Baseline Survey Results for the "Young Men as Equal Partners" Project 10-24 year-olds from Nyando, Bondo and Homa Bay Districts in Nyanza Province, Kenya

February 2007

Acknowledgements

This study was coordinated by Dr. Sarah Thomsen, who had primary responsibility for designing and carrying out the survey. The report preparation team at FHI was led by Dr. Thomsen, with substantial contributions from Karen Katz and Barbara Janowitz.

Our heartfelt thanks to the young men who responded to the many questions put to them.

In addition, we would like to thank:

Family Health International: Zablon Omungo, Pierre Ngom, Maureen Kuyoh, Maggwa Baker Ndugga, Carmen Cuthbertson, Conrad Otterness

Impact Research and Development Organization: Dr. Kawango Agot and her team (Mathews Onyango, Jacob Odhiambo, Erastus Aroko, Bernard Onyango Orimba, Daniel Osuga, Frank Ojwang', Samwel Odipo, Lawrence Oduge and Nelly Genga and 27 enumerators).

Family Health Options of Kenya: Charles Onoka, Caroline Oloch, Godwin Mzenge, and Linus Ettyang.

The Swedish Association for Sexuality Education (RFSU), particularly Staffan Uddeholdt and Cuthbert Maendaena.

District Commissioners, District Education Officers, District Medical Officers of Health, and village leaders of Homa Bay, Bondo, and Muhoroni Districts and Chemelil Sugar Company management.

The Central Bureau of Statistics and their field staff.

International Planned Parenthood Association, Africa Regional Office

This study was funded by the **United States Agency for International Development (USAID).** The views expressed do not necessarily reflect that agency's policies.

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Executive Summary

The Young Men as Equal Partners (YMEP) program was developed by the Swedish Association for Sexuality Education (RFSU), in collaboration with IPPF member associations in Zambia and Tanzania. The goal is to contribute to the improvement of sexual and reproductive health rights of young people. Already operating in several countries, the YMEP program had a planned expansion to Nyanza province in Kenya. The HIV prevalence in Nyanza Province in 2000 was 22%, the highest in Kenya. In addition, a 2003 survey found that Nyanza had the lowest average age at first sex among 20-24 year olds in Kenya: 16.4 years. Family Health International (FHI), with funds from the United States Agency for International Development (USAID), approached RFSU about conducting an evaluation of YMEP in order to determine its effectiveness and to provide guidance for the design of similar projects.

Two cross-sectional, population-based household surveys among young men in the targeted districts were designed to conduct this evaluation. The baseline survey was planned to take place prior to the implementation of the YMEP program and a follow-up survey would be conducted one year after program implementation. From January to February 2006, FHI, in conjunction with Impact Research and Development Organization (IRDO), carried out the baseline survey in Nyando, Homa Bay and Bondo districts in Nyanza. A total of 1,058 boys and young men between the ages of 10 and 24 were interviewed. All survey participants were asked about their knowledge of HIV/AIDS and sources of reproductive health information, including exposure to sex education in schools and peer education. Questions about knowledge of reproductive health, family planning and STIs were asked only of 13-24 year olds. Only 15-24 year olds were asked about their sexual behaviours and experiences, HIV risk perceptions and attitudes toward gender equity.

The main results of the baseline survey are as follows:
Knowledge of HIV and RH:

- Nearly all study participants had heard of HIV/AIDS. Knowledge of STIs was lower; 10% of 13-14 year olds, 25% of 15-19 year olds and 45% of 20-24 year olds could name 4 or 5 STIs.
- Knowledge that HIV was transmitted through sexual intercourse and could be prevented by abstinence was also high for young men 13 and older. Respondents were less likely to know that HIV could be prevented by using condoms or being faithful to one partner.
- Knowledge of reproductive biology and pregnancy was fairly low. At least 25% in any age group could not correctly answer specific questions about girls and boys starting to produce eggs and sperm during puberty or the definition of fertilization. Few knew the time of the menstrual cycle when a girl is most likely to get pregnant. The majority of young men 15-24 years old knew that male condoms could prevent pregnancy though less than 60% of 13-14 year olds mentioned them. Less than 40% of 13-19 year olds mentioned pills for pregnancy prevention though they over 60% of 20-24 year olds knew of them.

Attitudes toward gender norms:

- Out of 17 statements measuring equitable attitudes toward gender norms, 50% or more of the 15-19 year olds held equitable gender norms on only six statements while 50% of more of the 20-24 year olds held equitable norms on only seven statements. Attitudes toward PLWHA was similarly negative though became more positive with increasing age.

Sexual experiences and behaviours:

- The percent that have had sexual intercourse increased with age from over 40% of the 15 year olds to virtually all of the 20-24 year olds.
- At least 40% of those who had sex in the past six months had sex with "other" or both steady and "other" partners. Even among married/cohabitating young men, only about half only had sex with their spouse or steady partner.
- In examining a range of safe to risky behaviors (ranging from no sex to sex with multiple partners and no consistent condom use), 15-19 year olds were more likely than 20-24 year olds to practice very safe behaviors (55% vs. 45%) mainly because they were more likely to be abstinent. Nearly 30% of married or cohabitating young men reported very risky behaviours (sex with "other" partners and not using condoms consistently).
- 18% of 15-19 year olds and 42% of 20-24 year olds who had ever had sex have been tested for HIV. The most common reason for not getting tested was that they did not perceive themselves to be at risk. Most knew of a place to get tested.

Reaching young men:

- Most young men listen to the radio ever week. Watching TV or reading a newspaper was less common.
- The majority of 13-24 year olds but only 39% of 10-12 year olds have had a sex education class. Topics of these lessons are primarily related to HIV/AIDS and STIs. Most have never spoken to a peer educator.
- Attendance at weekly religious ceremonies was fairly common. Membership in a youth club was less common but increased with age.
- There is a divergence of where young men are receiving information on puberty and sexual issues and where they are actually getting their information. For young men under 19 they want to receive less information from their teachers and more from their parents. The oldest young men (20-24 year olds) prefer a mix of sources including parents, friends or partners or knowledgeable persons.

The YMEP program is scheduled to begin in December 2006 and will last for three years. The program will focus on increasing knowledge and changing inequitable attitudes through several channels including peer education, teacher training and media. YMEP will also attempt to increase the use of reproductive health services. The follow-up survey is planned for 2008 and the results will be used to measure how much the intervention changed knowledge, attitudes and behaviours, including the use of services in the targeted communities.

ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
CDC	Centers for Disease Control
DHS	Demographic and Health Survey
EA	Enumeration Area
FHI	Family Health International
FHI/NC	Family Health International/North Carolina
FHOK	Family Health Options of Kenya
HIV	Human Immunodefiency Virus
IPPF	International Planned Parenthood Federation
IRDO	Impact Research and Development Organization
MOEST	Ministry of Education, Science and Technology
PI	Principal Investigator
PLWHA	Persons Living with HIV/AIDS
PPS	Probability proportional to size
RFSU	Swedish Association for Sexuality Education
RH	Reproductive Health
SAS	Statistical Analysis System
Sida	Swedish International Development Agency
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health rights
STI	Sexually transmitted infection
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
YMEP	Young Men as Equal Partners

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I. INTRODUCTION

The national HIV/AIDS prevalence in Kenya is 13.5% with approximately 2 million people infected. It is estimated that in the next five to six years, 40% of all new male infections and 60% of new female infections will occur in those under age 20 (NASCOP, 2000). This is because many youth are sexually active and not using protection and/or have multiple sexual partners (CBS, 2004).

The HIV prevalence in Nyanza Province in 2000 was the highest in the country: 22% (KMOH, 2001). A study carried out in four major beaches within the three districts found that 66% of sampled young men said that their spare time is spent in discos, video halls, drinking and "chasing women" (IFH, 2003). Fifty-two percent of the interviewed young men admitted having several sexual partners at any given time. Sexual activity also begins early in the area. In 2003 Nyanza province had the lowest average age at first sex among 20-24 year olds in the country: 16.4 years (CBS, 2004).

Current efforts to slow down the rapid spread of HIV/AIDS in the region include heavy investments in educating youth on the dangers of HIV/AIDS through peer education and school- and health facility-based programs. Recently, several programs have addressed these needs of youth (Barker and Ricardo, 2005; Boender et al, 2004; Burger, 2004; International HIV/AIDS Alliance, 2003; UNFPA, 2003). However, there is little evidence about the effectiveness of these programs (Sternby and Hubley, 2004; IGWA, 2003).

