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TECHNICAL REPORT:

Awareness and Treatment Seeking Behavior of the Population in the Case of Sexually Transmitted Infections

Author:

Ella Nabokova

**October 1999 – March 2000
Zhezkazgan, Kazakhstan**



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I. Abstract

Kazakhstan is currently experiencing a difficult economic transition where changes taking place have caused economic distress, personal hardship, and despair for many people. Young adults turning to drugs and casual sex for short-term relief, coupled with the increase of commercial sexual activities, makes Kazakhstan vulnerable to an increase in sexually transmitted infections (STIs) in the population.

This report looks at a series of surveys undertaken by ZdravReform in Zhezkazgan before, during and after a sexually transmitted infections (STIs) health promotion campaign in the area. The surveys were aimed at ascertaining the population's basic STI awareness level and their main behavioral tendencies and covered those most likely to be affected, such as high school and college students, truck drivers and people working in the bazaar. The report sets out the survey results and makes a preliminary analysis of the data. Overall an increased awareness about STIs was plainly visible post-campaign, and there was a significant increase in respondents who would visit an FGP doctor, as opposed to a specialist, for treatment.

II. Executive Summary

This report looks at a series of surveys undertaken by ZdravReform in Zhezkazgan before, during and after a sexually transmitted infections (STIs) health promotion campaign in the area between October 1999 and March 2000. The surveys were aimed at ascertaining the population's basic awareness level of the main STIs, methods of transmission, those most likely to be affected by STIs, symptoms of STIs in both men and women, methods of protection, and sources of information on STIs. The surveys also looked at respondents' main behavioral tendencies, including who respondents would tell if they thought they had an STI, where they would go for treatment, how important factors such as confidentiality and cost were in seeking treatment, who could provide the best treatment, what their probability of becoming infected was, whether they used condoms and why, and where they could buy condoms in Zhezkazgan.

Because of the poor economic conditions to be found in the transitional economies of Central Asia, ZdravReform did not expect a significant improvement in the health of the population. The main objectives of the campaign were instead to educate the population on several aspects of STIs, to encourage the population to seek diagnosis in a family group practice if they believe they have symptoms, or if they believe they have been in contact with an infected person, and to promote the fact that a full course of treatment is necessary even if symptoms disappear prior to the treatment's end.

Three surveys were carried out in total: one prior to the campaign, one two months into the campaign when ZdravReform technical assistance came to an end, and one when the campaign had finished, five months after it began. The campaign targeted respondents most at risk of becoming infected by STIs now or in the future, such as truck drivers and people working in the bazaar, high school and college students and the surveys reflected this by choosing respondents at random from these groups.

The report sets out the results of the three surveys and makes preliminary analysis of the data. Overall an increased awareness about STIs was plainly visible post-campaign. All respondents had high awareness of AIDS and syphilis at each campaign stage. Post campaign, however, there was increased awareness of other STIs such as chlamydia, trichomoniasis and gonorrhea. While awareness of STIs such as hepatitis, herpes and genital warts increased, it remained low, suggesting there is room for further STI education.

Awareness of methods of transmission increased significantly, as did awareness that maintaining one sexual partner reduces risk of infection. This is significant because knowledge about the main methods of transmission of STIs is one of the main ways of helping to prevent these infections. There was also an increase in awareness that anybody sexually active – not only specific 'risk groups' – is at risk of contracting STIs. Combined with heightened awareness that condoms prevent STIs – it is hoped that this will have a positive effect on people's sexual activities. Among the high-risk groups, awareness of the fact that condom use does prevent STIs and that oral contraceptives do not increased for the youth group. However, a significant proportion of the truck drivers/ trader group continued to believe in the misconception that oral contraceptives prevent STIs.

Regarding treatment, there was a significant increase in respondents who would visit an FGP doctor, as opposed to a specialist, for treatment. In two particular high-risk groups – a youth group and a truck driver / trader group, the number of respondents who would visit an FGP for treatment increased from 36.9% to 67.4% after five months for the youth group, and from 27.3% to 56.8% after five months in the truck driver / trader group. This is probably related to the fact that treatment for STIs was free at FGPs until May 2000. However, it set in motion a new trend that it is hoped will continue once FGPs begin to charge for STI treatment once more.

While the campaign did not expect to see a significant improvement in the population's health until the region's economic condition improves, ZdravReform undertook the campaign in order to improve general knowledge about STIs, and to effect behavioral changes that would lead people to seek diagnosis and treatment at an FGP as opposed to a VD dispensary. The surveys confirm that these objectives were achieved, while also indicating areas in which awareness could be heightened in the future.

III. Background

Kazakhstan is currently experiencing a difficult economic transition where major changes taking place have caused economic distress, personal hardship, and despair for many people, young and old. Young adults are turning to drugs and casual sex for short-term relief which, coupled with the increase of commercial sexual activities, makes Kazakhstan vulnerable to an increase in sexually transmitted infections (STIs) in the population.

Today in Central Asia, the assignment of healthcare rights and responsibilities is changing. Although the government still has responsibility for providing healthcare services, local governments can no longer fully support the health sector. This makes the population primarily responsible for its own health. The people finance a larger portion of healthcare costs, and thus are accountable for their lifestyle choices and their knowledge of health interventions. The public has a right to receive information about healthcare, allowing it to participate in healthcare policy and treatment dialogs with the government. It is because of this philosophy and the foundation that has been provided, that ZdravReform felt it was an appropriate time to organize a full scale STI health promotion campaign in one of its pilot sites in the city of Zhezkazgan. The campaign was aimed at improving awareness among the population about STIs, teaching the population about methods of protection from contracting STIs, and promoting referral to FGPs for treatment in the case of STIs.

A. Goals:

ZdravReform marketing activities are conducted to increase the patient's role in caring for his/her health and to strengthen the creation of Central Asian democracies by supporting patient's rights to freedom of information, freedom of choice, and freedom to be active in one's own healthcare.

- Specifically, ZdravReform intended to educate the population on several aspects of STIs. These include:
 - What are STIs?
 - How are STIs transmitted?
 - What are the main symptoms of STIs?
 - How can STIs be prevented?
 - What happens if a person does not get treatment?
- Secondly, ZdravReform aimed to encourage the population to seek diagnosis in a family group practice if they believe they have symptoms, or if they believe they have been in contact with an infected person.
- Thirdly, following a positive diagnosis, ZdravReform wanted to promote the fact that an infected person needs to receive the FULL course of treatment, even when the symptoms of the disease are alleviated and the patient believes they are cured. The population needs to be aware of the fact that many STIs are incurable, despite the fact that the symptoms may have been alleviated.
- The final goal was to make the population within the pilot area aware that diagnosis and treatment for most STIs would be free of charge until May 2000.

B. Target Audience:

ZdravReform health marketing targets all adult, but not senior, healthcare consumers in Central Asia, specifically men and women over 18 years old. Adults are not only able to vote and therefore can affect

government policies, they also have the right to choose and enroll in primary medical care practices, and are responsible for their own lifestyle choices, including sexual activity and contraceptive use.

In addition ZdravReform targeted high school-aged children to increase their knowledge of STI prevention, diagnosis, treatment, transmission, symptoms, and safe sex practices.

Within this audience, ZdravReform had three specific target groups for the STI health promotion campaign:

1. Adults from 18 to 35 years old: people in these age groups can still make changes in their lifestyle in order to live a long, healthy, productive life.
2. High-risk group: transit workers, bazaar workers, and university students.
3. School-aged children.

C. Activities:

STI marketing activities inform healthcare consumers about the on-going changes in the system and increase the knowledge of the population. The reforms are shown in a positive way so as to gain the adult Central Asian public's understanding and support for more efficient and effective health care.

This STI campaign followed the following standard format:

1. Articles in the mass media about STIs, written by a local journalist.
2. Organization of a press conference to facilitate the beginning of an IEC STI campaign, and dissemination of a press release to governmental and private newspapers.
3. Creation and distribution of STI radio plays and advertisements.
4. Creation and distribution of STI TV programs and advertisements.
5. Creation and distribution (through primary care facilities and FGPA) of a patient brochure, and fliers about STIs.
6. Creation of lesson plans / education materials for FGP doctors to teach in local schools, universities, and factories assigned within their catchment areas.
7. Creation of a family group practice STI community outreach contest.

These activities began in November 1999 and lasted until April 2000 with technical assistance provided by ZdravReform in the first two months.

While ZdravReform anticipated that the health of the Central Asian population would show little improvement until the region's economic condition improves, ZdravReform undertook the campaign in order to improve general knowledge about STIs, and to effect behavioral changes which would lead people to seek diagnosis and treatment at an FGP as opposed to a VD dispensary.

IV. Methodology

In order to evaluate the campaign, the ZdravReform marketing team carried out a survey, which was planned and performed as a three-phase campaign consisting of one pre-survey, one mid-survey and one post-survey.

The pre-survey took place in October 1999 [Stage 1], prior to the start of the STI health promotion campaign in Zhezkazgan, and was aimed at ascertaining the population's basic awareness level about STIs and their main behavioral tendencies. The mid-survey took place two months later [Stage 2], in December 1999, after ZdravReform's technical assistance had come to an end, but while key campaign messages were still being disseminated. The post-survey was performed three months later in March 2000 at the end of the campaign [Stage 3], in order to assess the longer-term impact of the campaign on knowledge and behavioral tendencies. Each survey was carried out in Zhezkazgan over a three-day period by seven specially-trained interviewers.

For each survey, a targeted audience was chosen based on the STI risk factor. The target audiences were students between the ninth and eleventh grades (generally aged 14-16), college and university students, single men employed at factories and plants, drivers (particularly long distance drivers), and people involved in trade and transportation of goods. From within these target groups, respondents were chosen at random for each of the surveys. In total 362 respondents took part in the pre-survey; 307 respondents took part in the mid-survey and 361 respondents took part in the post-survey.

A single questionnaire was designed for use in each of the surveys in order to assess awareness of STI's including which STIs respondents are aware of, how STIs are transmitted, who is most likely to be infected, what are the main symptoms of STIs, what one should do if one contracts an STI, and how the respondents originally came to know about STIs. The survey also covers treatment-seeking behavior once STIs are suspected, including where respondents would go for treatment and why. Finally the questionnaire looks at methods of protection including condom use and availability.

A sample of the questionnaire is given in Annex 1. Questions were constructed in two ways: there were closed ones where respondents had to volunteer answers, and open ones where the interviewee gave the respondent a choice. One question was ranged by degree of significance and was estimated by points (the lower the sum of points, the more significant the criteria for the respondent). The remainder of this report looks at the results of the three-stage survey.

