BBC WORLD SERVICE TRUST

Cambodia Sentinel Survey 2008

Media and Discussion, Knowledge, Attitudes and Practices

About Sexual Matters, HIV and AIDS, Risks, Condoms, VCCT (HIV Testing), People Living with HIV and Men who have Sex with Men

2008 Data, Trends and Impact of Exposure to Mass Media

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

Revised, May 2009

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Acronyms and abbreviations

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

Acknowledgements

Each year, men and women across Cambodia generously agree to participate in a survey process that poses challenging questions about their social relations and their private lives. As ever, the respondents in this study have provided us with the insight into their lives reported in this document. We thank them.

We are grateful for the cooperation and efforts of the Directors of Provincial Health Departments and staff of the Health Promotion Units in the five provinces and Phnom Penh where this study was conducted. They spent their valuable time facilitating and working with the data collection team, making the collection for this survey possible.

The National Centre for Health Promotion (NCHP) has been the BBC World Service Trust's partner since 2004. This ongoing collaboration and partnership has enabled both organisations to deepen our skills and knowledge. Special thanks to NCHP's Director, Dr Lim Thai Pheang, for his ongoing interest and support in our collaboration. Sin Sovann, Khun Sokrin and Heng Lim Try from NCHP have been involved from the very beginning through the completion of this and other surveys. Their tireless efforts have made these studies possible; their inputs included developing the sampling and questionnaire, piloting, conducting training of interviewers and managing fieldwork and report writing. We thank them. Thanks are also due to all the NCHP supervisors, editors and interviewers for their dedication and commitment to the fieldwork activities.

Many individuals who are not based in Cambodia have helped with both the research design and the writing of this report. Special mention should be made of Timothy Cooper, Patricia Cliff and Lucy Neville in the London BBC World Service Trust Research and Learning Group who have quality-checked the quantitative methods and SPSS, as well as provided ample constructive feedback on this and other draft reports.

Finally, our sincere thanks go particularly to Research Manager Lizz Frost Yocum, for her endless support and encouragement throughout the whole study process.

About the BBC World Service Trust

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

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

Research and Learning Group

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

The Research & Learning group focuses on four key activities:

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

The Research and Learning Group has an established network of research teams operating in some of the most challenging areas of the world. As well as evaluating the impact of Trust related projects, the Group provides independent media research to the development community[1].

[1] For more information on the work of the Research and Learning Group please visit: http://www.bbc.co.uk/worldservice/trust/research/reports/

Executive Summary

Cambodia has been concertedly responding to the severe effects of the HIV epidemic over the past decade. In 2006, the HIV prevalence was estimated at 0.9%[2] among the Cambodian population aged between 15 and 49, a decline from 1.2% in 2003. Further declines were noted with prevalence among adults aged 15 to 49 estimated to be 0.8% [0.7% - 0.9%][3].

The BBC World Service Trust in Cambodia

The BBC World Service Trust (the Trust) has been working in Cambodia since 2003 on a variety of projects covering the thematic areas of health and governance.

In 2003 the Trust embarked upon a three year DFID funded project focusing on HIV and AIDS and maternal and child health, working in close collaboration with several local broadcasters to produce a large scale media health campaign.

The project comprised a 100 episode TV drama 'Taste of Life', 54 high quality TV and radio spots, four weekly radio phone-in programmes plus accompanying print materials.

Global Fund 5 – HIV and AIDS Project

The current project, which began in October 2006 and will finish in September 2009, is funded by the Global Fund to Fight AIDS, TB and Malaria, Round 5. This three year project focuses on HIV prevention through behaviour change communications using mass media. The overall goal is to create an enabling environment for HIV prevention through sexual transmission measured through increased exposure to HIV and AIDS media. In addition to mass media, the strategy also uses niche media to target most at risk populations such as men who have sex with men and entertainment workers.

Radio production and broadcast partners include RNK, and FM103[4] with additional broadcasts on Bayon radio and broadcast channels for television include TV5 and CTN.

Our research partner is the National Centre for Health Promotion.

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

A number of television and radio outputs are being produced and broadcast:

Television

- 21 TV spots
- 1 drama feature film

[2] National Centre for HIV/AIDS, Dermatology and STD 2006
[3] Epidemiological Fact Sheet on HIV and AIDS: Core data on epidemiology and response - Cambodia 2008, cited on http://www.unaids.org/en/CountryResponses/Countries/cambodia.asp
[4] includes relay to 6 provincial stations for Really programme. Spots are also broadcast on these stations.

Radio

- 18 radio spots
- 3 weekly radio phone-in programmes
  - Real Men – targeting rural males 20-29 years old
  - Really – targeting urban youth, 15-24 years old
  - Hip Hop Girls – targeting young, urban female 15-19 years old

'Niche' Media

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

Methodology

In August 2008, the BBC World Service Trust conducted a quantitative midline sentinel survey on HIV and AIDS Knowledge Attitudes and Practice (KAP) and media habits.

This study was conducted to meet several objectives:

- A midline measure of HIV and AIDS KAP indicators relevant to the mass media component of the Global Fund project.

- An annual periodic assessment of the rapidly changing media landscape in Cambodia.

- An assessment of the reach to audiences of selected Trust outputs that had been produced and broadcast since the 2007 Sentinel baseline study.

- Ongoing trend measurement of key indicators established since 2003 in the Trust's HIV and AIDS KAP studies.

- Measurements of discussion about key issues such as HIV and AIDS.

- Collecting new and ongoing data that reflects and contributes to growing scholarship and knowledge of the role of media and its interactions with interpersonal communications to contribute to social and behavioural change.

These last two objectives reflect the Trust's increasing attention to measuring its impact on social obstacles – e.g. stigma and discrimination, gender inequalities, weak or under-accessed health systems – that hinder responses to HIV and AIDS[5] as well as the role of interpersonal communications in media campaigns[6].

[5] See for example, Panos Global AIDS Programme (2006). Breaking Barriers: Effective Communications for universal access to HIV prevention, treatment care and support by 2010.
[6] See for example, Southwell, B. G., & Yzer, M. C. (2007). The roles of interpersonal communication in mass media campaigns. In C. Beck (Ed.), *Communication Yearbook 31* (pp. 420–462). New York: Lawrence Erlbaum.

The Trust has consistently applied a survey methodology using cross-sectional household-based surveys since 2004. The 2008 Sentinel Study total sample size is 1,368 young people aged 15-29 from six locations—Phnom Penh, Kandal, Kampong Speu, Kampong Chhnang, Battambang and Siem Reap. These provinces were selected for the sentinel surveys because they have the highest level of media consumers according to the CDHS 2005.

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

Fieldwork was conducted in August 2008[7]. Male interviewers interviewed male respondents and female interviewers interviewed females.

The survey questionnaire, as in the 2007 Sentinel Study, covered the following topics:

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

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

Analysis was conducted for several purposes:

- **Descriptive and bivariate statistics** were used to examine and compare the differences in knowledge, attitudes and practice in relation to HIV and AIDS and related issues across a number of key demographic variables. Throughout the report the data was broken down into suitable subgroups as appropriate for the question of interest.
- **Trends** about practices and self-efficacy towards practices were assessed by comparing 2007 and 2008 data.
- **Impact of exposure to media** messages about HIV and AIDS in BBC World Service Trust outputs was analysed by creating an index of Unexposed and Low, Medium, and High Exposed categories.

[7] Fieldwork was postponed until August from the original plan of June-July due to elections that were held in July 2008 and the political campaigning prior to them.

Key Findings

Profile of the Study Population

The sample consisted of 1,368 respondents, 50% male and 50% female. The urban and rural areas accounted for 21% and 79% of the sample respectively.

The age range of the sample per study design was 15-29 years old. The average age was 22 years old and the median was 21 years old; 40% of the sample was aged 15-19.

The majority of the respondents (67%) were single/never married. There was a significant relationship between marital status and gender with a higher percentage of married females (40%) than males (25%) in the sample.

Levels of education were not high, with 6% of the respondents never having attended school and only a quarter (26%) having gone past secondary school. A third (32%) had completed primary education, and another third (36%) secondary school. The average level of education achievement was grade 7. Respondents in rural areas had lower levels of educational attainment than respondents from urban areas; a third (34%) of urban respondents were educated in high school, compared to a fifth (19%) in rural areas.

Overall, four in ten respondents (42%) reported that they had ever had sex[8]. Nearly the same proportion, (39%), of all respondents were sexually active, that is, they reported having had at least one sexual partner in the past year.

Media Consumption

Media consumption was high in the sample. Only 10% reported no radio or television use in the past month. Eight in ten (81%) were television viewers (had watched TV in the past month); and radio listening (had listened to radio in the past month) had increased from 57% in 2007 to 65% in 2008. More than half (55%) reported using both radio and television. Virtually all (98%) had access to a mobile telephone, and, while only 7% had ever used the internet, this was nearly double the level of internet use reported in 2007.

HIV and AIDS in the Media

Nearly all (92%) respondents reported that they seen or heard something about HIV and AIDS in the media in the past year, an increase from 2007. Eight in ten (86%) had seen something about HIV and AIDS on television and 73% had heard something on the radio, an increase since 2007.

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

BBC World Service Trust Outputs

A selection of TV spots that had been produced and broadcast since the 2007 Sentinel Study were included in this study: 89% of respondents had seen at least one of the TV spots, accounting for nearly all (98%) respondents who reported watching television. On average, respondents recalled 4 (out of a possible 8) spots.

Audiences for the Trust's three radio phone-in programmes – Really, Real Men and Hip Hop Girls – increased since 2007. Overall, 34% of respondents had listened to the Really programme, 21% to Real Men and 11% to Hip Hop Girls. Considering that just two-thirds of respondents are radio listeners, and the leading stations manage to capture about 25% of the audience share, this is a very strong performance by these three programmes.

Of the radio outputs, 74% of respondents had heard the Trust's slogan 'Trust Loak Chuoy' and 35% had heard the pop song 'Trust' which had been launched as a radio spot.

Interpersonal Communication: 'Talking About…'

Levels of discussion varied between different topics. In the entire sample, recent (in the past month) talking about sexual matters and ever having talked to a PLHIV were the most common (39%), followed by HIV and AIDS (36%), condoms (35%), and HIV testing (20%).

Males discussed all topics more than females; single sexually active males discussed all topics the most, more than any subgroup in the earlier 2007 Sentinel Study. There were decreases in 'never talking' about various HIV and AIDS related topics. However, most respondents reported that discussions were not recent (i.e. they occurred more than a month ago). Discussions in the past month decreased or were stable.

In the total sample and among both target subgroups, there were substantially lower levels of 'never talking' about various HIV and AIDS related topics among those who were not exposed to Trust outputs. Similarly, recent (in the past month) discussion was higher among those who had higher levels of exposure. Many differences noted were statistically significant, indicating a consistently positive relationship between exposure to mass media with prevention information and discussion of HIV and AIDS related topics.

Sexual Matters and Practices

The data show no changes in general levels of sexual activity among young Cambodians.

As in 2007, the data also indicate that three distinct types of sexual relationships continue to exist between young Cambodian men and women: wife/spousal, sweetheart and paid sex workers. Male premarital sex was with sweetheart and sex worker partners. A third of single males and one in five single females reported having a sweetheart at the time of the survey. Pre-marital relationships are met with mixed degrees of social approval depending on demographic factors. Only two single women

reported ever having had sex, reflecting the importance placed on a woman's virginity until marriage, but also suggesting possible under-reporting due to this prevailing attitude.

The data also support the Trust's assertion in 2007 that it is a widespread but not universal practice in Cambodia for men to have extramarital relationships, multiple partners and/or to pay for sex. Opinions are divided about whether men should be in these relationships.

The majority of married males, and all married women reported being monogamous with their spouse. Slightly more than a third (37%) of married males reported ever having extramarital sex, about 15% of all married men in the past year. About one in ten married males also had a sweetheart and/or a sex worker partner in the past year. Seven in ten (70%) of sexually active single males reported they had a paid sex worker partner in the past year.

Condoms

Knowledge that condoms can prevent HIV was close to universal, and other attitudes indicated social support for discussing and using condoms. Nevertheless condoms did still seem to be linked to sex work[9], and there was nearly a third of the population who never talked about condoms.

Levels of condom buying and condom use did not change. As in 2007, only about a half of sexually active respondents reported ever using a condom. Nearly a third of the sexually active respondents used condoms consistently (i.e. they reported having done so the last time they had sex). Consistent condom use was much more common among men than women.

Looking just at those who had ever used a condom, consistent condom use was higher: two-thirds of males and nearly half of females who had ever used a condom reported they had used one the last time they had sex. This suggests that once condom use is initiated, it is widely sustained.

Condom use varied considerably across the three main types of relationships:

- Consistent condom use with spouses was reported at very low levels by both married males and females.
- Condoms use with sweethearts has become more common.
- Virtually all males who had a sex worker partner in the past year used a condom the last time they had sex with them.

In the total sample and among both target subgroups, there were substantially lower levels of condom use by those who were not exposed to the Trust outputs. Many differences were statistically significant, indicating the positive relationship between exposure to mass media with prevention information and condom use.

[9] This is likely a legacy of early, successful, responses to HIV and AIDS in Cambodia, which focused on promoting '100% condom use' with sex workers.

HIV and AIDS Risks

This study found high knowledge about HIV and AIDS risk reduction, particularly the use of condoms which increased to 97%. Other key methods known were not using contaminated injecting equipment, having only one partner and avoiding the blood and pus of PLHIV, which increased to 17%.

Since 2007, never talking about HIV and AIDS risks decreased to 21%, and was significantly lower among those who had been exposed to mass media outputs. Overall, there was strong support expressed for talking about HIV and AIDS. For a minority, embarrassment and fear were barriers to talking about HIV and AIDS, but at lower levels than in 2007. These barriers were less common among those who had been exposed to Trust outputs.

Risk Perception

As in 2007, a fifth of respondents reported that they felt they had some chance of contracting HIV. Among those who felt they were at some risk, using contaminated injecting equipment, lack of trust in their partner and not using condoms were the main reasons given.

These risk assessments may in fact be quite accurate for many respondents, and were not cross-analysed with reported risk behaviours in an attempt to validate them.

VCCT (HIV Testing)

Overall, HIV testing levels were steady: 23% of respondents reported they had been tested for HIV antibodies. However, interest in being tested for HIV declined significantly from 43% in 2007 to 33% in 2008.

Never talking about HIV testing also decreased to 40%, and there was evidence that exposure to Trust media outputs encouraged respondents to talk about HIV testing: exposure to the Trust outputs was associated with higher levels of talking about HIV testing in the past month.

Having been tested for HIV in the past was associated with wanting to be tested for HIV: interest in being tested was greater among respondents who had already been tested then those who had not been tested.

Self-assessed risk was associated with wanting to be tested: more respondents who considered themselves to be at some risk wanted to tested, compared to those who thought they were at no risk. Nevertheless, half (51%) of those who assessed themselves to be at some risk of contracting HIV did not want to be tested.

HIV testing was not associated with exposure to the BBC World Service Trust outputs, but interest in being tested for HIV was.

Stigma and Discrimination

People Living with HIV

Despite the steady levels of limited direct contact with people living with HIV reported by many respondents, the findings are encouraging in terms of physical interaction: Only a few report trying to avoid physical contact with PLHIV, and among those exposed to the Trust outputs the levels were significantly lower. Nevertheless, there was an increased response that 'avoiding the blood or pus of PLHIV' was a way to prevent HIV infection, which needs to better understood.

These findings, as in 2007, suggest that fostering parasocial[10] interactions between audiences and PLHIV could contribute to increased comfort when interacting with PLHIV in real life, and reduced judgement and blame. Among the TV spots in the 2008 Sentinel Study were some that used testimonials from PLHIV speaking directly to the audience.

Men who Have Sex with Men (MSM)

In this study, only one married male reported he had ever had sex with a man. This practice was considered unacceptable by nearly all respondents, with no variations across any profiles. The stigma associated with MSM may therefore account for the underreporting of this practice among respondents. In terms of roles in society, there were different views, with three quarters noting that a man who has sex with men can also marry a woman and two-thirds noting that he can be a good son. Opinions were divided about other occupational and family roles.

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

Recommendations

Mass Media to Promote HIV Prevention

Mass Media in General

- Mass media is strongly recommended as an effective method to continue communication about HIV and AIDS.
- To ensure reaching as many young Cambodians as possible a variety of programme outputs that meet their tastes and lifestyles is needed.
- As such, a multi-format, multi-media approach is recommended: looking generally at the recall of HIV and AIDS information in the media over the past year, the reach of television formats (86%) was greater than radio (73%), but many respondents had encountered HIV and AIDS information on both television and radio (67%).
- Consider extending the variety of programmes and platforms with some longer-format television outputs.

BBC World Service Trust

- Continue a diversity of formats and variety of individual outputs to maximise reach of HIV and AIDS information.
- Produce a variety of TV spots for a range of target audiences.
- Continue branding radio spots with Loak Chuoy and using tag lines that are consistent across a range of spots.
- Extend use of pop music to communicate about HIV and AIDS.
- Maintain phone-in formats, which are solidly established with growing audiences.
- Explore the potential to develop additional media personas to have long-term role in HIV and AIDS communication – e.g. the well-established male condom character Loak Chuoy reiterates and sustains key messages, as well as having potential to serve as an established and trusted familiar vehicle. Consider developing a female character that could have comparable impact.

Target Audiences

- Focus more outputs about sexual matters and HIV and AIDS information for young people who are not yet having sex to foster more informed and less risky early sexual experiences, and to establish lower risk norms and practices from outset of their sexual lives.
- Separate sets of prevention objectives, content and messaging continue to be needed for men on the basis of their marital status and whether or not they have premarital sex, extramarital relationships, multiple partners and/or pay for sex.
- Similarly, separate sets of prevention objectives, content and messaging for single women in sweetheart relationships and married women may be considered.
- Different objectives, content, messaging should be considered for those who consider themselves to have some risk of HIV and those who consider themselves to be at no risk.
- Target hidden MSM via niche media outputs and distribution.

- Conduct segmentation analysis of key attitudes and practices in 2008 Sentinel Study to describe and define audiences in terms of factors beyond demographics and sexual profile.

Interpersonal Communications: Talking About HIV and AIDS Prevention

- Mass media outputs should continue to be used to encourage discussion.
- Maintain the Trust phone-in programmes that provide an interactive forum for discussion and model constructive, informed exploration and discussion of issues.
- Focus messaging on encouraging people who have never spoken to speak up, and reminding those who have not spoken in a while to speak again soon and do so more often.
- Prompt discussion by introducing new approaches to spots and new formats that prompt audiences to discuss and remark on them.

- Additional analysis comparing the attitudes towards certain issues and discussion of them, particularly among single and married females, would be helpful for further segmenting females and/or determining whether there is continuum of discussion that relates to other attitudes and experiences.
- Qualitative research exploring discussion and relationship scenarios could identify key situations and discussion skills to target and model in communications, as well as explore further the extent to which the discussion programmes and interpersonal communication are an outcome, mediator and/or moderator.

Sexual Practices

- For married audiences, encourage family planning as well as HIV and other STI-prevention benefits of condom use.
- Reinforce the increase use of condoms in sweetheart relationships.
- Use a combination of mass media and 'niche media' strategies to reinforce high condom use with sex workers.
- Explore social attitudes and stigma related to sex work transactions and relationships that are barriers to condom use in other relationships.

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

Condoms

- Encourage the initiation of condom use by those who have not yet ever used condoms.
- Reinforce consistent condom use with those who have ever used a condom, regardless of the relationship with their partner.
- Normalise talking about and purchasing condoms so that those who are doing so without embarrassment are reinforced, and those who still do not, perceive less social resistance to hinder them.
- Encourage condom use within sweetheart relationships – both to begin using condoms when they have not been used before, and for those who often do so, to do so every time.
- Counter the association of condoms with lack of virtue in women, with other positive attributes.

- Continue opening up issues of 'caring' and 'trust' in relationships, particularly marriage.

- Additional analysis comparing condom attitudes and condom experiences would be helpful to identify if there is a clustering or spectrum of condom-favouring and condom-resisting attitudes and behaviours.
- Exploration of perceptions of condom-using women, particularly whether condom use in different types of relationships reflects on the nature of the relationship and the women in them.

HIV and AIDS Risk Perception

- Support realistic, accurate risk assessments.
- Reinforce the practices that are the basis of 'No Risk' assessment – condoms and only having one sexual partner.
- Promote protection when partners are new or person is unsure about their partner.
- In cases of some or high risk assessment, emphasise taking no further risks and getting an HIV test in order to know for certain.
- Encourage respondents who have not had sex yet to consider risk reduction, especially condom use, during their first sexual experience.
- Explore and model where individuals can introduce safe injecting practices and equipment into common injecting scenarios.

- Desk research about what unsterile injecting scenarios are encountered by the general population and whether there have been recent efforts to increase awareness about safe injecting.
- Qualitative research about what 'trust' and 'faithfulness' mean in relationships.
- Additional analysis comparing the personal risk perceptions and other reported sexual practices would be a quick validation of risk perceptions.

VCCT (HIV Testing)

- In combination with the Risk Assessment recommendations above, different VCCT objectives, content, messaging should be considered for those who consider themselves to have some risk and those who consider themselves to be at no risk.
- For people who consider themselves to be at SOME RISK of contracting HIV, and who WANT to be tested for HIV.
  - Commend and confirm the interest in being tested for HIV.
  - Practical, encouraging information about how, where to get the test.

- For people who consider themselves to be at SOME RISK of contracting HIV, and who DO NOT WANT to be tested for HIV.
  - Challenge not wanting to be tested for HIV.
  - Encourage thinking about being tested for HIV.
  - State advantages of testing that may be stronger than reasons for not wanting to be tested.

Stigma and Discrimination

People Living with HIV

- Give audience a sense of personally having a positive, comfortable personal interaction with PLHIV via engagement with various outputs.
- Reinforce the widely held opinion about rights of PLHIV.
- Normalise physical interaction and social inclusion of PLHIV.
- Desk research and key informant questions about sources of increased knowledge about avoiding the blood or pus of PLHIV noted in the general population, and whether there have been recent efforts to increase awareness about reducing contact with bodily fluids, or about universal precautions[11].

- Conduct further analysis to assess any differences between those respondents who had seen the PLHIV testimonial spots and their attitudes and contact with PLHIV with those who have not, to assess the impact of the spots.

Men who have Sex with Men

- Develop mass media strategy to increase awareness, understanding of MSM's lives, and to reduce stigma and secrecy, and to normalise social inclusion of MSM .
- Give audience a sense of personally having a positive, comfortable personal interaction with MSM via engagement with various outputs.

- Further analysis of basis of public attitudes about men who have sex with men.

Describing and Profiling Audiences

- Conduct segmentation analysis of key attitudes and practices in 2008 Sentinel Study to describe and define them in terms of factors beyond demographics and sexual profile.

Assessing Trends

- Longer-term trend analysis of data the Trust has collected since 2004 is recommended to get a long-term picture of shifts in knowledge, attitudes and practices about HIV and AIDS and prevention.
- On certain issues, focus efforts on maintaining the currently high levels of public knowledge, opinion and practices related to HIV and AIDS.
- Focus renewed, revised efforts on other issues that have do not seem to have shifted and appear to be staying at lower levels, such as condom use.

Assessing Impact

- Further analysis looking at recall of specific outputs focusing on particular message (e.g. condoms, stigma and discrimination) and related attitudinal, self-efficacy and practice/behaviour outcomes they were designed to address.
- Statistical modelling of the interactions between media exposure, discussion, self-efficacy, attitudes and prevention behaviours.

[11] http://www.unaids.org/en/PolicyAndPractice/Prevention/UnivPrecaution/
http://en.wikipedia.org/wiki/Universal_precautions

Conclusions

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

The report provides information about young Cambodians' attitudes with regard to sexual matters, as well as a measure about the prevalence of certain sexual practices. Nevertheless, much targeting of prevention messaging is still based on demographic profiles or a single risk or relationship factor. Additional analysis of lifestyle and attitudinal variables alongside demographic and risk profiles to further segment target audiences is recommended.

This study also highlights short-term trends (2007 to 2008) in key practices and self-efficacy. However, given the short-term nature of the trend analysis in this report, longer-term trend analysis of data the Trust has collected since 2004 is recommended to get a picture of the shifts in HIV prevention practices and HIV testing.

The analysis using the index of exposure to the BBC World Service Trust outputs confirms the important role of media and communications in the response to HIV and AIDS. The analysis demonstrates the positive role of HIV and AIDS information in mass media: 'Exposure' to or encounters with the Trust's outputs were consistently associated with higher levels of discussion and prevention practices and self-efficacy. Further analysis of this data to show the interactions between mass media exposure, interpersonal communications and behavioural change is recommended.
The changing Cambodian media landscape reported separately offers many new possibilities for responding to HIV and AIDS in Cambodia.

Finally, this report again demonstrates the achievements of BBC World Service Trust's Research and Learning team and the National Centre for Health Promotion. The 2007 Sentinel Study effort was a tremendous accomplishment; this year, working on the 2008 Sentinel Study report, the teams raised their ambitions and standards even higher. This report is evidence of their hard work and the continuing quality of their survey research skills.

Introduction

HIV and AIDS in Cambodia

Cambodia has been concertedly responding to the severe effects of the HIV epidemic over the past decade. In 2006, the HIV prevalence was estimated at 0.9%[12] among the Cambodian population aged between 15 and 49, a decline from 1.2% in 2003. Further declines were noted with prevalence among adults aged 15 to 49 estimated to be 0.8% [0.7% - 0.9%][13].

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The Trust delivers high quality mass media health campaigns using in-country broadcast networks, while building the capacity of local broadcasters and government/NGO partners to undertake behaviour change communications.

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

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

[12] National Centre for HIV/AIDS, Dermatology and STD 2006
[13] Epidemiological Fact Sheet on HIV and AIDS: Core data on epidemiology and response - Cambodia 2008, cited on http://www.unaids.org/en/CountryResponses/Countries/cambodia.asp

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The project comprised a 100 episode TV drama 'Taste of Life', 54 high quality TV and radio spots, four weekly radio phone-in programmes plus accompanying print materials.

Global Fund 5 – HIV and AIDS Project

The current project, which began in October 2006 and will finish in September 2009, is funded by the Global Fund to Fight AIDS, TB and Malaria Round 5. This three year project focuses on HIV prevention through behaviour change communications using mass media. The overall goal is to create an enabling environment for prevention of sexual transmission measured through increased exposure to HIV and AIDS media.
In addition to mass media, the strategy also uses niche media to target most at risk populations such as men who have sex with men and entertainment workers. Radio production and broadcast partners include RNK, and FM103[14] with additional broadcasts on Bayon radio and broadcast channels for television include TV5 and CTN.
Our research partner is the National Centre for Health Promotion.

Outputs

An array of television and radio outputs is being broadcast over three years.

Television

- 21 TV spots
- 3 documentaries - each targeted at specific audiences such as, People Living with HIV (PLHIV), Men who have Sex with Men (MSM), and those seeking Voluntary and Confidential Counselling and Testing for HIV (VCCT)
- 1 drama feature film

Radio

- 18 radio spots
- 3 weekly radio phone-in programmes
    - Real Men – targeting rural males 20-29 years old
    - Really – targeting urban youth, 15-24 years old
    - Hip Hop Girls – targeting young, urban female 15-19 years old

Target Audiences

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

[14] includes relay to 6 provincial stations for Really programme. Spots are also broadcast on these stations.