One such program is Young Men as Equal Partners (YMEP), which was developed by The Swedish Association for Sexuality Education (RFSU) in collaboration with IPPF member associations in Tanzania and Zambia. The project goal is to contribute to the improvement of sexual and reproductive health and rights (SRHR) of young people. In particular, the YMEP project hopes to "increase adoption of safer sexual practices and utilization of SRH services by young men aged 10 to 24 years in the project sites." YMEP seeks to sensitize, train and support men to act as role models in sexual and reproductive health and on gender issues within their community, and to advocate for male involvement in society at large. The project has three major modes of communication: young male peer educators, trained male schoolteachers, and trained service providers in sexual and reproductive health (SRH). The curriculum covers topics such as reproductive biology, fertility awareness, sexuality, safer sex, sexual abuse, relationships and gender roles.

An evaluation of a 3-year pilot project of YMEP in Tanzania and Zambia suggested an increase in demand for SRH education and services, and an improvement of communications in relationships between young men and young women. However, the limitations of the study design did not allow the determination of the impact of the intervention. The over-all purpose of this report is to fill this gap.

The Swedish International Development Agency (Sida) has funded a scale-up of the project in Tanzania and Zambia and an extension to Kenya and Uganda. In 2005, Family Health International (FHI), with funds from the United States Agency for International

Development (USAID), approached the Swedish Association for Sexuality Education (RFSU) about conducting an evaluation of YMEP in Kenya and Uganda in order to determine its effectiveness and to provide guidance for the design of similar projects.

Study Goals

The purpose of this project is twofold: first, to provide information about the knowledge, attitudes, and behaviors of young men in the project catchment areas in order to assist in the development of the intervention. Second, the survey will also serve as a baseline measurement to be used in an evaluation of the program, which will be measured as change among young men 10-24 years of age in the following indicators:

1. Sexual and reproductive health knowledge and attitudes;
2. Attitudes towards gender equity;
3. Sexual and reproductive health behaviors.

II. METHODOLOGY

From January to February of 2006, FHI, in conjunction with Impact Research and Development Organization (IRDO), carried out a baseline survey of 1,058 boys and young men aged 10-24 in three districts of Nyanza Province. The survey was carried out in the sub-districts where the YMEP project was expected to be working. The survey was a cross-sectional, population-based household survey of young men aged 10-24 in the Nyando, Homa Bay and Bondo districts of Nyanza Province.

Target Population

The target population consisted of all male household members aged 10 to 24 years living, on a regular basis, within the household. Thus, young men who lived elsewhere while attending school were excluded.

The target population was divided into three categories: 10-14 year-olds, 15-19 year-olds, and 20-24 year-olds. This division, which roughly represents pre-adolescents, adolescents, and young adults, was used both for data collection and data presentation purposes. Thus, some questions were asked of all respondents, while others were only asked of older boys. The purpose of this division was to avoid asking pre-sexual youth questions of a sexual nature, while still gathering information on their knowledge and attitudes.

Sampling Procedures

A two-stage stratified sample design was used to select eligible youth. Table 2.1 shows the districts, divisions, and locations chosen for the survey. These six locations were chosen because they were identified by YMEP as project locations. In the first stage of sampling, Census 1999 data information was used to obtain estimates of the number of eligible men in each enumeration area (EA) of each location. From this list, we selected

six EAs from each location with probability proportional to size (PPS), with the number of households within the EA as the measure of size. In the second stage, households including the number of eligible young men were enumerated by data collection personnel. Trained field staff then selected a sample of households from the completed listing of eligible households using a pre-determined sampling interval.

Table 2.1: YMEP Project Locations

DISTRICT	**Division**	**Location**
Bondo	Usigu	Central Yimbo West Yimbo
Homa Bay	Ndhiwa	Central Kanyamwa West Kanyamwa
Nyando	Muhoroni	Chemelil Muhoroni

The projected sample size was 1,426 young men, or roughly 500 men per district (Table 2.2). However, only 1,058 interviews were completed.

Table 2.2: Sample Design and Final Sample of Kenya YMEP Baseline Survey, 2006

	Population 10-24 years		**Sample design**		**Final sample**	
Districts	N	%	N	%	N	%
Nyando	4733	35.4	474	33.2	338	32.0
Homa Bay	4162	31.1	562	39.4	430	40.6
Bondo	4471	33.5	390	27.4	290	27.4
Total	13,366	100.0	1,426	100.0	1,058	100.0

One reason for the smaller than desired sample size was the difficulty in finding men aged 20-24 years old at home (table 2.3) as most were employed and did not return home until after sundown.

Table 2.3: Number and percent of respondents in each age category

10-14 years		**15-19 years**		**20-24 years**		**Total**	
N	**(%)**	**N**	**(%)**	**N**	**(%)**	**N**	**(%)**
470	(44.3)	357	(34.4)	231	(21.3)	1058	(100.0)

Survey Instrument

The questionnaire for the baseline survey followed the general pattern of those used for youth reproductive health surveys conducted by the U.S. Centers for Disease Control (CDC) and the Demographic and Health Surveys (DHS). The instrument was reviewed by the technical teams at FHI and YMEP project leadership. Questions were translated into Kiswahili and Dholuo by professional translators, and then back-translated into English to verify accuracy. The instrument was pre-tested in Kisumu District and changes were made as needed.

Survey questions were structured around the following themes.

<u>For all survey participants 10-24 years of age:</u>

- knowledge of HIV/AIDS
- socio-demographic characteristics
- schooling and daily activities, including church related activities
- sources of information (including media)
- exposure to sex education
- exposure to peer education on RH and HIV

<u>For survey participants 13-24 years of age</u>

- knowledge of reproductive cycle, family planning, sexually transmitted infections
- communication with parents/teachers/peers on RH/HIV topics

<u>For survey participants 15-24 years old</u>

- attitudes towards gender equity (Pulerwitz and Barker, in press)
- perception of risk of HIV/AIDS
- use of VCT services

<u>For survey participants 15-24 years old who had initiated sex:</u>

- reproductive history
- sexual behaviors and experiences
- use of contraceptives (including partner's use)
- use of family planning and other reproductive health services
- use of STI diagnostic and treatment services
- Reasons for non-use of condoms, contraception, and STI VCT services

Training

Interviewers were recruited from the selected survey divisions in order to facilitate the data collection process. During the ten day training period, the survey personnel (24 interviewers, six team leaders, three supervisors, one study coordinator, four data entry clerks, one data supervisor, the Principal Investigator (PI) and representatives from FHI and FHOK reviewed the survey protocol, sampling plan, and the FHI research ethics curriculum. The training also included practicing the consenting process and

questionnaire administration, (both in small groups and in pairs), and role-playing with mock participants. After each practical session, feedback sessions were conducted around issues arising during the practice. These were discussed and resolved.

Survey Implementation, Data Collection and Field Monitoring

All eligible members of the selected household were invited to participate in the survey. Parental consent was first obtained for individuals under 18[1], and then individuals were administered the informed consent form. If the individual consented to participate, he was administered the survey. If the sampled individual was not at home, an appointment was made for a re-visit. The team revisited the house up to two times before labeling the youth as unavailable for the interview.

Data collection was implemented by IRDO and monitored by FHI and FHOK. Monitors from these two organizations accompanied the field teams during the first week of data collection to ensure that the sampling plan and protocol were carried out as specified.

Data Processing, Analysis, and Reporting

IRDO, which is based in Kisumu, was responsible for data entry. Data were entered using Epi-Info, version 6.04d. FHI provided a data entry program with a comprehensive list of data checks. Data entry clerks were trained by FHI/Nairobi staff in the use of this program. After data entry, datasets were sent to FHI/NC for querying. When all queries were resolved, FHI/NC staff analyzed the data using SAS, version 9.1. Sampling weights were used to correct for disproportionate coverage of districts and/or age groups. The number of responses (Ns) reported in the tables are unweighted Ns, but the percentages reported in the text and tables are the weighted. The analysis took into account the study design with clustering at the enumeration area (EA) and stratification at the district level.

Ethical Approval

The study was approved by the Protection of Human Subjects Committee at Family Health International, and by the Ministry of Education Science and Technology (MOEST) in Kenya.

[1] In accordance with Kenyan practices, if no parent or legal guardian was present during the data collection visit, a neighbor or the village chief was asked to provide consent for a minor. Similar Kenyan practices required that parental consent be obtained for individuals over 18 living with their parents.

III. RESULTS

1. Background Characteristics

Sociodemographic characteristics
Table 3.1 shows selected sociodemographic characteristics of the surveyed young men. Education, parent status and marital status are three factors that could influence young men's sexual and reproductive health knowledge, attitudes and behaviors. Overall, the number of those interviewed with at least some education was high and very few of those interviewed in any age group had never attended school. Most of the youngest age group was currently in school and not surprisingly, the percent currently in school decreased with age. While few of the oldest age group were currently in school, 70% had completed from Standard 8 through Form 4 and another 27% had completed through Standard 7, indicating that the majority had at least reached high school (data not shown).