V. Results

A. Personal Data

C1 / C2. Gender and Age of Respondents

Gender	stage 1		stage 2		stage 3	
Male	191	53%	144	47%	189	52%
Female	171	47%	163	53%	172	48%
Total	362	100%	307	100%	361	100%
Age	stage 1		stage 2		stage 3	
14-16	135	37%	79	26%	118	33%
17-22	102	28%	78	25%	91	25%
23 and over	125	35%	150	49%	152	42%
Total	362	100%	307	100%	361	100%

The above tables show the gender and age of respondents for each of the three surveys undertaken in Zhezkazgan. It should be noted that in stage 2 there were more female than male respondents, while in stages 1 and 3 there were more male than female respondents.

It should also be noted that in stage 2 approximately half of the respondents were aged over 23 whereas in stages 1 and 3, only 35% and 42% respectively were aged over 23.

C3. Occupation of Respondents

Activity	stage 1		stage 2		stage 3	
School or college student	145	40.1%	81	26.4%	120	33.2%
University student	58	16%	75	24.4%	61	16.9%
Private entrepreneur	106	29.3%	93	30.3%	121	33.5%
Factory, plant worker	33	9.1%	37	12.1%	45	12.5%
Driver	20	5.5%	12	3.9%	14	3.9%
Other	-	-	9	2.9%	-	-
Total	362	100%	307	100%	361	100%

This table shows the activities pursued by respondents. There was a significant decrease in the number of school or college students interviewed between stages 1 and 2.

C4. Education of Respondents

Education	stage 1		stage 2		stage 3	
Incomplete secondary	115	31.8%	87	28.3%	123	34.1%
Secondary and specialized secondary	150	41.4%	107	34.9%	132	36.6%
Incomplete higher and higher	97	26.8%	113	36.8%	106	29.3%
Total	362	100%	307	100%	361	100%

This table shows the education of the respondents.

B. Answers to the Questionnaire by Stage

AWARENESS

A1. Which STIs are you aware of?

STIs	stage 1		stage 2		stage 3	
AIDS	345	95.3%	345	95.3%	358	99.2%
Syphilis	297	82.0%	281	91.5%	332	92.0%
Gonorrhoea	151	41.7%	216	70.4%	232	64.3%
Trichomoniasis	93	25.7%	127	41.4%	125	34.6%
Chlamydia	14	3.9%	39	12.7%	74	20.5%
Hepatitis	9	2.5%	31	10.1%	30	8.3%
Herpes	3	0.8%	28	9.1%	29	8.0%
Genital Warts	1	0.3%	12	3.9%	27	7.5%

The results of the survey show that there was an overall increase in knowledge about STIs among respondents after the campaign. AIDS was the disease with which respondents were most familiar, followed by syphilis and then gonorrhoea. The number of people who were aware of AIDS both pre, during and post survey remained practically universal. The number of respondents familiar with gonorrhoea increased from 41.7% in stage 1 to 70.4% in stage 2. There was a subsequent decrease in knowledge by stage 3. Although the number of respondents who were aware of hepatitis, herpes and genital warts after the campaign remained small, there was a significant increase in awareness of these STIs. Awareness of certain STIs decreased slightly between stages 2 and 3 while for other STIs awareness increased slightly.

A2. How do you think STIs are transmitted?

How?	stage 1	stage 2	stage 3
By having sex with an infected partner	95.3%	97.3%	99.00%
By not following hygiene rules	67.9%	71.8%	52.10%
By using a public toilet	41.5%	38.2%	32.30%
By kissing	44.3%	67.3%	53.10%
By shaking hands with an infected person	29.2%	39.1%	3.30%
By having sex with a prostitute	95.3%	96.4%	95.80%
By practicing adultery	69.8%	89.1%	84.40%
The disease can appear by itself	9.4%	6.4%	14.60%
By having a predisposition towards STIs	33.0%	12.7%	25.00%

Five months after the information campaign began (stage 3) a large percentage of respondents correctly answered the question about how one can become infected by STIs. For example, almost all respondents understood that it is possible to become infected during sex with infected persons, with prostitutes, and through adultery. There was also a decrease in the number of respondents who believed that it is possible to become infected by not observing hygiene rules, when using a public toilet and when shaking hands with an infected person. However, 14.6% of respondents still continued to believe, mistakenly, that STIs can appear by themselves and 25% of respondents still believed that certain people are predisposed to catch STIs.

A3. Who do you think is most likely to become infected with an STI?

Category	stage 1	stage 2	stage 3
Prostitutes	63.0%	67%	70%
Drug addicts	39.0%	58%	56%
Anybody	37.0%	44.3%	47.4%
Homosexuals	20.7%	25.4%	24.4%
Youths	15.5%	26.7%	27.1%
Unfaithful partners	9.4%	32.2%	45.2%
Prisoners	4.7%	4.2%	9.7%

The majority of respondents, both before and after the campaign, believed that prostitutes were most likely to become infected with STIs. Significantly, there was approximately a five-fold increase between stages 1 and 3 in the number of respondents who believed that unfaithful partners are the most likely to become infected with STIs.

A4. What are the symptoms of STIs in women? Percentage of respondents UNAWARE of symptoms

Signs	stage 1	stage 2	stage 3
Discharge from vagina	38.4%	19.8%	25.2%
Itching in vagina	40.0%	23.7%	28.0%
Bad odor	51.4%	31.3%	35.7%
Irregular Period	51.9%	54.4%	43.8%
Sores, bumps, blisters near sex organs	28.4%	19.4%	27.4%
Frequent urination	78.8%	64.1%	49.9%
Cramps in low belly	51.6%	32.2%	35.5%
Painful intercourse	53.9%	33.4%	45.7%
Infertility	62.1%	46.0%	48.2%

A5. What are the symptoms of STIs in men? Percentage of respondents UNAWARE of symptoms

Symptoms	stage 1	stage 2	stage 3
Discharge from penis	26.2%	18.5%	13.6%
Sores near sex organs	21.5%	13.4%	14.1%
Frequent urination	71.8%	58.0%	36.0%
Swelling in groin	47.2%	46.9%	36.3%
Scrotum edema	51.2%	54.0%	43.5%
Burning & itching near sex organs	30.1%	20.5%	20.2%

There was a general increase in awareness about men and women's STI symptoms as the campaign progressed. Of note is that respondents had greater awareness of STI symptoms in men than in women. By stage 3 almost half of the respondents were still unaware that infertility, frequent urination, painful intercourse and irregular periods are symptoms of STIs in women.

A6. How can one protect oneself from STIs?

Protection	stage 1	stage 2	stage 3
Condoms	85.1%	93.8%	97.5%
IUDs	7.2%	4.9%	10.8%
Contraceptive pills	15.5%	8.1%	12.5%
Contraceptive foam	4.4%	7.5%	8.0%
Contraceptive injections	6.1%	2.9%	7.8%
Don't have sex	16.6%	31.3%	22.7%
Permanent partner	59.4%	71.0%	69.8%

The number of respondents who believed that condoms can offer protection from STIs increased steadily over time. By stage 3, nearly all respondents said that condoms offer protection. Immediately after the campaign (stage 2), there was a decrease in the number of people who believed that other forms of contraceptive (such as pills, IUDs) offered protection from STIs. By stage 3 the percentage of people believing other forms of contraceptive offered protection had begun to increase once more. Immediately after the campaign there was a significant increase in the number of people who believed that not having sex or having one permanent partner could offer protection from STIs. By stage 3 these figures had

decreased but there was still an overall increase in awareness that such courses of action could help prevent STI transmission.

A7. Where did you learn about STIs?

Source	stage 1	stage 2	stage 3
TV	71%	77%	67%
Friends	55%	51%	62%
Newspapers	43%	70%	48%
Teachers	31%	21%	28%
Brochures	31%	50%	60%
Relatives	25%	19%	27%
FGP personnel	25%	53%	50%
Other doctors	12%	5%	10%
Radio	7%	35%	21%

The main source of information about STIs in stage 2 of the campaign was the television, followed closely by newspapers. By stage 3 of the campaign, friends and brochures (which were still being distributed) were becoming more important. Significantly there was a 100 percent increase after the campaign in the number of people who received information on STIs from their FGP.

BEHAVIOR

B1. If you discovered STI signs, who would you tell?

Who?	stage 1	stage 2	stage 3
Nobody	3.3%	2.0%	1.1%
Friends	30.9%	30.6%	27.4%
Relatives	33.4%	24.4%	28.8%
FGP doctor	41.7%	85.0%	73.4%
Venereal dispensary doctor	43.4%	36.2%	53.2%
Private venerologist	38.4%	24.4%	38.0%
Traditional healer	3.6%	1.0%	2.2%
Drugstore employee	3.0%	4.6%	3.0%
Other doctor (gynecologist)	3.9%	3.9%	2.5%

By stage 2, the number of respondents who would consult an FGP doctor if they suspected they had an STI more than doubled from 41.7% to 85%. Three months after the campaign had finished (stage 3), this percentage had decreased slightly to 73.4% but still remained significantly higher than prior to the campaign. In addition, the number of people who would consult a venereal dispensary doctor increased only slightly by stage 3 and actually decreased by stage 2.

B2. Where would you go for treatment if you became infected with an STI?

Where?	stage 1	stage 2	stage 3
Nowhere	0.0%	1.0%	0.9%
FGP doctor	26.0%	68.6%	56.0%
Venereal dispensary doctor	37.6%	17.5%	24.1%
Private venerologist	30.7%	10.6%	18.0%
Traditional healer	0.3%	-	-
Drugstore employee	4%	-	-
Other doctor (gynecologist)	1.4%	2.3%	1.0%
Total	100%	100%	100%

Between stage 1 and stage 2, there was an almost three fold increase in the number of respondents who said that they would seek treatment in an FGP if they were infected with an STI. The number of people who said that they would seek treatment from a venereal dispensary doctor more than halved between

stages 1 and 2 and then increased slightly between stages 2 and 3. Since one of the aims of the campaign is to encourage people to seek treatment in an FGP as opposed to a venereal dispensary, the results of the survey in this area are encouraging.

B4. Who do you think can provide the most effective treatment for STIs?

Who?	stage 1	stage 2	stage 3
FGP doctor	29.8%	69.7%	61.5%
Venereal dispensary doctor	47.5%	35.8%	51.5%
Private venerologist	49.4%	27.0%	36.0%

In line with the answers to questions B1 and B2, respondents increasingly believed that FGP doctors would offer the most effective treatment for STIs. By stage 2 fewer respondents than in stage 1 believed that venereal dispensary doctors would offer effective treatment for STIs. However, by stage 3 there was an increase in the number of respondents believing that venereal dispensary doctors could provide effective treatment for STIs.

B5. What are your chances of becoming infected with an STI?

Probability	stage 1	stage 2	stage 3
Zero	47.5%	32.9%	35.5%
Very small	34.8%	41.7%	44.3%
Possible	11.6%	22.8%	18.5%
Likely	6.1%	2.6%	1.7%
Total	100%	100%	100%

Fewer people believed that their chances of becoming infected with an STI were zero by stage 3 of the campaign, although fewer people also believed that their chances of becoming infected with an STI was likely. There was an increase in the number of respondents who believed that their chances of becoming infected with an STI were very small or possible.