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

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

The Message Brief

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

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

Target Audiences and Messaging

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

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

Fig. 1 Messaging Brief for Mass Media Outputs

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

Fig. 2 Niche Media Audiences and Messaging

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

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

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

'Talk About' – Promoting Discussion and Dialogue

The Trust believes that media plays an important role in promoting and fostering interpersonal communication (IPC), as well as providing information about health, promoting behaviour change and addressing social conditions that encourage or hinder good health.

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

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

1. '**Public Sphere**' – the 'figurative space for public discussion' of concerns of citizens, including politics, power and culture 'that exists halfway between the private sphere of civil society and the state'[15]

[15] Jacobson, T. (2006). Media Development and Speech in the Public Sphere. *Media Matters Section 1: Why Media Matters: Global Perspectives*, p.28.

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

> The conditions of response to the performer are analogous to those in a primary group. The most remote and illustrious men are met as if they were in the circle of one's peers; the same is true of a character in a story who comes to life in these media in an especially vivid and arresting way. We propose to call this seeming face-to-face relationship between spectator and performer a para-social relationship.[16]

3. **Stages of Change** – the set of five stages – precontemplation, contemplation, preparation for action, action, maintenance components - along a behaviour change continuum. Media can meet a person's needs at his/her particular point in a cyclical change process that varies for each individual.[17]

Fig. 4 Mass Media Generated Discussion and Stages of Change

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

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

5. **Communication for Social Change** – the need for communication to contribute to reducing social, economic and legal inequalities (e.g. poverty, gender, age, and

[16] Extract from Horton, D. & Wohl, R.R. (1956). Mass Communication and Para-social Interaction: Observations on Intimacy at a Distance. *Psychiatry, 19,* 215-29. Downloaded from http://www.aber.ac.uk/media/Modules/TF33120/horton_and_wohl_1956.html .

[17] Prochaska J.O., DiClemente C.C. and Norcross J.C. (1992). In search of how people change – applications to addictive behaviours. *American Psychologist, 47(9),* 1102-1114. Cited in FHI (1996). Behaviour Change – A summary of four major theories. Downloaded from http://www.comminit.com/en/node/27093 (source 1).

race) that underpin social exclusion and hinder effective responses to HIV and AIDS.[18]

There are limited examples of actual communications projects in developing countries in which the role of interpersonal communication has been assessed and analysed. Nevertheless, it has long been recognised that mass media can be a potent force in disseminating information and setting agendas about health, while interpersonal communication has been regarded to be more effective at actually getting people to try and adopt new behaviours[19]. It is also recognised that interpersonal communication can play a role in bridging the gap between knowledge and behaviour[20]. Recent scholarship posits three 'roles for interaction' of interpersonal communication and mass media campaigns: 'Based on theory and evidence, it could be a noteworthy outcome, act as a mediator of campaign effects, or either reinforce or dampen campaign effects'.[21] This survey and report begin to examine these issues.

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

[19] See discussion of relevant communication theory in Valente, T.W. (1996). Mass-media-generated interpersonal communication as sources of information about family planning. *Journal of Health Communication, 1(3)*, 247-266.

[20] For example, see Hornik, R. (1989). The knowledge–behaviour gap in public information campaigns: A development communication view. In C. T. Salmon (Ed.),*Information campaigns: Balancing social values and social change* (pp. 113–138). Newbury Park, CA: Sage.

[21] Southwell, B. G., & Yzer, M. C. (2007). The roles of interpersonal communication in mass media campaigns. In C. Beck (Ed.), *Communication Yearbook 31* (pp. 420–462). New York: Lawrence Erlbaum.

Methodology

Annual Sentinel Studies

Prior to broadcast in June 2007, the BBC World Service Trust conducted a quantitative baseline sentinel survey on HIV and AIDS Knowledge, Attitudes and Practice (KAP) and media consumers. In August 2008, the BBC World Service Trust conducted a quantitative midline sentinel survey. Data from both the 2007 and 2008 Sentinel Studies are reported in this document.

Objective of Study

This study was conducted to meet several objectives:

- A midline measure of HIV and AIDS KAP indicators relevant to the mass media component on this Global Fund supported work in Cambodia.
- An annual periodic assessment of the rapidly changing Cambodia media landscape.
- An assessment of the performance of selected Trust outputs that were produced and broadcast since the 2007 Sentinel in reaching audiences.
- Ongoing trend measurement of key indicators established since 2003 by the Trust's HIV and AIDS KAP studies.
- Measurements of discussion about key issues such as HIV and AIDS.
- Collecting new and ongoing data that reflects and contributes to growing international knowledge about the role of media and its interactions with interpersonal communications to contribute to social and behavioural change.

These last two objectives reflect the Trust's increasing attention to measuring its impact on social obstacles – e.g. stigma and discrimination, gender inequalities, weak or under-accessed health systems – that hinder responses to HIV and AIDS[22].

Study design

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

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

The 2008 survey was conducted after the broadcast of a number of radio and television PSAs (spots), and during the ongoing broadcasts of the Trust's three weekly radio phone-in programmes (Hip Hop Girls, Really and Real Men).

Study population

Sampling frame

The 2008 Sentinel Study total sample size is 1,368 young people aged 15-29 from six locations—Phnom Penh, Kandal, Kampong Speu, Kampong Chhnang, Battambang and Siem Reap. These provinces were selected for the sentinel surveys because they have the highest level of media consumers according to the CDHS 2005.

Sampling

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

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

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

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

Finally, in each household only one 15-29 year old respondent was picked for interview by using the Kish Grid method[23].

Data Collection

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

Fieldwork was conducted in August 2008[24]. Male interviewers interviewed male respondents; female interviewers interviewed females. The mean age of the interviewers was 22.

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

[24] Fieldwork was postponed until August from the original plan of June-July due to elections that were held in July 2008 and the political campaigning prior to them.

Survey Questionnaire

The survey questionnaire, as in the 2007 Sentinel Study, covered the following topics:

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

The questionnaire was developed in English and translated into Khmer. The translation was checked and reviewed by the BBC World Service Trust research team.

The survey questions were developed from several sources:

- BBC World Service Trust KAP surveys in 2004, 2005 and 2006.
- Nyblade *et al.* (2006): Can we measure HIV/AIDS-related stigma and discrimination? Current knowledge about quantifying stigma in developing countries. Washington DC: International Centre for Research on Women.
- Additionally, the team developed questions on specific opinions and experiences about sexual matters that had been noted by programme-makers and in other qualitative studies with audiences but for which population-based survey data were not available.
- Finally, the questions about 'Talk About' were revised with the aim of capturing recentness of actual conversation, the relationship between the respondent and the other person, and their degree of comfort talking about topics as a measure of self-efficacy[25].

Recall of BBC World Service Trust Outputs

A selection of the TV spots broadcast since the 2007 Sentinel Study were included in the HIV and AIDS Media recall questions using still image stimulus materials to prompt recall. The branding and slogan used in all radio spots since the 2007 Sentinel Study was used to measure recall. In addition, an audio recording of a pop-song that was launched as a spot was played and the audience were asked if they had heard it. For the three radio phone-in programmes, a combination of spontaneous recall of the programme as a source of HIV and AIDS information in the media and prompted recall using both the programme name and an audio recording of the programmes' signature tunes were used to measure their recall.

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

Pilot

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

Fieldwork and Data Collection

As HIV and AIDS are sensitive issues, the data collectors were recruited as peers for survey respondents (i.e. they were similar in gender and age). They were trained prior to and during the data collection process.

Training was provided to all those involved in conducting the interviews and was prepared and conducted by the National Centre For Health Promotion (NCHP). The training aimed to improve the knowledge and skills of participants in using questionnaires, interview techniques, communication, ethical research and field practice. The training was given over three days. It included brainstorming, group discussions, demonstrations, lectures and role-plays. There were two types of training, one for supervisors and editors and another for interviewers.

Organisation of Fieldwork

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

Field Supervision, Quality Assurance

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

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

Data Processing and Analysis

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

Analysis was conducted for several purposes.

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

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

- **Performance** of the project in reaching audience(s) is tabulated using a combination of top of mind, spontaneous and prompted responses to questions asking people to recall whether they have seen or heard the Trust outputs.
- **Trends** about practices and self-efficacy (emotions) towards practices were assessed by comparing 2007 and 2008 data.
- **Impact of exposure to Trust media outputs** about HIV and AIDS was analysed by creating an index of No-Low-Medium-High exposure to BBC World Service Trust outputs. This index was used to test for associations between levels of exposure and reported practices and self-efficacy (emotions) towards practices.

Throughout the report the data was broken down in to suitable subgroups as appropriate for the question of interest. The chi-squared statistic was used to assess whether there were any significant relationships between knowledge, attitudes and practice in relation to HIV and AIDS and key demographic variables (such as gender, age and education). The standard residual produced by the chi-squared calculation was used to help identify where any significant differences were found. In order to ascertain whether differences existed between the 2007 and 2008 samples, *z* tests were also run on the data.

Ethics

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

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

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

Limitations of Study

Sentinel Survey

This study was conducted in only five provinces and the capital city, Phnom Penh. These provinces are among Cambodia's most populated, accounting for nearly half[26] of the national population, and reflect Cambodia's major media markets. The data is representative for these six locations but cannot be generalised to Cambodia's other 18 provinces.

Remote Rural

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

Household Survey

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

Available Respondents

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

Social Desirability

The research methodology has made considerable effort to prevent response bias, minimise embarrassment and ensure confidentiality, as necessary when dealing with both sensitive and taboo topics. Nevertheless, the universal limitations referring to questions about very personal, sensitive and/or taboo topics apply[27].

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

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

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

Issues of Self-Reported Data

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

Two-Year Trends

This study only highlights short-term trends in key practices and self-efficacy by comparing data from 2007 to 2008. However, many of the practices in the study have been promoted for more than two years. Thus the practices and self-efficacy may have changed or shifted earlier, with a levelling or 'plateau effect' being noted in this analysis. Others may be at a realistic maximal ('ceiling effect')[28]. Longer-term trend analysis of data the Trust has collected since 2004 is recommended to get a picture shift in HIV prevention practices and VCCT.

Exposure Analysis and Attribution of Causation

The analysis of exposure reveals associations between exposure to media and outcomes in practices and self-efficacy (emotions), but it does not indicate the direction of the relationship. For this reason, the presence of an association cannot be interpreted as proof that exposure to the media outputs has caused the outcome. Further analysis using other methods, such as Structural Equation Modelling (SEM) is recommended to confirm causative relationships between exposure to media and outcome variables.

[28] The Trust has collected data on some HIV prevention practices and HIV testing since 2003 with intention of capturing trends. But to date efforts have been focused on annual reporting of survey findings rather than retrospective analysis.

Study Findings: Profile of Study Population

Socio-demographic Profile

Using the same sampling methodology as the 2007 Sentinel Study, this study aimed to achieve a similar sample in order to enable reliable analysis of trends. The 2008 sample is profiled and compared to the 2007 Sentinel Study sample in this section.

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

Residence

The proportion of those from urban-rural areas was split into 21% - 79% respectively, due to the sampling methodology designed to reflect the geographic distribution of the population. This distribution was not significantly different from that in 2007 Sentinel Study.

Gender

Gender distribution was also evenly divided into 50% males and 50% females, as in the 2007 Sentinel Study. These two variables have been used in the other profile analyses; gender and residence.

Age

The age range of the sample per study design was 15-29 years old. The average age was 22 years old and the median was 21 years old; 40% of the sample was aged 15-19.

Compared to the age distribution of the 2007 Sentinel Study, the 2008 sample is slightly older. The changes are in rural and male age distributions[29]:

- In rural areas, participants from the 20-24 aged group decreased (36% 2007, 30% 2008) and the 25-29 age group increased (25% 2007, 31% 2008).
- Male respondents from the 20-24 aged group decreased (37% 2007, 29% 2008) and the 25-29 age group increased (24% 2007, 32% 2008).

While the mean ages of urban and male respondents increased slightly from 2007, these differences were not significant. The average age of urban respondents was 21 years, as in 2007, while rural respondents' average age was 22 years. Similarly, the average age of males in the study was 22, with female average age staying at 21 years.

[29] The authors are not able to determine whether this change reflects broader changes in the age and residence distribution of the Cambodian population, or availability of respondents during the data collection.

Marital Status

There were no changes in marital status between the 2007 and 2008 samples.

The majority of the respondents were single-never married (67%), and a third (32%) were married. A few others were widowed, separated or divorced.

In urban areas, 78% of respondents were single, while in rural areas 64% were single.

A higher percentage of females (40%) than males (25%) were married, and there was a significant relationship between marital status[30] and gender.

NB: Very few respondents were widowed, separated or divorced, so in later analysis only two categories are used: 'single' and 'married'. The few widowed, separated and divorced respondents are included in the 'married' category in subsequent analysis.

Education

Respondents were asked the highest year of education they had completed. In analysis, education levels were divided into five categories: No schooling, Primary school, Secondary school, High school and University.

In the 2008 sample, the majority of respondents had either primary (32%) or secondary (36%) education. The average number of years completed differed significantly by residence and gender:

- Urban – 8.8 years, compared to Rural – 6.9 years.
- Male – 8.0 years, compared to Females – 6.7 years.

Compared to 2007, the education level of the 2008 sample is higher[31]. Overall, significant decreases in no schooling (8% 2007, 6% 2008) and primary school (36% 2007, 32% 2008) were found, with and increase in high school (16% 2007, 22% 2008).

There are changes across residence and gender, although patterns vary slightly from the overall sample:

- Among urban respondents, there were increases in high school (25% 2007, 34% 2008) and university education (8% 2007, 13% 2008).
- In rural areas, no schooling decreased (8% 2007, 6% 2008), and high school education increased (14% 2007, 19% 2008).
- Male respondents had a decrease in no schooling (6% 2007, 4% 2008) and an increase in high school (19% 2007, 26% 2008).

[30] The Chi-square test was conducted on a 2x2 table that excluded the small numbers of widow/widowers and divorced or separate respondents, in order to avoid a statistically invalid result due to small cell sizes.
[31] The authors are not able to determine whether this change is due to a slightly older sample than 2007, reflects broader changes in the educational attainment among young Cambodians population, or is due to sampling variation from year to year.

- Females reported increased levels of high school education (12% 2007, 18% 2008).

NB: Very few respondents had no schooling or university, so in later analysis only three categories are used: 'No/primary school' (no schooling plus primary school – 38% of sample), 'secondary school' (36%), and 'high school/university' (26%).

Occupation

Students (33%) and agriculture (29%) were they most common occupations in the 2008 sample. Types of occupations varied by residence and gender:

- There were more students in urban than rural (44%, 30%) areas, while agriculture was higher in rural than in urban (35%, 5%) areas.
- About a third of males (36%) and females (30%) are students.
- Only females (12%) reported housework as their occupation.

The overall distribution of occupations did not change much from 2007 and 2008: the only significant differences were a decrease in housework (11% 2007, 6% 2008) and an increase in 'other' (8% 2007, 11% 2008).

By residence no changes were significant, but there were changes according to gender:

- Males in 'other' doubled (7% 2007, 14% 2008).
- While females in agriculture increased (17% 2007, 25% 2008) and housework decreased by nearly half (21% 2007, 12% 2008).

Income

Median[32] household income for the entire 2008 sample was 1000 USD per annum. This varied by residence. The urban median income of 2,200 USD was 2.4 times the median rural income of 912 USD.

[32] Median is the central value in the distribution.

Trend Table 1- 'Socio demographic profile by residence'

	Residence								Total			
	Urban				Rural							
	Sentinel 2007		Sentinel 2008		Sentinel 2007		Sentinel 2008		Sentinel 2007		Sentinel 2008	
	%	#	%	#	%	#	%	#	%	#	%	#
Age												
15-19	41.5%	115	40.1%	117	38.7%	421	39.4%	423	39.2%	536	39.5%	540
20-24	33.2%	92	29.8%	87	**36.2%**	394	30.0%	322	**35.6%**	486	29.9%	409
25-29	25.3%	70	30.1%	88	25.2%	274	**30.6%**	329	25.2%	344	**30.5%**	417
Mean		21.0		21.0		21.0		22.0		21.0		22.0
Median		21.0		21.0		21.0		21.0		21.0		21.0
Marital Status												
Single-Never married	71.5%	198	77.7%	227	66.1%	721	63.7%	685	67.2%	919	66.7%	912
Married	27.8%	77	21.9%	64	32.3%	352	35.1%	378	31.4%	429	32.3%	442
Widow/Widower	0.0%	0	0.0%	0	0.4%	4	0.1%	1	0.3%	4	0.1%	1
Divorce or separate	0.7%	2	0.3%	1	1.3%	14	1.1%	12	1.2%	16	1.0%	13
Education												
No schooling	5.8%	16	4.1%	12	**8.4%**	92	6.2%	66	**7.9%**	108	5.7%	78
Primary school	26.0%	72	19.6%	57	38.9%	424	35.3%	378	**36.3%**	496	31.9%	435
Secondary school	35.4%	98	29.6%	86	37.9%	414	38.0%	407	37.4%	512	36.2%	493
High school	24.9%	69	**33.7%**	98	13.5%	147	**19.1%**	205	15.8%	216	**22.2%**	303
University	7.9%	22	**13.1%**	38	1.3%	14	1.4%	15	2.6%	36	3.9%	53
Mean		7.9		**8.8**		6.4		**6.9**		6.7		**7.3**
Occupation												
Student	41.2%	114	44.2%	129	29.2%	318	29.7%	320	31.6%	432	32.8%	449
Agriculture	6.9%	19	5.1%	15	32.0%	348	35.4%	381	26.9%	367	28.9%	396
Sales and services	15.2%	42	13.4%	39	10.9%	119	11.9%	128	11.8%	161	12.2%	167
Manual skilled	13.7%	38	11.6%	34	10.1%	110	8.4%	90	10.8%	148	9.1%	124
Housework	13.4%	37	8.2%	24	10.1%	110	5.6%	60	**10.8%**	147	6.1%	84
Other	9.7%	27	17.5%	51	7.7%	84	9.0%	97	8.1%	111	**10.8%**	148
Income (USD1=4000R)												
Mean		5,287.2		5,838.8		2,737.4		3,478.0		3,239.7		3,976.8
Median		1,368.8		2,220.0		800.0		912.5		900.0		1,000.0
Min		100.0		37.5		25.0		25.0		25.0		25.0
Max		136,875.0		182,500.0		180,000.0		1,080,000.0		180,000.0		1,080,000.0
Base		277		292		1089		1076		1366		1368

Trend Table 2- 'Socio demographic profile by gender'

	Gender								Total			
	Male				Female				Sentinel 2007		Sentinel 2008	
	Sentinel 2007		Sentinel 2008		Sentinel 2007		Sentinel 2008					
	%	#	%	#	%	#	%	#	%	#	%	#
Age												
15-19	39.4	269	39.3	268	39.0	267	39.8	272	39.2	536	39.5	540
20-24	**36.8**	251	28.9	197	34.4	235	31.0	212	**35.6**	486	29.9	409
25-29	23.8	162	**31.8**	217	26.6	182	29.2	200	25.2	344	**30.5**	417
Mean		21.00		22.00		21.00		21.00		21.00		22.00
Median		20.0		21.0		21.0		21.0		21.0		21.0
Marital Status												
Single-Never married	75.9	519	75.1	514	58.5	400	58.2	398	67.2	919	66.7	912
Married	23.5	161	24.6	168	39.2	268	40.1	274	31.4	429	32.3	442
Widow/Widower	0.1	1	0.1	1	0.4	3	0.0	0	0.3	4	0.1	1
Divorce or separate	0.4	3	0.1	1	1.9	13	1.8	12	1.2	16	1.0	13
Education												
No schooling	**6.4**	44	3.5	24	9.4	64	7.9	54	**7.9**	108	5.7	78
Primary school	**30.7**	210	25.1	171	41.8	286	38.8	264	**36.3**	496	31.9	435
Secondary school	40.5	277	40.1	273	34.4	235	32.3	220	37.4	512	36.2	493
High school	19.4	133	**26.4**	180	12.1	83	**18.1**	123	15.8	216	**22.2**	303
University	2.9	20	4.8	33	2.3	16	2.9	20	2.6	36	3.9	53
Mean		7.20		**7.98**		6.22		**6.69**		6.71		7.33
Occupation												
Student	37.7	257	35.5	243	25.6	175	30.1	206	31.6	432	32.8	449
Agriculture	36.7	250	32.6	223	17.1	117	**25.3**	173	26.9	367	28.9	396
Sales and services	7.5	51	8.0	55	16.1	110	16.4	112	11.8	161	12.2	167
Manual skilled	11.3	77	9.1	62	10.4	71	9.1	62	10.8	148	9.1	124
Housework	0.1	1	0.0	0	**21.3**	146	12.3	84	**10.8**	147	6.1	84
Other	6.7	46	**14.8**	101	9.5	65	6.9	47	8.1	111	**10.8**	148
Base		682		684		684		684		1366		1368

Sexual Profile

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

Sexual Experience (Ever had Sex)

Overall, four in ten of respondents (42%) reported they had ever had sex[33], a figure similar to the 2007 data.

Sexual experience was associated with marital status for both males and females (100% of married respondents reported they had ever had sex, compared to 12% of single respondents). For single respondents, sexual experience was associated with gender[34]:

- Only two single females reported they had ever had sex, while 22% of single males had done so.

2008 Data Table 1- 'Profile – Ever had sex'

	Ever had sex					
	Base	Yes		No		
		%	#	%	#	
ALL RESPONDENTS	1368	41.6%	569	58.4%	799	
Gender						$\chi^2(1) = 0.14$
Male	684	41.1%	281	58.9%	403	$p = 0.700$
Female	684	42.1%	288	57.9%	396	
Marital status(*)						$\chi^2(3) = 1001.56$
Married males	170	**100.0%**	170	***0.0%***	0	$p = 0.000$
Single males	514	***21.6%***	111	**78.4%**	403	
Married females	286	**100.0%**	286	***0.0%***	0	
Single females	398	***0.5%***	2	**99.5%**	396	

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

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

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

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

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

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

2008 Data Table 2- 'Profile – Sexually Active – Ever had sex and had at least one partner in the past year'

	How many sexual partners have you had in the past year?				
	Base	Zero or never had sex		One or more	
		%	#	%	#
ALL RESPONDENTS	1368	61.0	835	39.0	533
Marital status(*)					
Married males	170	***1.2%***	2	**98.8%**	168
Single males	514	**83.1%**	427	***16.9%***	87
Married females	286	***3.5%***	10	**96.5%**	276
Single females	398	**99.5%**	396	***0.5%***	2

$\chi^2(3) = 1006.83$
$p = 0.000$

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

2008 Data Table 3- 'Sexual Profile'

	Urban		Rural		Male		Female		Total	
	%	#	%	#	%	#	%	#	%	#
Ever had sex	36.6%	107	42.9%	462	41.1%	281	42.1%	288	41.6%	569
Not sexually active	68.5%	200	59.0%	635	62.7%	429	59.4%	406	61.0%	835
Sexually active	31.5%	92	41.0%	441	37.3%	255	40.6%	278	39.0%	533
Sexually active single	9.9%	29	5.6%	60	12.7%	87	0.3%	2	6.5%	89
Sexually active married	21.6%	63	35.4%	381	24.6%	168	40.4%	276	32.5%	444
Base		**292**		**1076**		**684**		**684**		**1368**

Sexually active: a person who has had at least one partner in the last year.

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

Study Findings: HIV and AIDS in the Media

Summary of Findings: HIV and AIDS in the Media

- HIV and AIDS content was encountered in the media over the past year on television (86%) and radio (73%). The multi-platform approach resulted in two-thirds (67%) of respondents reporting content on both radio and television.
- Ninety percent of males reported television content, 81% heard about HIV and AIDS on the radio and 76% on both.
- Fewer females (82%) reported HIV and AIDS television content, 65% heard about something on the radio and 58% on both.

- Compared to 2007, exposure to HIV and AIDS information on television was stable, radio increased and exposure to content on a combination of both platforms increased.
- Males reported increased contact with HIV and AIDS content on television, radio and both.
- Females reported steady levels of television content about HIV and AIDS, with increases in radio and both.

- BBC World Service Trust TV spots were widely recalled. Virtually all (98%) of television viewers had seen a TV spot. On average, respondents had seen 4.2 spots. TV viewers had seen an average of 4.8.

- BBC World Service Trust radio formats were also widely recalled (78% of respondents, 96% of radio listeners). On average, respondents had heard 1.8 of the five radio outputs. Recall of two phone-in programmes, Real Men and Really increased among their target audiences.

HIV and AIDS in the Media

Information about HIV and AIDS on Television

Respondents were asked what they have seen on television about HIV and AIDS in the past year[35]. Overall, there was a small but not statistically significant increase in the percent of respondents who had seen HIV and AIDS content on television. Among male respondents there was a significant increase (86% 2007, 90% 2008). Other subgroups – females, radio listeners and television viewers[36] – showed small increases but these were not significantly different.

'Have you seen anything about HIV and AIDS on <u>television</u> in the past year?'

Trend Table 3- 'HIV and AIDS on Television'

		Total		Male		Female		Radio Listeners		TV viewers	
		Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008
Yes	%	83.3%	85.9%	86.3%	**90.0%**	80.4%	81.7%	87.7%	89.7%	93.0%	94.8%
	#	1140	1173	590	615	550	558	680	791	1028	1049
No	%	**8.0%**	5.3%	5.3%	3.2%	**10.8%**	7.3%	6.7%	4.6%	**6.8%**	4.7%
	#	110	72	36	22	74	50	52	41	75	52
DK/Not sure	%	0.0%	0.1%	0.0%	0.1%	0.0%	0.1%	0.0%	0.1%	0.0%	0.2%
	#	0	2	0	1	0	1	0	1	0	2
Never watch TV	%	8.6%	8.7%	8.5%	6.6%	8.8%	10.8%	5.5%	5.6%	0.2%	0.3%
	#	118	119	58	45	60	74	43	49	2	3
Base		1368	1366	684	683	684	683	775	882	1105	1106

Information about HIV and AIDS on Radio

Respondents were also asked what they have heard on radio about HIV and AIDS in the past year[37]. There was a significant increase in hearing HIV and AIDS content on the radio overall (60% 2007, 73% 2008). The increase was significant among all subgroups: males (68% 2007, 81% 2008), females (51% 2007, 65% 2008), radio listeners (83% 2007, 91% 2008), and television viewers (62% 2007, 76% 2008).

[35] This question has been included in KAP studies conducted by the BBC World Service Trust since 2004.
[36] More detailed analysis of television viewing is reported in the Media Consumption chapter of the forthcoming 2008 Sentinel Survey Report.
[37] This question has been included in KAP studies conducted by the BBC World Service Trust since 2004.

'Have you heard anything about HIV and AIDS on radio in the past year?'