The percent of single and double orphans in this survey was high and likely reflective of the high number of AIDS cases in the region. The likelihood of being an orphan increased with age and less than half of the oldest group had two living parents; approximately one-fifth had already lost both parents. Close to one-third of the youngest boys had already lost one or both parents.

Most of the two youngest age groups were living with one or both parents with over half living with both. As young men get older we would expect them to begin to either live on their own or with friends, or to live with partners or spouses. Nonetheless, three-fourths of the 15-19 year olds and nearly 60% of the 20-24 year olds still live with one or both parents.

The reason many of the older youth are still living with parents may be partly explained by their marital status since relatively few reported they were currently married or cohabitating. Less than one-third of the 20-24 year olds and 10% of the 15-19 year olds reported being married or cohabitating. The youngest age groups were not asked this question.

The main religious affiliation among the survey group was Protestantism followed by Catholicism. A very small percentage reported being Muslim or a member of the Africa Independent Church

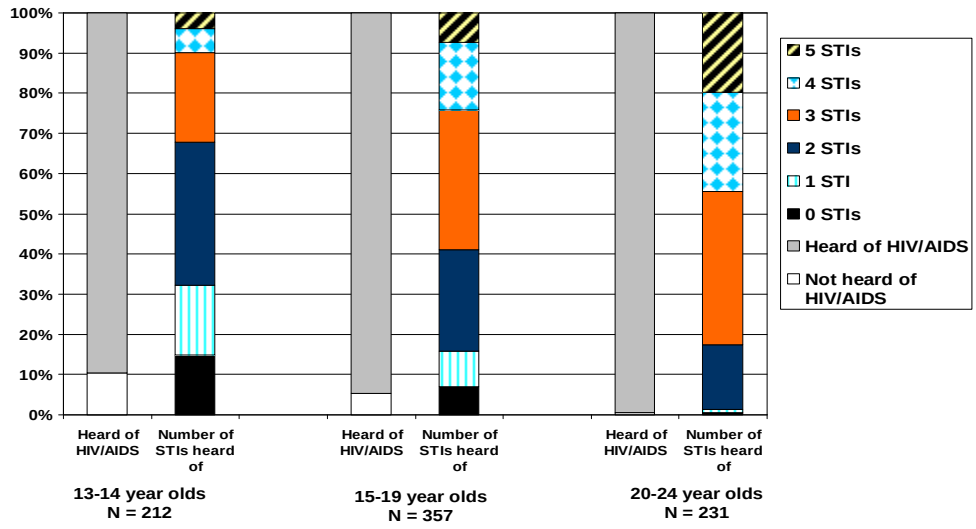
Participation in religious and social activities
Religious institutions and youth clubs could be a source of social support for youth. Attendance at religious ceremonies at least once a week was fairly common, but decreased slightly with age (Table 3.2). Membership in a youth club was less common but in contrast to religious participation, increased with age. Nearly one-third of the oldest age group reported they were members of a youth club and about one-fourth said they attend these activities once a week. Carrying out activities in both religious institutions and youth clubs may be a good way to reach large numbers of young men.

2. Knowledge of STIs/HIV and Reproductive Health

One of the goals of the project is to increase access to information on sexual and reproductive health. Therefore, we measured knowledge of topics such as STIs, including HIV, human reproductive biology, and prevention of STIs/HIV and pregnancy.

Sexually Transmitted Infections, Including HIV/AIDS
Figure 3.1 shows that for all age groups knowledge of HIV/AIDS is very high but knowledge of other STIs is much lower though knowledge increases with age. Nearly all respondents had heard of HIV/AIDS. Conversely, only 10% of the 13-14 year olds, 25% of the 15-19 year olds and 45% of the 20-24 year olds knew of 4 or 5 STIs. Of the five other STIs, respondents were most likely to have heard of gonohorrea, syphillis and herpes (data not shown).

Figure 3.1: Percentage who have heard of HIV and number of STIs, by age group



Knowledge about HIV
Overall, knowledge of certain aspects about HIV was very high though gaps in knowledge are evident (Tables 3.3 and 3.4). Correct knowledge increased with age though the knowledge of the 10-12 year olds was far less than the other three age groups.

Almost all interviewed youth aged 13 or older knew that HIV was transmitted through sexual intercourse though only about three-fourths of the 10-12 year olds knew this (Table 3.3). Far fewer in all groups indicated that HIV could be transmitted through sharing needles or blades, transfusions or from mother to fetus. However, when asked specifics about mother to baby transmission, respondents showed they did have some knowledge of this type of transmission. At least two-thirds of the respondents who were at least 13 years old knew that HIV could be transmitted from a mother to child during

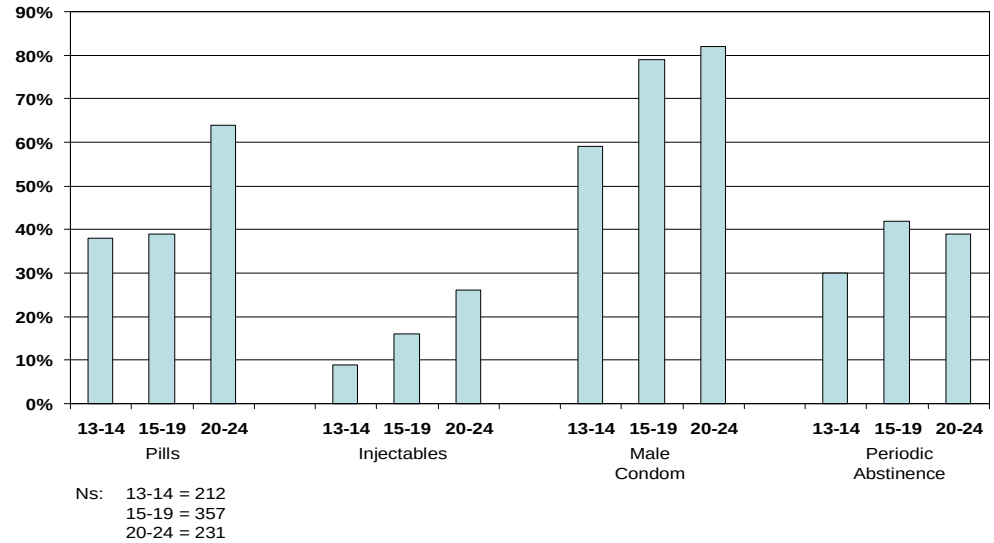
pregnancy, delivery and breastfeeding. Finally, the majority of respondents knew that a person who is HIV+ could appear healthy.

Knowledge of ways to avoid getting HIV was also high with most respondents 13 and older knowing of at least one way to get HIV (Table 3.4). Abstaining from sex was the most common response followed by condom use. Far fewer mentioned being faithful or not sharing razors/needles as a way to avoid AIDS though older youth were more likely to mention these responses. Again, the knowledge of the 10-12 year olds was much lower than that of the other age groups. Responses to questions about ways to avoid getting other STIs were similar to those for avoiding AIDS (data not shown) .

Knowledge of Human Reproductive Biology and Pregnancy Prevention
Knowledge of human reproductive biology was surprisingly similar across age groups with the oldest youth being only slightly more knowledgeable than the younger ones (Table 3.5). Knowledge about puberty, fertilization, length of pregnancy and the definition of abstinence showed that a sizeable proportion of young men do not know the basics of human reproductive biology. At least one-fourth of any age group could not correctly answer the questions about puberty in boys or girls or about fertilization. More than one-fifth could not correctly define abstinence. Knowledge about the most likely time during the month a girl can get pregnant was extremely low.

Knowledge of various methods of pregnancy prevention was generally low with the exception of male condoms, though knowledge increased with age (Figure 3.2). Respondents were most likely to mention they knew of pills followed by periodic abstinence. Few respondents mentioned injectables as a contraceptive method.

Figure 3.2: Percentage who spontaneously mentioned various methods of pregnancy prevention by age group



Finally, it is important that young people understand that the condom is the only pregnancy prevention method that also protects against STIs. Only 56% of the 13-14

year olds knew this, whereas 78% of the 15-19 year olds and 92% of the 20-24 year olds had this knowledge (data not shown).

3. Attitudes and Social Norms

Young men's perceptions of social norms and attitudes are important indicators of potential future behavior, even if they are not always directly linked to these behaviors. Young mens' agreement with inequitable gender norms has been linked to more violent behavior and less likelihood of reporting using a condom or any other kind of contraceptive (Pulerwitz and Barker, in press). Therefore, young men's opinions about inequitable gender norms are important to address in any project that aims to reduce STIs, unwanted pregnancy and domestic violence. We asked young men about their attitudes towards "inequitable" gender norms, condoms, making a girl pregnant, and persons living with HIV/AIDS (PLWHA).

