX}

Q.3 How old are you? Age in completed years |__|__| {AGEYRS}
    (valid range 10-15, code 98 for Don't know)

Q.4 What is your birthdate? Day |__|__| {BIRTHDY}
    (Interviewer, check birthdate vs age in years Month |__|__| {BIRTHMO}
    and attempt to reconcile difference if needed; Year |__|__| {BIRTHYR}
    code 99 for any unknown dd, mm, or yy)

Q.5 What is your religion?
    None 1 |__| {RELIGION}
    Catholic 2 |
    Protestant 3 |
    Saved/Pentecostal 4 |
    Muslim 5 |
    Other (specify) _____ 6 {OTHRELIG memo}

Q.6a Have you ever gone to school?
    Yes 1 |__| {EDUCATE}
    No 2-+----->Q.7

Q.6b To what level?
    (Code highest level)
    P1-P4 1 |__| {EDUCYRS}
    P5-P7 2 |
    S1-S4 3 |
    S5-S6 4 |
    Technical/University 5 |

Q.7 Are you involved in any area youth organizations? |__| {YOUTHORG}
    Yes 1
    No 2

Q.8 In this household where you live, who is your Primary caregiver? |__| {CAREGIVE}
    Father/Mother 1 |
    Brother/Sister 2 |

```

Uncle/Aunt 3 |
 Grandmother/Grandfather 4 |
 Other relative 5 |
 Neighbor 6 |
 Friend 7 |
 Other (specify)_____ 8 |{OTHCARE memo}

IF MALE, Skip to Q.10

----->Q 10

Q.9 Have you ever been pregnant? | |__|{GRAVID}
 (If yes) , How many times? |
 (Record # of pregnancies; valid range 01-25 |
 and 00=never pregnant, 77=uncertain) |
 Q.10 Where do you get information about sex, HIV/STIs and |
 Family planning? |
 (valid codes 1=named 2=not named 8=n/a; never used) |

INFORMATION SOURCE	UNPROMPTED
	Name sources? INFOSOURCE
01 Friend	
02 Television, Radio, magazines	
03 Teachers	
04 Youth Organization	
05 School subjects	
06 Health workers	
07 Parents	
08 Religious leaders	
09 Other sources (specify below)	

"Some people use various methods to prevent having
 a pregnancy or to delay pregnancy. This is called
 family planning".

Q.11a (a) Have you or any partner ever used
 any of the following family planning methods below?

(b) What methods are you or any partner
 currently using?
 Yes = 1 No = 2 Don't Know = 7

FAMILY PLANNING	A (PROMPTED) Have you ever used {FPUSEDx} code 1 = YES 2 = NO 7 = DK	B (PROMPTED) Are you now using {FPUSINGx} code 1 = YES 2 = NO 7 = DK
(1) Pill		
(2) Condom		
(3) Spermicide		
(4) Injection		
(5) Abstinence		
(6) Calender/SRhythm		
(7) IUD		
(8) Other method		

Q.11b (If "other" named),
What is that method called? |____| {OTHFP memo}

Q.12 Have you ever heard of AIDS?
Yes 1 |____| {KNOWAIDS}
No 2

Q.13 Is there a cure for AIDS? |____| {CUREAIDS}
Yes 1
No 2
Uncertain 3

Q.14 Can a person get AIDS from having sexual intercourse? ||____| {TRANS01}
Yes 1
No 2
Uncertain 3

Q.15 Can a person get AIDS by working next to a Person with AIDS? ||____| {TRANS02}
Yes 1
No 2
Uncertain 3

Q.16 Can an AIDS infected pregnant woman give AIDS to her unborn baby? ||____| {TRANS03}
Yes 1
No 2
Uncertain 3

Q.17 Can a healthy looking person have AIDS? ||____| {TRANS04}
Yes 1
No 2
Uncertain 3

Q.18 Do you think you can get AIDS? ||____| {SELFAIDS}
Yes 1
No 2
Uncertain 3

Q.19 Is there anything you can do to avoid getting AIDS? ||____| {PREVENT01}
Yes 1
No 2
Uncertain 3

Q.20 Have you ever heard of the following sexually transmitted diseases? (PROMPTED)
(valid codes Yes = 1 No = 2)
Yes No

Gonorrhoea | 1 2 {STI1}
 Syphilis | 1 2 {STI2}
 Tubal sickness | 1 2 {STI3}
 Chancroid/ulcer | 1 2 {STI4}
 Other | 1 2 {STI5}
 (specify): _____ | {OTHSTImemo}

Q.21 Can you name some health effects of STIs? |
 (UNPROMPTED)

Yes Not Mentioned
 Rash | 1 2 {EFFECT1}