Trend Table 4- 'HIV and AIDS on Radio'

		Total		Male		Female		Radio Listener		TV viewer	
		Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008
Yes	%	59.6%	**73.0%**	68.0%	**80.8%**	51.3%	**65.2%**	83.0%	**90.8%**	62.4%	**76.3%**
	#	816	999	465	553	351	446	643	802	689	845
No	%	**20.7%**	8.0%	**15.6%**	5.1%	**25.7%**	11.0%	**15.6%**	8.6%	**16.5%**	7.4%
	#	283	110	107	35	176	75	121	76	182	82
Not sure/DK	%	.6%	.7%	.4%	.1%	.7%	1.2%	1.0%	.6%	.5%	.6%
	#	8	9	3	1	5	8	8	5	6	7
Never Listen to Radio	%	19.1%	18.3%	15.9%	13.9%	22.2%	22.7%	.4%	.0%	20.6%	15.6%
	#	261	250	109	95	152	155	3		228	173
Base		1368	1368	684	684	684	684	775	883	1105	1107

This summary table allows comparison of HIV and AIDS content encountered on the two different media and both combined. The recall of HIV and AIDS content on both radio and television increased overall (54% 2007, 67% 2008), among males (61% 2007, 76% 2008) and females (46% 2007, 58% 2008).

Trend Table 5- 'Summary of HIV and AIDS in the Media'

		Total		Male		Female	
		Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008
On Television	%	83.3%	85.9%	86.3%	**90.0%**	80.4%	81.7%
	#	1140	1173	590	615	550	558
On Radio	%	59.6%	**73.0%**	68.0%	**80.8%**	51.3%	**65.2%**
	#	816	999	465	553	351	446
On both Radio+TV	%	53.6%	**66.7%**	60.8%	**75.6%**	46.3%	**57.7%**
	#	733	912	416	517	317	395
No HIV&AIDS in Media	%	**13.1%**	8.0%	**8.5%**	5.0%	**17.7%**	11.0%
	#	179	109	58	34	121	75
Base		1368	1368	684	684	684	684

BBC World Service Trust Outputs

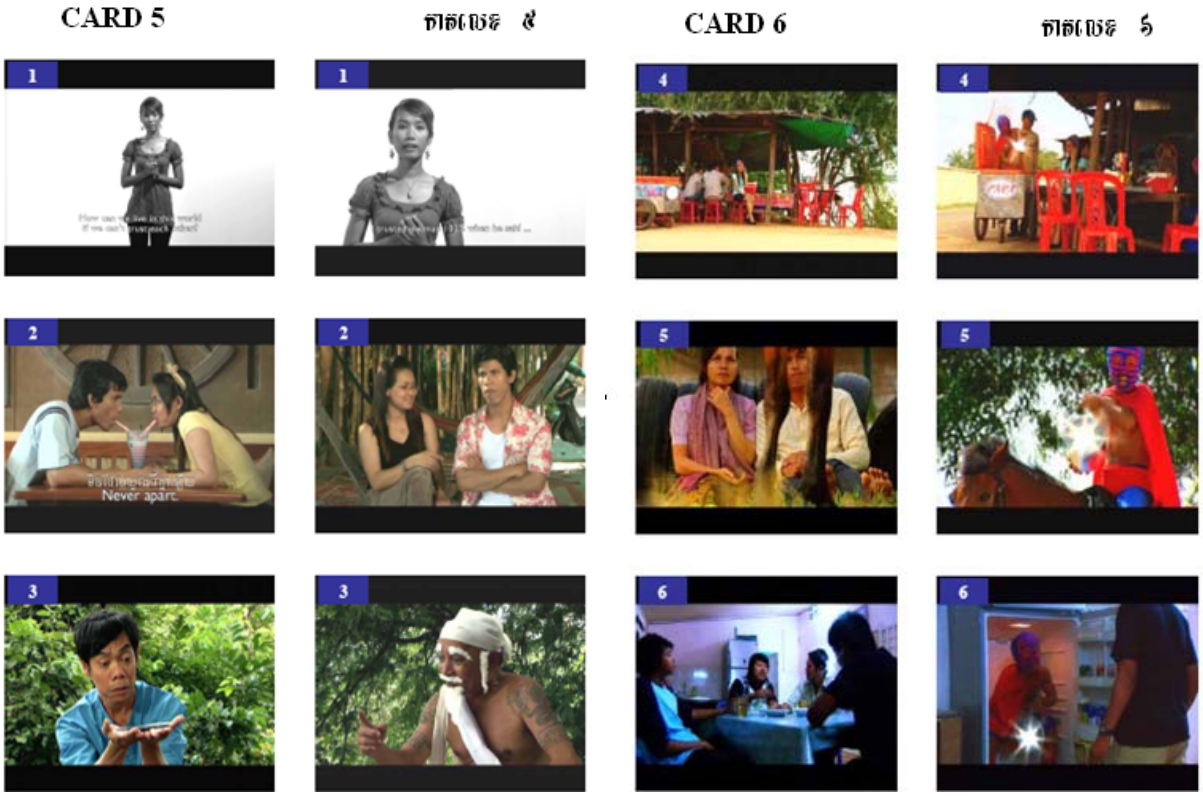
Recall of BBC World Service Trust Television Outputs

The 2008 Sentinel Study asked about whether respondents recalled seeing any of the Trust's HIV and AIDS television outputs that had been broadcast in the past year. These outputs consisted of eight television 'spots' or advertisement-like public service announcements, which were broadcast among other television advertising.

Respondents were shown images from each of the eight spots and asked if they had seen them. There was a minimum of zero and a maximum of eight spots possible for a single respondent to recall. The spots included in the survey had the following messaging:

1 - Mony – Risk Perception (PLHIV Testimonial)
2 - Happily Ever After – Condom Negotiation
3 - Guru – Condom Use
4 - PaPa Ice Cream – VCCT
5 - Horse – VCCT
6 - Fridge – Discrimination
7 - Elephant – Discrimination
8 - Military – Discrimination

Fig. 5 TV Spots Visual Recall Cards



CARD 7

‘Have you seen any of these on TV? Which ones?’

Nearly all respondents (89%) recalled seeing at least one of the BBC World Service TV spots; virtually all TV viewers (98%) had seen one. Strongest recall was for ‘Mony’ and ‘Happily Ever After’ overall and across all sub-groups.

2008 Data Table 4- ‘Seen BBC World Service Trust Spot’

BBC World Service Trust Spots	Total		Male		Female		TV Viewers	
	%	#	%	#	%	#	%	#
1- Mony	77.5%	1060	78.8%	539	76.2%	521	86.7%	960
2- Happily Ever After	78.3%	1071	80.8%	553	75.7%	518	87.0%	963
3- Guru	69.4%	949	74.6%	510	64.2%	439	77.8%	861
4- PaPa Ice Cream	48.4%	662	43.9%	300	52.9%	362	56.5%	625
5- Horse	46.8%	640	41.1%	281	52.5%	359	54.4%	602
6- Fridge	42.2%	577	41.7%	285	42.7%	292	48.8%	540
7- Elephant	29.9%	409	28.1%	192	31.7%	217	35.3%	391
8- Military	23.8%	326	24.0%	164	23.7%	162	28.1%	311
Any TV Spot	89.1%	1219	91.5%	626	86.7%	593	98.1%	1086
Base		1368		684		684		1107

On average, respondents had seen 4 spots. Most often, respondents recalled seeing 3 spots. Men had seen an average of 4.13 which was fewer than 4.20 seen by females.

2008 Data Table 5- 'Number of BBC World Service Trust Spots Seen'

Number of Spots Seen	Total		Male		Female		TV Viewers	
	%	#	%	#	%	#	%	#
8	12.6%	173	11.7%	80	13.6%	93	15.0%	166
7	9.4%	128	7.9%	54	10.8%	74	11.2%	124
6	12.9%	176	12.7%	87	13.0%	89	14.7%	163
5	10.7%	146	9.8%	67	11.5%	79	12.6%	140
4	11.0%	150	12.7%	87	9.2%	63	12.2%	135
3	15.9%	218	20.2%	138	11.7%	80	16.6%	184
2	10.7%	146	10.8%	74	10.5%	72	10.2%	113
1	6.0%	82	5.7%	39	6.3%	43	5.5%	61
0	10.9%	149	8.5%	58	13.3%	91	1.9%	21
Mean		4.16		4.13		4.20		4.75
Median		4.00		4.00		4.00		5.00
Mode		3.00		3.00		8.00		3.00
Base		1368		684		684		1107

Recall of BBC World Service Trust Radio Outputs

The 2008 Sentinel Study asked about whether respondents recalled hearing any of four HIV and AIDS radio outputs produced by the Trust in the past year. These outputs consisted of three radio phone-in discussion programmes, a branding jingle, a slogan used on a number of radio 'spots' or advertisement-like public service announcements, which were broadcast among other radio advertising, and a pop music song. Respondents listened to recordings of each of these outputs to ensure accurate recall.

Among the BBC World Service Trust radio outputs, the slogan 'Trust Loak Chuoy' (74%) had greatest recall, followed by the 'It's real' branding. More than a third (35%) had heard the 'Trust' pop music song.

2008 Data Table 6- 'Heard BBC World Service Trust Radio Output'

	Total		Male		Female		Radio Listeners	
	%	#	%	#	%	#	%	#
Phone-ins								
Real Men	20.9%	286	23.2%	159	18.6%	127	26.7%	236
Really	33.5%	458	36.7%	251	30.3%	207	43.0%	380
Hip Hop Girls	11.0%	150	11.3%	77	10.7%	73	13.7%	121
Other Radio Formats								
Branding-'It's Real'	49.6%	679	55.6%	380	43.7%	299	63.9%	564
Slogan-'Trust Loak Chuoy'	73.9%	1011	79.7%	545	68.1%	466	91.6%	809
Song-'Trust'	35.2%	481	37.6%	257	32.7%	224	44.7%	395
Base		1368		684		684		883

Two phone-in programmes increased their audiences, particularly among their target audiences:

- Real Men reached nearly a fourth of men (14% 2007, 23% 2008).
- Really audiences increased among males (23% 2007, 37% 2008) and females (22% 2007, 30% 2008).
- Hip Hop Girls female audience remained stable.

Trend Table 6- 'Reach of BBC World Service Trust Phone-Ins, 2007 and 2008'

		Total		Male		Female		Radio Listeners	
		Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008
Real Men	%	13.1%	**20.9%**	13.7%	**23.2%**	12.4%	**18.6%**	19.0%	**26.7%**
	#	179	286	94	159	85	127	147	236
Really	%	22.6%	**33.5%**	23.4%	**36.7%**	21.8%	**30.3%**	33.8%	**43.0%**
	#	309	458	160	251	149	207	262	380
Hip Hop Girls	%	10.2%	11.0%	10.2%	11.3%	10.1%	10.7%	15.1%	13.7%
	#	139	150	70	77	69	73	117	121
Base		1368	1368	684	684	684	684	775	883

A majority of respondents (78%) recalled hearing at least one of the BBC World Service Trust's radio formats; virtually all radio listeners (96%) had heard at least one. A fifth (22%) had heard one format, 28% had heard two, 17% had heard three, 9% had heard four and 3% recalled hearing all five. On average, respondents had heard 1.8 radio formats.

2008 Data Table 7- 'Number of BBC World Service Trust Radio Formats Heard'

Number of BBC World Service Trust Radio Formats Heard	Total		Male		Female		Radio Listeners	
	%	#	%	#	%	#	%	#
5	2.6%	36	3.1%	21	2.2%	15	2.9%	26
4	8.6%	117	10.4%	71	6.7%	46	11.1%	98
3	16.9%	231	16.4%	112	17.4%	119	22.7%	200
2	28.2%	386	31.3%	214	25.1%	172	35.8%	316
1	21.5%	294	21.3%	146	21.6%	148	23.3%	206
0	22.2%	304	17.5%	120	26.9%	184	4.2%	37
Mean		1.76		**1.19**		1.03		1.50
Median		2.00		1.00		1.00		1.00
Mode		2.00		0.00		0.00		0.00
Base		1368		684		684		883

Index of Exposure to BBC World Service Trust Outputs

Exposure to the Trust's outputs was determined by calculating the number of BBC World Service Trust HIV and AIDS outputs on television and radio each respondent has been exposed to within the past year.

In order to take into account media consumption variations, in which some respondents only listen to radio or only watch television, there were several steps in making the exposure index.

1 – Radio Outputs Exposure

The total possible Radio Exposure score was 5. This was an aggregation of three phone-ins, one radio spot and a combined radio spot branding or slogan. Those who reported hearing none of them was 'No Radio', those less than or equal to the mode level of exposure were classified "Radio Low" and those who were exposed to more than the mode were "Radio High".

2 – Television Outputs Exposure

The total possible Television Exposure score was 8, one point for each of the TV spots included in the study. Those who reported seeing none of them was 'No TV', those less than or equal to the mode level of exposure were "TV Low" and those more than the mode were "TV High"

3 – Combining Scores into an Index of Exposure
The separate scores for radio and television exposure were combined to determine three levels of exposure across both media platforms: Low Exposure (low exposure to radio outputs only, low exposure to TV outputs only and low exposure to *both* Radio and TV), Medium Exposure (high exposure to outputs on only one platform, radio or television, or a combination of low exposure of outputs on one platform and high exposure on the other) and High Exposure (high exposure to both radio and TV outputs).

Those who had not seen or heard anything about HIV and AIDS in radio and television, as well that those who did not recall a Trust output on either platform were categorised as Unexposed.

NB: For purposes of analysis and reporting, there are four exposure groups 'Unexposed', 'Low Exposed', 'Medium Exposed' and 'High Exposed'.

Target Audiences

The trend and exposure analysis are included: total, sexually active males and sexually active married females.

'Sexually Active Males' includes both married and single sexually active males, because cell sizes were too small to analyse them separately.

'Sexually Active Married Women' does not include the two single females who reported that they had sex with one or more partner in the past year.

NB: For purposes of analysis and reporting, only two target groups are included in the exposure analysis: 'Sexually Active Males' and 'Sexually Active Married Women'.

Study Findings: Knowledge, Attitudes and Practices in 2008, Trends and Impact

Sexual Matters

Summary of Findings: Sexual Matters

Talking About Sexual Matters

- More males had talked about sexual matters than females had done.
- A higher percentage of those who talked about sexual matters was found among older respondents: 46% of respondents aged 25-29 talked about sexual matters within the last month.
- Sexually active single males talked the most (69%); followed by 54% of sexually active married males.

- Overall, there was a significant decrease in the proportion of respondents who had never talked about sexual matters.

- Talking about sexual matters was associated with exposure to the Trust outputs.
- Never talking: half (51%) of unexposed respondents had never talked about sexual matters, more than those in the exposure groups.
- Recent talking (within the past month): one fifth (22%) of the unexposed had talked about sexual matters in the past month, less than the 47% of the high exposed group.

Self-Reported Sexual Practices

- Sexual experience remained steady: Four in ten respondents (42%) reported they had ever had sex. Only two single females reported they had ever had sex, while 22% of single males had done so.
- Nearly as many respondents were sexually active (39%), having reported having had at least one sexual partner in the past year. There were no differences in sexual activity compared to the 2007 sample.

- Most married males (83%) and females (97%) reported having one sexual partner in the past year, compared to only a third (34%) of single sexually active males.

- Sexual activity (having had at least one sexual partner in the past year) was associated in the total sample with exposure to the Trust outputs, but not within separate gender and marital subgroups[38].
- Half (53%) percent of those who were unexposed to the Trust's outputs reported they had one or more sexual partners.
- Conversely, virginity (reporting never having had sex) and celibacy (reporting zero sexual partners in the past year), was highest (65%) among the high exposure group.

[38] See Data Table 9 which shows that sexual experience is associated with gender and marital status.

- Since 2007, there are two changes in the number of single sexually experienced males' partners:
  - Celibacy - no partners in the past year – nearly doubled (12% vs. 22%).
  - The mean number of partners decreased (2.8 vs. 2.4).

- There were no changes in types of relationships since 2007: Married males mentioned their spouse (99%), a sweetheart (10%) and a sex worker (10%); single males reported sex worker (70%) and sweetheart (51%). Married women reported exclusively (100%) having sex with their husbands.

- Over a fourth (28%) of single respondents reported having a sweetheart at the time of survey; nearly two-thirds of sexually active single males (64%) had sweethearts at the time of interview.

- A third (35%) of married males and 11 married females (4%) reported they had sexual experiences before marriage. Married males reported their premarital partners as sweethearts (67%), sex workers (45%) and their current spouse (15%); 10 of the 11 married females who had engaged in pre-martial sex said their partner had been their current spouse (91%), and for the remaining respondent her partner was another sweetheart[39].

- Seventy-three percent (73%) of sexually experienced single males reported they had ever paid for sex; a third (30%) of these single males had paid for sex more than five times in the past year. A third (65%) of married males who had ever had sex outside marriage had ever paid for sex.

Attitudes towards Sexual Matters

- Of all respondents, two thirds (67%) supported the statement 'men should discuss sexual matters'. The majority (75%) of men demonstrated their agreement with the statements; compared with 58% of women.
- Highest agreement that men should discuss sexual matters was found among sexually active males (85%); followed by 81% of sexually active married males.

- An overall majority (71%) of respondents expressed their support for women discussing sexual matters.
- More females (75%) supported the statement, compared with males (67%); while 26% of males disagreed with the statement.

- Overall, half (49%) of respondents supported the statement 'women have sex before marriage but don't admit it' and 44% did not.
- More males (54%) agreed with the statement than females (43%) did.
- Sexually active single males (61%) supported the statement the most, followed by 54% of not sexually active males.

[39] It should be noted that the number of male respondents (15%) who reported having had sex with their partner before marriage is higher than the number of female respondents (4%) who report the same; quite possibly indicating underreporting of premarital sex amongst female respondents.

- Of all respondents, 42% agreed with the statement 'it is boring for men to have sex with just one woman', and 46% did not.
- Sexually active single males (58%) expressed the highest agreement with the statement and followed by 43% of not sexually active females.

- Overall, a majority (65%) of respondents disagreed with the statement 'it is OK for men to have sex outside marriage'.
- Seventy-eight percent (78%) of women did not support this opinion, compared with 52% of men.
- Sexually active married females (79%) indicated the highest level of disagreement with the statement, followed by 77% of not sexually active females. Sexually active single males agreed most (51%) that 'it is OK for men to have sex outside marriage'..

- Of all respondents, three fifths (59%) supported the statement 'it is OK for single men to pay money for sex'; levels of agreement with the statement varied across subgroups. More men (64%) agreed with the statement than women (53%).
- The highest proportion of agreement was found among sexually active single males (84%), and followed by sexually active married males (69%).

- Of all respondents, half (52%) disagreed with the statement that ‘a woman with good manners would not talk about sex’, while 41% agreed with the statement.
- Women (57%) expressed stronger disagreement with the statement, compared with 47% of men.
- Not sexually active females (59%) disagreed most with the statement, followed by sexually active married females (54%).

- Overall, 56% of respondents disagreed with the statement ‘it is against Khmer tradition for women to talk about sexual matters’, while 38% of respondents agreed.
- More females (61%) disagreed with the statement, compared with 50% of males.
- Sexually inactive females (62%) disagreed most with the statement that ‘it is against Khmer tradition for women to talk about sexual matters’.
- Sexually active married males (46%) supported the statement the most.

Talking About Sexual Matters

Respondents were asked about talking about sexual matters[40].

Of all respondents, 27% reported never talked about sexual matters; 34% had done so more than a month ago and 39% had talked about sexual matters with at least one person in the last month.

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

- Half (50%) of males, compared with a fourth (28%) of females, had done so in the past month.
- Thirty-eight percent (38%) of females had never talked about sexual matters.

Age, education and sexual profiles were statistically related with talking about sexual matters:

- The highest proportion of these who never talked about sexual matters were aged 15-19 years old (33%) while 46% of respondents aged 25-29 had talked about sexual matters within the last month.
- Respondents who had lower education talked less: 36% of no/primary school never talked about sexual matters; while 46% of high school/ university had done within the last month.
- Not sexually active females reported never talked the most (42%).
- Sexually active single males talked the most (69%); followed by sexually active married males (54%).

2008 Data Table 8- 'Respondent has talked about sexual matters'

	Respondent has talked about sexual matters							
	Base	Never		More than a month		Within last month		
		%	#	%	#	%	#	
ALL RESPONDENTS	1368	27.1%	371	33.8%	462	39.1%	535	
Gender(*)								$\chi^2(2) = 98.20$
Male	684	***16.5%***	113	33.5%	229	**50.0%**	342	p= 0.000
Female	684	**37.7%**	258	34.1%	233	***28.2%***	193	
Age(*)								$\chi^2(4) = 27.44$
15-19	540	**33.0%**	178	35.7%	193	***31.3%***	169	p=0.000
20-24	409	24.2%	99	34.0%	139	41.8%	171	
25-29	417	***22.5%***	94	31.2%	130	**46.3%**	193	
Residence								$\chi^2(2) = 3.68$
Urban	292	23.3%	68	37.7%	110	39.0%	114	p=0.158
Rural	1076	28.2%	303	32.7%	352	39.1%	421	
Education(*)								$\chi^2(4) = 46.58$
No/primary school	513	**35.7%**	183	***27.7%***	142	36.6%	188	p=0.000
Secondary school	493	26.4%	130	36.5%	180	37.1%	183	
High school/university	356	***15.4%***	55	**39.0%**	139	**45.5%**	162	
Sexual Profile(*)								$\chi^2(8) = 138.45$
Not sexually active males	429	***21.4%***	92	34.0%	146	**44.5%**	191	p=0.000
Not sexually active females	405	**42.2%**	171	35.1%	142	***22.7%***	92	
Sexually active married males	168	***10.7%***	18	35.1%	59	**54.2%**	91	
Sexually active single males	87	***3.4%***	3	27.6%	24	**69.0%**	60	
Sexually active married females	276	31.5%	87	32.6%	90	35.9%	99	

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

[40] Respondents were asked with whom they talked about sexual matters and when the last time they had done so. The answers to these two questions were used in analysis to construct the 'talking about' variables.

Overall, there was a significant decrease in never talking about sexual matters (34% 2007, 27% 2008). There were no significant changes in talking about sexual matters within the past month in the total sample or the two target subgroups.

Trend Table 7- 'Respondent has talked about sexual matters'

		Respondent has talked about sexual matters					
		Total		Sexually active males		Sexually active married females	
		Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008
Never	%	**33.5%**	27.1%	8.2%	8.2%	28.3%	31.5%
	#	458	371	21	21	78	87
More than a month ago	%	28.1%	**33.8%**	35.3%	32.5%	34.1%	32.6%
	#	385	462	90	83	94	90
Within last month	%	38.4%	39.1%	56.5%	59.2%	37.7%	35.9%
	#	525	535	144	151	104	99
Base		1368	1368	255	255	276	276

Talking about sexual matters was associated with exposure to the Trust outputs.

Never talking: Half (51%) of all unexposed respondents had never talked about sexual matters, compared to 16% of those with high exposure. In the sexually active male sub-groups, the percentage of those who had 'never' talked about sexual matters was higher in the unexposed group (50%) than in any of the exposed groups (8% low and medium exposure, 0% high exposure)

Recent talking (within the past month): A fifth (20%) of all unexposed respondents had talked about sexual matters in the past month, compared with 42% of the high exposure group. This association occurred with both sexually active male and sexually active female sub-groups (males: 8% unexposed, 60% low, 66% medium and 55% high exposure; female: 11% unexposed, 30% low, 41% medium and 51% high exposure).

Exposure Table 1- 'Respondent has talked about sexual matters'

		Respondent has talked about sexual matters											
		Total				Sexually active males				Sexually active married females			
		Un-exposed	Low Exposed	Medium Exposed	High Exposed	Un-exposed	Low Exposed	Medium Exposed	High Exposed	Un-exposed	Low Exposed	Medium Exposed	High Exposed
Never	%	**51.4%**	***29.3%****	***27.3%****	*16.1%*	**50.0%**	*7.5%*	*7.9%*	0.0%	48.1%	38.0%	24.2%	27.0%
	#	38	113	180	40	6	6	9	0	13	35	29	10
More than a month ago	%	28.4%	31.9%	32.5%	41.8%	41.7%	32.5%	26.3%	44.9%	40.7%	31.5%	35.0%	21.6%
	#	21	123	214	104	5	26	30	22	11	29	42	8
Within last month	%	*20.3%*	**38.9%**	**40.2%**	**42.2%**	*8.3%*	**60.0%**	**65.8%**	**55.1%**	*11.1%*	30.4%	**40.8%**	**51.4%**
	#	15	150	265	105	1	48	75	27	3	28	49	19
Base		74	386	659	249	12	80	114	49	27	92	120	37

*Significantly different than high exposure only

Self-Reported Sexual Practices

Sexual Experience (Ever had Sex)

As reported in the Sexual Profile section (p.47), four in ten of respondents (42%) reported that they had ever had sex[41].

Sexual experience was associated with marital status for both males and females (100% of married respondents reported that they had ever had sex, compared with 12% of single respondents). For single respondents, sexual experience was associated with gender[42]:

- Only two single women reported they had ever had sex, while 22% of single men had done so.

2008 Data Table 9- 'Ever had sex'

	Ever had sex					
	Base	Yes		No		
		%	#	%	#	
ALL RESPONDENTS	1368	41.6%	569	58.4%	799	
Gender						$\chi^2(1) = 0.14$
Male	684	41.1%	281	58.9%	403	p= 0.700
Female	684	42.1%	288	57.9%	396	
Marital status(*)						$\chi^2(3) = 1001.56$
Married males	170	**100.0%**	170	***0.0%***	0	p=0.000
Single males	514	***21.6%***	111	**78.4%**	403	
Married females	286	**100.0%**	286	***0.0%***	0	
Single females	398	***0.5%***	2	**99.5%**	396	

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

There were no differences in reported levels of sexual experience between the 2007 and 2008 Sentinel Studies.

Trend Table 8- 'Ever had sex, Gender, and Marital Status'

		Ever Had Sex													
		Total		Gender				Marital status							
		Sentinel 2007	Sentinel 2008	Male		Female		Married males		Single males		Married females		Single females	
				Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008
Yes	%	40.6%	41.6%	39.5%	41.1%	41.8%	42.1%	100.0%	100.0%	20.2%	21.6%	100.0%	100.0%	0.5%	0.5%
	#	556	569	270	281	286	288	165	170	105	111	284	286	2	2
No	%	59.4%	58.4%	60.5%	58.9%	58.2%	57.9%	0.0%	0.0%	79.8%	78.4%	0.0%	0.0%	99.5%	99.5%
	#	812	799	414	403	398	396	0	0	414	403	0	0	398	396
Base		1368	1368	684	684	684	684	165	170	519	514	284	286	400	398

[41] NB: The population of this study covered respondents aged 15-29, so many respondents were younger than the median age of marriage in Cambodia for males (~22 years) and females (~20 years) according to the Cambodia Demographic and Health Survey 2005 (pp 98-100).

[42] This low level of sexual experience reported by single females may be from underreporting due to taboos, and social and cultural norms, which regards having sex before marriage to not be acceptable.

Sexual Partners

Number of Sexual Partners in the Past year

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

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

2008 Data Table 10- 'Sexually Active'
Ever had sex and had at least one partner in the past year

	How many sexual partners have you had in the past year?					
	Base	Zero or never had sex		One or more		
		%	#	%	#	
ALL RESPONDENTS	1368	61.0%	835	39.0%	533	
Marital status(*)						$\chi^2(3) = 1006.83$
Married males	170	***1.2%***	2	**98.8%**	168	p=0.000
Single males	514	**83.1%**	427	***16.9%***	87	
Married females	286	***3.5%***	10	**96.5%**	276	
Single females	398	**99.5%**	396	***0.5%***	2	

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

Levels of sexual activity remained steady. There were no differences in reported sexual activity between the 2007 and 2008 Sentinel Studies.