Attitudes towards Gender Norms

We asked young men aged 15-24 whether they agreed or disagreed with a series of statements representing "inequitable" gender norms. Agreeing with the statement would indicate a more "inequitable" attitude towards gender norms. Table 3.6 shows the percentage who *disagreed* with each of these statements, showing the percent with less "inequitable" attitudes. On the whole, the attitudes of the young men in both age groups were similar with the majority in both age groups holding attitudes that would be considered inequitable. Out of 17 attitude statements, 50% or more of the 15-19 year olds held equitable attitudes on only six statements. For the 20-24 year olds, 50% or more held equitable attitudes on seven statements.

Overall, these attitudes show that many of these young men tolerate violence against women, are homophobic, believe they should be the main decision makers in the home and that they should not have domestic responsibilities. Inequitable attitudes toward sexual relationships are also evident. The majority of young men believed they should make the decision about what type of sex to have. They also believed that women who carry condoms are easy and it is a woman's responsibility to avoid pregnancy. Young men had some equitable attitudes. For example, 80% disagreed with the statement that it is okay to hit one's wife if she won't have sex with him and nearly two-thirds said they would not be outraged if their wife asked them to use a condom.

Attitudes towards Pregnancy and Condoms

It is of interest to know what kinds of attitudes young men have about the consequences of getting a girl pregnant. If they do not see any negative consequences, they may not be concerned about preventing pregnancy. At least two-thirds of young men felt that the consequences of getting a girl pregnant in the next three months would be somewhat or very bad (Table 3.7). Even among those who are married or cohabitating, only 20% believe a pregnancy in the next 3 months would be good indicating that this group needs family planning information and services. The consequences that young men perceived as a result of getting a girl pregnant varied to some degree by age group which may reflect the fact that the younger boys haven't thought about this issue as much as older

boys since it is less relevant to them (Table 3.8). Most young men felt there was at least one negative consequence to getting a girl pregnant. The first and second most important consequences for 13-14 year olds were dropping out of school and being sent to prison if the girl was under age; the main consequences seen by older youth were early/forced marriage and being sent to prison if the girl is underage.

Attitudes towards using condoms for pregnancy prevention were assessed by asking about perceived effectiveness of condoms in preventing pregnancy. The majority of young men agreed that they were effective some or most of the time (61% of 13-14 year olds, 85% of 15-19 year olds and 94% of 20-24 year olds). Very few said that the condom does not protect against pregnancy.

Attitudes towards Persons Living with HIV/AIDS

An important issue that the YMEP curriculum addresses is stigma. Younger youth tend to be far less sympathetic to PLWHAs than older youth with the attitudes becoming more tolerant as the young men get older (Table 3.9). In the youngest age group, 40% felt that PLWHAs should be isolated from the community. The percent who believes this decreases with increasing age and the percent who believe they should be treated like everybody else or treated with more sympathy than everyone else increases with age. Overall, though, attitudes are very negative and in only one subgroup on one statement do more than half have a positive attitude.

4. Sexual Behavior and Experiences

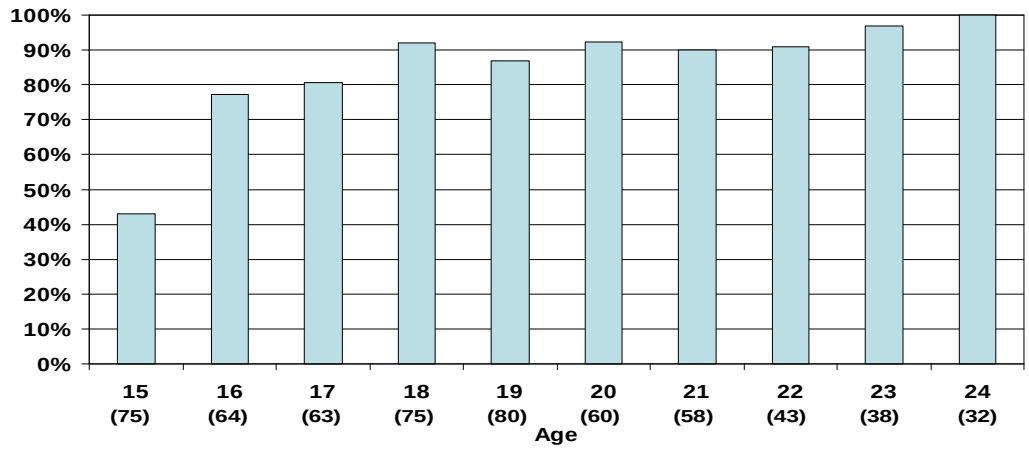
The main goal of the YMEP project is to change the sexual behavior of young men in order to reduce the incidence of HIV. Therefore, we asked young men 15-24 questions about their sexual debut, their current sexual relationships, their experience with transactional sex, and the consequences of their sexual activity. In addition, we asked about their use of condoms and other contraceptive methods and their practice of "safe sex" behaviors.

Sexual Debut

Figure 3.3 shows the percent of young men who have ever had sex by age. As we would expect, the percent generally increases each year with just over 40% of the 15 year olds reporting having had sex and virtually all of the 24 year olds having had it. The biggest "jump" in behavior comes between ages 15 and 16.

The majority of young men had their first sexual experience with a steady partner, e.g. a spouse, live-in partner, girlfriend, etc. (Table 3.10). However, just over 40% first had sex with a casual partner e.g. a friend, neighbor, someone they just met, etc. Ten percent of 15-19 year olds and 13% of 20-24 year olds said that their first sexual partner was older than them (data not shown).

Figure 3.3: Percentage who have ever had sex by age



Note: N's in parentheses

Primary Abstinence

Amongst the 15-24 year olds who said they had never had sex, the main reason reported for primary abstinence was fear of getting an STI or HIV (Table 3.11). The next most common reasons were because they didn't want to or because they wanted to finish their education first.

Many of these young men had a specific goal to reach before initiating sex. Almost half of the 15-24 year olds who had never had sex said that they would wait until they get married to have sex. The next most common reasons were waiting until they finish school or waiting until they were a specific age.

Thirty-nine percent of the sexually inexperienced 15-24 year olds said they had felt pressure from others to have sex. Most of that pressure came from friends, but girlfriends, relatives and others (including the media, "Europeans/whites" and strangers) also provided that pressure (data not shown).

Current Sexual Relationships

In this survey, current sexual relationships ("sexually active") refers to sex in the last six months. For these relationships we distinguished between spouses/steady partners and "other" partners.

Of those who have ever had sex, 68% of the 15-19 year olds and 72% of the 20-24 year olds had had sex in the past sex months (data not shown). A large percent of sexually active young men had multiple partners during the past six months (Table 3.12). At least 40% of both age groups had sex with either "other" or "other" and steady partners. Even among those who are married or cohabitating barely over half reported that they had sex only with their steady partner. In fact, this group is more likely to report having multiple partners than any other group. The high percent having sex with multiple and non-steady partners is of concern.

Very few young men reported sex with a commercial sex worker. Only 2% of the 15-19 year olds and 9% of the 20-24 year olds said they had had sex with a sex worker in the last six months (data not shown). Of these 17 young men who reported sex with a sex worker, eight of them were either married or living with a partner.

Consequences of Sex

In this section we present respondents' experiences of some of the consequences of sex, such as STIs and pregnancy. We also present information on respondents' own evaluations of their risk for contracting HIV.

STIs

Of those who had ever had sex, 22% of 15-19 year olds and 17% of 20-24 year olds said they had experienced at least one STI symptom in the past six months (Table 3.13). The most common symptoms were pain when urinating and itching or burning in the genital area. Less common symptoms were sores/ulcers, wards, or swelling in the genital area.

Pregnancies

Few of the 15-19 year olds had ever fathered a child (7%; data not shown). More of the older group had fathered a child (42%) which is not surprising since they are older, more of this group was married or cohabitating and have had longer durations of sexual activity. Of those who were not married or cohabitating, 12% had fathered a child. In comparison, 59% of the married or cohabitating men had fathered one.

Condom and Contraceptive Use

To further explore the behaviors of young men and to see if they are protecting themselves and their partners from STIs, HIV and unintended pregnancy, we asked about their reported use of condoms and contraceptives, with both steady and "other" partners.