 Discharge | 1 2 {EFFECT2}
 Ulcer | 1 2 {EFFECT3}
 Pain on intercourse | 1 2 {EFFECT4}
 Infertility | 1 2 {EFFECT5}
 Urethral stricture/ Difficulty or pain in urination | 1 2 {EFFECT6}
 Weight loss | 1 2 {EFFECT7}
 Stillbirth/miscarriage | 1 2 {EFFECT8}
 Abdominal pain | 1 2 {EFFECT9}
 Other | 1 2 {EFFECT10}
 (specify) _____ | {OTHEFT memo}

Q.22 Where could a person receive treatment for STIs? |
 (UNPROMPTED) (Code up to 3 responses in
 the order mentioned. If only one or two responses
 are given, code "88" in the blank field.) |

Shop 01 | ____ {TRTSTI1}
 Pharmacy 02 | ____ {TRTSTI2}
 Counsellor/CHW 03 | ____ {TRTSTI3}
 VCP/CEDPA 04 |
 Market seller 05 |
 Traditional healer 06 |
 Pv. doctor/nurse/clinic 07 |
 Govt. doctor/nurse/clinic 08 |
 Other (specify) _____ 10 | {OTHTRT memo}
 Don't know 97 |
 No additional responses 88 |

Q.23 List risky sexual behaviours that can lead to HIV |
 Infection |
 (UNPROMPTED)

<u>HIV TRANSMISSION – Sexual Risk Behaviours</u>	UNPROMPTED 1=yes named, 2=no (not named)
	{HIVTRANSx} num 1
1 Multiple Partners	
2 Unprotected intercourse	
3 Untreated STIs	
4 Other (specify below)	

"Some people use various ways to avoid catching AIDS or an STI."

- Q.24(a) Which ways/methods have you heard of ?
 (b) Which ways/methods have you and any of your partners ever used? (**UNPROMPTED 1ST THEN PROMPT 1ST 3 LISTED**)
 (b) Have you and any partner ever practiced or used ___ ?
 (c) Are you and any partner now practicing or using ___ ?

<u>SAFE SEX METHOD</u>	a UNPROMPTED 1=yes named, 2=no not named Heard of.. {STHEARDx} num 1	b (UNPROMPT) 1ST THEN PROMPT FOR 1 ST 3 LISTED 1=yes, 2=no Ever used.. {STUSEDx} num 1	c (UNPROMPT) 1ST THEN PROMPT FOR 1 ST 3 LISTED 1=yes, 2=no Now using.. {STUSINGx} num1
1 Abstinence			
2 Monogamy			
3 Condoms			
4 Medications (specify below)			
5 Other (specify below)			

Q.25 (If "medication" or "other" named), (specify) _____ {OTHRXmemo}

Q.26 Do you know where condoms can be obtained?
 Yes 1 {KNOWBUY}
 No 2 -----> Q.29a

Q.27(a) Can you name some sources for obtaining condoms?
 (b) (If you have ever used condoms) Where did you or your partner get the condoms you used?
 (valid codes 1=named 2=not named 8=n/a; never used)

CONDOM SOURCE	(a) UNPROMPTED Name sources? SALExx	(b) UNPROMPTED (If ever used), previously got where? BOUGHTxx
01 Shop		
02 Pharmacy\drug store		
03 Health center/dispensary		
04 VCP/CEDPA		
05 Village market		
06 Other sources (specify below)		

Q.28 (If other source mentioned) specify: _____ {OTHBUY memo}

Q.29a Are you currently married, whether traditional, legal, or religious, or in a consensual union ?
 Yes 1 {CURRMARR}
 No 2 ----->Q30

Q.29b Is your marriage or union (Prompted) traditional 1 | | {MARRSP1}
 (Code 8 if no more spouses) religious 2 | | {MARRSP2}
 consensual 3 | | {MARRSP3}
 civil 4 | | {MARRSP4}
 DK 7 |

Q.30 Were you previously in a relationship with someone to whom you were not officially married or in a consensual union?
 Yes 1 {PASTRLTN}
 No 2

Q.31 How many different sexual different sexual partners have you had in the last 12 months, including marriage or consensual partners and anyone else? {SEXP1YR}
 [valid codes: Record actual # wherever possible, if response is vague, probe, otherwise code 96=a few (01-02), 97=alot/many(03+), no response = 98]

IF NEVER MARRIED OR IN A RELATIONSHIP AND NO SEXUAL PARTNER IN THE PAST 12 MONTHS THEN ASK Q.32, ELSE ASK Q.33

Q.32 Have you ever had a sexual relationship?