Trend Table 9- 'Sexually Active'
Ever had sex and had at least one partner in the past year

		Sexually Active - Ever had sex and Had at least one partner in the past year									
		Total		Marital Status							
		Sentinel 2007	Sentinel 2008	Married males		Single males		Married females		Single females	
				Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008
One or more	%	39.0%	39.0%	99.4%	98.8%	17.5%	16.9%	97.2%	96.5%	0.5%	0.5%
	#	533	533	164	168	91	87	276	276	2	2
Zero or never had sex	%	61.0%	61.0%	0.6%	1.2%	82.5%	83.1%	2.8%	3.5%	99.5%	99.5%
	#	835	835	1	2	428	427	8	10	398	396
Base		1368	1368	165	170	519	514	284	286	400	398

Sexual activity (having had at least one sexual partner in the past year) was associated in the total sample with exposure to the Trust outputs: 53% percent of those who were unexposed to the Trust's outputs reported they had one or more sexual partners, compared to 34% of the high exposure group. Conversely, virginity (reporting never having had sex) and celibacy (reporting zero sexual partners in the past year), was associated with highest (66%) among the high exposure group, compared to the unexposed group (47%).

Looking at respondents in separate gender and marital subgroups[43], levels of sexual activity were similar across the exposure groups with no significant differences. While there was a pattern among single males of increasing sexual activity with increasing exposure, it was not statistically significant.

Exposure Table 2- 'Sexually Active'
Ever had sex and had at least one partner in the past year

		Total				Married males			
		Un-exposed	Low Exposed	Medium Exposed	High Exposed	Un-exposed	Low Exposed	Medium Exposed	High Exposed
One or more	%	**52.7%**	**44.6%***	*35.8%*	*34.5%*	100.0%	100.0%	98.6%	96.8%
	#	39	172	236	86	10	60	68	30
Zero or never had sex	%	*47.3%*	*55.4%*	**64.2%**	**65.5%****	0.0%	0.0%	1.4%	3.2%
	#	35	214	423	163	0	0	1	1
Base		74	386	659	249	10	60	69	31

*Significantly higher than medium exposure only
**Significantly higher than no exposure only

Single males				Married females				Single females			
Un-exposed	Low Exposed	Medium Exposed	High Exposed	Un-exposed	Low Exposed	Medium Exposed	High Exposed	Un-exposed	Low Exposed	Medium Exposed	High Exposed
12.5%	13.7%	18.0%	19.8%	90.0%	97.9%	97.6%	94.9%	0.0%	0.0%	0.9%	0.0%
2	20	46	19	27	92	120	37	0	0	2	0
87.5%	86.3%	82.0%	80.2%	10.0%	2.1%	2.4%	5.1%	100.0%	100.0%	99.1%	100.0%
14	126	210	77	3	2	3	2	18	86	209	83
16	146	256	96	30	94	123	39	18	86	211	83

Mean Number of Partners

The mean number of partners among the sexually experienced respondents varied by gender and marital status. Most married males (83%) and females (97%) reported having one sexual partner in the past year. A third (34%) of single sexually active males reported one partner; 16% reported having had two partners and 28% reported having had three or more.

Compared to 2007, there are two changes in single sexually experienced males' reported sexual practices with regards to partners:

- Celibacy (i.e. having had no partners in the past year) nearly doubled (12% vs. 22%).
- The overall mean number of reported partners decreased (2.8 vs. 2.4).

[43] See Data Table 9 which shows that sexual experience is associated with gender and marital status.

Trend Table 10- 'Number of sexual partners in the past year'
(Base: Sexually experienced males and females)

		Number of sexual partners in the past year					
		Married males		Single males		Married females	
		Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008
Zero	%	0.6%	1.2%	11.7%	21.6%	2.8%	3.2%
	#	1	2	12	24	8	9
One	%	86.1%	82.9%	32.0%	34.2%	96.8%	96.8%
	#	142	141	33	38	275	276
Two	%	9.1%	8.8%	22.3%	16.2%	0.0%	0.0%
	#	15	15	23	18	0	0
3 or more	%	4.2%	7.1%	34.0%	27.9%	0.4%	0.0%
	#	7	12	35	31	1	0
Mean		1.25	1.29	2.84	2.38	0.99	0.97
Median		1.00	1.00	2.00	1.00	1.00	1.00
Base		165	170	103	111	284	285

Relationship to Sexual Partners in the Past Year

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

Married males mentioned their spouse (99%); in addition, a number of them had also had sex with a sweetheart (10%) and/or a sex worker (10%). Single males reported both these types of relationships at higher levels than their married counterparts: sex worker (70%) and sweetheart (51%).

There were no significant differences in the types of relationships compared to 2007.

Trend Table 11- 'Relationship with sexual partners in the past year'
(Base: Sexually active males and females)

		Relationship with sexual partners in the past year					
		Married males		Single males		Married females	
		Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008
Spouse	%	98.2%	99.4%	0.0%	0.0%	100.0%	100.0%
	#	161	167	0	0	274	275
Sweetheart - sangsar	%	5.5%	10.2%	58.4%	50.6%	0.0%	0.0%
	#	9	17	52	44	0	0
Paid sex worker	%	9.8%	9.6%	65.2%	70.1%	0.0%	0.0%
	#	16	16	58	61	0	0
Base		164	167	89	87	274	275

Single Respondents

Sweetheart Relationships

All single respondents were asked whether they had a sweetheart now and/or in the past year. Over a quarter (28%) reported having a sweetheart at the time of the survey.

The prevalence of having a sweetheart differed according to gender, age and sexual profile.

- A third (32%) of males and 22% of females currently had a sweetheart.
- The highest proportion of sweetheart relationships were found among 20-24 year olds (41%), followed by 33% of 25-29 year olds.
- Sexually active single males (64%) reported having a sweetheart most, followed by sexually inactive males (26%).

2008 Data Table 11- 'Have a sweetheart'
(Base: Single males and females)

	Do you have sweetheart now or in the past year?							
	Base	Never had sweetheart		Had sweetheart in the past year, but not now		Having sweetheart now		
		%	#	%	#	%	#	
ALL RESPONDENTS	911	60.7%	553	11.5%	105	27.8%	253	
Gender(*)								$\chi^2(2) = 12.85$
Male	514	55.8%	287	12.1%	62	**32.1%**	165	p=0.001
Female	397	**67.0%**	266	10.8%	43	***22.2%***	88	
Age(*)								$\chi^2(4) = 58.98$
15-19	517	**71.2%**	368	***8.7%***	45	***20.1%***	104	p=0.000
20-24	259	***43.6%***	113	**15.8%**	41	**40.5%**	105	
25-29	134	53.0%	71	14.2%	19	32.8%	44	
Residence								$\chi^2(2) = 1.90$
Urban	227	58.1%	132	10.6%	24	31.3%	71	p= 0.386
Rural	684	61.5%	421	11.8%	81	26.6%	182	
Education								$\chi^2(4) = 5.91$
No/primary school	231	61.0%	141	12.6%	29	26.4%	61	p=0.205
Secondary school	371	64.4%	239	9.7%	36	25.9%	96	
High school/university	305	55.7%	170	13.1%	40	31.1%	95	
Sexual Profile(*)								$\chi^2(4) = 85.50$
Not sexually active males	427	63.9%	273	10.5%	45	25.5%	109	p=0.000
Not sexually active females	395	**67.3%**	266	10.9%	43	***21.8%***	86	
Sexually active single males	87	***16.1%***	14	**19.5%**	17	**64.4%**	56	

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

The single, sexually experienced male respondents were asked who their sexual partners were. Sixty-five percent (65%) reported having sex with paid sex workers and 51% with sweethearts.

2008 Data Table 12- 'Premarital Sex Partners'
(Base: Single males who had ever had sex)

Premarital Sex Partners	Frequency	
	%	#
Sweetheart	50.5	56
Paid sex worker	65.8	73
Friend	6.3	7
Other	0.9	1
Base (multiple answers)		111

Married Respondents

Sex Before Marriage

All married respondents were asked if they had sex before marriage. A third (35%) of married males and 11 married females (4%) reported having had sexual experience before marriage.

2008 Data Table 13- 'Sex before Marriage'
(Base: Married males and females)

	Did you have sex before marriage?					
	Base	Yes		No		
		%	#	%	#	
ALL RESPONDENTS	455	15.6%	71	84.4%	384	
Marital status(*)						$\chi^2(1) = 79.89$
Married males	170	**35.3%**	60	***64.7%***	110	p= 0.000
Married females	285	***3.9%***	11	**96.1%**	274	

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

The married respondents who reported having had sexual experience prior to marriage were asked for the context of the relationship in which they had had sex. Multiple answers were possible and varied by gender: married males reported their premarital partners as consisting of sweethearts (67%), sex workers (45%) and their current spouse (15%). However, all married females (except one) who had been sexually active prior to their marriage, had had sex with their current spouse (91%).

2008 Data Table 14- 'Premarital Sex Partners'
(Base: Married males and females who had sex before marriage)

Premarital Sex Partners	Married Males		Married Females	
	%	#	%	#
My spouse (before marriage)	15.0%	9	90.9%	10
A sweetheart (not my current spouse)	66.7%	40	9.1%	1
Paid sex worker	45.0%	27	0.0%	0
Base (multiple answers)		60		11

Sex Outside Marriage

Married men were asked whether they had sex outside marriage. Thirty-seven percent (37%) reported they had sex outside marriage; of those who had ever had sex outside of marriage, 39% had done so in the past year.

2008 Data Table 15- 'Sex Outside Marriage'
(Base: Married males)

	Married Males				
	Base	Yes		No	
		%	#	%	#
Ever had sex outside of marriage	170	37.1	**63**	62.9	107
Ever had sex outside of marriage in the past year	**63**	39.7	25	60.3	38

Paid Sex

Sexually experienced single males and married males who had ever had sex outside marriage* were asked whether they had ever paid for sex.

Seventy-three percent (73%) of sexually experienced single males reported they had ever paid for sex. A third (65%) of married males who had ever had sex outside marriage had ever paid for sex.

2008 Data Table 16- 'Ever Paid for Sex'
(Base: Sexually experienced single males, Married males who had ever had sex outside marriage)

	Have you ever paid for sex?				
	Base	Yes		No	
		%	#	%	#
Married males who had ever had sex outside marriage	62	64.5%	40	35.5%	22
Single males	111	73.0%	81	27.0%	30

Paid Sex in the Past Year

A fifth (21%) of the sexually experienced single males who had ever paid for sex in the past reported that they had not done so in the past year while nearly a third (30%) had paid for sex five or more times in the past year.

Only married males who had sex outside marriage in the past year (n=25, 15% of married males) and who had ever paid for sex* were asked how many times they had paid for sex in the past year. Of these few respondents, only 6% had not paid for sex in the past year; however nearly a third had only paid sex one time, and fewer (11%) had done so five or more times.

2008 Data Table 17- 'Number of Times Paid for Sex in Past Year'
(Base: Sexually experienced males who had ever paid for sex, Married males who had sex outside marriage in the past year and who had ever paid for sex)

Number of times paid for sex in the past year?	Single Males		Married males who had sex outside marriage in the past year and who ever had paid for sex	
	%	#	%	#
Zero	21.0%	17	5.6%	1
1	21.0%	17	27.8%	5
2	17.3%	14	22.2%	4
3	9.9%	8	22.2%	4
4	1.2%	1	11.1%	2
5 or more	29.6%	24	11.1%	2
Mean		2.38		2.39
Median		2.00		2.00
Base		81		18

* These filters were due to a skip code error: The intention was to ask *all* sexually experienced males if they had ever paid for sex and how often they had done so in the past year.

Group Sex

Sexually experienced men (41% of all male respondents) were asked whether they had ever had group sex.

Group sex was reported by 8% of all sexually experienced males. Participation in group sex was related with age and marital status:

- Sexually experienced men aged 20-24 years old (14%) reported having had group sex most, followed by 13% of 15-19 year olds.
- Two (4%) married men and 14% of single men reported ever participating in group sex.

2008 Data Table 18- 'Ever Had Group Sex'
(Base: Sexually experienced males)

	Have you ever had group sex?					
	Base	Yes		No		
		%	#	%	#	
ALL RESPONDENTS	281	7.8%	22	92.2%	259	
Age(*)						$\chi^2(2) = 7.47$
15-19	16	12.5%	2	87.5%	14	p=0.023
20-24	81	**13.6%**	11	86.4%	70	
25-29	183	***4.4%***	8	95.6%	175	
Marital status(*)						$\chi^2(1) = 11.02$
Married males	170	***3.5%***	6	96.5%	164	p= 0.000
Single males	111	**14.4%**	16	85.6%	95	

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

Attitudes: Sexual Matters

'Men should discuss sexual matters'

Respondents were asked to indicate their level of agreement with the statement 'men should discuss sexual matters'. Two thirds (67%) of respondents agreed with the statement.

Level of agreement with the statement varied significantly according to gender:

- The majority (75%) of men agreed with the statement; whilst only 58% of women did.
- Two thirds (34%) of women disagreed with the statement.

Age, education and sexual profile were also related to level of agreement with the statement:

- The highest level of agreement (73%) was found among 25-29 year olds. Younger respondents disagreed more with the statement: 30% of 15-19 year olds disagreed that men should discuss sexual matters.
- Those with a higher level of educational achievement (high school/ university) agreed with the statement more than those with low levels (no/primary school) (76% vs. 59%).
- The highest level of agreement with the statement: 'men should discuss sexual matters' was found among sexually active single males (85%); followed by 81% of sexually active married males.
- Sexually inactive women disagreed with the statement (39%) the most.

2008 Data Table 19- 'Men should discuss sexual matters'

	Men should discuss sexual matters								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1348	2.41	25.4%	342	8.1%	109	66.5%	897	
Gender(*)									$\chi^2(2) = 51.14$
Male	681	**2.58**	***17.3%***	118	7.5%	51	**75.2%**	512	p= 0.000
Female	667	**2.24**	**33.6%**	224	8.7%	58	***57.7%***	385	
Age(*)									$\chi^2(4) = 16.81$
15-19	531	**2.31**	**29.9%**	159	9.4%	50	***60.6%***	322	p=0.002
20-24	404	2.45	23.3%	94	8.7%	35	68.1%	275	
25-29	411	2.51	***21.4%***	88	***5.8%***	24	**72.7%**	299	
Residence									$\chi^2(2) = 0.90$
Urban	283	2.42	25.8%	73	6.7%	19	67.5%	191	p= 0.635
Rural	1065	2.41	25.3%	269	8.5%	90	66.3%	706	
Education(*)									$\chi^2(4) = 31.78$
No/primary school	502	**2.26**	**33.1%**	166	7.8%	39	***59.2%***	297	p=0.000
Secondary school	489	**2.44**	23.3%	114	9.4%	46	67.3%	329	
High school/university	351	**2.58**	***17.4%***	61	6.8%	24	**75.8%**	266	
Sexual Profile(*)									$\chi^2(8) = 81.37$
Not sexually active males	426	2.50	***20.7%***	88	8.5%	36	70.9%	302	p=0.000
Not sexually active females	393	**2.12**	**39.2%**	154	9.9%	39	***50.9%***	200	
Sexually active married males	168	2.68	***12.5%***	21	6.5%	11	**81.0%**	136	
Sexually active single males	87	2.75	***10.3%***	9	4.6%	4	**85.1%**	74	
Sexually active married females	271	2.42	25.5%	69	7.0%	19	67.5%	183	

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

'Women should discuss sexual matters'

Respondents were asked for their views on whether women should discuss sexual matters. The majority (71%) of respondents agreed that women should discuss sexual matters.

Opinions on whether women should discuss sexual matters differed according to gender:

- More women than men supported the statement (75% vs. 67%).

Level of education was statistically associated with agreement with the statement 'women should discuss sexual matters':

- The highest level of agreement with the statement 'women should discuss sexual matters' was found among those with high school/university level education (77%), followed by 71% of those with secondary school level education.
- Those who had no/primary schooling disagreed most with the statement (27%).

2008 Data Table 20- 'Women should discuss sexual matters'

	Women should discuss sexual matters								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1354	2.48	22.8%	309	6.3%	85	70.9%	960	
Gender(*)									$\chi^2(2) = 9.10$
Male	681	**2.41**	**26.0%**	177	6.8%	46	67.3%	458	p= 0.010
Female	673	**2.55**	***19.6%***	132	5.8%	39	74.6%	502	
Age									$\chi^2(4) = 6.81$
15-19	534	2.43	25.3%	135	6.4%	34	68.4%	365	p=0.146
20-24	408	2.57	***18.4%***	75	6.4%	26	75.2%	307	
25-29	410	2.46	23.9%	98	6.1%	25	70.0%	287	
Residence									$\chi^2(2) = 3.74$
Urban	286	2.47	22.0%	63	**8.7%**	25	69.2%	198	p= 0.153
Rural	1068	2.48	23.0%	246	5.6%	60	71.3%	762	
Education(*)									$\chi^2(4) = 13.82$
No/primary school	502	2.39	**27.1%**	136	6.4%	32	66.5%	334	p=0.007
Secondary school	492	2.48	23.2%	114	5.9%	29	70.9%	349	
High school/university	354	2.60	***16.4%***	58	6.8%	24	76.8%	272	
Sexual Profile									$\chi^2(8) = 13.78$
Not sexually active males	427	2.42	25.5%	109	6.6%	28	67.9%	290	p=0.087
Not sexually active females	396	2.51	21.0%	83	6.8%	27	72.2%	286	
Sexually active married males	167	2.36	**28.7%**	48	6.6%	11	64.7%	108	
Sexually active single males	87	2.46	23.0%	20	8.0%	7	69.0%	60	
Sexually active married females	274	2.61	***17.5%***	48	4.4%	12	78.1%	214	

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

'Men should not have sex before marriage'

Respondents were asked whether they agreed with the statement 'men should not have sex before marriage'. Over half (56%) of respondents agreed with the statement.

Level of agreement differed significantly according to level of education and sexual profile:

- Those with lower education levels showed higher levels of agreement with the statement 'men should not have sex before marriage': 61% of those with no/primary schooling agreed with the statement, followed by 58% of those with a secondary education; those who had attended high school/university (42%).expressed the most disagreement with the statement 'men should not have sex before marriage'.
- Sexually active single males disagreed with the statement (46%) that most.

2008 Data Table 21- 'Men should not have sex before marriage'

	Men should not have sex before marriage								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1357	2.20	36.0%	488	7.9%	107	56.2%	762	
Gender									$\chi^2(2) = 4.86$
Male	681	2.15	37.9%	258	8.8%	60	53.3%	363	p= 0.087
Female	676	2.25	34.0%	230	7.0%	47	59.0%	399	
Age									$\chi^2(4) = 2.85$
15-19	535	2.22	35.5%	190	7.1%	38	57.4%	307	p=0.581
20-24	408	2.14	38.5%	157	8.6%	35	52.9%	216	
25-29	412	2.23	34.2%	141	8.3%	34	57.5%	237	
Residence									$\chi^2(2) = 3.22$
Urban	288	2.19	35.1%	101	**10.4%**	30	54.5%	157	p= 0.199
Rural	1069	2.20	36.2%	387	7.2%	77	56.6%	605	
Education(*)									$\chi^2(4) = 16.51$
No/primary school	510	2.28	32.7%	167	6.7%	34	60.6%	309	p=0.002
Secondary school	490	2.23	34.9%	171	7.1%	35	58.0%	284	
High school/university	351	**2.06**	**41.6%**	146	**10.8%**	38	***47.6%***	167	
Sexual Profile(*)									$\chi^2(8) = 17.95$
Not sexually active males	427	2.16	38.4%	164	7.0%	30	54.6%	233	p=0.021
Not sexually active females	398	2.24	34.2%	136	7.3%	29	58.5%	233	
Sexually active married males	167	2.21	32.3%	54	**14.4%**	24	53.3%	89	
Sexually active single males	87	2.01	**46.0%**	40	6.9%	6	47.1%	41	
Sexually active married females	275	2.26	33.8%	93	6.2%	17	60.0%	165	

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

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

Respondents were asked to indicate their opinions on whether 'it is OK for women to have sex before marriage'. The majority (82%) disagreed with the statement.

There was a statistically significant relationship between gender and agreement with the statement: 'it is OK for women to have sex before marriage':

- Women showed the highest levels of disagreement with the statement (87%), compared to 77% of men.
- Eighteen percent (18%) of men agreed with the statement 'it is OK for women to have sex before marriage.

Sexual profile was also statistically associated with agreement with the statement: 'it is OK for women to have sex before marriage':

- Sexually active married females disagreed most with the statement (88%), followed by 87% of sexually inactive females.
- The highest proportion of those who agreed with the statement was found among sexually active single males (32%).

2008 Data Table 22- 'It is OK for women to have sex before marriage'

	It is OK for women to have sex before marriage								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1363	1.32	82.3%	1122	3.8%	52	13.9%	189	
Gender(*)									$\chi^2(2) = 24.26$
Male	682	**1.41**	77.4%	528	4.3%	29	**18.3%**	125	p= 0.000
Female	681	**1.22**	87.2%	594	3.4%	23	***9.4%***	64	
Age									$\chi^2(4) = 7.74$
15-19	538	1.28	83.5%	449	4.8%	26	11.7%	63	p=0.101
20-24	408	1.36	80.9%	330	2.5%	10	**16.7%**	68	
25-29	415	1.32	82.2%	341	3.9%	16	14.0%	58	
Residence									$\chi^2(2) = 3.51$
Urban	290	1.38	78.6%	228	4.8%	14	16.6%	48	p= 0.172
Rural	1073	1.30	83.3%	894	3.5%	38	13.1%	141	
Education									$\chi^2(4) = 5.28$
No/primary school	511	1.31	83.0%	424	3.3%	17	13.7%	70	p=0.258
Secondary school	492	1.28	84.1%	414	4.1%	20	11.8%	58	
High school/university	354	1.38	78.8%	279	4.2%	15	**16.9%**	60	
Sexual Profile(*)									$\chi^2(8) = 45.89$
Not sexually active males	427	1.35	80.1%	342	4.9%	21	15.0%	64	p=0.000
Not sexually active females	403	1.22	87.1%	351	4.0%	16	***8.9%***	36	
Sexually active married males	168	1.43	76.2%	128	4.2%	7	**19.6%**	33	
Sexually active single males	87	1.66	***66.7%***	58	1.1%	1	**32.2%**	28	
Sexually active married females	275	1.23	87.6%	241	2.2%	6	***10.2%***	28	

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

'Women have sex before marriage but do not admit it'

Viewpoints on whether 'women have sex before marriage but don't admit it' were divided. Overall, half (49%) of respondents agreed with the statement and 44% did not.

Agreement with the statement was significantly associated with gender:

- More men (54%) agreed with the statement than women (43%).
- Half (50%) of women disagreed with the statement.

Sexual profile was associated with agreement with the statement 'women have sex before marriage but do not admit it'.

- Sexually active single males agreed most (61%), followed by 54% of sexually inactive males.
- Sexually inactive women disagreed the most (56%) that 'women have sex before marriage but do not admit it'.

2008 Data Table 23- 'Women have sex before marriage but do not admit it'

	Women have sex before marriage but do not admit it								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1343	2.05	43.9%	590	7.6%	102	48.5%	651	
Gender(*)									$\chi^2(2) = 19.24$
Male	678	**2.16**	***38.1%***	258	8.3%	56	**53.7%**	364	p= 0.000
Female	665	**1.93**	**49.9%**	332	6.9%	46	***43.2%***	287	
Age									$\chi^2(4) = 7.08$
15-19	528	1.97	47.2%	249	8.7%	46	44.1%	233	p=0.131
20-24	403	2.10	41.9%	169	6.5%	26	51.6%	208	
25-29	410	2.09	41.7%	171	7.3%	30	51.0%	209	
Residence									$\chi^2(2) = 0.12$
Urban	285	2.05	43.5%	124	8.1%	23	48.4%	138	p= 0.940
Rural	1058	2.04	44.0%	466	7.5%	79	48.5%	513	
Education									$\chi^2(4) = 3.37$
No/primary school	498	2.10	41.0%	204	8.0%	40	51.0%	254	p=0.497
Secondary school	487	2.01	45.4%	221	8.0%	39	46.6%	227	
High school/university	353	2.02	45.9%	162	6.5%	23	47.6%	168	
Sexual Profile(*)									$\chi^2(8) = 37.83$
Not sexually active males	424	2.16	***37.5%***	159	8.7%	37	**53.8%**	228	p=0.000
Not sexually active females	392	**1.81**	**55.6%**	218	7.4%	29	***37.0%***	145	
Sexually active married males	167	2.08	41.3%	69	9.0%	15	49.7%	83	
Sexually active single males	87	2.26	34.5%	30	4.6%	4	**60.9%**	53	
Sexually active married females	270	2.10	41.9%	113	6.3%	17	51.9%	140	

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

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

Opinions about whether 'it is boring for men to have sex with just one woman' were divided. Forty-two percent (42%) of respondents agreed with the statement, and 46% did not.

There was no gender difference in this opinion: two-fifths of both men and women agreed that 'it is boring for men to have sex with just one woman'.

The relationship between agreement with the statement and sexual profile was statistically significant, however.

- Sexually active single males agreed most with the statement (58%), followed by 43% of sexually inactive females.
- Sexually active married males (50%) disagreed most that 'it is boring for men to have sex with just one woman'.

2008 Data Table 24- 'It is boring for men to have sex with just one woman'

	It is boring for men to have sex with just one woman								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1294	1.95	46.4%	600	12.0%	155	41.7%	539	
Gender									$\chi^2(2) = 5.26$
Male	673	1.95	45.3%	305	14.0%	94	40.7%	274	p=0.072
Female	621	1.95	47.5%	295	***9.8%***	61	42.7%	265	
Age									$\chi^2(4) = 4.77$
15-19	513	1.93	47.8%	245	11.7%	60	40.5%	208	p=0.310
20-24	387	2.02	43.7%	169	10.6%	41	45.7%	177	
25-29	392	1.92	46.9%	184	13.8%	54	39.3%	154	
Residence									$\chi^2(2) = 1.30$
Urban	273	1.97	44.7%	122	13.9%	38	41.4%	113	p= 0.520
Rural	1021	1.95	46.8%	478	11.5%	117	41.7%	426	
Education									$\chi^2(4) = 2.82$
No/primary school	478	1.98	44.6%	213	12.8%	61	42.7%	204	p=0.587
Secondary school	474	1.97	45.6%	216	11.8%	56	42.6%	202	
High school/university	337	1.88	50.1%	169	11.3%	38	38.6%	130	
Sexual Profile(*)									$\chi^2(8) = 21.31$
Not sexually active males	419	1.93	45.8%	192	**15.5%**	65	38.7%	162	p=0.006
Not sexually active females	364	1.95	48.4%	176	***8.2%***	30	43.4%	158	
Sexually active married males	168	1.87	50.0%	84	13.1%	22	36.9%	62	
Sexually active single males	86	2.24	***33.7%***	29	8.1%	7	**58.1%**	50	
Sexually active married females	254	1.95	46.5%	118	12.2%	31	41.3%	105	

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

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

Respondents were asked whether or not they agreed with the statement 'it is OK for men to have sex outside marriage'. The majority (65%) of respondents disagreed with the statement.