B7. Why do you not use condoms?

Reason	stage 1	stage 2	stage 3
Do not have sex	56.9%	49.8%	54.9%
I trust my partner	24.8%	35.2%	34.7%
Do not like condoms	20.3%	20.5%	13.1%
Do not trust a condom	7.3%	2.7%	0.9%
My partner does not like condoms	5.7%	5.0%	5.2%
Do not know where to get them	1.6%	0.5%	0.5%
Expensive	0.8%	0%	0%

By the end of stage 2 the number of people who did not use condoms because they did not trust them had reduced three-fold from 7.3% to 2.7%, and between stage 1 and stage 3, the number of people who did not trust condoms had reduced seven-fold to just below 1%. In stages 2 and 3, once the campaign was underway, nobody who did not use condoms cited expense as a reason for not using condoms, which reflects the fact that condoms were being handed out free at FGPs. There was also a decrease in the number of non-condom users who did not know where to get them by stage 2 of the campaign. Finally the number of non-condom users who did not like using condoms decreased from 20.3% in stage 1 to 13.1% in stage 3.

B8. Why do you use condoms?

Reason	stage 1	stage 2	stage 3
Birth control	64.7%	79.5%	77.0%
STI prevention	74.1%	85.2%	83.8%
Other	5.2%	3.4%	1.4%

The number of respondents who used condoms for STI prevention increased from 74.1% in stage 1 to 83.8% in stage 3.

B9. Where can you get or buy a condom in your city?

Location	stage 1	stage 2	stage 3
Do not know	1.4%	0%	0%
In kiosks	55.8%	52.1%	56.8%
In stores	27.1%	19.9%	35.2%
In health facilities	10.8%	20.5%	33.2%
In drugstores	92.5%	92.2%	98.9%

Once the campaign had finished there were no respondents who did not know where to buy / get condoms. In addition, the number of respondents who said that it was possible to buy / get condoms at a health facility increased by almost two times between stages 1 and 2 and approximately three times between stages 1 and 3.

C. Answers to the Questionnaire by Group

The results of the questionnaire were also analyzed according to groups. The respondents were divided into six groups: the first group included men aged 23 and above; the second group included men between the ages of 17-23; the third group included men younger than 17; the fourth group included women aged 23 and above; the fifth group included women between 17-23; and the sixth group included women younger than 17.

AWARENESS

A1. Which STIs are you aware of? (by group)

Stage 1: (pre-survey)

Infection	Male			Female		
	Men>23	Men 17-23	Men<17	Women>23	Women 17-23	Women<17
Gonorrhoea	71.2%	36.2%	55.2%	47.5%	11.4%	19.1%
Syphilis	95.5%	79.3%	80.6%	76.3%	70.5%	85.3%
Chlamydia	3.0%	0.0%	3.0%	11.9%	6.8%	0.0%
Trichomoniasis	30.3%	19.0%	10.4%	42.4%	38.6%	19.1%
AIDS	90.6%	94.8%	98.5%	91.5%	95.5%	100.0%

Stage 2: (mid-survey)

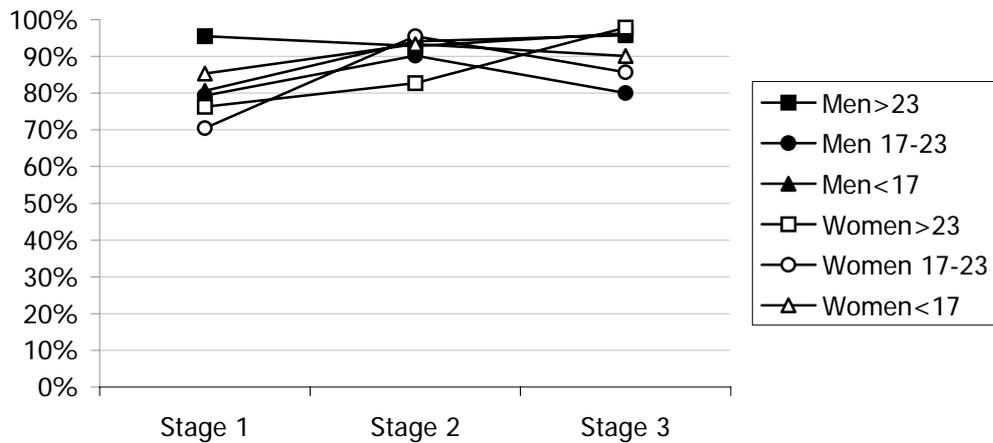
Infection	Male			Female		
	Men>23	Men 17-23	Men<17	Women>23	Women 17-23	Women<17
Gonorrhoea	63.8%	92.7%	50.0%	59.6%	84.8%	66.7%
Syphilis	92.8%	90.2%	94.1%	82.7%	95.5%	93.3%
Chlamydia	11.6%	14.6%	5.9%	23.1%	10.6%	8.9%
Trichomoniasis	37.7%	39.0%	20.6%	63.5%	43.9%	35.6%
AIDS	91.3%	97.6%	97.1%	98.1%	95.5%	100.0%
Herpes	2.9%	7.3%	5.9%	13.5%	15.2%	0%
Genital warts	1.4%	2.4%	0%	9.6%	7.6%	17.8%
Hepatitis	4.3%	7.3%	0%	11.5%	4.5%	0%

Stage 3: (post-survey)

Infection	Male			Female		
	Men>23	Men 17-23	Men<17	Women>23	Women 17-23	Women<17
Gonorrhoea	72.0%	77.1%	46.8%	97.8%	44.6%	52.1%
Syphilis	96.3%	80.0%	95.7%	97.8%	85.7%	90.1%
Chlamydia	20.6%	22.9%	6.4%	40.0%	33.9%	5.6%
Trichomoniasis	30.8%	48.6%	25.5%	57.8%	39.3%	21.1%
AIDS	100.0%	100.0%	100.0%	100.0%	96.4%	98.6%
Herpes	5.6%	8.6%	10.6%	11.1%	8.9%	8.7%
Genital warts	5.6%	25.7%	2.1%	15.6%	5.4%	1.4%
Hepatitis	9.3%	2.9%	10.6%	4.4%	3.6%	14.1%

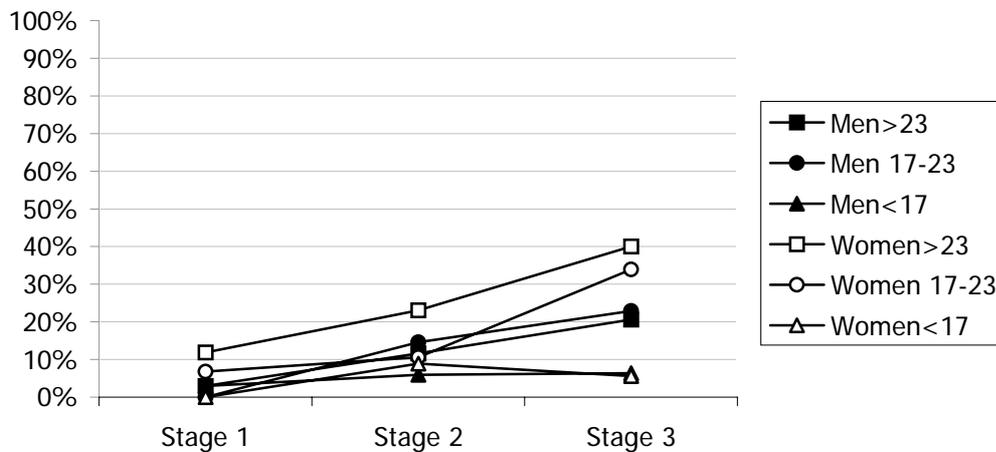
From the results it can be seen that the percentage of people who are aware of STIs increased considerably between stages 1 and 3. In every stage, all the age groups in almost 100% of cases know about AIDS. In stage 1, it is interesting that Groups 3 & 6 (the school students) showed knowledge of this disease in 98.5% and 100% of cases. This suggests that the information campaign on AIDS prevention which had been recently carried out in schools had a significant impact.

Awareness of Syphilis by Group



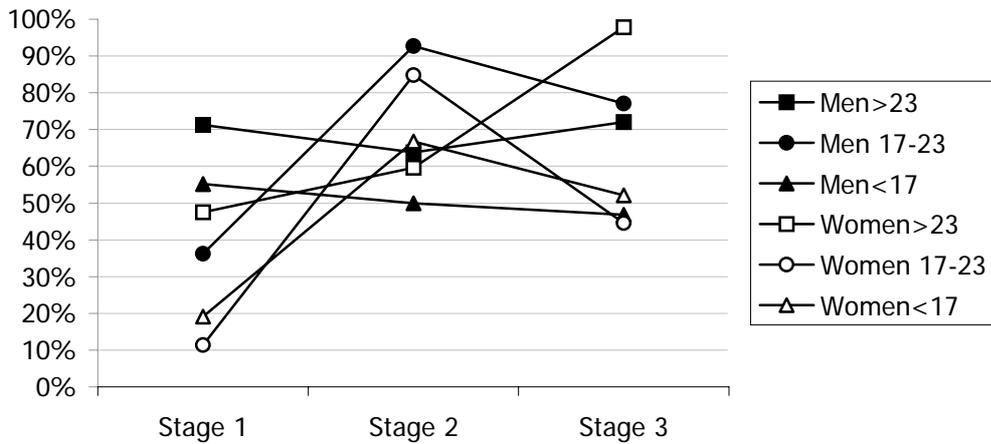
The second STI of which people are most aware is syphilis. School children were mainly aware of syphilis and AIDS, which suggests that it is necessary to continue educational work with high school and college students about other STIs.

Awareness of Chlamydia by Group



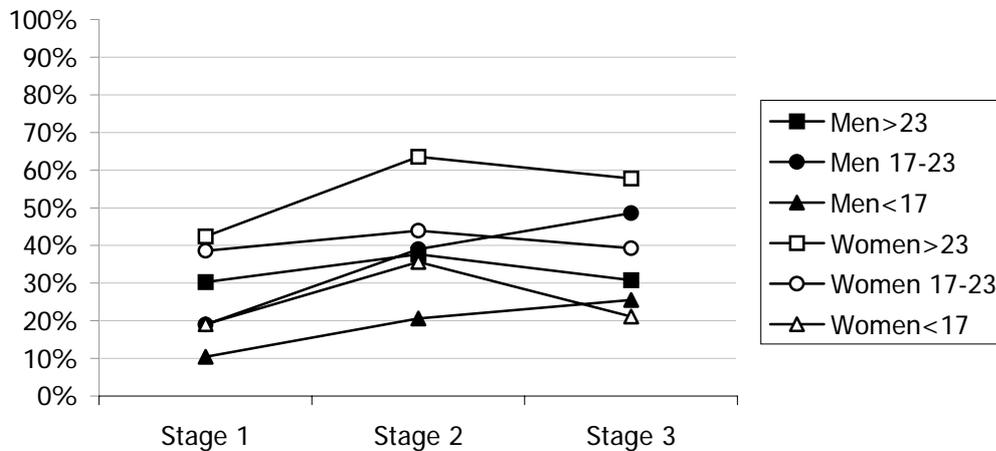
After the information campaign, chlamydia was mentioned more frequently, especially by groups over 18 years old.