 Yes 1 {EVERSEX}
 No 2 ----->Q.43

Q.33 At what age did you have your first sexual intercourse? | | {AGE1STSEX}
 (Record completed years, DK 97, NR 99)

"Now I would like to ask you about your most recent sex partners. Please remember that all of your answers are confidential. Your answers are very important to our research to help us understand health problems in Benue".

Q.34 Remembering the most recent time you had sex, what

was your relationship to that partner at that time? |
 Current husband(at the time) 01 | | | {RLTN1}
 Current consensual partner(at the time) 02 |
 Former husband/consensual 03 |
 Boyfriend 04 |
 Occasional or casual friend 05 |
 Visitor (incl. wedding/funeral) 06 |
 Stranger 07 |
 Teacher 08 |
 Boss/work supervisor 09 |
 Employee 10 |
 Fellow student 11 |
 Sugar daddy 12 |
 Relative other than spouse (specify)----- 13 | {OTHRLTN1memo}
 Other non relative (specify)____14 |
 Don't Know 97 |
 |
Q.35 How long ago did you first have sex with this person? |
 (If < 1 day code 00 days |
 (If less than one week code number of days. | | | {DAYS1}
 If less than one month code number of weeks. | | | {WEEKS1}
 If less than one year code number of months. | | | {MONTHS1}
 If one year or more code completed # of yrs. | | | {YEARS1}
 code 97 for DK, 99 for NR) | | | {DKNR1}
 |
 |
Q.36 Are you still in a sexual relationship with him? | | | {RLTONG01}
 Yes 1 |
 No 2 |
 Don't know 7 |
 |
Q.37 Is(was) s/he older, younger, or about the same age ? |
 Older 1 | | {RLTNAGE1}
 Younger 2 |
 Same age 3-+----->Q.51
 DK 7-+----->Q.51
Q.38 About how many years [older/younger] ? | | | {RLTNYRS1}
 (Record actual # or 97=don't know) |
 |
Q.39 Have you and your partner ever used a condom? |
 (If yes), how often do/did you use condoms? | | {RLTNCON1}
 Never 1-+----->Q.41
 Sometimes/inconsistent 2 |
 Always 3 |
 DK 7-+----->Q.41
 |
Q.40 Did you use a condom the last time you had |
 sex with that partner? |
 Yes 1 |---{RLTNLST1}
 No 2 |
 Don't remember; Don't know 7 |
Q.41 Have you ever discussed condom use with this |
 partner? |
 Yes 1 |---{CONDISCP1}
 No 2 |
 Don't remember; Don't know 7 |
 |
Q.42 Have you ever had sex in a situation in which |
 money or gifts were exchanged? |
 Yes 1 |___{SEXGIFT}
 No 2 |
 |
Q.43 There are different ways of showing affection or being |
 intimate with someone. |
 For example, have you ever been in a relationship |

in which the two of you kissed each other? |
Yes 1 | ____ {EVERKISS} |
No 2 | |
| |
Q.44 Have you and someone else ever touched |
each other's private parts? |
Yes 1 | ____ {EVERFOND} |
No 2 | |
| |
Q.45 Have you ever fondled anyone in such a way that |
the penis touched or was inside the vagina, whether |
or not the male and the female fluids mixed together? |
Yes 1 | ____ {EVERMIX} |
No 2 | |
| |
Q.46 Do you have these symptoms now or have you |
had them over the past 7 days (Code in |
current Column) | Past 6 months Current |
| Yes No DK Yes No DK |
Genital ulcer | 1 2 7 {SXM1} 1 2 7 {CUR1} |
Genital discharge | 1 2 7 {SXM2} 1 2 7 {CUR2} |
Thick and/or colored vaginal discharge | 1 2 7 {SXM3} 1 2 7 {CUR3} |
Itching of the vagina | 1 2 7 {SXM4} 1 2 7 {CUR4} |
Unpleasant vaginal odor | 1 2 7 {SXM5} 1 2 7 {CUR5} |
Frequent urination | 1 2 7 {SXM6} 1 2 7 {CUR6} |
Painful urination | 1 2 7 {SXM7} 1 2 7 {CUR7} |
pain during intercourse | 1 2 7 {SXM8} 1 2 7 {CUR8} |
bleeding during intercourse | 1 2 7 {SXM9} 1 2 7 {CUR9} |
lower abdominal pain | 1 2 7 {SXM10} 1 2 7 {CUR10} |
genital warts | 1 2 7 {SXM11} 1 2 7 {CUR11} |
If no to all the above, SKIP TO Q.92 |
| |
Team Leader # | ____ {TEAMLEAD} |
Editor # | ____ {EDITOR} |
Data entry clerk # | ____ {DATA CLERK} |
Data entry date # | ____ {DE DATE date ddmmyy} |
| ____/____/____/ |

APPENDIX B: ADULT QUESTIONNAIRE

**BENUE ASRH PROJECT
BASELINE QUESTIONNAIRE (ADULT)**

INTERVIEWER # _____ {FIELD_WKRK}

INTERVIEW DATE _____ {INT DATE ddmmyy}

Community # _____ {COMM NUM}

HH # _____ {HH NUM}

Member # _____ {MEMBER NUM}

Q.1 Name(s) Usually called: _____ {NAMES memo}

Religious names: _____

Any other names: _____

Q.2 Sex: _____ {SEX}

Q.3 How old are you? Age in completed years _____ {AGEYRS}

(valid range 10-15, code 98 for Don't know)

Q.4 What is your birthdate? Day _____ {BIRTHDY}

(Interviewer, check birthdate vs age in years Month _____ {BIRTHMO}

and attempt to reconcile difference if needed; Year _____ {BIRTHYR}

code 99 for any unknown dd, mm, or yy)

Q.7 What is your religion?