The relationship between gender and agreement with the statement 'it is OK for men to have sex outside marriage' was statistically significant.

- Seventy-eight percent (78%) of women disagreed with the statement, compared to 52% of men.
- Thirty-five percent (35%) of men agreed that it is OK for men to have sex outside marriage.

Age, education and sexual profile were statistically associated with level of agreement with the statement 'it is OK for men to have sex outside marriage'.

- Younger respondents disagreed more with the statement: 70% of 15-19 year olds disagreed with the statement, compared with 58% of 25-29 year olds.
- Among the subgroups, no/primary school (71%) expressed strongest disagreement with the statement that 'it is OK for men to have sex outside marriage'.
- Sexually active married females (79%) indicated the highest level of disagreement with the statement, followed by 77% of not sexually active females.
- Half (51%) of sexually active single males supported the statement 'it is OK for men to have sex outside marriage'.

2008 Data Table 25- 'It is OK for men to have sex outside marriage'

	It is OK for men to have sex outside marriage								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1362	1.62	65.0%	885	8.4%	115	26.6%	362	
Gender(*)									$\chi^2(2) = 97.03$
Male	683	**1.83**	***52.4%***	358	**12.4%**	85	**35.1%**	240	p= 0.000
Female	679	**1.40**	**77.6%**	527	***4.4%***	30	***18.0%***	122	
Age(*)									$\chi^2(4) = 18.92$
15-19	538	1.51	**70.3%**	378	8.7%	47	***21.0%***	113	p=0.000
20-24	406	1.63	65.0%	264	6.9%	28	28.1%	114	
25-29	416	1.74	***58.2%***	242	9.4%	39	**32.5%**	135	
Residence									$\chi^2(2) = 4.16$
Urban	290	1.62	63.4%	184	**11.4%**	33	25.2%	73	p= 0.124
Rural	1072	1.62	65.4%	701	7.6%	82	27.0%	289	
Education(*)									$\chi^2(4) = 16.09$
No/primary school	510	**1.52**	**71.2%**	363	***5.9%***	30	***22.9%***	117	p=0.002
Secondary school	493	1.65	62.7%	309	9.9%	49	27.4%	135	
High school/university	353	1.71	59.5%	210	10.2%	36	30.3%	107	
Sexual Profile(*)									$\chi^2(8) = 121.59$
Not sexually active males	428	**1.71**	***58.2%***	249	**12.6%**	54	29.2%	125	p=0.000
Not sexually active females	400	1.41	**77.0%**	308	***5.0%***	20	***18.0%***	72	
Sexually active married males	168	1.98	***44.0%***	74	**13.7%**	23	**42.3%**	71	
Sexually active single males	87	2.10	***40.2%***	35	9.2%	8	**50.6%**	44	
Sexually active married females	276	1.39	**78.6%**	217	***3.6%***	10	***17.8%***	49	

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

'It is OK for single men to pay money for sex'

Level of agreement with the statement 'it is OK for single men to pay money for sex' differed according to the respondents' socio-demographic profiles. Overall, 59% of respondents agreed with the statement, and 32% did not.

The relationship between gender and the statement 'it is OK for single men to pay money for sex' was statistically significant.

- More men (64%) agreed with the statement than women (53%).

Age and sexual profile was associated with agreement with the statement 'it is OK for single men to pay money for sex'.

- Older respondents agreed with the statement more than younger ones: 68% of 25-29 year olds agreed that 'it is OK for single men to pay for sex', compared with 54% of 15-19 year olds.
- The highest level of agreement was found among sexually active single males (84%), followed by sexually active married males (69%).
- Sexually inactive females expressed the most disagreement (39%) with the statement that 'it is OK for single men to pay money for sex'.

2008 Data Table 26- 'It is OK for single men to pay money for sex'

	It is OK for single men to pay money for sex								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1354	2.26	32.6%	442	8.6%	116	58.8%	796	
Gender(*)									$\chi^2(2) = 19.34$
Male	684	**2.34**	29.8%	204	***6.1%***	42	**64.0%**	438	p= 0.000
Female	670	**2.18**	35.5%	238	**11.0%**	74	***53.4%***	358	
Age(*)									$\chi^2(4) = 21.18$
15-19	537	2.17	**36.5%**	196	9.9%	53	***53.6%***	288	p=0.000
20-24	404	2.22	35.4%	143	7.7%	31	56.9%	230	
25-29	411	**2.43**	***24.8%***	102	7.5%	31	**67.6%**	278	
Residence									$\chi^2(2) = 3.57$
Urban	289	2.35	28.0%	81	9.3%	27	62.6%	181	p= 0.167
Rural	1065	2.24	33.9%	361	8.4%	89	57.7%	615	
Education									$\chi^2(4) = 5.08$
No/primary school	504	2.27	33.1%	167	6.9%	35	59.9%	302	p=0.279
Secondary school	490	2.22	34.3%	168	9.4%	46	56.3%	276	
High school/university	354	2.31	29.4%	104	9.9%	35	60.7%	215	
Sexual Profile(*)									$\chi^2(8) = 49.88$
Not sexually active males	429	2.23	35.2%	151	6.5%	28	58.3%	250	p=0.000
Not sexually active females	397	2.11	**38.5%**	153	**12.3%**	49	***49.1%***	195	
Sexually active married males	168	2.43	***25.6%***	43	6.0%	10	**68.5%**	115	
Sexually active single males	87	**2.72**	***11.5%***	10	4.6%	4	**83.9%**	73	
Sexually active married females	270	2.29	31.1%	84	8.9%	24	60.0%	162	

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

'A woman with good manners would not talk about sex'

Opinions on whether 'a woman with good manners would not talk about sex' were divided. Of all respondents, half (52%) disagreed with the statement, while 41% agreed.

Opinions differed according to gender:

- Women disagreed (57%) more than men (47%).
- Forty-five percent (45%) of males agreed with the statement 'a woman with good manners would not talk about sex'.

Residence, education and sexual profile were statistically associated with level of agreement with the statement:

- Urban respondents (57%) disagreed with the statement that 'a woman with good manners would not talk about sex' more than rural respondents (51%).
- Those who had achieved higher educational attainment expressed more disagreement with the statement: 66% of those who had attended high school/ university disagreed with the statement, followed by 50% of secondary school leavers; while those with no/primary school education agreed most that 'a woman with good manners would not talk about sex' (47%).
- Sexually inactive females disagreed with the statement (59%) most, followed by sexually active married females (54%).
- Sexually active married males (48%), followed by sexually active single males (46%) agree most that 'a woman with good manners would not talk about sex'.

2008 Data Table 27- 'A woman with good manners would not talk about sex'

	A woman with good manners would not talk about sex								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1351	1.89	52.0%	703	6.8%	92	41.2%	556	
Gender(*)									$\chi^2(2) = 12.44$
Male	677	**1.98**	***47.3%***	320	7.7%	52	**45.1%**	305	p= 0.001
Female	674	**1.80**	**56.8%**	383	5.9%	40	***37.2%***	251	
Age									$\chi^2(4) = 4.33$
15-19	532	1.89	51.9%	276	6.8%	36	41.4%	220	p=0.362
20-24	405	1.83	54.6%	221	7.9%	32	37.5%	152	
25-29	412	1.94	50.0%	206	5.8%	24	44.2%	182	
Residence(*)									$\chi^2(2) = 7.66$
Urban	288	**1.77**	56.9%	164	8.7%	25	***34.4%***	99	p=0.021
Rural	1063	**1.92**	50.7%	539	6.3%	67	43.0%	457	
Education(*)									$\chi^2(4) = 39.40$
No/primary school	504	2.03	***44.6%***	225	7.9%	40	**47.4%**	239	p=0.000
Secondary school	487	1.94	50.1%	244	6.2%	30	43.7%	213	
High school/university	354	**1.63**	**65.5%**	232	6.2%	22	***28.2%***	100	
Sexual Profile(*)									$\chi^2(8) = 15.62$
Not sexually active males	423	1.95	49.2%	208	7.1%	30	43.7%	185	p=0.048
Not sexually active females	399	1.77	**58.6%**	234	5.5%	22	***35.8%***	143	
Sexually active married males	167	2.05	***43.1%***	72	9.0%	15	47.9%	80	
Sexually active single males	87	2.00	46.0%	40	8.0%	7	46.0%	40	
Sexually active married females	272	1.86	53.7%	146	6.6%	18	39.7%	108	

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

'It is against Khmer tradition for women to talk about sexual matters'

Respondents were asked whether they agreed that 'it is against Khmer tradition for women to talk about sexual matters'. Overall, 56% of respondents disagreed with the statement, while 38% of respondents agreed.

Opinions varied according to gender:

- More women (61%) than men (50%) disagreed with the statement.

Age, residence, education and sexual profile were associated with level of agreement with the statement 'it is against Khmer tradition for women to talk about sexual matters'.

- Those aged 20-24 years old disagreed most with the statement (60%), followed by 55% of 15-19 year olds; while the highest level of agreement with the statement was found among older respondents, those aged 25-29 years old (42%).
- Urban respondents (64%) were disagreed more than their rural counterparts (53%).
- Those with higher levels of education disagreed with the statement more: 70% of high school/ university educated respondents disagreed that 'it is against Khmer tradition for a woman to talk about sexual matters', followed by secondary school educated respondents (55%); those with no/primary schooling agreed most with the statement (47%).
- Sexually inactive females disagreed most (62%); followed by 58% of sexually active married females.
- Sexually active married males agreed most (46%) that 'it is against Khmer tradition for a woman to talk about sexual matters'.

2008 Data Table 28- 'It is against Khmer tradition for women to talk about sexual matters'

	It is against Khmer tradition for women to talk about sexual matters								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1363	1.82	55.5%	756	6.9%	94	37.6%	513	
Gender(*)									$\chi^2(2)$ =18.35
Male	682	**1.91**	***50.1%***	342	**8.8%**	60	41.1%	280	p= 0.000
Female	681	**1.73**	**60.8%**	414	***5.0%***	34	34.2%	233	
Age(*)									$\chi^2(4)$ =10.07
15-19	536	1.82	54.7%	293	**8.6%**	46	36.8%	197	p=0.039
20-24	408	1.74	59.8%	244	6.1%	25	34.1%	139	
25-29	417	1.90	52.5%	219	5.3%	22	**42.2%**	176	
Residence(*)									$\chi^2(2)$ =13.75
Urban	290	**1.64**	**63.8%**	185	7.9%	23	***28.3%***	82	p= 0.001
Rural	1073	**1.87**	53.2%	571	6.6%	71	40.2%	431	
Education(*)									$\chi^2(4)$ =52.55
No/primary school	510	**2.00**	***46.3%***	236	7.1%	36	**46.7%**	238	p=0.000
Secondary school	491	**1.85**	54.6%	268	6.3%	31	39.1%	192	
High school/university	356	**1.53**	**69.7%**	248	7.3%	26	***23.0%***	82	
Sexual Profile(*)									$\chi^2(8)$ =24.10
Not sexually active males	427	1.87	51.5%	220	**9.8%**	42	38.6%	165	p=0.002
Not sexually active females	403	1.70	**62.3%**	251	5.5%	22	***32.3%***	130	
Sexually active married males	168	2.00	***46.4%***	78	7.1%	12	**46.4%**	78	
Sexually active single males	87	1.92	50.6%	44	6.9%	6	42.5%	37	
Sexually active married females	275	1.79	58.2%	160	***4.4%***	12	37.5%	103	

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

'Talking about sexual matters is a way for a woman to take care of herself'

Respondents were asked whether they agreed with the statement 'talking about sexual matters is a way for a woman to take care of herself'. The majority (87%) of respondents agreed with the statement. Women agreed more than male respondents but the relationship between gender and agreement with the statement was not statistically significant.

2008 Data Table 29- 'Talking about sexual matters is a way for a woman to take care of herself'

	Talking about sexual matters is a way for a woman to take care of herself								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1353	2.79	7.9%	107	5.4%	73	86.7%	1173	
Gender									$\chi^2(2) = 0.33$
Male	679	2.78	8.0%	54	5.7%	39	86.3%	586	p=0.846
Female	674	2.79	7.9%	53	5.0%	34	87.1%	587	
Age									$\chi^2(4) = 4.54$
15-19	533	2.76	8.8%	47	6.6%	35	84.6%	451	p=0.337
20-24	408	2.83	6.6%	27	4.2%	17	89.2%	364	
25-29	410	2.79	8.0%	33	5.1%	21	86.8%	356	
Residence									$\chi^2(2) = 0.27$
Urban	290	2.80	7.2%	21	5.2%	15	87.6%	254	p= 0.871
Rural	1063	2.78	8.1%	86	5.5%	58	86.5%	919	
Education									$\chi^2(4) = 4.98$
No/primary school	506	2.75	9.5%	48	6.5%	33	84.0%	425	p=0.288
Secondary school	487	2.81	7.2%	35	4.7%	23	88.1%	429	
High school/university	355	2.82	6.8%	24	4.8%	17	88.5%	314	
Sexual Profile									$\chi^2(8) = 9.54$
Not sexually active males	425	2.75	9.4%	40	5.9%	25	84.7%	360	p=0.298
Not sexually active females	397	2.77	8.3%	33	6.0%	24	85.6%	340	
Sexually active married males	167	2.80	6.6%	11	7.2%	12	86.2%	144	
Sexually active single males	87	2.91	3.4%	3	2.3%	2	94.3%	82	
Sexually active married females	274	2.82	7.3%	20	3.6%	10	89.1%	244	

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

HIV and AIDS

Summary of Findings: HIV and AIDS

Knowledge about HIV and AIDS Risk Reduction

- A very high number of respondents were able to spontaneously state at least one method of reducing HIV risk in both 2007 (97%) and 2008 (98%).
- All sexually active single males stated that using condoms reduced HIV risks, as did 97% of sexually inactive males.
- Significantly more respondents gave condom use as a method of reducing HIV risks in 2008 (93%) compared to 2007 (90%).
- Unexposed respondents (81%) knew about condoms to prevent HIV infection less than medium (95%) and the high exposure group (98%).

Talking about HIV and AIDS

- Males talked about HIV and AIDS within the last month more than females (42% vs. 29%).
- Sexually active single males were the group that had talked most about HIV and AIDS in the past month (56%).
- Significantly more respondents reported talking about HIV and AIDS in 2008 as compared to 2007. The proportion of people who stated that they never discussed HIV and AIDS fell from 25% to 21%.
- More of those with exposure to the Trust's media outputs had discussed HIV and AIDS risks recently (i.e. in the past month) than those who had not been exposed (16% unexposed, 34% low, 36% medium and 44% high exposure).

Self Efficacy

- Two thirds (64%) of respondents disagreed with the statement 'it is embarrassing for me to talk about HIV and AIDS risks'.
- Fewer males expressed embarrassed talking about HIV and AIDS than females. Seventy-two percent (72%) of men disagreed with the above statement, compared with 56% of women.
- Sexually active single males were the least embarrassed discussing HIV and AIDS (85% disagreed with the statement), followed by sexually active married males (71%) and sexually inactive males (70%).
- Overall, all respondents reported feeling less embarrassed discussing HIV and AIDS in 2008 than in 2007. The level of agreement with the above statement significantly decreased from 30% to 26%.
- Those who were exposed to the Trust's media outputs reported feeling embarrassed discussing HIV and AIDS significantly less than those who had not been exposed (48% unexposed, 24% low, 27% medium and 22% high exposed).

- Half (50%) of the respondents disagreed with the statement 'it scares me to talk about HIV and AIDS risks'.
- More males reported that they would not feel scared discussing HIV and AIDS risks than female respondents (56% vs. 45%).
- Sexually active single males (56%) and sexually inactive males (56%) disagreed most with the statement that talking about HIV and AIDS risks scared them.

- Overall, fewer respondents reported feeling scared in 2008 than in 2007 (37% vs. 45%).
- Self-reported fear of talking about HIV and AIDS risks differed significantly by exposure, with least fear reported by those with greater exposure (62% unexposed, 35% low, 38% medium and 32% high exposed).

Attitude towards Talking About HIV and AIDS Risks

- Most respondents (92%) agreed that women should talk about HIV and AIDS risks.
- An even higher figure (96%) agreed that married couples should talk about HIV and AIDS risks.
- The majority of respondents (88%) also endorsed the viewpoint 'it is the role of the man in a relationship to talk about HIV and AIDS risks'.
- Nine in ten (93%) agreed with the statement 'talking about HIV and AIDS risks is a way to demonstrate that you love/care about your partner'.
- Most respondents (81%) expressed disagreement with the statement 'only with sex workers is it necessary to talk about HIV and AIDS risks'.
- Ninety-four percent (94%) of respondents felt able to protect themselves from contracting HIV.

Self-assessed Chance of Getting HIV

- The majority (79%) of all respondents rated themselves as having 'no chance' of contracting HIV.
- More men (83%) than women (75%) considered they had 'no chance' of contracting HIV. Twenty-four percent (24%) of women felt they had 'some chance' of infection.
- Sexually active married females expressed the least (66%) confidence that they had 'no chance' of contracting HIV.
- Significantly more sexually active males felt they had 'no chance' of contracting HIV in 2008 as compared to 2007 (81% vs. 67%). However, the number of sexually active married females who felt they had 'some chance' of contracting the virus rose over the same period, from 24% in 2007 to 32% in 2008.

- The most frequent explanations for being at no (self-assessed) risk of contracting HIV were never having had sex (49%) and monogamy (22%).
- More women than men mentioned only having one sexual partner as a reason for having 'no chance' of contracting HIV (30% vs. 16%).
- Sexually active married females mentioned monogamy the most (78%), followed by sexually active married males (49%).
- More men than women mentioned regular condom use as a reason for having 'no chance' of contracting HIV (26% vs. 5%).
- Sexually active single males mentioned condom use most as the reason they did not consider themselves at risk of infection (84%), significantly more than any other sexual profile sub-groups.

- Those respondents who felt they had either 'some' or 'high' chances of contracting HIV mentioned using contaminated injecting instruments (34%), not trusting their partners (22%) and not using condoms (16%) as reasons why they felt they might be at risk.

Risk Reduction Knowledge

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

The above open-ended question was used to measure the level of knowledge around the reduction of HIV risks with pre-coded answers. A very high number of respondents were able to spontaneously state at least one method of reducing HIV risks in both 2007 (97%) and 2008 (98%).

'Use condoms' was the most frequently given response in both 2007 (90%) and 2008 (93%). Further details, trend and exposure analysis of means of reducing HIV risks are shown in the following table.

Trend Table 12- 'What can you do to reduce the risk of getting HIV?'

What can you do to reduce the risk of getting HIV?		Frequency	
		Sentinel 2007	Sentinel 2008
Use condoms	%	90.0%	**93.3%**
	#	1230	1276
Do not use contaminated injecting equipment	%	30.8%	32.9%
	#	421	450
Stay faithful to your partner/ have only one partner	%	28.5%	26.6%
	#	390	364
Do not touch blood belonging to a PLHIV	%	12.2%	**16.8%**
	#	167	230
Abstinence	%	13.6%	12.6%
	#	186	172
Take HIV test before getting married	%	5.2%	**7.8%**
	#	71	107
Reduce number of sexual partners	%	3.4%	3.7%
	#	47	51
Wait until you are older to start having sex	%	2.3%	2.0%
	#	32	27
Do not have a baby when HIV positive	%	1.3%	2.2%
	#	18	30
Other	%	3.1%	2.0%
	#	42	27
Do not know	%	3.1%	2.3%
	#	42	32
Base (multiple answers)		**1368**	**1368**

'Use condoms' to reduce the risk of contracting HIV

The majority of respondents (93%) knew to 'use condoms' as a way of reducing the risk of contracting HIV.

Gender, education and sexual profile were associated with knowledge to 'use condoms' to reduce the risk of contracting HIV':

- More men (97%) than women (90%) mentioned using condoms.
- Those with higher levels of education were more aware of condom use as a means of preventing the spread of HIV: those who had attended high

school/university (95%) and secondary school (95%) answered 'use condoms' more than those with no/primary level schooling (90%).

- All sexually active single males stated 'use condoms' to reduce HIV risks, as did 97% of sexually inactive males.

2008 Data Table 30- Knowledge: 'Use condoms' to reduce the risk of getting HIV

	Using a condom to reduce the risk of getting HIV					
	Base	No		Yes		
		%	#	%	#	
ALL RESPONDENTS	1368	6.7%	92	93.3%	1276	
Gender(*)						$\chi^2(1) = 22.56$
Male	684	***3.5%***	24	96.5%	660	p= 0.000
Female	684	**9.9%**	68	90.1%	616	
Age						$\chi^2(2) = 1.46$
15-19	540	6.5%	35	93.5%	505	p=0.480
20-24	409	5.9%	24	94.1%	385	
25-29	417	7.9%	33	92.1%	384	
Residence						$\chi^2(1) = 0.02$
Urban	292	6.5%	19	93.5%	273	p=0.866
Rural	1076	6.8%	73	93.2%	1003	
Education(*)						$\chi^2(2) = 11.72$
No/primary school	513	**9.7%**	50	90.3%	463	p=0.002
Secondary school	493	5.1%	25	94.9%	468	
High school/university	356	4.8%	17	95.2%	339	
Sexual Profile(*)						$\chi^2(4) = 27.73$
Not sexually active males	429	***3.0%***	13	97.0%	416	p=0.000
Not sexually active females	405	**10.6%**	43	89.4%	362	
Sexually active married males	168	6.5%	11	93.5%	157	
Sexually active single males	87	***0.0%***	0	100.0%	87	
Sexually active married females	276	9.1%	25	90.9%	251	

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

Overall, significantly more respondents mentioned 'using condoms' as a means of preventing HIV in 2008 than in 2007 (93% vs. 90%). A similar trend emerged when two subgroups were considered individually (sexually active males and sexually active married females) although this was not significant.

Trend Table 13- Knowledge: 'Use condoms' to reduce the risk of getting HIV

		Using a condom to reduce the risk of getting HIV					
		Total		Sexually active males		Sexually active married females	
		Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008
Yes	%	90.0%	**93.3%**	94.1%	95.7%	88.4%	90.9%
	#	1230	1276	240	244	243	251
No	%	**10.0%**	6.7%	5.9%	4.3%	11.6%	9.1%
	#	137	92	15	11	32	25
Base		1367	1368	255	255	275	276

Overall, the frequency with which respondents stated condom use as a means of reducing HIV differed according to level of exposure to the Trust's media outputs. Unexposed respondents (81%) knew about condoms to prevent HIV infection less than medium (95%) and the high exposure group (98%).

Among the two subgroups of interest, the higher levels of condom knowledge across the exposure groups was significant for sexually active males[44]. While the pattern of increased condom knowledge among sexually active married women was present, it was not statistically significant.

Exposure Table 3- Knowledge: 'Use condoms' to reduce the risk of getting HIV

		Knowledge: 'Use condoms' to reduce the risk of getting HIV											
		Total				Sexually active males				Sexually active married females			
		Un-exposed	Low Exposed	Medium Exposed	High Exposed	Un-exposed	Low Exposed	Medium Exposed	High Exposed	Un-exposed	Low Exposed	Medium Exposed	High Exposed
Yes	%	*81.1%*	*89.9%*	**94.7%**	**98.4%**	*66.7%*	***92.5%***	**99.1%**	100.0%	81.5%	85.9%	94.2%	100.0%
	#	60	347	624	245	8	74	113	49	22	79	113	37
No	%	**18.9%**	**10.1%**	*5.3%*	*1.6%*	**33.3%**	***7.5%****	*0.9%*	0.0%	18.5%	14.1%	5.8%	0.0%
	#	14	39	35	4	4	6	1	0	5	13	7	0
Base		74	386	659	249	12	80	114	49	27	92	120	37

*Significantly higher than medium exposure only
**Significantly higher than no exposure only

[44] Percentages not stated because analysis limited due to small cell sizes.

Talking about HIV and AIDS

Respondents were asked about 'talking about' HIV and AIDS.

Of all respondents, 21% reported that they had 'never' talked about HIV and AIDS; 44% reported talking about it more than a month ago; and 36% had talked about it within the last month.

The relationship between talking about HIV and AIDS and gender was statistically significant:

- More men (42%) had talked about HIV and AIDS within the last month than women (29%).
- A third (29%) of females reported 'never' talking about HIV and AIDS.

Talking about HIV and AIDS was statistically related to age, residence, education and sexual profile:

- Younger respondents talked less about HIV and AIDS: 26% of 15-19 year olds had 'never' talked about HIV and AIDS, compared with 17% of both 20-24 year olds and 25-29 year olds.
- 25-29 year olds had talked about HIV and AIDS the most (42%).
- More rural respondents 'never' discussed HIV and AIDS than their urban counterparts (22% vs. 16%). Forty-one percent (41%) of urban respondents had talked about HIV and AIDS within the last month.
- Respondents with lower levels of education talked about HIV and AIDS less: 31% of those with no/primary schooling 'never' talked about HIV and AIDS; whereas 52% of those who had attended high school/university had talked about HIV and AIDS more than a month ago and 40% had talked within the last month.
- Sexually inactive females stated most that they never talked about HIV and AIDS (33%), followed by 24% of sexually active married females. Fifty-six percent (56%) of sexually active married males talked more than a month ago.
- Sexually active single males (56%) had discussed HIV and AIDS in the past month most.

2008 Data Table 31- 'Respondent has talked about HIV and AIDS'

	Respondent has talked about HIV and AIDS							
	Base	Never		More than a month ago		Within last month		
		%	#	%	#	%	#	
ALL RESPONDENTS	1368	20.5%	280	44.0%	602	35.5%	486	
Gender(*)								$\chi^2(2) = 70.73$
Male	684	***11.7%***	80	45.9%	314	**42.4%**	290	p= 0.000
Female	684	**29.2%**	200	42.1%	288	***28.7%***	196	
Age(*)								$\chi^2(4) = 25.09$
15-19	540	**26.3%**	142	43.7%	236	***30.0%***	162	p=0.000
20-24	409	***16.9%***	69	46.7%	191	36.4%	149	
25-29	417	***16.5%***	69	41.7%	174	**41.7%**	174	
Residence(*)								$\chi^2(2) = 6.89$
Urban	292	***16.4%***	48	42.1%	123	**41.4%**	121	p=0.031
Rural	1076	21.6%	232	44.5%	479	33.9%	365	
Education(*)								$\chi^2(4) = 66.96$
No/primary school	513	**30.6%**	157	***37.8%***	194	***31.6%***	162	p=0.000
Secondary school	493	18.7%	92	44.6%	220	36.7%	181	
High school/university	356	***8.1%***	29	**51.7%**	184	40.2%	143	
Sexual Profile(*)								$\chi^2(8) = 105.07$
Not sexually active males	429	***15.4%***	66	43.1%	185	**41.5%**	178	p=0.000
Not sexually active females	405	**33.1%**	134	43.5%	176	***23.5%***	95	
Sexually active married males	168	***6.5%***	11	**56.0%**	94	37.5%	63	
Sexually active single males	87	***3.4%***	3	40.2%	35	**56.3%**	49	
Sexually active married females	276	23.9%	66	40.2%	111	35.9%	99	

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

Overall, the proportion of respondents who reported that they never talked about HIV and AIDS significantly decreased from 25% in 2007 to 21% in 2008. Within the two subgroups of interest (those who are sexually active) the proportions remained unchanged.