Awareness of Gonorrhoea by Group



Initially men showed knowledge of gonorrhoea almost twice as often as women. Awareness of gonorrhoea increased significantly by the time of the mid-survey (stage 2), especially among Groups 2 & 5 (men and women aged 17-23) and awareness was generally maintained, except in Groups 2 & 5 in which awareness had dropped again by stage 3.

Awareness of Trichomoniasis by Group



In stage 1, women were more familiar with trichomoniasis (the oldest group) than men. By stage 2, men had become more aware of the infection, but women were still relatively more aware. However, by stage 3, female awareness had dropped and male awareness (except for in Group 1) had increased.

In stage 1, respondents did not mention other STIs, such as herpes, genital warts, and hepatitis. However, once the campaign was underway, there was definite awareness of such infections.

A4. What are the symptoms of STIs in women?

Stage 1: (pre-survey)

	Men >23	Men 17-23	Men <17	Women >23	Women 17-23	Women <17
Discharge from vagina	74%	45%	41%	93%	77%	46%
Itching in vagina	57%	48%	39%	90%	84%	52%
Bad odor from vagina	50%	29%	42%	88%	50%	35%

Irregular period	41%	31%	30%	61%	71%	62%
Sores near sex organs, rectum or mouth	70%	53%	55%	92%	91%	75%
Frequent urination	21%	16%	12%	46%	20%	15%
Pain in abdomen	44%	28%	30%	75%	70%	52%
Pain during sex	27%	29%	45%	71%	64%	47%
Infertility	32%	29%	19%	53%	73%	34%

Stage 2: (mid-survey)

	Men >23	Men 17-23	Men <17	Women >23	Women 17-23	Women <17
Discharge from vagina	84.1%	46.3%	67.6%	96.2%	90.9%	80.0%
Itching in vagina	81.2%	36.6%	64.7%	94.2%	83.3%	82.2%
Bad odor from vagina	68.1%	31.7%	58.8%	88.5%	86.4%	62.2%
Irregular period	24.6%	17.1%	50.0%	69.2%	54.5%	60.0%
Sores near sex organs, rectum or mouth	71.0%	41.5%	85.3%	94.2%	92.4%	93.3%
Frequent urination	27.5%	19.5%	35.3%	65.4%	42.2%	20.0%
Pain in abdomen	65.2%	36.6%	61.8%	92.3%	75.8%	57.8%
Pain during sex	71.0%	36.6%	55.9%	90.4%	77.3%	51.1%
Infertility	36.2%	31.7%	55.9%	69.2%	71.2%	57.8%

Stage 3: (post-survey)

	Men >23	Men 17-23	Men <17	Women >23	Women 17-23	Women <17
Discharge from vagina	53.3%	71.4%	68.1%	100.0%	94.6%	76.1%
Itching in vagina	51.4%	60.0%	59.6%	100.0%	91.1%	76.1%
Bad odor from vagina	46.7%	54.3%	48.9%	88.0%	87.5%	49.3%
Irregular period	30.8%	37.1%	51.1%	66.7%	62.5%	47.9%
Sores near sex organs, rectum or mouth	48.6%	54.3%	72.3%	91.1%	73.2%	88.7%
Frequent urination	22.4%	40.0%	23.4%	62.2%	46.4%	25.4%
Pain in abdomen	30.8%	60.0%	59.6%	73.3%	82.1%	52.1%
Pain during sex	29.9%	45.7%	53.2%	80.0%	55.4%	43.7%
Infertility	17.8%	25.7%	42.6%	77.8%	42.6%	32.4%

Throughout the campaign, women tended to understand STI symptoms in women better than men. Generally there was a slight increase in knowledge as the campaign progressed, although this was not significant. It would be helpful to continue to teach the population about the main STI symptoms. A significant percentage, nearly three quarters of the men and half of the women, are unaware of such dangerous complications of STIs as sterility.

A5. What are the symptoms of STIs in men?

Stage 1: (pre-survey)

	Men >23	Men 17-23	Men <17	Women >23	Women 17-23	Women <17
Discharge from penis	97%	78%	81%	88%	61%	37%
Sores near sex organs, rectum or mouth	91%	74%	83%	85%	73%	63%
Frequent urination	26%	36%	31%	42%	11%	19%
Swelling in groin	44%	66%	52%	59%	61%	40%
Scrotum edema	33%	40%	42%	51%	39%	35%
Burning around sex organs	85%	71%	69%	71%	61%	60%

Stage 2: (mid-survey)

	Men >23	Men 17-23	Men <17	Women >23	Women 17-23	Women <17
Discharge from penis	99%	98%	68%	90%	56%	78%
Sores near sex organs, rectum or mouth	97%	95%	91%	90%	61%	93%
Frequent urination	45%	49%	30%	67%	38%	18%
Swelling in groin	48%	49%	47%	77%	52%	44%
Scrotum edema	44%	32%	47%	77%	40%	31%
Burning around sex organs	91%	78%	77%	87%	58%	89%

Stage 3: (post-survey)

	Men >23	Men 17-23	Men <17	Women >23	Women 17-23	Women <17
Discharge from penis	100%	100%	81%	69%	88%	62%
Sores near sex organs, rectum or mouth	98%	97%	85%	64%	75%	78%
Frequent urination	52%	60%	34%	51%	5%	32%
Swelling in groin	53%	66%	47%	47%	68%	38%
Scrotum edema	47%	66%	32%	47%	66%	24%
Burning around sex organs	84%	94%	85%	56%	71%	66%

Conversely, men understood STI symptoms in men better than women did. Similar general trends were visible in that there was a definite increase in knowledge about STI symptoms in men during the course of the campaign. The younger groups, both men and women, tended to recognize STI symptoms less than their elder counterparts, which suggests scope for further information dissemination amongst school age children.

A6. How can one protect oneself from STIs?

Stage 1: (pre-survey)

	Men >23	Men 17-23	Men <17	Women >23	Women 17-23	Women <17
Condom	97.0%	84.5%	92.5%	79.7%	68.2%	82.4%
IUD	1.5%	0.0%	22.4%	8.5%	0.0%	7.4%
Birth control pills	6.1%	13.8%	43.3%	8.5%	4.5%	11.8%
Birth control injection	1.5%	1.7%	20.9%	1.7%	0.0%	7.4%
Sex with one permanent partner	36.4%	55.2%	56.7%	72.9%	84.1%	60.3%

Stage 2: (mid-survey)

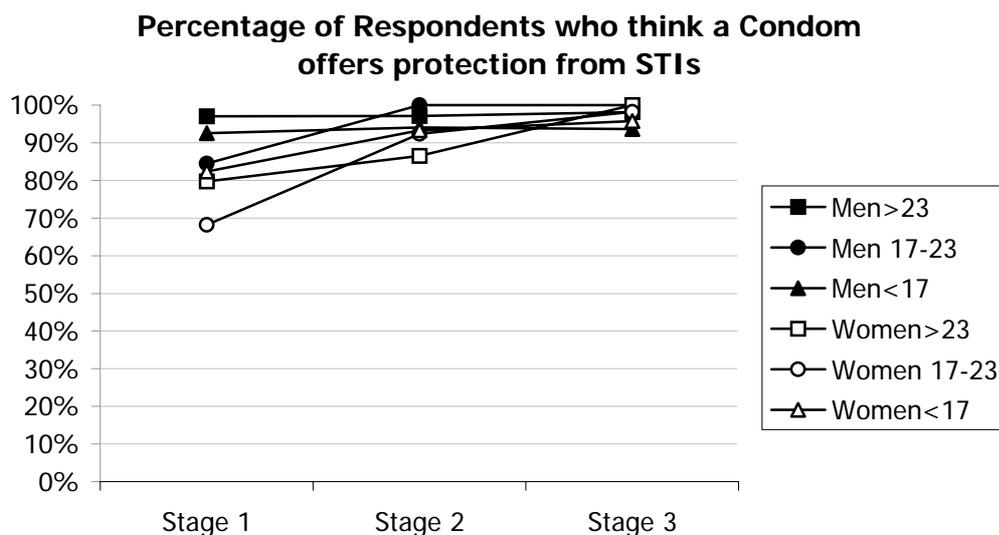
	Men >23	Men 17-23	Men <17	Women >23	Women 17-23	Women <17
Condom	97.1%	100.0%	94.1%	86.5%	92.4%	93.3%
IUD	1.4%	4.9%	11.8%	3.8%	7.6%	2.2%
Birth control pills	1.4%	9.8%	8.8%	3.8%	15.2%	11.1%
Birth control injection	0.0%	4.9%	8.8%	1.9%	3.0%	2.2%
Sex with one permanent partner	65.2%	58.5%	58.8%	92.3%	71.2%	75.6%

Stage 3: (post-survey)

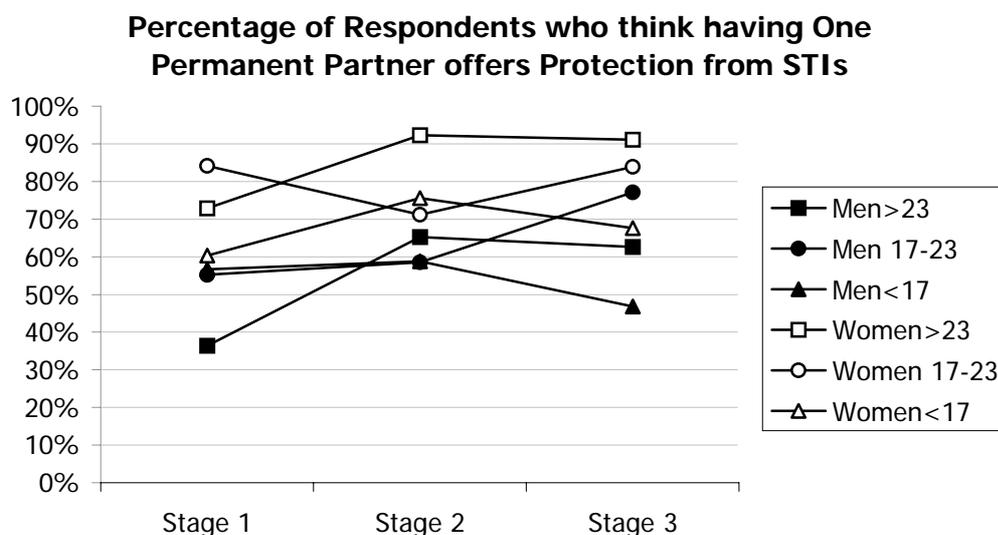
	Men >23	Men 17-23	Men <17	Women >23	Women 17-23	Women <17
Condom	98.1%	100.0%	93.6%	100.0%	98.2%	95.8%
IUD	15.0%	11.4%	6.4%	13.3%	5.4%	9.9%

Birth control pills	15.0%	14.3%	10.6%	15.6%	5.4%	12.7%
Birth control injection	9.3%	8.6%	10.6%	6.7%	3.6%	7.0%
Sex with one permanent partner	62.6%	77.1%	46.8%	91.1%	83.9%	67.6%

By the end of the campaign, all of the groups understood that condoms offer protection from STIs. However, a small proportion of respondents continued to believe that other methods of birth control could offer protection from STIs. The least informed group about this issue at the beginning of the campaign were young men below the age of 17. It was evident, however, that by the end of the campaign this group were more aware of the fact that IUDs, birth control pills and injections did not offer protection.