None 1 _____ {RELIGION}

Catholic 2 _____

Protestant 3 _____

Saved/Pentecostal 4 _____

Muslim 5 _____

Other (specify) _____ 6 _____ {OTHRELIG memo}

Q.27 Do you take care of any children under the age of 18 _____ {CHILDREN01}

who are not your own biological children?

Yes 1 _____

No 2 _____

Q.27 How many? Number _____ {CHILDREN02}

Q.27 How are they related to you? Yes No {CHILDREN03}

They are my niece(s)/nephew(s) 1 2

They are my grandchildren 1 2

They are my own brother(s)/Sister(s) 1 2

They are my step-children 1 2

Other children 1 2

Q.27 Is there any special reason why you have responsibility for them?

(DO NOT READ.)CIRCLE 1 IF MENTIONED.) Yes No {CHILDREN04}

Illness in the child's family 1 2

Parent(s) died 1 2

Child's family has financial difficulties 1 2

So they can go to a school near my house | 1 2
 So they can go to work nearby my house | 1 2
 Abandoned, no one taking care of them | 1 2
 To do work in my house | 1 2
 Parents separated | 1 2
 Other reasons | 1 2

Q.42(a) Where do you get information about sex, HIV/STIs and family planning?
 (valid codes 1=named 2=not named 8=n/a; never used)

INFORMATION SOURCE	UNPROMPTED
	Name sources? (INFOSOURCE)
01 Friend	
02 Television, Radio, magazines	
03 Teachers	
04 Youth Organization	
05 School subjects	
06 Health workers	
07 Relatives	
08 Religious leaders	
09 Other sources (specify below)	

"Some people use various methods to prevent having a pregnancy or to delay pregnancy. This is called family planning".

Q.33 (a) Have you or any partner ever used any of the following family planning methods below?

(b) What methods are you or any partner currently using?

Yes = 1 No = 2 Don't Know = 7

FAMILY PLANNING	A (PROMPTED) Have you ever used {FPUSEDx} code 1 = YES 2 = NO 7 = DK	B (PROMPTED) Are you now using {FPUSINGx} code 1 = YES 2 = NO 7 = DK
(1) Pill		
(2) Condom		
(3) Spermicide		
(4) Injection		
(5) Abstinence		
(6) Calender/SRHythm		
(7) IUD		
(8) Other method		

Q.34 (If "other" named),
What is that method called? |____| {OTHFP memo}

Q.35 Have you ever heard of AIDS?