Trend Table 14- 'Respondent has talked about HIV and AIDS'

		Respondent has talked about HIV and AIDS					
		Total		Sexually active males		Sexually active married females	
		Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008
Never	%	**25.0%**	20.5%	9.8%	5.5%	24.3%	23.9%
	#	342	280	25	14	67	66
More than a month ago	%	38.0%	**44.0%**	38.8%	**50.6%**	36.6%	40.2%
	#	520	602	99	129	101	111
Within last month	%	37.0%	35.5%	51.4%	43.9%	39.1%	35.9%
	#	506	486	131	112	108	99
Base		1368	1368	255	255	276	276

Talking about HIV and AIDS was associated with exposure to the Trust's media outputs.

Never talking: Half (50%) of unexposed respondents had never talked about HIV and AIDS risks, compared to 6% with high exposure. There were significant differences in never talking between exposure groups (50% unexposed, 27% low, 19% medium and 6% high exposure).

In the sexually active male sub-groups, the percent of those who had never talked about HIV and AIDS risks was dramatically lower in all three exposure groups than in the unexposed group[45]. A similar pattern was present among sexually active married females but it was not statistically significant.

Recent talking (within the past month): Sixteen percent (16%) of unexposed respondents had talked about HIV and AIDS risks in the past month, compared with those in the other exposure groups (16% unexposed, 34% low, 36% medium and 44% high exposure).

Similar patterns were present among sexually active males (8% unexposed, 53% medium exposed) and sexually active married females where it was not statistically significant.

Exposure Table 4- 'Respondent has talked about HIV and AIDS'

		Respondent has talked about HIV and AIDS											
		Total				Sexually active males				Sexually active married females			
		Un-exposed	Low Exposed	Medium Exposed	High Exposed	Un-exposed	Low Exposed	Medium Exposed	High Exposed	Un-exposed	Low Exposed	Medium Exposed	High Exposed
Never	%	**50.0%**	***26.7%****	***19.0%****	*6.0%*	**50.0%**	*7.5%*	*1.8%*	0.0%	37.0%	30.4%	19.2%	13.5%
	#	37	103	125	15	6	6	2	0	10	28	23	5
More than a month ago	%	33.8%	39.6%	45.4%	50.2%	41.7%	55.0%	45.6%	57.1%	48.1%	38.0%	40.0%	40.5%
	#	25	153	299	125	5	44	52	28	13	35	48	15
Within last month	%	*16.2%*	**33.7%**	**35.7%**	**43.8%**	*8.3%*	37.5%	**52.6%**	42.9%	14.8%	31.5%	40.8%	45.9%
	#	12	130	235	109	1	30	60	21	4	29	49	17
Base		74	386	659	249	12	80	114	49	27	92	120	37

* Significantly higher than medium and high exposure
**Significantly different than high exposure only

[45] Percentages not stated because analysis limited due to small cell sizes.

Self Efficacy

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

Respondents were asked for their opinions on the statement ‘it is embarrassing for me to talk about HIV and AIDS risks’. Two thirds (64%) of respondents did not agree with the statement; whilst a quarter (26%) agreed that it was embarrassing for them to discuss HIV and AIDS risks.

The relationship between gender and embarrassment when talking about HIV and AIDS risks was statistically significant:

- More men (72%) disagreed with the statement than women (56%)
- Women agreed with the statement more: 34% of females stated they would feel embarrassed talking about HIV and AIDS risks.

Embarrassment when talking about HIV and AIDS risks was associated with age, education and sexual profile:

- Respondents aged 25-29 disagreed most (69%); whilst 15-19 year olds had the highest level of agreement (30%) that ‘it is embarrassing for me to talk about HIV and AIDS risks’.
- Those with higher levels of education disagreed more with the statement: 78% of those with high school/university education disagreed, followed by 65% of those who went to secondary school. Thirty-seven percent (37%) of those with either no or primary schooling agreed with the statement.
- Sexually active single males disagreed most (85%), followed by sexually active married males (71%) and sexually inactive males (70%).
- Sexually inactive females expressed the highest levels of agreement that ‘it is embarrassing for me to talk about HIV and AIDS risks’ across the subgroups (37%).

2008 Data Table 32- 'It is embarrassing for me to talk about HIV and AIDS risks'

	It is embarrassing for me to talk about HIV and AIDS risks								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1366	1.62	63.9%	873	9.9%	135	26.2%	358	
Gender(*)									$\chi^2(2) = 41.64$
Male	682	**1.47**	**71.8%**	490	9.2%	63	***18.9%***	129	p= 0.000
Female	684	**1.77**	***56.0%***	383	10.5%	72	**33.5%**	229	
Age(*)									$\chi^2(4) = 17.28$
15-19	540	**1.72**	***57.6%***	311	**12.6%**	68	**29.8%**	161	p=0.001
20-24	409	1.58	67.2%	275	7.8%	32	24.9%	102	
25-29	415	1.54	68.9%	286	8.4%	35	22.7%	94	
Residence									$\chi^2(2) = 3.84$
Urban	292	1.55	66.8%	195	11.3%	33	21.9%	64	p=0.146
Rural	1074	1.64	63.1%	678	9.5%	102	27.4%	294	
Education(*)									$\chi^2(4) = 68.11$
No/primary school	512	**1.84**	***53.1%***	272	9.8%	50	**37.1%**	190	p=0.000
Secondary school	492	**1.59**	64.6%	318	12.0%	59	23.4%	115	
High school/university	356	**1.37**	**78.1%**	278	***7.3%***	26	***14.6%***	52	
Sexual Profile(*)									$\chi^2(8) = 59.97$
Not sexually active males	428	1.50	69.6%	298	10.5%	45	***19.9%***	85	p=0.000
Not sexually active females	405	**1.86**	***51.4%***	208	11.6%	47	**37.0%**	150	
Sexually active married males	167	1.49	70.7%	118	9.6%	16	***19.8%***	33	
Sexually active single males	87	1.28	**85.1%**	74	***2.3%***	2	***12.6%***	11	
Sexually active married females	276	1.65	63.0%	174	9.1%	25	27.9%	77	

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

Overall, the number of respondents agreeing that they would feel embarrassed to discuss HIV and AIDS risks significantly decreased between 2007 and 2008 (30% vs. 26%). When looked at by subgroup a similar trend emerges; the level of agreement with the statement amongst sexually active males fell from 23% in 2007 to 17% in 2008; and amongst sexually active married females from 30% in 2007 to 28% in 2008.

Trend Table 15- 'It is embarrassing for me to talk about HIV and AIDS risks'

		It is embarrassing for me to talk about HIV and AIDS risks					
		Total		Sexually active males		Sexually active married females	
		Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008
Disagree	%	67.0%	63.9%	73.7%	75.6%	65.5%	63.0%
	#	910	873	188	192	180	174
Neutral	%	3.2%	**9.9%**	3.1%	**7.1%**	4.4%	**9.1%**
	#	44	135	8	18	12	25
Agree	%	**29.8%**	26.2%	23.1%	17.3%	30.2%	27.9%
	#	405	358	59	44	83	77
Base		1359	1366	255	254	275	276

There was a difference in embarrassment between levels of exposure to the Trust's media outputs. The high exposure group expressed the least embarrassment talking about HIV and AIDS risks (disagreement with statement: 48% unexposed, 64% low, 63% medium and 70% high exposure), while embarrassment was expressed most among the unexposed (agreement with statement: 48% unexposed, 24% low, 27% medium and 22% high exposed).

Lack of embarrassment (disagreement with the statement) increased as exposure increased amongst both sexually active males and sexually active married females, but not at a statistically significant level.

Exposure Table 5- 'It is embarrassing for me to talk about HIV and AIDS risks'

		It is embarrassing for me to talk about HIV and AIDS risks											
		Total				Sexually active males				Sexually active married females			
		Un-exposed	Low Exposed	Medium Exposed	High Exposed	Un-exposed	Low Exposed	Medium Exposed	High Exposed	Un-exposed	Low Exposed	Medium Exposed	High Exposed
Disagree	%	*47.9%*	64.2%	63.1%	**70.2%**	45.5%	80.0%	72.8%	81.6%	59.3%	68.5%	60.8%	59.5%
	#	35	248	416	174	5	64	83	40	16	63	73	22
Neutral	%	4.1%	11.4%	10.3%	8.1%	18.2%	7.5%	7.9%	2.0%	0.0%	7.6%	10.0%	16.2%
	#	3	44	68	20	2	6	9	1	0	7	12	6
Agree	%	**47.9%**	*24.4%*	*26.6%*	*21.8%*	36.4%	12.5%	19.3%	16.3%	40.7%	23.9%	29.2%	24.3%
	#	35	94	175	54	4	10	22	8	11	22	35	9
Base		73	386	659	248	11	80	114	49	27	92	120	37

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

Opinions on whether respondents agreed with the statement 'it scares me to talk about HIV and AIDS risks' were divided. Of all respondents, 50% disagreed with the statement; whilst 37% agreed.

The relationship between the statement 'it scares me to talk about HIV and AIDS risks' and gender was statistically significant:

- A higher proportion of men (56%) than women (45%) expressed disagreement with the statement.

Education and sexual profile were also associated with agreement with the statement 'it scares me to talk about HIV and AIDS risks':

- Those with high school/university education disagreed most with the statement (63%), followed by 51% of those with a secondary school education. Nearly half (48%) of those with no/primary schooling agreed that 'it scares me to talk about HIV and AIDS risks'.
- Sexually inactive males (56%) and sexually active single males (56%) expressed the most disagreement with the statement.
- Sexually active married females agreed most with the statement (45%).

2008 Data Table 33- 'It scares me to talk about HIV and AIDS risks'

	It scares me to talk about HIV and AIDS risks								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1364	1.87	50.3%	686	12.3%	168	37.4%	510	
Gender(*)									$\chi^2(2)=15.68$
Male	682	**1.77**	**55.6%**	379	11.6%	79	***32.8%***	224	p= 0.000
Female	682	**1.97**	***45.0%***	307	13.0%	89	**41.9%**	286	
Age									$\chi^2(4)=8.01$
15-19	539	1.85	50.1%	270	**14.8%**	80	35.1%	189	p=0.090
20-24	409	1.85	52.8%	216	9.8%	40	37.4%	153	
25-29	414	1.93	47.8%	198	11.6%	48	40.6%	168	
Residence									$\chi^2(2)=3.98$
Urban	290	1.79	53.8%	156	13.8%	40	32.4%	94	p=0.136
Rural	1074	1.89	49.3%	530	11.9%	128	38.7%	416	
Education(*)									$\chi^2(4)=51.70$
No/primary school	511	**2.08**	***40.1%***	205	12.1%	62	**47.7%**	244	p=0.000
Secondary school	492	**1.84**	51.4%	253	13.2%	65	35.4%	174	
High school/university	355	**1.62**	**63.1%**	224	11.5%	41	***25.4%***	90	
Sexual Profile(*)									$\chi^2(8)=20.23$
Not sexually active males	428	1.76	**55.6%**	238	12.6%	54	***31.8%***	136	p=0.009
Not sexually active females	403	1.93	46.9%	189	12.9%	52	40.2%	162	
Sexually active married males	167	1.78	55.1%	92	11.4%	19	33.5%	56	
Sexually active single males	87	1.80	56.3%	49	6.9%	6	36.8%	32	
Sexually active married females	276	2.03	***42.0%***	116	13.0%	36	**44.9%**	124	

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

Overall, the number of respondents agreeing that they felt scared to discuss HIV and AIDS risks significantly decreased from 45% in 2007 to 37% in 2008. A similar decrease in self-reported fear of talking about HIV and AIDS risks was observed among

both the sexually-active subgroups. The level of agreement with the statement amongst sexually active married females fell significantly.

Trend Table 16- 'It scares me to talk about HIV and AIDS risks'

		It scares me to talk about HIV and AIDS risks					
		Total		Sexually active males		Sexually active married females	
		Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008
Disagree	%	51.7%	50.3%	56.1%	55.5%	39.4%	42.0%
	#	701	686	142	141	108	116
Neutral	%	3.4%	**12.3%**	2.8%	**9.8%**	5.1%	**13.0%**
	#	46	168	7	25	14	36
Agree	%	**45.0%**	37.4%	41.1%	34.6%	**55.5%**	44.9%
	#	610	510	104	88	152	124
Base		1357	1364	253	254	274	276

Self-reported fear of talking about HIV and AIDS risks differed significantly according to levels of exposure (agreement with statement: 62% unexposed, 35% low, 38% medium and 32% high exposure), with least fear reported by those with greater exposure. The similar differences in fear among sexually active males were also significant. Among sexually active married females the variations were not significant.

Exposure Table 6- 'It scares me to talk about HIV and AIDS risks'

		It scares me to talk about HIV and AIDS risks											
		Total				Sexually active males				Sexually active married females			
		Un-exposed	Low Exposed	Medium Exposed	High Exposed	Un-exposed	Low Exposed	Medium Exposed	High Exposed	Un-exposed	Low Exposed	Medium Exposed	High Exposed
Disagree	%	*31.5%*	**49.2%**	**50.7%**	**56.5%**	*9.1%*	**55.0%**	**57.0%**	**63.3%**	40.7%	41.3%	42.5%	43.2%
	#	23	189	334	140	1	44	65	31	11	38	51	16
Neutral	%	6.8%	15.9%	11.2%	11.3%	**27.3%**	12.5%	9.6%	*2.0%*	3.7%	19.6%	10.8%	10.8%
	#	5	61	74	28	3	10	11	1	1	18	13	4
Agree	%	**61.6%**	*34.9%*	*38.1%*	*32.3%*	63.6%	32.5%	33.3%	34.7%	55.6%	39.1%	46.7%	45.9%
	#	45	134	251	80	7	26	38	17	15	36	56	17
Base		73	384	659	248	11	80	114	49	27	92	120	37

Attitudes: Talking About HIV and AIDS Risks

'Women should talk about HIV and AIDS risks'

Opinions on whether 'women should talk about HIV and AIDS risks' were widely in agreement. Overall, 92% of respondents agreed with the statement.

Support for the above statement was related to gender:

- A slightly higher proportion of women (94%) agreed with the statement as compared to men (90%); significantly more men than women had no firm opinion either way (6% vs. 3%).

The relationships between education and sexual profile, and the statement 'women should talk about HIV and AIDS risks' were statistically significant:

- Ninety-five percent (95%) of high school/university graduates expressed their agreement with the statement, followed by 93% of secondary school leavers. Those with no/primary school education had the highest level of disagreement with the statement across the subgroups (6%).
- The highest level of agreement with the statement 'women should talk about HIV and AIDS risks' was found among sexually active single males (95%) and sexually active married females (95%); whilst sexually active married males (7%) disagreed most.

2008 Data Table 34- 'Women should talk about HIV and AIDS risks'

	Women should talk about HIV and AIDS risks								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1364	2.88	3.4%	47	4.6%	63	91.9%	1254	
Gender(*)									$\chi^2(2) = 11.03$
Male	681	**2.85**	4.1%	28	**6.3%**	43	89.6%	610	p= 0.004
Female	683	**2.92**	2.8%	19	***2.9%***	20	94.3%	644	
Age									$\chi^2(4) = 3.51$
15-19	540	2.88	3.5%	19	5.4%	29	91.1%	492	p=0.475
20-24	407	2.90	3.4%	14	***2.9%***	12	93.6%	381	
25-29	415	2.88	3.4%	14	5.1%	21	91.6%	380	
Residence									$\chi^2(2) = 0.75$
Urban	291	2.89	2.7%	8	5.2%	15	92.1%	268	p=0.686
Rural	1073	2.88	3.6%	39	4.5%	48	91.9%	986	
Education(*)									$\chi^2(4) = 20.28$
No/primary school	511	2.83	**5.9%**	30	4.9%	25	89.2%	456	p=0.000
Secondary school	492	2.89	3.3%	16	4.1%	20	92.7%	456	
High school/university	355	**2.94**	***0.3%***	1	5.1%	18	94.6%	336	
Sexual Profile(*)									$\chi^2(8) = 21.42$
Not sexually active males	427	2.85	4.0%	17	**7.0%**	30	89.0%	380	p=0.006
Not sexually active females	404	2.91	3.2%	13	3.0%	12	93.8%	379	
Sexually active married males	167	2.81	**6.6%**	11	5.4%	9	88.0%	147	
Sexually active single males	87	2.95	***0.0%***	0	4.6%	4	95.4%	83	
Sexually active married females	276	2.93	2.2%	6	***2.5%***	7	95.3%	263	

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

'Married couples should talk about HIV and AIDS'

Respondents were asked whether 'married couples should talk about HIV and AIDS'. Nearly all (96%) respondents agreed with the statement.

The relationship between gender and the statement 'married couples should talk about HIV and AIDS' was significant:

- Men (97%) agreed with the statement slightly more than female respondents (95%).

2008 Data Table 35- 'Married couples should talk about HIV and AIDS'

	Married couples should talk about HIV and AIDS								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1362	2.93	2.6%	36	1.8%	24	95.6%	1302	
Gender(*)									$\chi^2(2) = 10.61$
Male	681	**2.95**	***1.3%***	9	2.2%	15	96.5%	657	p= 0.004
Female	681	**2.91**	**4.0%**	27	1.3%	9	94.7%	645	
Age									$\chi^2(4) = 2.49$
15-19	539	2.94	2.2%	12	2.0%	11	95.7%	516	p=0.645
20-24	408	2.91	3.4%	14	2.0%	8	94.6%	386	
25-29	413	2.94	2.4%	10	1.2%	5	96.4%	398	
Residence									$\chi^2(2) = 3.04$
Urban	292	2.95	2.1%	6	0.7%	2	97.3%	284	p=0.218
Rural	1070	2.92	2.8%	30	2.1%	22	95.1%	1018	
Education									$\chi^2(4) = 2.83$
No/primary school	508	2.91	3.5%	18	1.6%	8	94.9%	482	p=0.585
Secondary school	492	2.93	2.2%	11	2.0%	10	95.7%	471	
High school/university	356	2.94	2.0%	7	1.7%	6	96.3%	343	
Sexual Profile									$\chi^2(8) = 13.67$
Not sexually active males	427	2.96	***1.2%***	5	2.1%	9	96.7%	413	p=0.090
Not sexually active females	402	2.90	**4.2%**	17	1.5%	6	94.3%	379	
Sexually active married males	167	2.92	2.4%	4	3.0%	5	94.6%	158	
Sexually active single males	87	2.99	***0.0%***	0	1.1%	1	98.9%	86	
Sexually active married females	276	2.92	3.6%	10	1.1%	3	95.3%	263	

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

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

The statement 'it is the role of the man in a relationship to talk about HIV and AIDS risks' was widely agreed with. Eighty-eight percent (88%) of all respondents agreed with the statement.

The relationship between gender and level of agreement with the statement was statistically significant:

- Ninety two (92%) percent of males agreed with the statement, compared with 83% of females.

Level of agreement with the statement 'it is the role of the man in a relationship to talk about HIV and AIDS risks' differed significantly according to sexual profile:

- The highest level of agreement with the statement was found amongst sexually active married males (94%), followed by sexually active single males (92%).

2008 Data Table 36- 'It is the role of the man in a relationship to talk about HIV and AIDS risks'

	It is the role of the man in a relationship to talk about HIV and AIDS risks								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1359	2.79	8.1%	110	4.3%	59	87.6%	1190	
Gender(*)									$\chi^2(2) = 33.23$
Male	679	**2.88**	***3.8%***	26	4.4%	30	91.8%	623	$p = 0.000$
Female	680	**2.71**	**12.4%**	84	4.3%	29	83.4%	567	
Age									$\chi^2(4) = 2.92$
15-19	537	2.79	8.0%	43	5.4%	29	86.6%	465	$p = 0.569$
20-24	407	2.79	8.8%	36	3.4%	14	87.7%	357	
25-29	413	2.81	7.5%	31	3.9%	16	88.6%	366	
Residence									$\chi^2(2) = 4.87$
Urban	290	2.73	10.3%	30	5.9%	17	83.8%	243	$p = 0.087$
Rural	1069	2.81	7.5%	80	3.9%	42	88.6%	947	
Education									$\chi^2(4) = 2.36$
No/primary school	506	2.78	8.5%	43	4.7%	24	86.8%	439	$p = 0.668$
Secondary school	492	2.80	7.3%	36	4.9%	24	87.8%	432	
High school/university	355	2.80	8.5%	30	3.1%	11	88.5%	314	
Sexual Profile(*)									$\chi^2(8) = 35.89$
Not sexually active males	425	2.87	***4.2%***	18	4.9%	21	90.8%	386	$p = 0.000$
Not sexually active females	402	**2.69**	13.2%	53	4.5%	18	82.3%	331	
Sexually active married males	167	2.91	***3.0%***	5	3.0%	5	94.0%	157	
Sexually active single males	87	2.89	***3.4%***	3	4.6%	4	92.0%	80	
Sexually active married females	275	2.73	**11.3%**	31	4.0%	11	84.7%	233	

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

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

Respondents were asked to indicate whether they agreed with the statement 'talking about HIV and AIDS risks is a way to demonstrate you love/care about your partner'. Nine in ten (93%) agreed with the statement.

The level of agreement with the statement 'talking about HIV and AIDS risks is a way to demonstrate you love/care about your partner' was associated with gender:

- A slightly higher percentage of men (96%) than women (90%) agreed with the statement. Significantly more females than had no opinion either way (6% vs. 3%).

The relationship between sexual profile and level of agreement with the statement was statistically significant:

- The highest proportion of agreement with the statement was found among sexually active single males (97%), followed by sexually active married males (96%).
- Sexually inactive females (5%) expressed the highest level of disagreement with the statement.

2008 Data Table 37- 'Talking about HIV and AIDS risks is a way to demonstrate you love/ care about your partner'

	Talking about HIV and AIDS risks is a way to demonstrate you love/care about your partner								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1353	2.91	2.3%	31	4.7%	63	93.1%	1259	
Gender(*)									$\chi^2(2) = 21.03$
Male	675	**2.95**	***0.7%***	5	***3.3%***	22	96.0%	648	$p = 0.000$
Female	678	**2.86**	**3.8%**	26	**6.0%**	41	90.1%	611	
Age									$\chi^2(4) = 5.05$
15-19	535	2.88	3.2%	17	5.6%	30	91.2%	488	$p = 0.281$
20-24	407	2.92	1.7%	7	4.2%	17	94.1%	383	
25-29	409	2.93	1.7%	7	3.9%	16	94.4%	386	
Residence									$\chi^2(2) = 3.31$
Urban	290	**2.94**	1.0%	3	3.8%	11	95.2%	276	$p = 0.190$
Rural	1063	**2.90**	2.6%	28	4.9%	52	92.5%	983	
Education									$\chi^2(4) = 8.09$
No/primary school	501	2.90	2.0%	10	**6.2%**	31	91.8%	460	$p = 0.088$
Secondary school	491	2.90	3.3%	16	3.3%	16	93.5%	459	
High school/university	355	2.93	1.4%	5	4.5%	16	94.1%	334	
Sexual Profile(*)									$\chi^2(8) = 25.26$
Not sexually active males	424	2.95	***0.9%***	4	3.3%	14	95.8%	406	$p = 0.001$
Not sexually active females	400	2.85	**4.8%**	19	5.8%	23	89.5%	358	
Sexually active married males	164	2.96	0.6%	1	3.0%	5	96.3%	158	
Sexually active single males	87	2.97	0.0%	0	3.4%	3	96.6%	84	
Sexually active married females	275	2.88	2.5%	7	6.5%	18	90.9%	250	

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

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

Respondents were asked about whether or not they agreed with the statement 'only with sex workers is it necessary to talk about HIV and AIDS risks'. The majority (81%) of respondents disagreed with the statement. Slightly more males (82%) than females (80%) disagreed with the statement, but this difference was not significant.

Residence and education were associated with level of agreement with the statement 'only with sex workers is it necessary to talk about HIV and AIDS risks':

- Urban respondents disagreed more with the statement than rural respondents (86% vs. 80%).
- Those with a high school/university education (91%) disagreed with the statement the most, followed by those with a secondary school education (84%).
- Twenty-four percent (24%) of those with no/primary schooling agreed with the statement.

2008 Data Table 38- 'Only with sex workers is it necessary to talk about HIV and AIDS risks'

	Only with sex workers is it necessary to talk about HIV and AIDS risks								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1357	1.35	81.0%	1099	3.2%	44	15.8%	214	
Gender									$\chi^2(2) = 1.45$
Male	682	1.32	82.3%	561	3.1%	21	14.7%	100	p= 0.483
Female	675	1.37	79.7%	538	3.4%	23	16.9%	114	
Age									$\chi^2(4) = 4.59$
15-19	535	1.31	82.8%	443	3.2%	17	14.0%	75	p=0.331
20-24	409	1.33	81.9%	335	2.9%	12	15.2%	62	
25-29	411	1.41	77.6%	319	3.6%	15	**18.7%**	77	
Residence(*)									$\chi^2(2) = 6.20$
Urban	289	**1.27**	85.8%	248	1.7%	5	12.5%	36	p=0.044
Rural	1068	**1.37**	79.7%	851	3.7%	39	16.7%	178	
Education(*)									$\chi^2(4) = 60.13$
No/primary school	505	**1.53**	***70.9%***	358	**5.0%**	25	**24.2%**	122	p=0.000
Secondary school	491	**1.30**	83.9%	412	2.2%	11	13.8%	68	
High school/university	355	**1.16**	**91.0%**	323	2.3%	8	***6.8%***	24	
Sexual Profile									$\chi^2(8) = 10.55$
Not sexually active males	428	1.32	82.5%	353	3.0%	13	14.5%	62	p=0.227
Not sexually active females	397	1.31	83.1%	330	2.8%	11	14.1%	56	
Sexually active married males	167	1.36	80.8%	135	2.4%	4	16.8%	28	
Sexually active single males	87	1.28	83.9%	73	4.6%	4	11.5%	10	
Sexually active married females	275	1.46	74.9%	206	4.0%	11	**21.1%**	58	

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

'I can protect myself from HIV and AIDS risks'

Over all 94% of respondents agreed with the statement 'I can protect myself from HIV and AIDS risks'.

The relationship between gender and the statement 'I can protect myself from HIV and AIDS risks' was significant:

- More males (97%) than females (91%) agreed with the statement.

Sexual profile[46] was associated with level of agreement with the statement 'I can protect myself from HIV and AIDS risks':

- The highest proportion of agreement was found among sexually active married males (99%) and sexually active single males (98%).
- Sexually active married females disagreed most (7%).