Condom Use

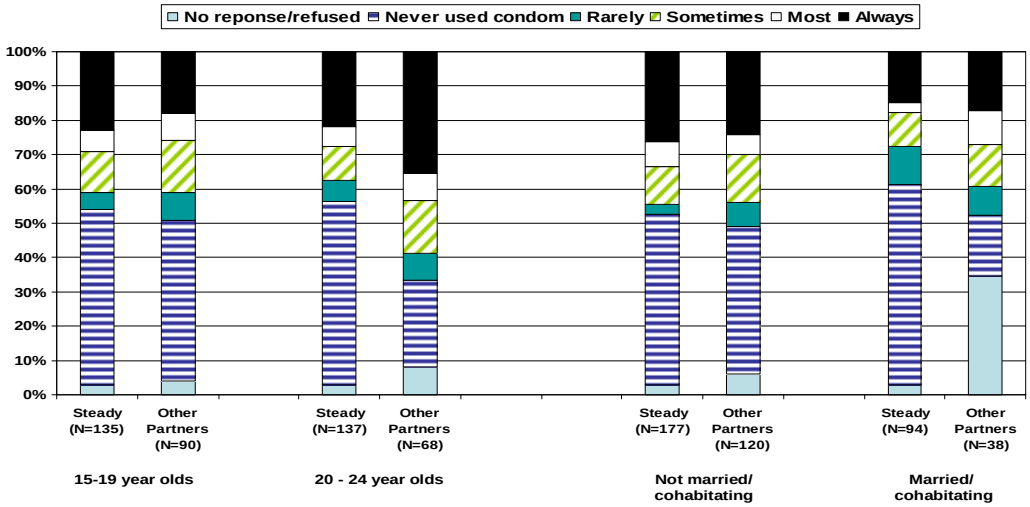
Consistent condom use with spouses or steady partners is not very common in either group and less than one quarter of young men used condoms with their spouse/steady partner all of the time (Figure 3.4). Conversely, about half never used condoms with their spouse/steady partner. The main reasons for using condoms with steady partners were either to prevent pregnancy or to prevent both pregnancy and STIs/HIV (data not shown).

One would expect condom use to be greater with "other" partners than with spouses/steady partners but this was not true for the 15-19 year olds. Their pattern of use with other partners was similar to their use with steady partners (Figure 3.4). The 20-24 year olds were more likely to report they used them all the time with their other partners compared to their steady partners and fewer reported not using them at all with their other partners. Nonetheless, even in this group, many young men are putting themselves and their partners at risk for STIs/AIDS. The main reasons for using condoms with other partners were to prevent pregnancy and STI/HIV or to prevent only STIs/HIV (data not shown).

While unmarried young men are more likely then married men to report consistent condom use with a steady partner, nonetheless, condom use with steady partners is the

exception with at least half in either group reporting that they never use one (Figure 3.4). Even with other partners, consistent use is low though married men are more likely to use them with another partner than a consistent partner. Overall, the results show that more young men need to understand the necessity of using condoms consistently especially with other partners.

Figure 3.4: Condom use with steady and other partners by age group and marital status



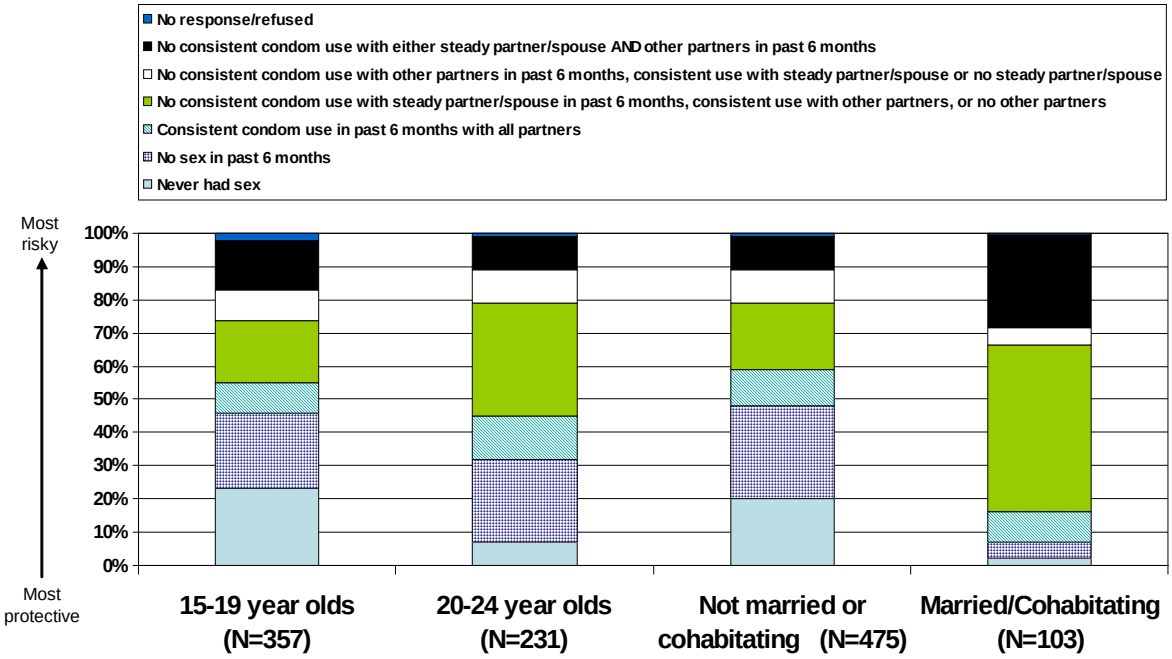
Contraceptive Use

Use of a contraceptive method other than male condoms is extremely limited in these groups. Only two percent in either group (data not shown) reported using a method. These methods include pills, injectables, spermicides, rhythm, withdrawal and periodic abstinence.

"Safe sex" Behaviors

Figure 3.5 shows the various degrees of safe and risky behavior by age and by marital status. Not having sex in the past six months or ever are the safest behaviors. Consistent condom use would also be considered safe. No consistent condom use with a steady partner and no other partners or consistent condom use with other partners would be considered moderately safe behavior though there is still some degree of risk. Finally no consistent condom use with other partners would be considered the riskiest behavior. The 15-19 year olds are more likely than the 20-24 year olds to have very safe behavior (55% vs. 45% respectively), largely because they are more likely to be abstinent. However, amongst those who are sexually active, they are more likely to have very risky behavior since many do not use condoms consistently. Nearly half of the non-married men report either primary or secondary abstinence. Many of the married young men show very risky behavior because they are not using condoms consistently with other partners. In all groups, at least 20% practiced the most risky behaviors and this percent is highest for married/cohabitating men.

Figure 3.5: Risky and protective sexual behaviors, by age and marital status



Assessment of Risk

All men aged 15-24 were asked about how they perceived their risk of getting HIV/AIDS. The majority thought they were at low or no risk (Table 3.14). The reasons why they thought they had no or low risk of getting HIV/AIDS were different for the two age groups (Table 3.15). The 15-19 year olds were more likely to say they were abstinent while the older group was more likely to report condom use or that they were being faithful to a partner.

About one-third of the interviewed young men thought they were at medium or high risk of acquiring HIV (Table 3.14). The main reason they gave was that they do not use condoms (Table 3.16). This was closely followed by having multiple partners, or one's partner having multiple partners, and having sex very often.

5. Use of Services for STIs and HIV

One of the goals of YMEP is to increase access to, and use of, sexual and reproductive health services by young men. Therefore, we asked questions about treatment of STIs, use of HIV/AIDS counseling and testing services and sources of obtaining condoms.

STI Treatment

As mentioned above, about one-fifth of 15-19 year olds and one-sixth of 20-24 year olds said they had experienced at least one STI symptom in the past six months. In addition, we asked those who said they had experienced STI symptoms in the past six months if they had received any treatment, and if not, why not.

The older youth were much more likely to say they received this treatment than the younger boys (65% vs. 37%). The main reason given for not seeking/receiving treatment was because the symptoms eventually disappeared, did not think it was an STI, couldn't afford services or other reasons

HIV/AIDS Counseling and Testing Services

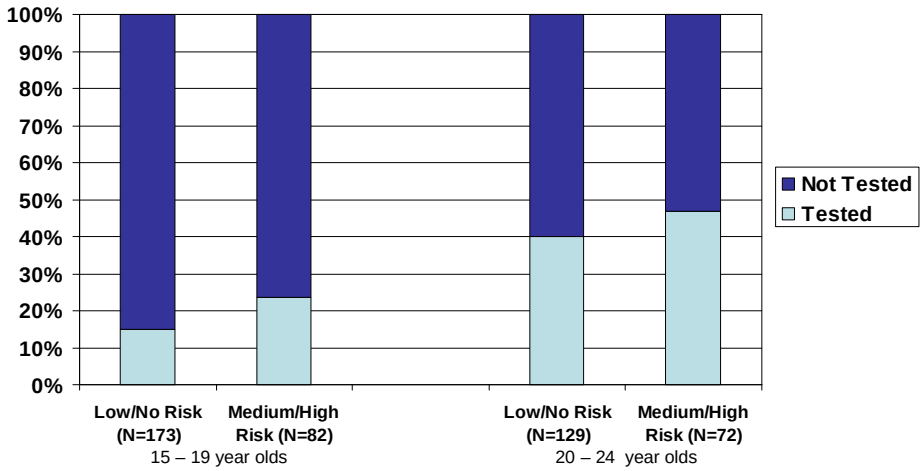
Only 18% of the young men aged 15-19 who have ever had sex and 42% of the 20-24 year olds who had ever had sex said they had been tested for HIV (data not shown). The main reason for testing given by men from both age groups was to know one's health status (79% and 81%; data not shown). Nearly all said they received the results of their HIV test (data not shown).