Between stages 1 and 2 of the campaign there was a general increase in awareness that having one permanent sexual partner was a method of protection from STIs. In addition, many more women than men adhered to this point of view. Between stages 2 and 3, however, except for men and women in the 17-23 age group, there was a reduction in awareness that having one permanent sexual partner was a method of protection from STIs.



A7. Where did you learn about STIs?

Stage 1: (pre-survey)

	Men >23	Men 17-23	Men <17	Women >23	Women 17-23	Women <17
Friends	67%	50%	70%	44%	43%	50%
Relatives	3%	21%	27%	15%	47%	40%
Teacher	20%	24%	54%	20%	16%	44%
Family practitioner	21%	21%	27%	24%	48%	19%
Other health worker	7%	10%	30%	7%	11%	6%
TV	85%	72%	82%	70%	48%	63%
Radio	3%	12%	10%	3%	7%	7%
Newspapers	55%	33%	52%	27%	23%	57%
Brochures, leaflets	11%	31%	42%	46%	52%	12%

Stage 2: (mid-survey)

	Men >23	Men 17-23	Men <17	Women >23	Women 17-23	Women <17
Friends	57%	71%	59%	37%	53%	31%
Relatives	3%	22%	24%	23%	29%	20%
Teacher	7%	12%	44%	19%	24%	27%
Family practitioner	45%	37%	44%	64%	62%	62%
Other health worker	0%	12%	0%	4%	11%	4%
TV	90%	83%	56%	90%	71%	58%
Radio	30%	34%	9%	75%	38%	9%
Newspapers	71%	81%	62%	73%	65%	69%
Brochures, leaflets	39%	71%	21%	69%	59%	31%

Stage 3: (post-survey)

	Men >23	Men 17-23	Men <17	Women >23	Women 17-23	Women <17
Friends	73%	57%	49%	69%	66%	47%
Relatives	22%	29%	23%	31%	23%	35%
Teacher	8%	34%	40%	11%	30%	58%
Family practitioner	47%	60%	45%	69%	57%	35%
Other health worker	13%	14%	4%	13%	11%	4%
TV	79%	74%	43%	64%	77%	54%
Radio	13%	17%	17%	53%	23%	16%
Newspapers	50%	49%	40%	73%	30%	48%
Brochures, leaflets	52%	69%	32%	89%	84%	51%

The most effective source of information on STIs appears to be brochures and leaflets. This can be explained by the continuous distribution of brochures and leaflets throughout the information campaign. Television, radio and newspapers were used to disseminate information for two months only. As a result, the percentage of those who received information from these channels reduced during the third stage of the survey. It appears that groups over 17 years old received more of their information from newspapers, which suggests that younger age groups do not read newspapers so much. However, the younger age groups also received information from their teachers. For all age groups, a highly significant source of information is through friends and this is something that may be tapped during future campaigns.

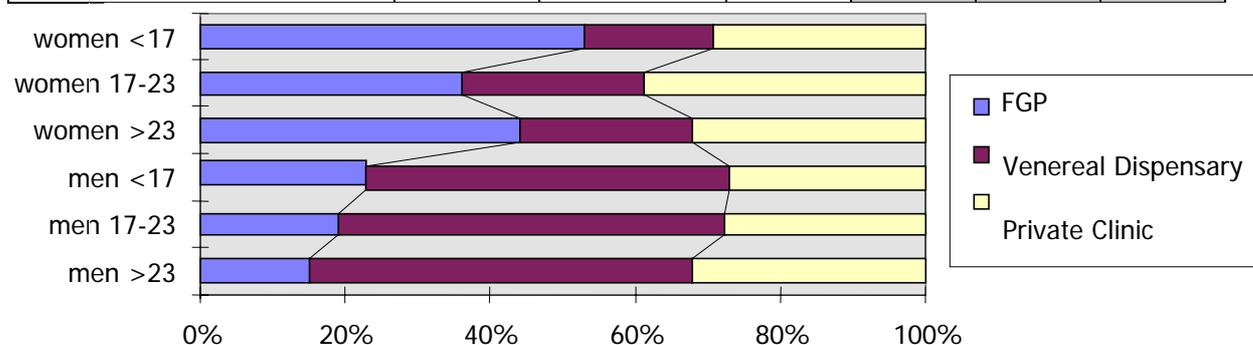
There was a significant increase in information coming from family practitioners over the course of the campaign, especially in the non-school age groups. Radio was a particularly significant source of information for women over 23 years old. This suggests that radio plays aired at bazaars were effective.

BEHAVIOR

B2. Where would you go for treatment if you became infected with an STI?

Stage 1

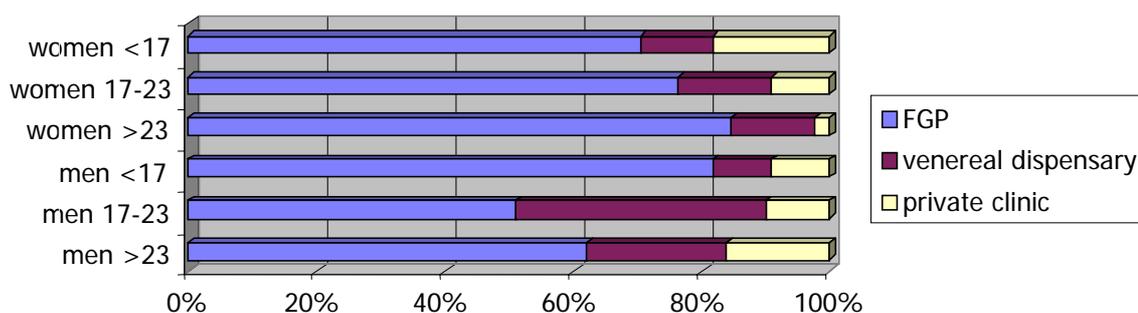
	Men >23	Men 17-23	Men <17	Women >23	Women 17-23	Women <17
Family doctor	15%	19%	22%	44%	36%	53%
Venereal dispensary (VD) doctor	53%	53%	49%	24%	25%	18%
Private venerologist	32%	28%	27%	32%	39%	29%



Before the campaign began it is possible to see that the majority of men, if they discovered STI symptoms, would seek treatment at a venereal dispensary, and almost a third of all respondents would have preferred to go to a private venerologist. Women were more likely to seek treatment in an FGP than men, and the majority of women under 17 would go to an FGP for treatment if they had STI symptoms.

Stage 2

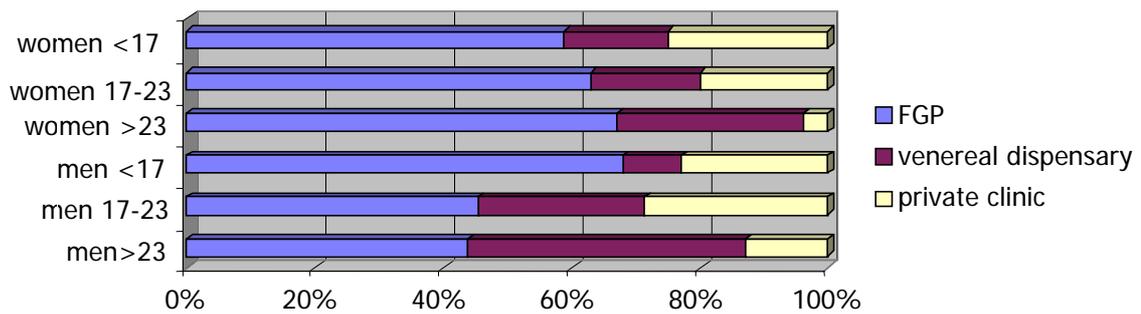
	Men >23	Men 17-23	Men <17	Women >23	Women 17-23	Women <17
Family doctor	62%	51%	80%	77%	74%	69%
Venereal dispensary (VD) doctor	22%	39%	9%	12%	14%	11%
Private venerologist	16%	10%	9%	2%	9%	18%



As a result of the most intensive part of the campaign many more people would go to an FGP for treatment if they had STI symptoms. A large proportion of men in the 17-23 age group would still, however, be inclined to get treatment from a venereal dispensary doctor.

Stage 3

	Men >23	Men 17-23	Men <17	Women >23	Women 17-23	Women <17
Family doctor	44%	46%	68%	67%	63%	59%
Venereal dispensary (VD) doctor	43%	26%	9%	29%	17%	16%
Private venerologist	13%	29%	23%	4%	20%	25%



By the time the campaign had finally come to an end, the number of respondents who said that they would seek treatment from an FGP doctor if they had STI symptoms had decreased from the time of the first post-survey, when the campaign had been at its most intensive. However, there was still a significant increase in the number of people who would seek treatment at an FGP compared to the pre-campaign survey. The two groups of men over 17 years of age were the least likely to seek treatment at an FGP if they had STI symptoms.

B3. How important are the factors listed below in influencing your choice of treatment provider?

- Affordable
- Convenient Location
- Attitude of physician
- Privacy / confidentiality
- Recommendation of friend / family
- Qualification of physician
- Other

Stage 1

In stage 1 all the male groups said that the most important factor was the qualification of the physician, followed by confidentiality and thirdly: in the case of men over 23 – financial abilities; and in the case of the other male groups – the attitude of the physician. Women over 23 chose the same criteria as men below the age of 23, that is the qualification of the physician, confidentiality and attitude of the physician [understanding and goodwill]. Women between the ages of 17 and 23 also felt qualification of the physician was the most important criteria, followed by the attitude of the physician and confidentiality. Women below the age of 17 put the attitude of the physician as the most important, confidentiality as the second most important and qualification of the physician as the third most important criteria.

Stage 2

By stage 2, all groups believed that confidentiality; qualifications of the health provider; and attitude of the physician were the most important criteria in choosing a health facility. The importance of confidentiality increased in almost all of the groups compared with the first survey.