2008 Data Table 39- 'I can protect myself from HIV and AIDS risks'

	I can protect myself from HIV and AIDS risks								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1353	2.91	3.0%	41	2.7%	36	94.3%	1276	
Gender(*)									$\chi^2(2) = 23.99$
Male	679	**2.96**	***1.2%***	8	***1.5%***	10	97.3%	661	p= 0.000
Female	674	**2.86**	**4.9%**	33	**3.9%**	26	91.2%	615	
Age									$\chi^2(4) = 4.35$
15-19	538	2.93	2.2%	12	2.2%	12	95.5%	514	p=0.360
20-24	404	2.90	3.7%	15	2.2%	9	94.1%	380	
25-29	409	2.89	3.4%	14	3.7%	15	92.9%	380	
Residence									$\chi^2(2) = 1.32$
Urban	292	2.93	2.1%	6	2.4%	7	95.5%	279	p=0.515
Rural	1061	2.91	3.3%	35	2.7%	29	94.0%	997	
Education									$\chi^2(4) = 7.03$
No/primary school	503	2.89	3.6%	18	**4.0%**	20	92.4%	465	p=0.134
Secondary school	490	2.93	2.2%	11	2.0%	10	95.7%	469	
High school/university	354	2.92	3.1%	11	1.7%	6	95.2%	337	
Sexual Profile(*)									$\chi^2(8) = 37.79$
Not sexually active males	426	2.96	***1.2%***	5	2.1%	9	96.7%	412	p=0.000
Not sexually active females	400	2.91	3.0%	12	3.0%	12	94.0%	376	
Sexually active married males	166	2.98	1.2%	2	***0.0%***	0	98.8%	164	
Sexually active single males	87	2.97	1.1%	1	1.1%	1	97.7%	85	
Sexually active married females	271	**2.80**	**7.4%**	20	**4.8%**	13	87.8%	238	

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

[46] The small number of respondents in this part of the analysis meant that more than 20% of cells (26.7%) have an expected count of less than 5. (The minimum expected count is 2.26). A small value potentially creates an artificially large Chi-square statistic, so this result should be interpreted with caution, i.e. as showing a *trend* but possibly not at a statistically significant level.

Self-Assessed Chance of Getting HIV

Respondents were asked to rate their chances of contracting HIV on a five point scale[47], which was recoded into three categories for the purposes of analysis. The majority (79%) of all respondents rated themselves as having 'no chance' of contracting HIV; 20% of respondents considered they had some chance (answering either low or medium chance), and only 1% of respondents felt they had a high chance (high chance, and very high chance/almost certain).

The level of self-assessed chance of contracting HIV differed according to gender:

- More males (83%) than females (75%) considered themselves to have 'no chance' of contracting HIV. More women than men felt they had 'some chance' of contracting HIV (24% vs. 17%).

Age[48], education and sexual profile[49] were statistically associated with the level of self-assessed chance of contracting HIV:

- Younger respondents considered themselves to have a lower chance: 85% of 15-19 year olds considered themselves to have 'no chance' of contracting HIV; followed by 76% of 20-24 year olds.
- Twenty-five percent (25%) of respondents aged 25-29 considered themselves to have 'some chance' of contracting HIV.
- Those with a secondary school education considered themselves as having 'no chance' of contracting HIV (83%) the most, and those who had completed high school/university the least (71%).
- Sexually active married females (66%) they felt they had 'no chance' of contracting HIV, the least of any of the sexual profile subgroups.
- Sexually active married females (32%), followed by sexually active single males (28%) consider themselves having 'some chance' of contracting HIV.

[47] Possible answers were: no chance, low chance, medium chance, high chance, and very high chance/almost certain.
[48] The small number of respondents in this part of the analysis meant that more than 20% of cells (22.2%) have an expected count of less than 5. (The minimum expected count is 4.19). A small value potentially creates an artificially large Chi-square statistic, so this result should be interpreted with caution, i.e. as showing a *trend* but possibly not at a statistically significant level.
[49] The small number of respondents in this part of the analysis meant that more than 20% of cells (33.3%) have an expected count of less than 5. (The minimum expected count is 0.89). A small value potentially creates an artificially large Chi-square statistic, so this result should be interpreted with caution, i.e. as showing a *trend* but possibly not at a statistically significant level.

2008 Data Table 40- 'Self-assessed chance of getting HIV'

	Self-assessed chance of getting HIV								
	Base	Mean	No chance(1)		Some chance(2)		High chance(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1368	1.22	78.7%	1077	20.2%	277	1.0%	14	
Gender(*)									$\chi^2(2) = 12.41$
Male	684	**1.18**	82.6%	565	***16.7%***	114	0.7%	5	p= 0.002
Female	684	**1.26**	74.9%	512	**23.8%**	163	1.3%	9	
Age(*)									$\chi^2(4) = 20.76$
15-19	540	**1.16**	**84.6%**	457	***15.0%***	81	***0.4%***	2	p=0.000
20-24	409	1.25	76.0%	311	22.5%	92	1.5%	6	
25-29	417	1.28	73.6%	307	**24.9%**	104	1.4%	6	
Residence									$\chi^2(2) = 4.38$
Urban	292	**1.27**	74.3%	217	**24.3%**	71	1.4%	4	p= 0.111
Rural	1076	**1.21**	79.9%	860	19.1%	206	0.9%	10	
Education(*)									$\chi^2(4) = 22.58$
No/primary school	513	1.22	79.9%	410	18.5%	95	1.6%	8	p=0.000
Secondary school	493	1.17	83.2%	410	***16.4%***	81	0.4%	2	
High school/university	356	**1.30**	***70.8%***	252	**28.1%**	100	1.1%	4	
Sexual Profile(*)									$\chi^2(8) = 41.60$
Not sexually active males	429	1.17	83.7%	359	***15.4%***	66	0.9%	4	p=0.000
Not sexually active females	405	1.20	80.7%	327	18.5%	75	0.7%	3	
Sexually active married males	168	1.15	85.1%	143	***14.3%***	24	0.6%	1	
Sexually active single males	87	1.28	72.4%	63	**27.6%**	24	0.0%	0	
Sexually active married females	276	1.36	***66.3%***	183	**31.5%**	87	**2.2%**	6	

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

The number of respondents who considered themselves to have 'no chance' of contracting HIV remained constant from 2007 to 2008 (79% vs. 79%); whilst the proportion who felt they had a 'high chance' of contracting HIV fell significantly (2% vs. 1%). Interestingly, significantly more sexually active males (67% in 2007 vs. 81% in 2008) thought they had 'no chance' of contracting HIV; whilst significantly more sexually active married females considered themselves to have 'some chance' of catching the virus (24% vs. 32%).

Trend Table 17- 'Self-assessed chance of getting HIV'

		Self-assessed chance of getting HIV					
		Total		Sexually active males		Sexually active married females	
		Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008
No chance	%	78.9%	78.7%	67.1%	**80.8%**	73.9%	66.3%
	#	1079	1077	171	206	204	183
Some chances	%	18.9%	20.2%	**29.0%**	18.8%	23.9%	**31.5%**
	#	259	277	74	48	66	87
High chance	%	**2.2%**	1.0%	**3.9%**	0.4%	2.2%	2.2%
	#	30	14	10	1	6	6
Base		1368	1368	255	255	276	276

Main Reasons for No Self-assessed Chance of Getting HIV

Respondents were asked to provide reasons for their self-assessed chance of contracting HIV. Multiple answers were possible. Among the respondents who felt they had 'no chance' of contracting the virus, reasons given included never having sex (49%), followed by monogamy (22%).

Trend Table 18- 'Main Reasons for No Self-assessed Chance of Getting HIV' (Base: Respondents who felt no chance of contracting HIV)

Reasons for No Self-accessed Chance of Getting HIV		Frequency	
		Sentinel 2007	Sentinel 2008
I have never had sex	%	51.1%	48.7%
	#	551	525
My partner or I are faithful	%	**26.0%**	22.4%
	#	281	241
My partner is faithful	%	**19.9%**	15.2%
	#	215	164
I am faithful	%	10.4%	9.5%
	#	112	102
I do not use contaminated injecting instruments	%	14.0%	**19.2%**
	#	151	207
I know how to protect myself	%	13.9%	**17.2%**
	#	150	185
I use condoms	%	11.5%	**16.0%**
	#	124	172
I am married	%	**3.6%**	1.8%
	#	39	19
I do not have sex with unknown people	%	**7.2%**	4.5%
	#	78	49
I abstain/do not have sex	%	3.7%	2.3%
	#	40	25
Other	%	1.9%	2.9%
	#	21	31
Base (multiple answers)		1079	1077

The three main reasons – monogamy, condom use and knowledge about protection – are looked at in more detail below.

'My partner or I are faithful'

The response of 'faithfulness' was given by 22% of the respondents who considered themselves as having 'no chance' of contracting HIV, and whether or not this response was given varied according to all demographic variables (gender, age, residence, education and sexual profile).

- More women mentioned fidelity than men (30% vs. 16%).
- Older respondents (in the 25-29 age group) mentioned fidelity (40%) most.
- Rural respondents mentioned it more than their urban counterparts (25% vs. 11%).
- Those with lower levels of education stated fidelity the most (36% of respondents with no/primary level education).
- Among the sexual profile subgroups, sexually active married females mentioned fidelity the most (78%), followed by sexually active married males (49%).

2008 Data Table 41- 'My partner or I are faithful'
(Base: Respondents who felt no chance of contracting HIV)

	My partner or I are faithful					
	Base	Yes		No		
		%	#	%	#	
ALL RESPONDENTS	1077	22.4%	241	77.6%	836	
Gender(*)						$\chi^2(1) = 30.02$
Male	565	***15.8%***	89	**84.2%**	476	p= 0.000
Female	512	**29.7%**	152	***70.3%***	360	
Age(*)						$\chi^2(2) = 138.92$
15-19	457	***5.7%***	26	**94.3%**	431	p=0.000
20-24	311	**29.3%**	91	70.7%	220	
25-29	307	**40.4%**	124	***59.6%***	183	
Residence(*)						$\chi^2(1) = 20.03$
Urban	217	***11.1%***	24	**88.9%**	193	p=0.000
Rural	860	**25.2%**	217	74.8%	643	
Education(*)						$\chi^2(2) = 71.91$
No/primary school	410	**35.6%**	146	***64.4%***	264	p=0.000
Secondary school	410	***17.1%***	70	82.9%	340	
High school/university	252	***9.5%***	24	**90.5%**	228	
Sexual Profile(*)						$\chi^2(4) = 537.54$
Not sexually active males	359	***2.2%***	8	**97.8%**	351	p=0.000
Not sexually active females	327	***2.8%***	9	**97.2%**	318	
Sexually active married males	143	**49.0%**	70	***51.0%***	73	
Sexually active single males	63	17.5%	11	82.5%	52	
Sexually active married females	183	**77.6%**	142	***22.4%***	41	

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

'I use a condom'

Sixteen percent (16%) of respondents thought they had no risk of contracting HIV because they use condoms. The proportion of respondents giving this response varied according to gender, age, education and sexual profile.

- More males than females reported condom use as a reason (26% vs. 5%) they considered themselves to have 'no chance' of getting HIV.
- Older respondents (in the 25-29 age group) mentioned condom use (39%) most.
- Those who had attended high school/university stated condom use more than lower levels of education to mention condom use (19%).
- Sexually active single males referred to condom use the most (84%).

2008 Data Table 42- 'I use a condom'
(Base: Respondents who felt no chance of contracting HIV)

	I use condoms					
	Base	Yes		No		
		%	#	%	#	
ALL RESPONDENTS	1077	16.0%	172	84.0%	905	
Gender(*)						$\chi^2(1) = 86.28$
Male	565	**25.8%**	146	***74.2%***	419	p= 0.000
Female	512	***5.1%***	26	**94.9%**	486	
Age(*)						$\chi^2(2) = 60.26$
15-19	457	***8.3%***	38	**91.7%**	419	p=0.000
20-24	311	13.8%	43	86.2%	268	
25-29	307	**29.0%**	89	***71.0%***	218	
Residence						$\chi^2(1) = 1.73$
Urban	217	18.9%	41	81.1%	176	p=0.188
Rural	860	15.2%	131	84.8%	729	
Education(*)						$\chi^2(2) = 6.36$
No/primary school	410	***12.4%***	51	87.6%	359	p=0.041
Secondary school	410	17.6%	72	82.4%	338	
High school/university	252	19.0%	48	81.0%	204	
Sexual Profile(*)						$\chi^2(4) = 326.39$
Not sexually active males	359	***10.9%***	39	89.1%	320	p=0.000
Not sexually active females	327	***2.8%***	9	**97.2%**	318	
Sexually active married males	143	**37.8%**	54	***62.2%***	89	
Sexually active single males	63	**84.1%**	53	***15.9%***	10	
Sexually active married females	183	***8.7%***	16	91.3%	167	

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

'I know how to protect myself'

Sexually inactive females states knowledge about protection as the reason why they felt they were at no risk of contracting HIV (30%) the most.

2008 Data Table 43- 'I know how to protect myself' (Base: Respondents who felt no chance of contracting HIV)

	I know how to protect myself					
	Base	Yes		No		
		%	#	%	#	
ALL RESPONDENTS	1077	17.2%	185	82.8%	892	
Gender(*)						$\chi^2(1) = 39.91$
Male	565	***10.3%***	58	**89.7%**	507	p= 0.000
Female	512	**24.8%**	127	***75.2%***	385	
Age						$\chi^2(2) = 2.23$
15-19	457	18.8%	86	81.2%	371	p=0.326
20-24	311	17.4%	54	82.6%	257	
25-29	307	14.7%	45	85.3%	262	
Residence						$\chi^2(1) = 0.90$
Urban	217	19.4%	42	80.6%	175	p=0.341
Rural	860	16.6%	143	83.4%	717	
Education(*)						$\chi^2(2) = 6.76$
No/primary school	410	15.1%	62	84.9%	348	p=0.033
Secondary school	410	16.1%	66	83.9%	344	
High school/university	252	**22.6%**	57	77.4%	195	
Sexual Profile(*)						$\chi^2(4) = 59.05$
Not sexually active males	359	***8.6%***	31	**91.4%**	328	p=0.000
Not sexually active females	327	**30.0%**	98	***70.0%***	229	
Sexually active married males	143	***11.9%***	17	88.1%	126	
Sexually active single males	63	15.9%	10	84.1%	53	
Sexually active married females	183	15.8%	29	84.2%	154	

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

Main Reasons for Some Self-assessed Chance of Getting HIV

Among respondents who felt they had 'some' or a 'high' chance of contracting HIV, the primary reasons given were: having used contaminated injecting instruments (34%), not trusting their partners (22%) and not using condoms (16%).

Trend Table 19- 'Main reasons for some or high self-assessed chance of getting HIV' (Base: Respondents who felt some or high chance of contracting HIV)

Reasons for some or high self-accessed chance of getting HIV		Frequency	
		Sentinel 2007	Sentinel 2008
I use contaminated injecting instruments	%	32.5%	34.0%
	#	94	99
Not trust partner	%	27.0%	21.6%
	#	78	63
I had sex without a condom	%	20.8%	15.5%
	#	60	45
I have touched blood or pus of PLHIV	%	3.1%	**12.0%**
	#	9	35
Other	%	15.6%	15.8%
	#	45	46
Base (multiple answers)		289	291

'I don't trust my partner'

To better understand the details behind the reasons given for respondents feeling they had some or a high chance of contracting HIV, 'not trust partner' and 'had sex without condoms' were broken down by profile.

The occurrence of the response 'I do not trust my partner' differed according to profiles. Twenty-two percent (22%) of respondents mentioned this as a reason they felt at risk of HIV. Older respondents mentioned lack of trust the most (30%). Sexually active married women (43%) and sexually active single males (33%) also expressed this concern at proportionally high levels.

2008 Data Table 44- 'I don't trust my partner'
(Base: Respondents who felt some or high chance of contracting HIV)

	I don't trust my partner					
	Base	Yes		No		
		%	#	%	#	
ALL RESPONDENTS	291	21.6%	63	78.4%	228	
Gender						$\chi^2(1) = 3.83$
Male	119	16.0%	19	84.0%	100	p= 0.050
Female	172	25.6%	44	74.4%	128	
Age(*)						$\chi^2(2) = 13.26$
15-19	83	***8.4%***	7	91.6%	76	p=0.001
20-24	98	23.5%	23	76.5%	75	
25-29	110	**30.0%**	33	70.0%	77	
Residence						$\chi^2(1) = 1.11$
Urban	75	17.3%	13	82.7%	62	p=0.292
Rural	216	23.1%	50	76.9%	166	
Education(*)						$\chi^2(2) = 8.33$
No/primary school	103	28.2%	29	71.8%	74	p=0.015
Secondary school	83	25.3%	21	74.7%	62	
High school/university	104	***12.5%***	13	87.5%	91	
Sexual Profile(*)						$\chi^2(4) = 53.38$
Not sexually active males	70	***4.3%***	3	**95.7%**	67	p=0.000
Not sexually active females	78	***5.1%***	4	**94.9%**	74	
Sexually active married males	25	32.0%	8	68.0%	17	
Sexually active single males	24	33.3%	8	66.7%	16	
Sexually active married females	93	**43.0%**	40	***57.0%***	53	

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

'I had sex without a condom'

Sexually active married females gave this as the reason for their assessment that they had a chance of contracting HIV (34%) the most, followed by sexually active single males (21%) and sexually active married males (20%).

2008 Data Table 45- 'I had sex without a condom'
(Base: Respondents who felt some or high chance of contracting HIV)

	I had sex without a condom					
	Base	Yes		No		
		%	#	%	#	
ALL RESPONDENTS	291	15.5%	45	84.5%	246	
Gender(*)						$\chi^2(1) = 5.95$
Male	119	***9.2%***	11	90.8%	108	p= 0.014
Female	172	19.8%	34	80.2%	138	
Age(*)						$\chi^2(2) = 10.85$
15-19	83	***4.8%***	4	95.2%	79	p=0.004
20-24	98	17.3%	17	82.7%	81	
25-29	110	**21.8%**	24	78.2%	86	
Residence(*)						$\chi^2(1) = 4.01$
Urban	75	**22.7%**	17	77.3%	58	p=0.045
Rural	216	13.0%	28	87.0%	188	
Education(*)						$\chi^2(2) = 9.54$
No/primary school	103	**24.3%**	25	75.7%	78	p=0.008
Secondary school	83	12.0%	10	88.0%	73	
High school/university	104	***9.6%***	10	90.4%	94	
Sexual Profile(*)						$\chi^2(4) = 49.75$
Not sexually active males	70	***1.4%***	1	98.6%	69	p=0.000
Not sexually active females	78	***1.3%***	1	98.7%	77	
Sexually active married males	25	20.0%	5	80.0%	20	
Sexually active single males	24	20.8%	5	79.2%	19	
Sexually active married females	93	**34.4%**	32	***65.6%***	61	

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

Condoms

Summary of Findings: Condoms

Talking About Condoms

- More females than males stated that they 'never' talked about condoms (40% vs. 17%).
- Forty six percent (46%) of men reported talking about condoms within the last month; compared with only 24% of women.
- Sexually active single males had discussed condoms within the last month (64%) the most, followed by sexually inactive males (45%).
- There was a significant decrease in the number of respondents reporting that they 'never' spoke about condoms between 2007 and 2008 (34% vs. 28%).
- Talking about condoms was associated with exposure to the Trust's media outputs. Nearly half (47%) of unexposed respondents had never talked about condoms, significantly more than exposed groups (32% low, 28% medium and 17% high exposure).

Condom Use: Availability of Condoms

- Most respondents (96%) spontaneously mentioned at least one place where condoms were available.
- A pharmacy was the most commonly given response, and it was given more frequently in 2008 than in 2007 (58% vs. 41%); followed by drug/grocery/street sellers (50% vs. 48%).

Condom Use: Condom Buying

- A fifth (20%) of the sample reported that they had bought a condom.
- More men reported having bought a condom than women (31% vs. 9%).
- Sexually active single males reported having bought a condom (78%) the most, followed by sexually active married males (47%).
- There was a small rise in the number of respondents who reported having bought a condom between 2007 and 2008, but not at a significant level.
- Among sexually active males, there was a significant difference in condom purchasing between the exposure groups (had ever bought a condom: 17% unexposed, 56% low, 61% medium and 61% high exposed).

Condom Use: Ever Used a Condom, Consistent Condom Use

- Half (50%) of all sexually active respondents reported that they had used condoms in the past, whilst 30% reported that they had used a condom the last time they had sex.

- More women stated that they had never used a condom than men (70% vs. 28%).
- Seventy percent (70%) of sexually active married females said that they never used a condom.
- More men than women stated that they had used a condom the last time they had sex (48% vs. 13%).
- The highest proportion of consistent condom use was found amongst sexually active single males (91%).

- The proportion of respondents who reported ‘never’ having used a condom decreased slightly from 2007 to 2008, but the change was not significant.
- Condom use by sexually active respondents was associated with exposure to the Trust’s media outputs.
- There were significant differences in never having used a condom between exposure groups (74% unexposed, 55% low, 47% medium and 38% high exposure).
- Consistent condom use (using a condom the last time the respondent had sex) was significantly higher amongst all exposure groups (15% unexposed, 29% low, 30% medium and 37% high exposed).

- Among the respondents who reported that they had used a condom the last time they had sex, 72% responded that they used condoms to prevent HIV and STIs and 46% responded that they used condoms to prevent pregnancy.
- More men than women said that they used condoms to prevent HIV and/or STIs (79% vs. 51%).
- Sexually active single males stated that they used a condom to prevent HIV and/or STIs (94%) the most; whilst sexually active married females gave this answer the least (51%).

- Among the 70% of sexually active respondents who had never used a condom or had not used a condom the last time they had sex, the primary reasons given for not using a condom were: trust in their partner (67%), trying to have a baby (14%) and partner's resistance (7%).

- There was an increase amongst sexually active males reporting that they 'always' used a condom with paid sex partners and sweethearts, but not at a significant level.

Self Efficacy

- Of all respondents, 46% disagreed with the statement ‘it is embarrassing for me to buy condoms’ and 42% agreed.
- More men than women reported not being embarrassed buying condoms than women (56% vs. 37%). Approximately half (51%) of women claimed that they would be embarrassed buying condoms.
- Sexually active single males were the least embarrassed buying condoms (67%), followed by 59% of sexually active married males.
- The number of respondents agreeing that they felt embarrassed buying condoms significantly decreased from 2007 to 2008 (48% vs. 42%).
- Overall, 81% of respondents agreed with the statement ‘I need to use a condom with a partner I trust’.
- Nearly nine in ten (88%) of sexually inactive females agreed with the statement, compared with 83% of sexually inactive males.
- Agreement with the statement 'I need to use a condom with a partner I trust' significantly increased between 2007 and 2008 (76% vs. 81%).

Attitude towards Condoms

- The majority (91%) of respondents agreed with the statement 'proposing using a condom is a way to demonstrate you love/care about your partner'.

- Of all respondents, two thirds (67%) agreed with the statement 'it is acceptable for a woman to buy condoms'.

- The majority (89%) of respondents agreed with the statement ‘men who use condoms are responsible’.
- The highest proportion of agreement was found among sexually active married men (96%), followed by 93% of sexually active single males and sexually inactive males.

- Three quarters (75%) of respondents disagreed with the statement ‘women who use condoms are not virtuous’.
- More women than men disagreed with the statement ‘women who use condoms are not virtuous’ (78% vs. 72%).

- Fifty-seven percent (57%) of respondents disagreed with the statement ‘it is only necessary to use condoms with sex workers’.

- A large majority (92%) of respondents agreed with the statement ‘I can tell my partner to use a condom with me’.

Talking About Condoms

Respondents were asked about talking about condoms.

Twenty-eight percent (28%) of respondents reported that they had 'never' talked about condoms. Thirty-seven percent (37%) had talked about condoms more than a month ago; and 35% said they had done so in the past month.

The relationship between talking about condoms and gender was statistically significant:

- More women than men reported 'never' talking about condoms (40% vs. 17%).
- Forty six (46%) percent of men had talked about condoms within the last month; whilst only 24% of women had done so.

Frequency of talking about condoms differed significantly according to age, education and sexual profile:

- Younger respondents talked less about condoms: 36% of 15-19 year olds reported 'never' talking about condoms, followed by 26% of 20-24 year olds. Forty percent (40%) of 20-24 year olds had talked about condoms within the last month.
- Those respondents with no/primary school had 'never' talked about condoms (37%) most, compared to high school/university level education (19%) who had 'never' discussed condoms. Forty-one percent (41%) of respondents with high school/university education had talked about condoms within the last month.
- The highest proportion of reporting 'never' talking about condoms was found among sexually inactive females (45%); while 51% of sexually active married males had talked more than a month ago.
- Sexually active single males had talked about condoms within the last month (64%) the most, followed by sexually inactive males (45%).

2008 Data Table 46- 'Respondent has talked about condoms'

	Respondent has talked about condoms							
	Base	Never		More than a month		Within last month		
		%	#	%	#	%	#	
ALL RESPONDENTS	1368	28.4%	389	36.7%	502	34.9%	477	
Gender(*)								$\chi^2(2) = 113.46$
Male	684	***16.7%***	114	37.6%	257	**45.8%**	313	p= 0.000
Female	684	**40.2%**	275	35.8%	245	***24.0%***	164	
Age(*)								$\chi^2(4) = 33.60$
15-19	540	**36.3%**	196	34.8%	188	***28.9%***	156	p=0.000
20-24	409	25.7%	105	34.5%	141	**39.9%**	163	
25-29	417	***21.1%***	88	**41.5%**	173	37.4%	156	
Residence								$\chi^2(2) = 1.40$
Urban	292	26.0%	76	36.6%	107	37.3%	109	p= 0.496
Rural	1076	29.1%	313	36.7%	395	34.2%	368	
Education(*)								$\chi^2(4) = 34.83$
No/primary school	513	**36.6%**	188	34.1%	175	***29.2%***	150	p=0.000
Secondary school	493	26.4%	130	37.3%	184	36.3%	179	
High school/university	356	***19.1%***	68	39.6%	141	**41.3%**	147	
Sexual Profile(*)								$\chi^2(8) = 159.40$
Not sexually active males	429	***21.9%***	94	33.6%	144	**44.5%**	191	p=0.000
Not sexually active females	405	**45.4%**	184	33.3%	135	***21.2%***	86	
Sexually active married males	168	***10.1%***	17	**50.6%**	85	39.3%	66	
Sexually active single males	87	***3.4%***	3	32.2%	28	**64.4%**	56	
Sexually active married females	276	33.0%	91	38.8%	107	***28.3%***	78	

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

There was a significant decrease in the amount of respondents reporting that they 'never' talked about condoms between 2007 and 2008 (34% vs. 28%). Amongst the sexually active, 'never' talking about condoms decreased, but not at a statistically significant level.

Trend Table 20- 'Respondent has talked about condoms'

		Respondent has talked about condoms					
		Total		Sexually active males		Sexually active married females	
		Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008
Never	%	**34.1%**	28.4%	11.0%	7.8%	36.2%	33.0%
	#	466	389	28	20	100	91
More than a month ago	%	33.8%	36.7%	40.4%	44.3%	37.7%	38.8%
	#	462	502	103	113	104	107
Within last month	%	32.2%	34.9%	48.6%	47.8%	26.1%	28.3%
	#	440	477	124	122	72	78
Base		1368	1368	255	255	276	276

Talking about condoms was associated with exposure to the Trust's media outputs.

Never talking: Nearly half (47%) of unexposed respondents had never talked about condoms. There were significant differences in never talking between all exposure groups (47% unexposed, 32% low, 28% medium and 17% high exposure).