Amongst those who had not tested for HIV, the most common reason given was that they do not perceive any risk though almost the same percent said they didn't have a reason for not getting tested (Table 3.17). A smaller proportion said that they were afraid of knowing their results or gave reasons related to service delivery factors (services were too far away, didn't know where to go for services or couldn't afford them).

Because so many untested young men said they had not been tested for HIV because they perceived no risk, we determined if risk perception was related to testing. Figure 3.6 shows that for each age group only slightly more of those who perceived themselves to be at medium to high risk of getting HIV have been tested. In fact, testing seems to be more of a function of age than risk perception, with the older youth being more likely to be tested.

Knowledge of a place to be tested for HIV does not seem to be a hindrance for those who have not been tested. Most of those who were untested knew where they could get tested (88% of 15-19 year olds and 96% of 20-24 year olds). Among the places they named were hospitals, VCT centers, and health centers/dispensaries (data not shown).
Finally, about half of those who had not tested said they planned on being tested in the next six months (data not shown).

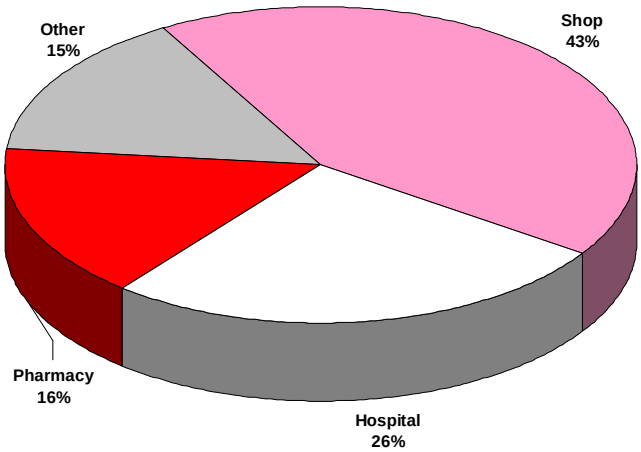
Figure 3.6: Percentage who have ever been tested for HIV for those ever sexually active, by perceived risk status and age group



Sources of Condoms

Figure 3.7 shows the sources of condoms for those 15-24 year olds who said they used them in the last six months. The majority of condoms were purchased at shops, hospitals or pharmacies.

Figure 3.7: Percent distribution of source of condoms for sexually active 15-24 year olds by age group



Note: Other places where condoms were purchased/obtained were health clinics/family planning clinics/other health facilities, VCT clinics, festivals/organizations/NGOs, family/friends, peer educators, community health workers, and sexual partners.

N=127

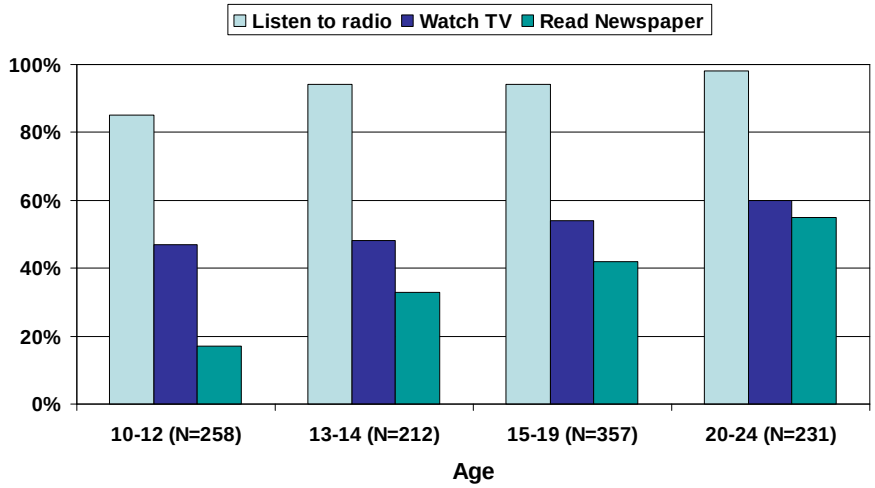
6. Reaching youth with information about sexual and reproductive health

Youth can be reached with information about reproductive health, STIs and HIV from many sources. In this survey, we asked about exposure to media, sex education in the school, and contact with a peer educator.

Media

The vast majority of the sampled youth said they listened to the radio every week (Figure 3.8). Around half of the 10-19 year olds, and slightly more of the older youth, said they watched TV every week. Finally, boys under 15 were not very likely to read the newspaper; in contrast to over half of 20-24 year olds. These results show that providing information over the radio would be the best way to reach the most youth.

Figure 3.8: Percentage reporting exposure to various media per week, by age group



Sexual Education in School

The majority of young men 13-24 years old had been exposed to sexual education in school, whereas only 39% of the 10-12 year olds had (Table 3.18). This probably reflects the fact that many schools do not offer sex education in the lower grades.

The topics covered in school sexual education focused most heavily on topics related to HIV/AIDS and STIs. There appears to be far less emphasis on topics related to human reproductive biology, e.g. pregnancy and childbirth. While HIV/AIDS and STIs were the most common topics, the 10-12 year olds were less likely than the older groups to have information on these topics. Nearly all of the young men (over 90%) reported that they felt the sexual education lessons they received in school were useful (data not shown).

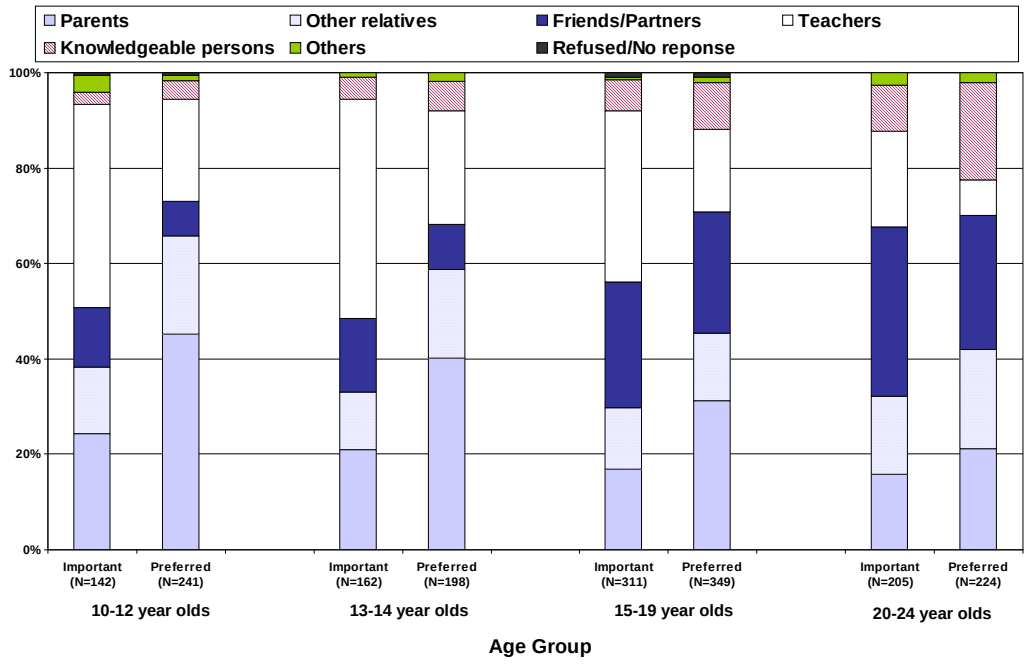
Peer Education

Three-fourths or more of the younger two age groups and over half of the older two reported that they had never spoken with a peer educator (Table 3.19). The younger men were more likely to have spoken with a peer educator in school as compared to out of school. The older youth were more split as to having spoken to a peer educator in school or out of school. For the most part respondents reportedly discussed HIV/AIDS and STIs with peer educators, although a fair number also said they discussed abstinence/frequency of sex/sexual pleasure, and sexual relationships/harassment/coercion.

Most Important and Most Preferred Sources of Information on Puberty and Sexual Issues

Finally, we asked young men about their most "important" sources of information on puberty and sexual issues (i.e. where they receive it the most often), and then what their most preferred sources were. Nearly half of the 10-12 year olds and one-fourth of the 13-14 year olds said they did not have an "important" source of information though few of the two older age groups did not report a source (45%, 23%, 13% and 14% respectively, data not shown).