Yes 1 |____| {KNOWAIDS}
No 2

Q.27 Is there a cure for AIDS? |__| {CUREAIDS}
Yes 1
No 2
Uncertain 3

Q.27 Can a person get AIDS from having sexual intercourse? ||__| {TRANS01}
Yes 1
No 2
Uncertain 3

Q.27 Can a person get AIDS by working next to a person with AIDS? ||__| {TRANS02}
Yes 1
No 2
Uncertain 3

Q.27 Can an AIDS infected pregnant woman give AIDS to her unborn baby? ||__| {TRANS03}
Yes 1
No 2
Uncertain 3

Q.27 Can a healthy looking person have AIDS? ||__| {TRANS04}
Yes 1
No 2
Uncertain 3

Q.27 Do you think you can get AIDS? ||__| {SELFAIDS}
Yes 1
No 2
Uncertain 3

Q.27 Is there anything you can do to avoid getting AIDS? ||__| {PREVENT01}
Yes 1
No 2
Uncertain 3

Q.36 Have you ever heard of the following sexually transmitted diseases? (PROMPTED)
(valid codes Yes = 1 No = 2)
Yes No

Gonorrhoea | 1 2 {STI1}

Syphilis | 1 2 {STI2}

Tubal sickness | 1 2 {STI3}
 Chancroid/ulcer | 1 2 {STI4}
 Other | 1 2 {STI5}
 (specify): _____ | {OTHSTImemo}

Q.37 Can you name some health effects of STIs? |
 (UNPROMPTED)

Yes Not Mentioned
 Rash | 1 2 {EFFECT1}
 Discharge | 1 2 {EFFECT2}
 Ulcer | 1 2 {EFFECT3}
 Pain on intercourse | 1 2 {EFFECT4}
 Infertility | 1 2 {EFFECT5}
 Urethral stricture/ Difficulty or pain in urination | 1 2 {EFFECT6}
 Weight loss | 1 2 {EFFECT7}
 Stillbirth/miscarriage | 1 2 {EFFECT8}
 Abdominal pain | 1 2 {EFFECT9}
 Other | 1 2 {EFFECT10}
 (specify) _____ | {OTHEFT memo}

Q.38 Where could a person receive treatment for STIs? |
 (UNPROMPTED) (Code up to 3 responses in
 the order mentioned. If only one or two responses
 are given, code "88" in the blank field.)

Shop 01 | ____ {TRTSTI1}
 Pharmacy 02 | ____ {TRTSTI2}
 Counsellor/CHW 03 | ____ {TRTSTI3}
 VCP/CEDPA 04 | ____
 Market seller 05 | ____
 Traditional healer 06 | ____
 Pv. doctor/nurse/clinic 07 | ____
 Govt. doctor/nurse/clinic 08 | ____
 Other (specify) _____ 10 | {OTHTRT memo}
 Don't know 97 | ____
 No additional responses 88 | ____

Q.38 List risky sexual behaviours that can lead to HIV
 Infection |
 (UNPROMPTED)

HIV TRANSMISSION – Sexual Risk Behaviours	UNPROMPTED 1=yes named, 2=no (not named)
	{HIVTRANSx} num 1
1 Multiple Partners	
2 Unprotected intercourse	
3 Untreated STIs	
4 Other (specify below)	

"Some people use various ways to avoid catching AIDS or an STI."

- Q.39(a) Which ways/methods have you heard of ?
 (b) Which ways/methods have you and any of your partners ever used? **(UNPROMPTED 1ST THEN PROMPT 1ST 3 LISTED)**
 (b) Have you and any partner ever practiced or used ___ ?
 (c) Are you and any partner now practicing or using ___ ?

SAFE SEX METHOD	a UNPROMPTED 1=yes named, 2=no not named	b (UNPROMPT) 1 ST THEN PROMPT FOR 1 ST 3 LISTED 1=yes, 2=no	c (UNPROMPT) 1 ST THEN PROMPT FOR 1 ST 3 LISTED 1=yes, 2=no
	Heard of... {STHEARDx} num 1	Ever used... {STUSEDx} num 1	Now using... {STUSINGx} num1
1 Abstinence			
2 Monogamy			
3 Condoms			
4 Medications (specify below)			
5 Other (specify below)			

Q.40 (If "medication" or "other" named),
 (specify) _____

Q.41 Do you know where condoms can be obtained?
 Yes 1 {KNOWBUY}
 No 2-->Q.44a

- Q.42(a) Can you name some sources for obtaining condoms?
 (b)(If you have ever used condoms) Where did you or your partner get the condoms you used?
 (valid codes 1=named 2=not named 8=n/a; never used)

CONDOM SOURCE	(a) UNPROMPTED	(b) UNPROMPTED
	Name sources? SALExx	(If ever used), previously got where? BOUGHTxx
01 Shop		
02 Pharmacy\drug store		
03 Health center/dispensary		
04 VCP/CEDPA		
05 Village market		
06 Other sources (specify below)		

Q.43 (If other source mentioned) |
specify: _____ |____{OTHBUY memo}

Team Leader # |____ {TEAMLEAD}

Editor # |____ {EDITOR}

Data entry clerk # |____ {DATA CLERK}

Data entry date # |____ {DE DATE date ddmmyy}
____/____/____/