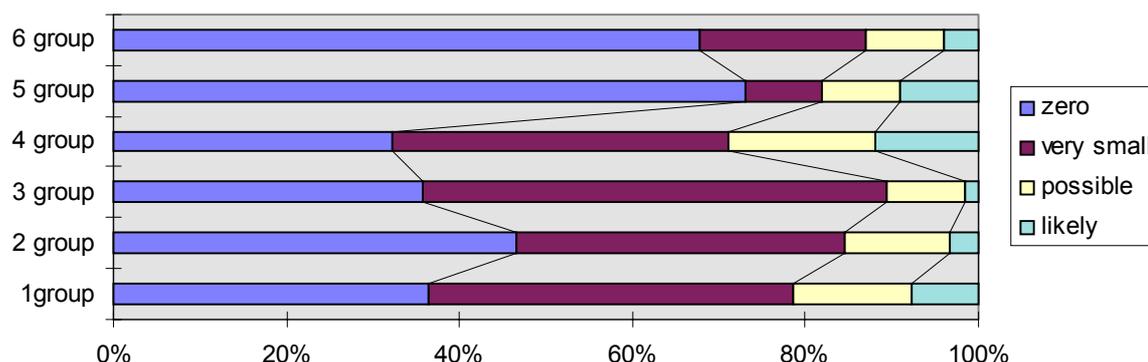
Stage 3

By stage 3, the most important criteria for all age groups were: competent care, confidentiality, and the understanding and benevolence of the physician.

B5. What are the chances of becoming infected with an STI?

Stage 1

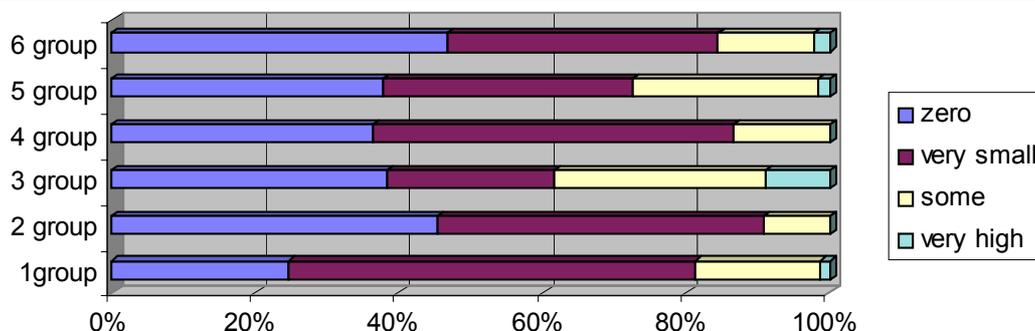
	Male			Female		
	Men >23	Men 17-23	Men <17	Women >23	Women 17-23	Women <17
Zero	36%	47%	36%	32%	73%	68%
Very small	42%	38%	54%	39%	9%	19%
Possible	14%	12%	9%	17%	9%	9%
Likely	8%	3%	2%	12%	9%	4%



The elder age groups (1 & 4) were more realistic about the probability of becoming infected with an STI. The percentage of women who think they may become infected is higher than among men. In the younger age groups (3 & 6) over 80 percent believe that the likelihood of their contracting an STI is zero or very small. There is a very high percentage of women among Groups 5 and 6 (86%) who said they have not had sex in the last three years. Men, especially those from Group 1, use a condom twice as often as women.

Stage 2

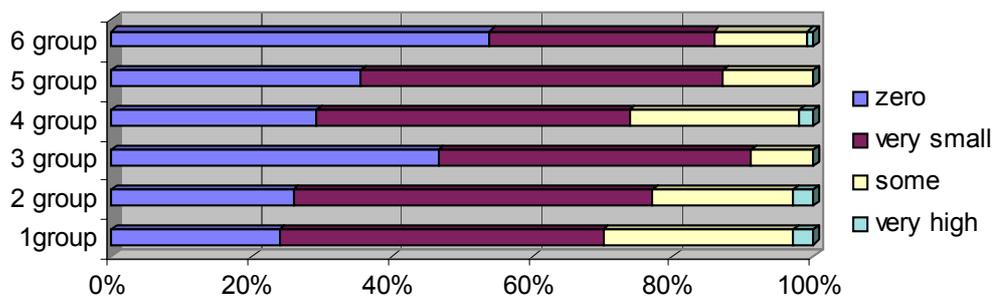
	Male			Female		
	Men >23	Men 17-23	Men <17	Women >23	Women 17-23	Women <17
Zero	25%	46%	38%	37%	38%	47%
Very small	57%	46%	24%	50%	35%	38%
Some	17%	9%	29%	14%	26%	13%
Very high	1%	0%	9%	0%	2%	2%



After the information campaign the percentage of respondents who think they have a very small or some chance of becoming infected with an STI increased significantly. The number of respondents who think they have a very high possibility of becoming infected with an STI decreased. (In Groups 2 and 4 the statistic was 0%).

Stage 3

	Male			Female		
	Group 1	Group 2	Group 3	Group 4	Group 5	Group 6
Zero	24%	26%	47%	29%	36%	54%
Very small	46%	51%	45%	44%	52%	32%
Some	27%	20%	9%	24%	13%	13%
Very high	3%	3%	0%	2%	0%	1%



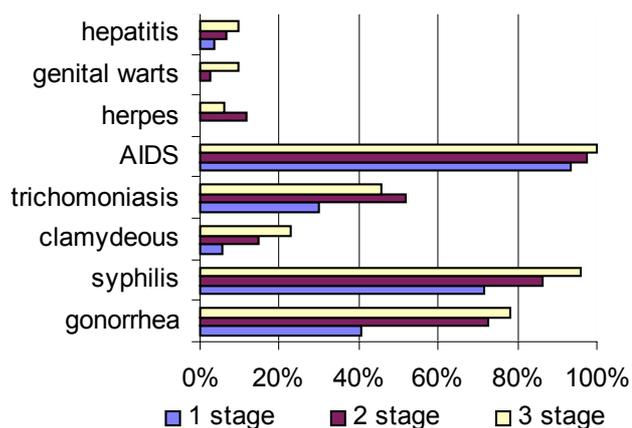
In comparison with the first survey, the percentage of respondents who believed that they could not become infected by STIs reduced among all respondents.

D. Answers to the Questionnaire by Sexually Active Persons

Analysis of sexually active persons who did not use condoms was also carried out for certain questions. In stage 1, only 12% of women and 4% of men who have sex but do not use condoms estimated that they would be likely to become infected with an STI. Of this group of people, the majority were those involved in selling and transporting goods. The minority were university students. Of the group as a whole, however, 75.5% and 61.3% understood that they could protect themselves from catching STIs by using a condom or having one permanent partner respectively. Less promising was that 10.4% of the group believed that they could protect themselves from catching STIs by using gel and 1.9% of the group had no idea how to protect themselves.

A1. Which STIs are you aware of?

STI	Stage 1	Stage 2	Stage 3
Gonorrhoea	40.6%	72.7%	78.1%
Syphilis	71.7%	86.4%	95.8%
Chlamydia	5.7%	14.5%	22.9%
Trichomoniasis	30.2%	51.8%	45.8%
AIDS	93.4%	97.3%	100%
Herpes	0%	11.8%	6.3%
Genital Warts	0%	2.7%	9.4%
Hepatitis	3.8%	6.4%	9.4%



There was a significant increase in awareness about sexually transmitted infections amongst sexually active respondents who do not use condoms. In addition, awareness increased even when the campaign had subsided.

A2. How do you think STIs are transmitted?

Cause	Stage 1	Stage 2	Stage 3
By having sex with an infected partner	95.3%	97.3%	99.0%
By not following hygiene rules	67.9%	71.8%	52.1%
By using a public toilet	41.5%	38.2%	32.3%
By kissing	44.3%	67.3%	53.1%
By shaking hands with an infected person	29.2%	39.1%	3.3%
By having sex with a prostitute	95.3%	96.4%	95.8%
By having a number of partners at any one time	69.8%	89.1%	84.4%
Disease may appear itself without any reason	9.4%	6.4%	14.6%
If one has a predisposition to such diseases	33.0%	12.7%	25.0%

After five months of the information campaign a large percentage of sexually active respondents who do not use condoms correctly answered the question about how STIs can be transmitted. For example, almost all respondents understood that there is a possibility of becoming infected during sex with infected persons, with prostitutes, and through adultery. There was also a decrease in the number of those respondents who believed that it is possible to become infected by not observing hygiene rules and when using a public toilet. However, worryingly, 14.6% of this group of respondents still continued to believe that STIs can appear by themselves and 25% of these respondents still believed that certain people are predisposed to catch STIs.

E. Answers to the Questionnaire by Two High Risk Groups

As part of the survey, two target groups regarded as high risk were chosen from among the respondents and the data received from their answers analyzed. The two high-risk groups were traders / truck drivers and a youth group consisting of school and university age students.

1. KEY RESULTS

The main results for the youth group and the traders / truck drivers (high risk group) are summarized below:

Awareness

Awareness within the youth group increased on the following factors:

- the existence of specific STIs (gonorrhoea and trichomoniasis).
- the fact that anybody sexually active – not only specific ‘risk groups’ is at risk of contracting STIs.
- the signs of STIs in women - such as vaginal discharge, genital itching, lower abdominal pain and frequent urination.
- the fact that condom use prevents STIs and that oral contraceptives do not prevent STIs.

Information

FGPs were increasingly mentioned as sources of information on STIs by youth (36.9% versus 78.2% / 67.4% at the first and second follow up survey)

Treatment Seeking Behavior

Family physicians had become the most important persons to turn to in case of STI symptoms for both high-risk groups. The majority (75% or more) of the traders / truck drivers group stated consistently during all surveys that the friendliness of the staff, confidentiality and ‘qualified services’ were the most important factors for their choice of health services. The cost of services was important too. The convenience of the nearby location of FGPs and ‘recommendations of friends’ were rated as less important by approximately 40% of respondents.

2. General Results

The Youth Group

This group consisted of teenagers in school and university: the number of respondents in this group was 203 in stage one, 156 in stage two and 181 in stage three. The average age of respondents in this group was 16 years.

A. Awareness

A1: Which STIs are you aware of?

Infection	Stage 1	Stage 2	Stage 3
Gonorrhoea	29.1%	74.4%	47.0%
Syphilis	81.8%	96.2%	87.8%
Chlamydia	2.0%	9.6%	13.8%
Trichomoniasis	20.2%	34.0%	27.1%
AIDS	99.0%	97.4%	98.3%
Herpes	0.5%	10.3%	8.3%
Genital Warts	0.0%	3.8%	5.5%
Hepatitis	3.9%	14.7%	8.3%

The respondents in the youth group seem to be quite familiar with names such as Syphilis and AIDS, while their awareness of an STI caused by Chlamydia increased from 2% prior to the health promotion campaign to 9.6% and 13.8% after it. A similar tendency also occurred with awareness that Herpes, Genital warts and Hepatitis B are also STIs: e.g. before the promotion campaign, Herpes was familiar to only 0.5% of respondents, while in March 2000, 8.3% of respondents were aware that it is an STI.