Figure 3.9: Most important and most preferred sources of information on puberty and sexual issues, by age group*



* Excludes those who reported no source or themselves as source

Of those who did report an important and preferred source of information, it is apparent there is a divergence of where young men are receiving their information and where they would like to receive it (Figure 3.9). Teachers are an important source in the three younger age groups yet young men would prefer to be getting less information from their teachers and more from their parents. Parents are an important preferred source for all age groups though the percent who prefer to receive it from their parents decreases with increasing age. As the young men get older an increasing percent report their friends and partners are an important source of information. The oldest age group (20024 year olds) prefer to receive their information from a mix of sources including parents, friends of partners, other relatives or knowledgeable persons.

IV. SUMMARY AND NEXT STEPS

The results of this baseline survey show that the young men in this survey population have a need for more information and education to improve their sexual and reproductive health knowledge, attitudes and behaviors. The young men show a lack of knowledge on the basics of reproductive biology and certain specifics about HIV and STI transmission and prevention. The need for education is evident across all age groups. In addition, they display many inequitable attitudes toward gender norms, the role of women in sex and condom use which could influence their sexual behavior. By age 16, almost 80% said that they had sex. Multiple partners were common among those who were currently having sex, regardless of marital status, and few used condoms consistently. The highest reported consistent use was among 20-24 year olds with other partners and this use was only 35%. While many of the 20-24 year olds had been tested for HIV, few of the 15-19 year olds reported being tested.

The results suggest various ways to reach large numbers of young men. Most reported they either go to church or are members of youth clubs. In addition, listening to the radio is very common. While some young men had spoken with peer educators, there is clearly room to expand this type of effort to reach more men. Similarly, many young men had attended sex education lessons, but the topics of the lessons that they reported shows a need to broaden the scope of these types of programs.

The YMEP program will begin in December 2006 and will last for three years. The program will focus on increasing knowledge and changing inequitable attitudes through several channels: in-and out- of school peer education, training teachers to provide sexual instruction in schools and the use of media. YMEP will also attempt to increase the use of services by training health care personnel in youth-friendly services and linking services with peer education for referrals. A follow-up survey is planned for 2008. The results from this survey will be used to measure if the intervention made a difference in the knowledge and use of services of young men in the targeted communities and how to improve the program.

V. REFERENCES

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Results Tables

Table 3.1: Percentage distribution by selected characteristics of boys by age group*

	10-12 years	13-14 years	15-19 years	20-24 years
Education				
Currently in school	97	95	64	9
Not in school but have attended school	3	5	35	90
Never attended school	0	0	1	1
Total %	*100*	*100*	*100*	*100*
Parent status				
Both biological parents alive	73	65	59	46
One biological parent alive	22	26	29	35
Neither biological parent alive	5	8	12	19
Don't know	0	<1	<1	0
Total %	*100*	*100*	*100*	*100*
Father lives at home	9	16	11	11
Mother lives at home	17	16	22	16
Both live at home	58	50	44	29
Other[1]	15	18	23	45
Total %	*99*	*100*	*100*	*101*
Marital status[2]				
Married or cohabitating			10	29
Not married and not living with a partner			88	71
Refused			2	0
Total %			*100*	*100*
Religion				
Protestant	69	66	72	69
Catholic	28	33	24	27
Moslem	1	1	2	3
Africa Independent Church	1	1	1	<1
None	1	0	<1	1
Total %	*100*	*101*	*100*	*100*
Total N	258	212	357	231

* Percents may not total 100 due to rounding

[1] Includes youth who report either both or one parent alive but does not live with them and youth with neither parent alive.

[2] Youth ages 10 to 14 were not asked about marital status

Table 3.2: Percentage participating in religious activities or youth groups by age group*

	10-12 years	13-14 years	15-19 years	20-24 years
Attend religious ceremonies at least once a week	77	73	67	66
Youth clubs[1]				
Member of a youth club	12	14	25	32
Attend activities at least once a week	10	10	18	23
Total N	258	212	357	231

* Percents may not total 100 due to rounding

[1] One youth did not respond to the question about youth clubs

Table 3.3: Percentage with specific HIV knowledge by age group

	10-12 years	13-14 years	15-19 years	20-24 years
Methods of acquiring HIV **				
Sexual Intercourse	73	92	97	97
Sharing Needles/Blades	28	59	79	74
Transfusions	11	28	36	46
Mother to Fetus	3	9	9	20
Other: Correct response[1]	3	4	5	11
Knew any correct HIV transmission pathway	77	96	99	98
Modes of mother-to-baby transmission of HIV **				
During pregnancy	58	80	72	76
During delivery	41	71	73	77
During breastfeeding	57	76	69	76
Know an HIV+ person can appear healthy	59	75	86	95
Total N	258	212	357	231

** Multiple responses allowed
[1] Other correct responses include: Breastfeeding, oral sex.

Table 3.4: Percentage who identified various ways to avoid getting HIV by age group*

	10-12 years	13-14 years	15-19 years	20-24 years
Mentioned at least 1 correct method	72	92	98	99
Abstain from sex	57	76	82	82
Use condoms	17	40	65	77
Limit sex/stay faithful to 1 partner	7	7	14	34
Avoid sharing Razors/ Blades/Needles	18	33	47	38
Other: Correct response[1]	6	5	6	8
Total N	258	212	357	231

* Multiple responses allowed
[1] Other correct ways include: avoid sex with persons who have many partners, avoid sex with persons who inject drugs.

Table 3.5: Percentage who had correct knowledge of various aspects of human reproductive biology by age group

	13-14 years	15-19 years	20-24 years
During puberty girls start to produce eggs in their ovaries	73	71	74
During puberty boys start to produce sperm cells	68	72	77
Fertilization is when the egg and sperm are joined	55	72	71
Most likely time to get pregnant is 2 weeks before monthly bleeding starts	24	27	36
Length/duration of pregnancy is 9 months	91	94	98
Abstinence is not having sex at all	78	79	79
Total N	211	354	231

Table 3.6: Percentage who disagree with inequitable gender norms by age

	15-19 years	20-24 years
Sexual Relationships		
It is the man who decides what type of sex to have	24	29
Men are always ready to have sex	52	50
A man needs other women, even if things with his wife/girlfriend are fine.	62	72
Men need more sex than women do	37	40
You don't talk about sex, you just do it[1]	68	71
Women who carry condoms with them are easy[2]	30	24
Sexual and Reproductive Health		
It is a woman's responsibility to avoid getting pregnant	22	33
(If I had a wife) I would be outraged if my wife asked me to use a condom	62	65
Home and Child-care		
Woman's most important role is to take care of her home and cook for her family	14	23
Changing diapers, giving kids a bath, and feeding the kids are the mothers responsibly[3]	11	12
A man should have the final word about decisions in his home	10	13
Violence		
If someone insults me, I will defend my reputation with force if I have to[4]	60	59
There are times when a woman deserves to be beaten[5]	31	31
A woman should tolerate violence in order to keep her family together	45	54
It is okay for a man to hit his wife if she won't have sex with him	79	80
Homophobia and Relations with other men		
I would never have a gay friend	34	35
It disgusts me when I see a man acting like a woman	25	19
Total N	352	231
Number with 50% or higher equitable attitudes (out of 17)	6	7

[1] Three records missing; [2] Three records missing; [3] One record missing; [4] One record missing; [5] One record missing

Table 3.7: Percentage distribution of perceptions of getting a girl pregnant in the next 3 months by age group and marital/cohabitation status*

	Age group			Marital/cohabitation status[1, 2]	
	13-14 years	**15-19 years**	**20-24 years**	**Not married and not cohabitating**	**Married or cohabitating**
Good	4	9	9	7	20
Not too bad	8	8	17	11	14
Somewhat bad	10	16	21	16	26
Very bad	71	64	51	63	41
Don't know	6	2	2	2	0
Refused	1	<1	<1	<1	0
No response	1	1	0	0	0
Total %	*101*	*100*	*100*	*100*	*101*
Total N	212	357	231	475	103

* Percents may not total 100 due to rounding
[1] Marital and cohabitation status was asked only of men ages 15-24.
[2] Six youth refused to marital/cohabitation status and are not included in this table

Table 3.8: Percentage who have various negative perceptions of the consequences for young men who get a girl pregnant by age group*

	13-14 years	**15-19 years**	**20-24 years**
Mentioned any negative consequences	*65*	*77*	*83*
Drop out of school	27	26	31
Sent to prison if girl underage	26	34	46
Early/forced marriage	20	35	50
Diseases	20	14	8
Have to support child	10	13	14
Disapproval of family	10	10	17
Run away from home	9	11	13
Other consequences[1]	21	24	23
Nothing at all	17	10	8
None mentioned	17	11	7
Refused	1	1	2
Total N	212	357	231

* Multiple responses allowed
[1] Includes Disapproval of community, Depression, Psychological torture.