A2: How do you think STIs are transmitted?

Method	Stage 1	Stage 2	Stage 3
Sexual Contact	97.0%	99.4%	99.4%
Poor hygiene	67.5%	57.7%	61.9%
Sharing toilet	36.5%	34.6%	37.1%
Kisses (yes)	38.9%	55.8%	36.5%
Kisses (no)	50.7%	32.7%	53.6%
Shaking hands (yes)	25.1%	25.0%	27.6%
Sex with Prostitute	95.1%	96.8%	95.6%
Unfaithful Spouse	73.4%	66.7%	83.4%
Problem emerges by itself (yes)	10.3%	7.7%	6.1%
Problem emerges by itself (no)	77.8%	73.1%	85.1%
Predisposition to the disease (yes)	32.0%	24.4%	20.0%
Predisposition to the disease (no)	35.0%	40.4%	42.5%

Knowledge about the main methods of transmission of STIs is one of the main ways of helping to prevent these infections. The survey showed that the initial understanding of sexual transmission was very high – 97.0% and as a result of the campaign it increased to 99.4%. This correlates with the understanding of the role of prostitutes in transmitting STIs: 95.1% of respondents prior to the campaign and 96.8% and 95.6% after it, said that sex with a prostitute was a method of infection. At the same time the data show that there were certain misconceptions about the role of kisses and handshaking and using public toilets: the first was underestimated, while the majority of respondents overestimated the latter two. The number of people understanding that STIs cannot emerge by themselves increased, as did the correct belief that having a faithful partner is a method of preventing STIs.

A3: Who, do you think, is most likely to become infected with an STI?

Who?	Stage 1	Stage 2	Stage 3
Anybody	27.6%	55.8%	49.7%
Prostitutes	66.5%	59.6%	65.7%
Unfaithful Partner	8.9%	23.7%	46.4%
Homosexuals	14.8%	19.9%	16.6%
Drug Addicts	42.4%	59.0%	53.0%
Prisoners	5.4%	3.8%	8.8%
Young adults	10.3%	26.3%	23.2%

The understanding of risk of infection became much clearer in young people: there was almost a twofold increase in the opinion that anybody is at risk of becoming infected by STIs: 27.6% in stage 1 versus 49.7% in stage 3, which suggests increased alertness about STIs amongst the young. After the promotion campaign, more than half of the respondents were confident that prostitutes and drug addicts are at high risk of being infected by STIs (65.7% and 53.0% accordingly). It is also noticeable that young people, the majority of whom claimed that they had not yet had sexual relations, showed an increase in understanding that an unfaithful partner significantly increases the risk of contracting an STI: 8.9% prior to the campaign versus 23.7% and 46.4% after it. It is hoped that these changes in knowledge will lead to positive changes in the future sexual behavior of young people.

A4: What are the symptoms of STIs in women?

STI Signs	Stage 1	Stage 2	Stage 3
Vaginal discharge	47.3%	72.4%	80.7%

Vaginal itching	50.2%	67.3%	76.2%
Bad smell	34.5%	61.5%	61.3%
Menstrual disorder	44.8%	45.5%	52.5%
Sores on genitals, mouth or anus	68.5%	81.4%	77.3%
Frequent urination	13.3%	26.9%	32.0%
Lower abdominal pain	39.9%	57.7%	67.4%
Painful intercourse	43.3%	55.1%	50.8%
Infertility	36.5%	55.8%	35.9%

A5: What are the symptoms of STIs in men?

Signs	Stage 1	Stage 2	Stage 3
Urethral discharge	61.6%	69.2%	78.5%
Sores on genitals, mouth or anus	72.9%	82.7%	81.2%
Frequent urination	23.2%	26.3%	39.8%
Groin swelling	53.7%	45.5%	54.1%
Scrotal swelling	40.4%	33.3%	44.2%
Itchy genital area	65.0%	71.2%	77.3%

Basic awareness of STI signs was good in respondents from the youth group, i.e. 68.5% - 72.9% of them knew about sores on genitals and mouth before the campaign, and this number increased to 77.3% - 81.2% after the campaign. The majority was significantly more aware of such symptoms as vaginal or urethral discharge after the campaign: from 47.3% - 61.6% to 80.7% - 78.5%. Unfortunately, there was little improvement of understanding of serious STI complications such as infertility: 36,5% before the campaign versus 35.9% after it.

A6: How can one protect oneself from STIs?

Method	Stage 1	Stage 2	Stage 3
Don't know	3.0%	1.3%	0.6%
No way	0.5%	0.0%	0.0%
Use condom	84.2%	94.2%	96.1%
Use IUDs	9.4%	8.3%	6.1%
Oral contraception pills	19.7%	14.1%	9.4%
No sex	22.7%	36.5%	15.5%
One faithful partner	62.1%	66.0%	68.0%

It is noticeable that in the youth group, the share of those who claimed that they did not know how to prevent STIs declined five-fold: from 3.0% before the campaign to 1.3% by stage 2 and 0.6% by stage 3. A basic awareness of the importance of condom use was very high, and it improved further: from 84.2% prior to the campaign to 96.1% after the campaign. The youth group respondents increased their understanding of the fact that using IUDs and oral contraception pills was a way of preventing STIs: before the campaign, 9.4% believed IUDs could offer protection reducing to 6.1% after the campaign; before the campaign 19.7% of people believed oral contraception pills could offer protection reducing to 9.4% after the campaign.

A7: Where did you learn about STIs?

Source	Stage 1	Stage 2	Stage 3
Friends	56.2%	52.6%	55.2%
Relatives	37.9%	25.6%	27.1%
School teachers	36.9%	28.2%	?
FGP health workers	29.1%	55.8%	46.4%
Other health workers	16.7%	9.0%	6.0%
TV	68.0%	64.1%	58.6%

Radio	9.4%	18.6%	16.6%
Newspapers	44.3%	65.4%	40.9%
Brochures, flyers	36.0%	44.2%	56.4%

Ranking the answers given by youth group respondents about sources of STI information, it is possible to put them in the following order: TV – 58.6%, brochures, flyers – 56.4%, friends – 55.2%, FGP health workers – 46.4%. The role of newspapers in providing information, increased two months after the campaign started from 44.3% to 65.4%. This was a direct result of articles about STIs that had been placed in Kazak and Russian newspapers as part of the information campaign. Five months after the campaign started, when the campaign organizers had stopped placing articles in newspapers, the share of young people receiving STI information from newspapers had gone back down to 40.9%.

Behavior

B1: If you discovered STI signs, who would you tell?

Who?	Stage 1	Stage 2	Stage 3
Nobody	0.5%	1.9%	0.6%
Friend	32.5%	37.8%	17.7%
Relative	52.7%	37.8%	37.0%
FGP physician	36.9%	78.2%	67.4%
DV dispensary physician	34.0%	27.6%	23.2%
Private STI specialist	37.9%	22.4%	36.5%
Pharmacy seller	4.9%	0.0%	5.5%

There is a correlation between the answers to the questions ‘whom would you tell if you had STI signs’ and ‘where would you seek treatment if you became infected by an STI?’ given by the youth group and the driver/trader group respectively (see graph B2 in the Trader / Truck Driver section below). Most remarkable is the increased share of people who would prefer to seek treatment from an FGP physician: in the youth group the increase was from 36.9% to 67.4% after five months, and in the drivers/traders group the increase was from 27.3% to 56.8% after five months. The percent of those who would seek treatment from a DV dispensary in the youth group had declined from 34.0% to 23.2%, while in the drivers/traders group the percentage was almost unchanged (34.4% to 37.3%). The youth group barely changed their attitude towards private STI services, while the respondents from the drivers/traders group drastically changed their likelihood of seeking treatment from a private facility with a percentage decrease from 28.8% to 4% over five months. It is likely that this is related to cost, since treatment in an FGP clinic is free.

B9: Where can you get or buy a condom in your city?

Where?	Stage 1	Stage 2	Stage 3
Don't know	1.5%	0.0%	0.0%
A kiosk	53.7%	43.6%	40.3%
A store	28.1%	17.9%	26.0%
An FGP	12.8%	14.1%	33.2%
A pharmacy	92.6%	94.9%	98.3%

The Traders / Truck Drivers Group

Truck drivers and traders: the number of respondents in this group was 126 in stage one, 105 in stage two and 135 in stage three. The average age of respondents in this group was 27 years.

A. Awareness

A6: How can one protect oneself from STIs?

How?	Stage 1	Stage 2	Stage 3
Use condom	82.5%	91.4%	99.3%

Use IUDs	5.6%	1.0%	20.0%
Oral contraception pills	11.9%	1.9%	20.7%
No sex	10.3%	28.6%	39.3%
One faithful partner	59.5%	81.9%	80.7%

It is noticeable that in the youth group, the share of those who claimed that they did not know how to prevent STIs declined five-fold: from 3.0% before the campaign to 1.3% after two months and 0.6% after five months. In both groups (youth and drivers/traders) a basic awareness of the importance of condom use was very high, and it improved further: from 84.2% and 82.5% prior to the campaign to 96.1% and 99.3% after the campaign. The drivers/traders group showed a disappointing misconception about the use of IUDs and oral contraception pills as a way of preventing STIs, while the youth group respondents increased their understanding of this issue: before the campaign, 9.4% believed IUDs could offer protection reducing to 6.1% after the campaign; before the campaign 19.7% of people believed oral contraception pills could offer protection reducing to 9.4% after the campaign.

B. Behavior

B2: Where would you for treatment if you became infected with an STI?

Where?	Stage 1		Stage 2		Stage 3	
	F	M	F	M	F	M
FGP physician	31.9%	22.8%	77.9%	59.5%	63.6%	50.0%
DV dispensary physician	23.2%	45.6%	11.8%	29.7%	29.1%	45.5%
Private STI specialist	26.1%	31.6%	2.9%	10.8%	5.5%	2.5%
Healer	0%	0%	0%	0%	1.8%	0%

See text below graph B1 in the Youth Group Section above.

B3. How important are the factors listed below in influencing your choice of treatment provider:

Financial capacity	Very important	51.6	23.8	23.0
	Important	17.4	33.3	50.4
	Less important	31.0	42.9	26.7
Convenient location	Very important	25.4	12.4	20.7
	Important	32.5	30.5	37.8
	Less important	42.1	57.1	41.5
Friendliness of the staff	Very important	56.3	51.4	29.6
	Important	37.3	44.8	50.4
	Less important	6.3	3.8	20.0
Confidentiality	Very important	69.0	71.4	34.1
	Important	27.0	24.8	51.1
	Less important	4.0	3.8	14.8
Recommendation of friends	Very important	20.8	3.8	20.7
	Important	20.8	27.6	41.5
	Less important	58.4	68.6	37.8
Qualified service	Very important	86.5	81.0	48.9
	Important	11.9	18.1	41.5
	Less important	1.6	1.0	9.6

Ranking of the factors that could influence the choice of care provider showed that financial capacity was considered to be very important by 51.6% of truck drivers and traders prior to the campaign, while after the campaign this factor had halved in importance to 23.0%. It may be that people are reconsidering their attitudes towards their own health and ridding themselves of an excessive frugality concerning STI treatment costs. At the same time the share of those who think it's important had increased from 17.4% to 50.4%, which reflects current general economic problems. The crucial issue of confidentiality was

assessed as very important by 69.0% of truck drivers and traders before the campaign, and 71.4% after the campaign.

B5: What are the chances of becoming infected with an STI?

	Stage 1		Stage 2		Stage 3	
	F	M	F	M	F	M
Zero risk	30.4	24.6	39.7	10.8	29.1	12.5
Low risk	37.7	47.4	41.2	56.8	47.3	48.8
Risk exists	18.8	15.8	17.6	27.0	21.8	35.0
High risk	13.0	12.3	1.5	5.4	1.8	3.8

The perception of the risk of being infected among the truck driver and trader high-risk group varies from zero risk to high risk. Belief that respondents were zero risk decreased from 27.5% to 20.8%. Conversely, the number of respondents who believe that they are at risk increased from 17.3% to 28.4%. This could be a sign of increased awareness among the population about STIs. However, the number of respondents who think that they are high risk declined from 12.6% prior to the campaign to 2.8% after it.

Condom Use

B6: Have you used condoms during the last three months?

	Stage 1		Stage 2		Stage 3	
	F	M	F	M	F	M
Yes	27.5%	61.4%	17.6%	48.6%	30.9	70.0%

B7: If no, why not?

Why?	Stage 1		Stage 2		Stage 3	
	F	M	F	M	F	M
No sexual activity	24.0%	13.6%	16.1%	5.3%	23.7%	16.7%
My partner refuses	4.0%	18.2%	8.9%	15.8%	5.3%	16.7%
I don't like it	32.0%	31.8%	21.4%	57.9%	7.9%	20.8%
I don't trust condoms	4.0%	4.5%	3.6%	5.3%	0.0%	4.2%
I trust my partner	52.0%	54.5%	67.9%	47.4%	71.1%	66.7%

B8: If yes, what did you use a condom for?

Why?	Stage 1		Stage 2		Stage 3	
	F	M	F	M	F	M
For contraception	68.4%	65.7%	66.7%	77.8%	76.5%	75.6%
To prevent STIs	47.4%	68.6%	100.0%	72.2%	64.7%	94.6%

B9: Where can you get or buy a condom in your city?

Where?	Stage 1		Stage 2		Stage 3	
	F	M	F	M	F	M
In kiosk	63.2%	65.7%	50.0%	59.5%	90.9%	78.8%
In FGP	13.2%	64.8%	41.2%	35.1%	72.7%	41.3%
In pharmacy	89.5%	88.6%	100.0%	94.6%	100.0%	98.8%

The information about condom use shows that no more than 50.4% of the truck drivers/traders group uses condoms, 70.0% of those who do are males. The main reason for not using condoms is growing trust in partners from 53.2% to 57.6% after two months and 68.9% after five months. 100% of females and 72% of males in the drivers/traders group understood that condoms prevent STIs, by stage 2 of the campaign. By stage 3 only 64.7% of females and 94.6% of males understood that condoms prevent STIs. In response to the question about where one could buy or get a condom, adult respondents (100% females and 98.8% males) and 98.3% of young people indicated the pharmacy. The FGP was mentioned by 72.7% of females and 41.3% of males as a source of condoms, which is much higher than prior to the campaign (13.2% females and 64.8% males).

VI. Conclusions

Although it was understood from the outset that the STI awareness campaign would have a limited impact under the current economic conditions, the campaign still had a number of objectives. These were to: 1) gauge awareness of STIs: what they are; their main symptoms; how they are transmitted; how they can be prevented; and the implications of not getting treatment, and 2) to encourage the population to seek diagnosis in a family group practice if they believe they have symptoms or believe they have been in contact with an infected person.

By analyzing the surveys carried out before, during and after the campaign, it is possible to see that general awareness about STIs increased. There was a significant increase in the number of respondents of all groups who understood methods of STI transmission. This is significant because knowledge about the main methods of transmission of STIs is one of the main ways of helping to prevent these infections.

There was also an increase in awareness that anybody sexually active – not only specific ‘risk groups’ – is at risk of contracting STIs. Combined with heightened awareness that condoms prevent STIs – it is hoped that this will have a positive effect on people’s sexual activities.

Among the high-risk groups, awareness of the fact that condom use does prevent STIs and that oral contraceptives do not increased for the youth group. However, a significant proportion of the truck drivers/ trader group continued to believe in the misconception that oral contraceptives prevent STIs.

One of the key high-risk groups – truck drivers and traders – became significantly more inclined to refer themselves to FGPs if they suspected they had STIs. This may be related to the fact that FGP services were free for the duration of the campaign and up to May 2000. It was hoped that once people began to seek treatment in FGPs they would subsequently stick with this new treatment behavior.

Much of the increase in awareness took place between stages 1 and 2 of the campaign and dropped away again by stage 3. This is because between stages 1 and 2 of the campaign, information on STIs was being disseminated through a wide number of channels such as TV, radio plays and newspaper articles. Between stages 2 and 3, information was officially being disseminated by far fewer channels, such as brochures and FGP doctors. However, unofficially, people were still talking about the campaign and these channels had an impact. Overall, however, awareness was, statistically, much higher post-campaign than prior to the campaign, and the campaign can be judged a success in having achieved heightened awareness of various aspects of STIs, and in contributing to a change in treatment seeking behavior.

Annex 1: Questionnaire

A. Awareness

A1. Which STIs are you aware of?

- a. Gonorrhoea
- b. Syphilis
- c. Chlamydia
- d. Trichomoniasis
- e. AIDS
- f. Genital herpes
- g. Genital warts

h. Hepatitis B

A2. How do you think you can become infected with an STI? (prompted)

	yes	no	don't know
	1	2	3
a. By having sex with an infected partner	1	2	3
b. By not following hygiene rules	1	2	3
c. By using a public toilet	1	2	3
d. By kissing	1	2	3
e. By shaking hands with an infected person	1	2	3
f. By having sex with a prostitute	1	2	3
g. By having a number of partners at any one time	1	2	3
h. A disease may appear itself without any reason	1	2	3
i. If one has a predisposition to such diseases	1	2	3

j. Other _____

A3. Who do you think is most likely to become infected with an STI? (you can choose several) (not prompted)

- a. Nobody
- b. Anybody
- c. Prostitutes
- d. People with changing sex partner
- e. Homosexuals
- f. Drug addicts
- g. Prisoner
- h. Refugees
- j. Homeless
- k. Young people
- l. Other _____

A4. What are the symptoms of STIs in women? They can be: (prompted)

	yes	no	don't know
	1	2	3
a. Discharge from vagina	1	2	3
b. Itching in vagina	1	2	3
c. Bad smell from vagina	1	2	3
d. Irregular period	1	2	3
e. Sores, bumps, blisters near sex organs, rectum or mouth	1	2	3
f. Need to urinate more often	1	2	3
g. Pain in lower abdomen	1	2	3
h. Pain during sex	1	2	3
j. Infertility	1	2	3

Other _____

A5. What are the symptoms of STIs in men? They can be: (prompted)

	yes	no	don't know
	1	2	3
a. Discharge from penis	1	2	3
b. Sores, bumps, blisters near sex organs, rectum or mouth	1	2	3
c. Need to urinate more often	1	2	3
d. Swelling on groin	1	2	3
e. Scrotum edema	1	2	3
f. Burning and itching around sex organs	1	2	3

g Other _____

A6. How can one protect oneself from STIs? (prompted) (choose as many as applies):

- a. Don't know
- b. There is no way to protect oneself
- c. Condom
- d. IUD
- e. Birth control pills
- f. Birth control creams
- g. Birth control injection
- h. By not having sex at all
- j. To have sex with only one permanent partner
- k. Other _____

A7. Where did you learn about STIs? (prompted) (choose as many as applies):

- a. Friends
- b. Relatives
- c. School teacher
- d. FGP
- e. Other doctors or health workers (please specify) _____
- f. TV
- g. Radio
- h. Newspapers
- j. Brochures, leaflets
- k. Other _____

B. Behavior

B1. If you discovered STI signs, who would you tell? (prompted) (choose as many as applies)

- a. Nobody
- b. Friends
- c. Relatives
- d. Family practitioner
- e. Doctor of the venereal diseases dispensary
- f. Private venerologist
- g. Traditional healers
- h. Druggist
- j. Other doctor _____
- k. Somebody else _____

B2. Where would you go for treatment if you became infected with an STI? (not prompted) (choose only one answer)

- a. Nowhere
- b. Family practitioners
- c. Doctors at the venereal diseases dispensary
- d. Private venerologists
- e. Traditional healers
- f. Druggist
- g. Other doctor _____
- h. Somebody else _____

B3. How important are the factors listed below in influencing your choice? (of B2)

	very important 1	somewhat important 2	Not important 3
a. Affordable	1	2	3
b. Convenient location	1	2	3
c. Attitude of physician	1	2	3
d. Privacy / confidentiality	1	2	3
e. Recommendation of friend/ family	1	2	3
f. Qualification of physician	1	2	3

g. Other _____

B4. Who do you think can provide the most effective treatment for an STI? (not prompted) (choose only one answer)

- a. Nobody
- b. Family practitioners
- c. Doctors at the venereal diseases dispensary
- d. Private venerologists
- e. Traditional healers
- f. Druggist
- g. Other doctor _____
- h. Somebody else _____

B5. What are the chances of becoming infected with an STI? (choose only one answer)

- a. Zero
- b. Very small
- c. Possible
- d. Likely

B6. Have you used a condom during the past 3 months?

- Yes No

If yes go to B8

If no go to B7

B7. If no, why not?

- a. N/a – did not have sex during past 3 months
 b. Don't know where to get them
 c. Expensive
 d. My partner doesn't like them
 e. I don't personally like them
 f. I don't trust a condom
 g. I trust my partner
 h. Other _____

B8. If yes, what did you use a condom for?

- a. Birth control
 b. STI prevention
 c. Other

**B9. Where can you get or buy a condom in your city? (not prompted)
(you can choose several points)**

- a. Don't know
 b. In kiosks
 c. In stores
 d. In health facilities
 e. I drugstores
 f. Somewhere else _____

C. Personal Data

C1. Gender

- male female

C2. Date of Birth

year of birth 19_____

C3. Occupation Choose only one

- a. College student
 b. University student
 c. Vendors/ shop tourists
 d. Factory worker
 e. Transport worker
 f. Other _____

C4. Education Choose only one

- a. Unfinished secondary
 b. Secondary
 c. Secondary specialized
 d. Unfinished higher
 e. Higher