Table 3.9: Percentage distribution of views on how people living with HIV should be treated among youth who have heard of HIV/AIDS by age group*

	10-12 years	13-14 years	15-19 years	20-24 years
People living with HIV should be …				
Treated just like everybody else	21	30	35	31
Treated with more sympathy than everyone else	31	43	49	54
Isolated from the community	40	25	15	13
Don't know	1	0	<1	1
No response	8	2	1	1
Total %	*101*	*100*	*100*	*100*
Total N	258	212	357	231

* Percents may not total 100 due to rounding

Table 3.10: Percentage who have had sex and their relationship to their first partner by current age*

	15-19 years	20-24 years
Ever had sex	76	93
Total N	357	231
Type of partner at first sex		
Steady partner[1]	55	57
Casual partner[2]	44	41
Refused	<1	1
Total %	*100*	*99*
Total N	264	214

* Percents may not total 100 due to rounding

[1] Includes "Wife", "Live-in partner" and "Fiancé/Girlfriend/Lover".

[2] Includes "Friend/Neighbor", "Just met/Stranger", "Family member/relative", "Teacher/School official", "Community member", "Just talked with her(Casual friend)", "Class mate/school mate/Play mate/pay mate" and "Maid"

Table 3.11: Percentage distribution of reasons given for not having sex and when they plan to begin having sex

	15-24 years
Main reason for not having sex	
Afraid of getting STD/HIV	38
Do not want to	16
Want to finish their education	12
Others[1]	33
Refused	1
Total %	*100*
How long the youth plan on refraining from sex*	
Wait till they are married	45
Will wait till they finish school/fulfill plans	32
Will wait till they are a specific age	26
Other[2]	9
Total N	105

* Multiple responses allowed

[1] Includes "Not ready", "Against religious teachings", "Want to abstain until marriage", "Not interested", "Afraid that their parents would find out", "Nobody has asked them", "Ladies are not ready to have sex", "I have no sexual urge (lust)", and "Still young".

[2] Includes "Wait till they are older (no specific age given)", "Wait till they meet the right person", "For some time", "Till I get employment/independent" and "In a week's time"

Table 3.12: Percentage distribution of type of relationship in past 6 months, amongst those who had sex in the last 6 months by age group and marital status[1]

	15-19 years	20-24 years	Not married/not cohabitating	Married/ cohabitating
Spouse/Steady partner only	44	57	48	54
Only other sexual partners	15	14	20	1
Both spouse/steady partner and other sexual partners	41	29	32	45
Total %	*100*	*100*	*100*	*100*
Total N[2]	159	151	216	93

[1] Five youth did not answer the section on sexual behaviors. They are excluded from the table.

[2] Eleven youth excluded due to reporting inconsistent information: 3 youth reported information on sexual activity but did not answer questions on number of partners, 3 youth reported inconsistent information on number of partners, 5 youth reported inconsistent information on number of partners and behavior with different partners.

Table 3.13: Percentage who experienced various STI symptoms in the last 6 months among those who have ever had sex by age group*

	15-19 years	20-24 years
Experienced at least one STI symptom	22	17
Symptom		
Genital discharge with a bad smell	5	5
Pain when urinating	13	12
Sore or ulcer in genitals	2	2
Warts in genital or anus	4	5
Itching or burning in genital area	12	7
Swelling in the genital area	4	2
Total N	264	214

* Multiple responses allowed

Table 3.14: Percentage distribution of risk perceptions about HIV/AIDS by age group

	15-19 years	20-24 years
None/Low	66	60
Medium	18	20
High	11	15
Don't know	4	4
Refused	0	1
No response	1	0
Total %	*100*	*100*
Total N	357	231

Table 3.15: Percentage who gave various reasons why they perceived they had a low or no risk of HIV infection by age group*

	15-19 years	20-24 years
Don't have sexual relations	49	30
Always use a condom	23	33
Only have sex with one person	19	37
Don't use injectables/share needles	12	10
Have confidence in my partner	6	19
I don't have sex with prostitutes	10	8
I limit my number of partners	3	10
My partner has no other partners	6	7
I don't get transfusions	4	6
Other [1]	11	15
Refused	1	1
Total N	245	143

* Multiple responses allowed

[1] Includes "I had sex once when I was very young/Frequency limited", "Following advice/knowledge on VCT", "Through kissing/sex with prostitute", "Can never be influenced/peer group/abstaining/faithful", "Do not share sharps/observe hygiene", "Take traditional herbs/No signs of HIV/AIDS", "Saved/Christian", "Assess girls before sex/Go for VCT before sex", "At times use condoms/Protected sex".

Table 3.16: Percentage who gave various reasons why they perceived they had a medium or high risk of HIV infection by age group*

	15-19 years	20-24 years
I don't use a condom	36	35
"Unfaithful" related reasons	45	31
I use injectable drugs/unsterilised needles/Share sharps	12	7
I have sex very often	11	14
I had a blood transfusion	6	8
Immorality/Have sex very often/Unprotected sex	2	15
I have sex with prostitutes	2	6
Accidents/Condom burst (are not effective)	2	6
Other[1]	12	13
Refused	2	0
Total N[2]	94	74

* Multiple responses allowed

[1] Includes "I don't befriend many girls/No HIV/AIDS symptoms", "In case she coughs", "Intercourse with /influence by infected girl", "Because of his age/have protected sex/was born with it", "Most people have HIV/AIDS/HIV/AIDS infected family member".

[2] One participant (age group 15 - 19) gave a response to Perception of HIV risk [Medium], but did not provide a reason why they thought they were at risk. They are not included in the "Reasons" section of this table.

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Table 3.17: Percentage distribution of reasons given for not getting an HIV test for those ever sexually active by age group*

	15-19 years	20-24 years
Perceives no risk	24	23
No reason	21	21
Afraid of knowing the results	15	19
Services too far away/Inaccessible	8	8
Cannot afford services	5	7
Don't know where to go for services	8	3
Have not found time/Busy	3	8
Not decided/Not willing	3	6
Have never had sexual intercourse/Faithful	<1	<1
Other[1]	12	5
Don't remember	1	<1
Refused	<1	0
Total %	*101*	*101*
Total N	292	137

* Percents may not total 100 due to rounding

[1] Includes "Afraid of rejection by friends/relatives", "Afraid will get sick/Die more quickly", "It is embarrassing", "I feel that am still young/still in school", "Congestion in VCT", "Not infected", "I donate blood", "Single(not married)", "Partner has not consented".

Table 3.18: Percentage reporting a sexual education lesson or lecture at school and topics covered by age group

	10-12 years	13-14 years	15-19 years	20-24 years
Ever had a sexual education lesson or lecture in school	39	74	88	87
Total N	258	211	353	228
Topics of lecture*				
HIV/AIDS	72	79	75	61
STIs	23	39	46	51
Pregnancy and childbirth	21	20	29	30
Sexual relationships, harassment, coercion	17	20	24	29
Abstinence, frequency of sex, sexual pleasure	8	17	18	26
Puberty, menstruation, reproduction	3	16	13	33
Methods to prevent STIs and HIV/AIDS	11	13	17	19
Other	28	18	23	32
Total N	107	152	309	194

* Multiple responses allowed

Table 3.19: Percentage who talked with a peer educator, where they talked and topics discussed by age group

	10-12 years	13-14 years	15-19 years[1]	20-24 years
A peer educator talked to the youth				
A peer educator has talked to me only in school	10	19	23	17
A peer educator has talked to me only outside of school	8	2	13	17
A peer educator has talked to me both inside and outside of school	1	4	6	11
A peer educator has not talked to me	82	74	57	54
Don't remember	<1	0	<1	0
Refused	0	0	<1	0
Total %	*100*	*100*	*100*	*100*
Total N	258	212	357	231
Topics discussed with peer educator[2] *				
HIV/AIDS	51	71	66	67
STIs	22	34	37	40
Abstinence, Frequency of sex, Sexual pleasure	25	23	32	25
Methods to prevent STIs and HIV/AIDS	18	25	28	19
Sexual relationships, Harassment, Coercion	11	18	24	27
Other topics	48	35	47	64
Refused	2	0	0	0
Total N	42	52	154	104

* Multiple responses allowed

[1] One participant (age 15-19) had a peer educator talk to them, but did not provide responses to the question regarding topics discussed with a peer educator. The responses for this participant are coded as missing and not included in the denominator for the question 'Topics discussed with the peer educator'.

[2] Based on only those who had a peer educator talk with them.