Significantly more unexposed sexually active males had never talked about condoms than the other exposure groups[50] and similarly with sexually active married females (48% unexposed, 41% low, 25% medium and 27% high exposure). .

Recent talking (within the past month): A fifth (22%) of unexposed respondents had talked about condoms in the past month compared with 42% in the high exposure group.

There was a significant difference between levels of exposure and recent talking about condoms among sexually active females (11% unexposed, 24% low, 31% medium and 43% high exposure) and a similar pattern among sexually active males that was not statistically significant.

Exposure Table 7- 'Respondent has talked about condoms'

		Respondent has talked about condoms											
		Total				Sexually active males				Sexually active married females			
		Un-exposed	Low Exposed	Medium Exposed	High Exposed	Un-exposed	Low Exposed	Medium Exposed	High Exposed	Un-exposed	Low Exposed	Medium Exposed	High Exposed
Never	%	**47.3%**	**32.4%***	***28.4%****	*16.9%*	**41.7%**	*10.0%*	*5.3%*	*2.0%*	48.1%	41.3%	25.0%	27.0%
	#	35	125	187	42	5	8	6	1	13	38	30	10
More than a month ago	%	31.1%	33.7%	37.3%	41.4%	33.3%	45.0%	41.2%	53.1%	40.7%	34.8%	44.2%	29.7%
	#	23	130	246	103	4	36	47	26	11	32	53	11
Within last month	%	*21.6%*	33.9%	34.3%	**41.8%**	25.0%	45.0%	53.5%	44.9%	*11.1%*	23.9%	30.8%	**43.2%**
	#	16	131	226	104	3	36	61	22	3	22	37	16
Base		74	386	659	249	12	80	114	49	27	92	120	37

*Significantly higher than high exposure only

[50] Percentages not stated because analysis limited due to small cell sizes.

Condom Use: Availability of Condoms

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

An open-ended question with pre-coded answers was used to measure the availability of condoms. Most (96%) respondents spontaneously mentioned at least one place to get a condom, whilst only 4% could not name any.

A pharmacy was the most frequently mentioned place where condoms were available, and significantly more respondents mentioned it in 2008 than in 2007 (41% vs. 58%). Drug/grocery/street sellers were also frequently mentioned (48% in 2007, 50% in 2008).

Trend Table 21- 'If you want to get a condom, where would you get one?'

If you want to get a condom, where would you get one?		Frequency	
		Sentinel 2007	Sentinel 2008
Pharmacy	%	40.5%	**58.4%**
	#	554	799
Drug/grocery/street sellers	%	48.1%	50.4%
	#	657	690
Getting condoms at a hospital/ clinic	%	42.0%	43.1%
	#	575	589
Hospital	%	29.8%	**34.0%**
	#	407	465
Clinic	%	15.9%	13.3%
	#	218	182
Hotel / guest house	%	1.2%	**5.2%**
	#	16	71
Health worker	%	3.4%	4.5%
	#	47	61
Brothel	%	1.5%	**2.9%**
	#	20	39
Dissemination places	%	0.5%	1.8%
	#	7	24
Friends / relatives	%	**1.2%**	0.2%
	#	16	3
Other	%	0.0%	3.2%
	#	0	44
Do not know	%	**13.8%**	3.9%
	#	189	53
Base (multiple answers)		1367	1368

Condom Use: Condom Buying

'Have you ever bought a condom?'

A fifth (20%) of the sample reported that they had bought a condom at some point. Gender was statistically associated with condom purchasing: more men had bought condoms than women (31% vs. 9%).

The relationship between condom purchasing and age and sexual profile was statistically significant:

- More older respondents, aged 25-29, had ever bought a condom (35%) than 20-24 year olds (22%) or 15-19 year olds (7%).
- Sexually active single males had ever bought a condom (78%) most, followed by sexually active married males (47%).

2008 Data Table 47- 'Have you ever bought a condom?'

	Have you ever bought a condom?					
	Base	Yes		No		
		%	#	%	#	
ALL RESPONDENTS	1367	19.8%	270	80.2%	1097	
Gender(*)						$\chi^2(1) = 106.90$
Male	683	**30.9%**	211	***69.1%***	472	p= 0.000
Female	684	***8.6%***	59	**91.4%**	625	
Age(*)						$\chi^2(2) = 119.21$
15-19	540	***6.7%***	36	**93.3%**	504	p=0.000
20-24	409	21.5%	88	78.5%	321	
25-29	416	**34.9%**	145	***65.1%***	271	
Residence						$\chi^2(1) = 0.51$
Urban	292	21.2%	62	78.8%	230	p=0.473
Rural	1075	19.3%	208	80.7%	867	
Education						$\chi^2(2) = 3.40$
No/primary school	513	18.1%	93	81.9%	420	p=0.182
Secondary school	492	19.1%	94	80.9%	398	
High school/university	356	23.0%	82	77.0%	274	
Sexual Profile(*)						$\chi^2(4) = 351.15$
Not sexually active males	429	***15.2%***	65	84.8%	364	p=0.000
Not sexually active females	405	***2.0%***	8	**98.0%**	397	
Sexually active married males	167	**46.7%**	78	***53.3%***	89	
Sexually active single males	87	**78.2%**	68	***21.8%***	19	
Sexually active married females	276	18.1%	50	81.9%	226	

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

There was a slight increase in reporting having ever bought a condom across the sexually active subgroups between 2007 and 2008 - total (18% vs. 20%), sexually active males (55% vs. 58%) and sexually active married females (16% vs. 18%) - but not at a statistically significant level.

Trend Table 22- 'Have you ever bought a condom?'

		Have you ever bought a condom?					
		Total		Sexually active males		Sexually active married females	
		Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008
Yes	%	17.5%	19.8%	55.3%	57.5%	15.9%	18.1%
	#	239	270	141	146	44	50
No	%	82.5%	80.2%	44.7%	42.5%	84.1%	81.9%
	#	1127	1097	114	108	232	226
Base		1366	1367	255	254	276	276

In the total sample, condom purchasing was not associated with exposure to the Trust's media outputs. However, among sexually active males, there was a significant difference in condom purchasing between the exposure groups (had ever bought a condom: 17% unexposed, 56% low, 61% medium and 61% high exposed). There were not differences among sexually active married females, for whom condom purchase levels were steady across all exposure groups.

Exposure Table 8- 'Have you ever bought a condom?'

		Have you ever bought a condom?											
		Total				Sexually active males				Sexually active married females			
		Un-exposed	Low Exposed	Medium Exposed	High Exposed	Un-exposed	Low Exposed	Medium Exposed	High Exposed	Un-exposed	Low Exposed	Medium Exposed	High Exposed
Yes	%	10.8%	19.5%	20.2%	21.7%	*16.7%*	55.7%	**61.4%**	**61.2%**	18.5%	19.6%	16.7%	18.9%
	#	8	75	133	54	2	44	70	30	5	18	20	7
No	%	89.2%	80.5%	79.8%	78.3%	**83.3%**	44.3%	*38.6%*	*38.8%*	81.5%	80.4%	83.3%	81.1%
	#	66	310	526	195	10	35	44	19	22	74	100	30
Base		74	385	659	249	12	79	114	49	27	92	120	37

Condom Use: Ever Used a Condom, Consistent Condom Use

'Have you ever used a condom?'

Sexually active respondents were asked whether they had ever used a condom. Overall, half (50%) of sexually active respondents reported they had previously used a condom.

Gender, age, residence, education and sexual profile were associated with condom use:

- More women than men reported never having used a condom (70% vs. 28%).
- Among respondents aged 20-24 never having used a used a condom (60%) was highest.
- More rural than urban respondents had never used a condom (53% vs. 35%).
- Those with no/primary school education reported never having used a condom (64%) more.
- Seventy percent (70%) of sexually active married females said they had never used a condom.

'Did you use a condom the last time you had sex?'

Sexually active respondents were also asked whether they had used a condom the last time they had sex. Of all sexually active respondents, only 30% reported consistent condom use (i.e. that they had used a condom the last time they had sex).

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

- More men than women had used a condom the last time they had sex (48% vs. 13%).
- The highest proportion of consistent condom use was found among respondents aged 15-19 (49%).
- More urban than rural respondents to have used a condom the last time they had sex (47% vs. 26%).
- Those with high school/university education reported using a condom the last time they had sex (54%) most.
- The highest proportion of consistent condom use was found among sexually active single males (91%).

2008 Data Table 48- 'Ever used condoms, Consistent Condom Use'

	Ever Used Condoms, Consistent Condom Use							
	Base	Never used a condom		Had used a condom, but not last sex		Used a condom at last sex		
		%	#	%	#	%	#	
ALL RESPONDENTS	531	50.1%	266	20.2%	107	29.8%	158	
Gender(*)								$\chi^2(2) = 102.64$
Male	255	***28.2%***	72	**24.3%**	62	**47.5%**	121	p= 0.000
Female	276	**70.3%**	194	16.3%	45	***13.4%***	37	
Age(*)								$\chi^2(4) = 22.99$
15-19	35	45.7%	16	***5.7%***	2	**48.6%**	17	p=0.000
20-24	182	**59.9%**	109	***13.2%***	24	26.9%	49	
25-29	313	45.0%	141	**25.9%**	81	29.1%	91	
Residence(*)								$\chi^2(2) = 16.15$
Urban	92	***34.8%***	32	18.5%	17	**46.7%**	43	p= 0.000
Rural	439	53.3%	234	20.5%	90	26.2%	115	
Education(*)								$\chi^2(4) = 64.41$
No/primary school	288	**64.2%**	185	16.7%	48	***19.1%***	55	p=0.000
Secondary school	151	***36.4%***	55	**27.8%**	42	35.8%	54	
High school/university	90	***26.7%***	24	18.9%	17	**54.4%**	49	
Sexual Profile(*)								$\chi^2(4) = 224.84$
Sexually active married males	168	***41.1%***	69	**33.9%**	57	25.0%	42	p=0.000
Sexually active single males	87	***3.4%***	3	***5.7%***	5	**90.8%**	79	
Sexually active married females	276	**70.3%**	194	16.3%	45	***13.4%***	37	

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

Among the sexually active respondents, there was a slight decrease in respondents who had never used a condom (54% 2007 vs. 50% 2008); which was mirrored within the sexually active male and sexually active married female subgroups, but not at a statistically significant level.

Among the sexually active respondents who *had* used condoms, the proportion of consistent condom use slightly increased in all subgroups from 2007 to 2008 – total (29% vs. 30%); sexually active males (47% vs. 48%); and sexually active married females (12% vs. 13%) - but not at a statistically significant level.

Looking just at those who have used condoms, the picture is more encouraging:

- Just under two thirds (62%) of the respondents who had used condoms used one the last time they had sex. This differed by gender, with consistent condom user higher among men (66%) than women (45%).

Trend Table 23- 'Ever used condoms, Consistent Condom Use'

		Ever Used Condoms, Consistent Condom Use					
		Total		Sexually active males		Sexually active married females	
		Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008
Never used a condom	%	54.6%	50.1%	32.4%	28.2%	74.8%	70.3%
	#	286	266	81	72	205	194
Had used a condom, but	%	16.8%	20.2%	20.4%	24.3%	13.5%	16.3%
not last sex	#	88	107	51	62	37	45
Used a condom at last	%	28.6%	29.8%	47.2%	47.5%	11.7%	13.4%
sex	#	150	158	118	121	32	37
Base		524	531	250	255	274	276

Condom use by sexually active respondents was associated with exposure to the Trust's media outputs.

Never used a condom: Three-fourths (74%) of unexposed sexually active respondents had never used a condom. There were significant differences in never having used a condom between exposure groups (74% unexposed, 55% low, 47% medium and 38% high exposed). This association also occurred with sexually active males (75% unexposed, 29% low, 26% medium and 20% high exposed).

Used a condom the last time had sex: Consistent condom use was greater as exposure increased in the overall sample (15% unexposed, 29% low, 30% medium and 37% high exposed) and among sexually active males (25% unexposed, 49% low, 47% medium and 51% high exposed). A similar pattern was present among sexually active married females but was not statistically significant.

Exposure Table 9- 'Ever used condoms, Consistent Condom Use'

		Ever Used Condoms, Consistent Condom Use											
		Total				Sexually active males				Sexually active married females			
		Un-exposed	Low Exposed	Medium Exposed	High Exposed	Un-exposed	Low Exposed	Medium Exposed	High Exposed	Un-exposed	Low Exposed	Medium Exposed	High Exposed
Never used a condom	%	**74.4%**	54.7%	*47.0%*	*38.4%*	**75.0%**	*28.8%*	*26.3%*	*20.4%*	74.1%	77.2%	66.7%	62.2%
	#	29	94	110	33	9	23	30	10	20	71	80	23
Had used a condom,	%	10.3%	16.9%	22.6%	24.4%	0.0%	22.5%	26.3%	28.6%	14.8%	12.0%	19.2%	18.9%
but not last sex	#	4	29	53	21	0	18	30	14	4	11	23	7
Used a condom at last	%	15.4%	28.5%	30.3%	37.2%	25.0%	48.8%	47.4%	51.0%	11.1%	10.9%	14.2%	18.9%
sex	#	6	49	71	32	3	39	54	25	3	10	17	7
Base: Sexually Active		39	172	234	86	12	80	114	49	27	92	120	37

Reasons for using condoms

'Why do you use a condom?'

The 30% of sexually active respondents who had used a condom the last time they had sex were also asked their reasons for using condoms. Multiple answers were possible to the open-ended question with pre-coded answers.

Among the respondents who reported they had used a condom the last time they had sex, 72% said they used a condom to prevent HIV and STIs and 47% said they used a condom to prevent pregnancy.

Trend Table 24- 'Why do you use a condom?'
(Base: consistent condom users)

Why do you use a condom?		Frequency	
		Sentinel 2007	Sentinel 2008
Use a condom to prevent HIV and/or STIs	%	71.3%	72.2%
	#	107	114
Use a condom to prevent HIV	%	66.0%	69.0%
	#	99	109
Use a condom to prevent STIs	%	**48.0%**	26.6%
	#	72	42
Use a condom to prevent pregnancy	%	54.7%	46.8%
	#	82	74
Base (multiple answers)		150	158

'Using a condom to prevent HIV and/or STIs'

The main reason given by consistent condom users for using a condom was to prevent HIV and/or STIs, and this was statistically related to gender:

- More men than women said that they used condoms to prevent HIV and/or STIs (79% vs. 51%).

Age, education and sexual profile were significantly related to consisitent condom users using a condom to prevent HIV and/or STIs:

- All of 15-19 year old respondents followed by 70% of 25-29 year olds reported using a condom to prevent HIV and STIs.
- Respondents who had been to high school/university mentioned using a condom to prevent HIV and/or STIs (88%) the most.
- Sexually active single males reported using a condom to prevent HIV and/or STIs (94%) the most; and this reason was least given by sexually active married (51%).

2008 Data Table 49- 'Using a condom to prevent HIV and/or STIs' (Base: consistent condom users)

	Using a condom to prevent HIV and/or STIs					
	Base	Yes		No		
		%	#	%	#	
ALL RESPONDENTS	158	72.2%	114	27.8%	44	
Gender(*)						$\chi^2(1) = 10.40$
Male	121	78.5%	95	21.5%	26	p= 0.001
Female	37	***51.4%***	19	**48.6%**	18	
Age(*)						$\chi^2(2) = 7.82$
15-19	17	100.0%	17	***0.0%***	0	p=0.020
20-24	49	65.3%	32	34.7%	17	
25-29	91	70.3%	64	29.7%	27	
Residence						$\chi^2(1) = 2.51$
Urban	43	81.4%	35	18.6%	8	p=0.112
Rural	115	68.7%	79	31.3%	36	
Education(*)						$\chi^2(2) = 11.27$
No/primary school	55	58.2%	32	**41.8%**	23	p=0.003
Secondary school	54	72.2%	39	27.8%	15	
High school/university	49	87.8%	43	***12.2%***	6	
Sexual Profile(*)						$\chi^2(4) = 36.43$
Sexually active married males	42	***50.0%***	21	**50.0%**	21	p=0.000
Sexually active single males	79	**93.7%**	74	***6.3%***	5	
Sexually active married females	37	***51.4%***	19	**48.6%**	18	

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

Reasons for not using condoms

'Why do you NOT use a condom?'

Among the 70% of sexually active respondents who had never used a condom or had not used a condom the last time they had sex, the main reasons given were: trusting their partner (67%), trying to have a baby (14%) and partner's resistance (7%).

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

Trend Table 25- 'Why do you NOT use a condom?'
(Base: sexually active who had never used a condom or had not used a condom the last time they had sex)

Why DON'T you use a condom?		Frequency	
		Sentinel 2007	Sentinel 2008
I trust my partner	%	67.9%	66.8%
	#	254	248
Trying to have children / get pregnant	%	**19.3%**	13.5%
	#	72	50
Partner did not want to use	%	8.0%	6.5%
	#	30	24
Using contraceptive pills	%	4.0%	4.3%
	#	15	16
Do not feel good / comfortable	%	4.5%	3.8%
	#	17	14
Do not know how to use a condom	%	7.8%	4.6%
	#	29	17
Other	%	7.8%	5.9%
	#	29	22
Base (multiple answers)		374	372

'I trust my partner'

Out of the condom use barriers identified 'I trust my partner' was the most common reason for not using a condom (67%).

The relationship between 'I trust my partner' and gender was statistically significant:

- More men than women reported that they trusted their partner (83% vs. 58%).

Trust in one's partner was associated with sexual profile:

- Sexually active males give this reason for not using a condom (88%) more than sexually active married females (58%).

2008 Data Table 50- 'I trust my partner'
(Base: sexually active who had never used a condom or had not used a condom the last time they had sex)

	I trust my partner					
	Base	Yes		No		
		%	#	%	#	
ALL RESPONDENTS	371	66.8%	248	33.2%	123	
Gender(*)						$\chi^2(1) = 25.13$
Male	132	**83.3%**	110	***16.7%***	22	p= 0.000
Female	239	***57.7%***	138	**42.3%**	101	
Age						$\chi^2(2) = 1.28$
15-19	18	61.1%	11	38.9%	7	p=0.526
20-24	133	63.9%	85	36.1%	48	
25-29	220	69.1%	152	30.9%	68	
Residence						$\chi^2(1) = 0.53$
Urban	49	71.4%	35	28.6%	14	p=0.464
Rural	322	66.1%	213	33.9%	109	
Education						$\chi^2(2) = 2.22$
No/primary school	232	66.8%	155	33.2%	77	p=0.328
Secondary school	96	62.5%	60	37.5%	36	
High school/university	41	75.6%	31	24.4%	10	
Sexual Profile(*)						$\chi^2(4) = 25.19$
Sexually active married males	124	**83.1%**	103	***16.9%***	21	p=0.000
Sexually active single males	8	87.5%	7	12.5%	1	
Sexually active married females	239	***57.7%***	138	**42.3%**	101	

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

Condom use with different partners

Sexually active respondents were asked how often they used a condom with their partner(s) on a seven point scale[51].

The following table illustrates condom use within different sexual relationships:

- There was an increase in always using a condom with sex workers amongst sexually active males between 2007 and 2008 (93% vs. 99%); and a similar, although non-significant, increase in always using a condom with a sweetheart (49% vs. 65%).
- Between 2007 and 2008 there was a slight decrease among married males (71% vs. 69%) and married females (77% vs. 75%) reporting that they never use a condom with their spouse.

Trend Table 26- 'How often do you use a condom with your partner(s)?' (Base: Sexually active males and females)

		How often do you use a condom?							
		With wife		With husband		With Sweetheart		With Sex Worker	
		Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008
Never(0%)	%	70.8%	68.9%	77.0%	74.9%	17.5%	12.7%	1.4%	.0%
	#	114	115	211	206	11	8	1	
Little(1-40%)	%	15.5%	17.4%	9.9%	12.0%	4.8%	14.3%	.0%	.0%
	#	25	29	27	33	3	9		
Sometimes(40-60%)	%	4.3%	6.0%	6.2%	3.6%	9.5%	3.2%	.0%	.0%
	#	7	10	17	10	6	2		
Often(60-99%)	%	8.7%	5.4%	3.6%	5.1%	**19.0%**	4.8%	5.4%	1.3%
	#	14	9	10	14	12	3	4	1
Always(100%)	%	.6%	2.4%	3.3%	4.4%	49.2%	65.1%	93.2%	98.7%
	#	1	4	9	12	31	41	69	76
Base		sexually active married males (n=161)	sexually active married males (n=167)	sexually active married females (n=274)	sexually active married females (n=275)	61sexually active males+2 females (n=63)	61sexually active males+2 females (n=63)	Sexually active males (n=74)	Sexually active males (n=77)

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

Self Efficacy: Condoms

'It is embarrassing for me to buy condoms'

Opinions on the statement 'it is embarrassing for me to buy condoms' were divided: of all respondents, 46% disagreed with the statement and 42% agreed with it.

The relationship between gender and the statement 'it is embarrassing for me to buy condoms' was significant:

- More men (56%) reported not being embarrassed buying condoms than women (37%); while 51% of females stated that they would be embarrassed to buy condoms.

Responses were statistically associated with age, education and sexual profile:

- Respondents aged 20-24 expressed the strongest level of disagreement with the statement (53%), followed by 50% of 25-29 year olds.
- Those with higher levels of education disagreed most with the statement: 52% of those with a high school/ university level education did not agree with the statement; while those with no/primary school education disagreed least(44%). Nearly half (47%) of respondents with no/primary school education agreed with the statement.
- Sexually active single males expressed the most disagreement with the statement that 'it is embarrassing for me to buy condoms' (67%), followed by sexually active married males (59%).
- Sexually inactive females expressed highest agreement with the statement (58%).

2008 Data Table 51- 'It is embarrassing for me to buy condoms'

	It is embarrassing for me to buy condoms								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1355	1.96	46.3%	628	11.3%	153	42.4%	574	
Gender(*)									$\chi^2(2) = 49.87$
Male	682	**1.78**	**55.7%**	380	10.3%	70	***34.0%***	232	p= 0.000
Female	673	**2.14**	***36.8%***	248	12.3%	83	**50.8%**	342	
Age(*)									$\chi^2(4) = 25.09$
15-19	538	**2.09**	***38.7%***	208	13.2%	71	**48.1%**	259	p=0.000
20-24	406	1.87	**52.5%**	213	***7.9%***	32	39.7%	161	
25-29	409	1.87	50.4%	206	12.2%	50	***37.4%***	153	
Residence									$\chi^2(2) = 0.66$
Urban	287	2.00	44.3%	127	11.5%	33	44.3%	127	p= 0.716
Rural	1068	1.95	46.9%	501	11.2%	120	41.9%	447	
Education(*)									$\chi^2(4) = 10.93$
No/primary school	505	2.03	43.6%	220	9.9%	50	**46.5%**	235	p=0.027
Secondary school	492	1.96	45.1%	222	**13.6%**	67	41.3%	203	
High school/university	352	1.86	**52.0%**	183	10.2%	36	37.8%	133	
Sexual Profile(*)									$\chi^2(8) = 80.67$
Not sexually active males	429	1.86	**52.2%**	224	10.0%	43	***37.8%***	162	p=0.000
Not sexually active females	398	**2.28**	***29.6%***	118	12.6%	50	**57.8%**	230	
Sexually active married males	166	1.70	**59.0%**	98	12.0%	20	***28.9%***	48	
Sexually active single males	87	1.59	**66.7%**	58	8.0%	7	***25.3%***	22	
Sexually active married females	272	1.94	47.1%	128	12.1%	33	40.8%	111	

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

The number of respondents agreeing that they felt embarrassed buying condoms significantly decreased from 2007 to 2008 (48% vs. 42%).

Trend Table 27- 'It is embarrassing for me to buy condoms'

		It is embarrassing for me to buy condoms					
		Total		Sexually active males		Sexually active married females	
		Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008
Disagree	%	48.7%	46.3%	65.7%	61.7%	49.8%	47.1%
	#	655	628	167	156	134	128
Neutral	%	3.1%	**11.3%**	1.6%	**10.7%**	4.1%	**12.1%**
	#	41	153	4	27	11	33
Agree	%	**48.2%**	42.4%	32.7%	27.7%	46.1%	40.8%
	#	648	574	83	70	124	111
Base		1344	1355	254	253	269	272

Embarrassment about buying condoms did not differ significantly according to level of exposure to the Trust's media outputs. While there were patterns in which the high exposure groups expressed lack of embarrassment more (disagreement with statement) and more embarrassment was expressed among the unexposed (agreement with statement), these differences were not statistically significant.

Exposure Table 10- 'It is embarrassing for me to buy condoms'

		It is embarrassing for me to buy condoms											
		Total				Sexually active males				Sexually active married females			
		Un-exposed	Low Exposed	Medium Exposed	High Exposed	Un-exposed	Low Exposed	Medium Exposed	High Exposed	Un-exposed	Low Exposed	Medium Exposed	High Exposed
Disagree	%	41.1%	45.4%	45.7%	51.0%	72.7%	60.8%	62.3%	59.2%	44.4%	45.6%	47.5%	51.4%
	#	30	172	300	126	8	48	71	29	12	41	56	19
Neutral	%	5.5%	12.7%	11.9%	9.3%	9.1%	8.9%	14.9%	4.1%	3.7%	15.6%	11.9%	10.8%
	#	4	48	78	23	1	7	17	2	1	14	14	4
Agree	%	53.4%	42.0%	42.4%	39.7%	18.2%	30.4%	22.8%	36.7%	51.9%	38.9%	40.7%	37.8%
	#	39	159	278	98	2	24	26	18	14	35	48	14
Base		73	379	656	247	11	79	114	49	27	90	118	37

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

Respondents were asked whether they agreed with the statement 'I need to use a condom with a partner I trust'. Overall, 81% of respondents agreed with the statement. A slightly higher (although non-significant) proportion of women than men agreed with the statement (82% vs. 80%).

Age and sexual profile were statistically associated with the statement 'I need to use a condom with a partner I trust':

- Respondents aged 15-19 agreed most with the statement (86%).
- Nearly nine in ten (88%) of sexually inactive females agreed with the statement, compared with 83% of sexually inactive males.
- Sexually active married males disagreed most with the statement (25%) that 'I need to use a condom with a partner I trust'.

2008 Data Table 52- 'I need to use a condom with a partner I trust'

	I need to use a condom with a partner I trust								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1343	2.66	15.3%	205	3.8%	51	80.9%	1087	
Gender									$\chi^2(2) = 1.57$
Male	680	2.64	16.0%	109	4.3%	29	79.7%	542	p= 0.454
Female	663	2.68	14.5%	96	3.3%	22	82.2%	545	
Age(*)									$\chi^2(4) = 18.65$
15-19	532	**2.76**	***10.3%***	55	3.6%	19	86.1%	458	p=0.000
20-24	401	2.62	17.5%	70	3.2%	13	79.3%	318	
25-29	408	2.56	**19.6%**	80	4.4%	18	76.0%	310	
Residence									$\chi^2(2) = 1.14$
Urban	286	2.68	14.7%	42	2.8%	8	82.5%	236	p= 0.562
Rural	1057	2.65	15.4%	163	4.1%	43	80.5%	851	
Education									$\chi^2(4) = 6.63$
No/primary school	497	2.63	16.9%	84	3.6%	18	79.5%	395	p=0.156
Secondary school	486	**2.72**	***11.9%***	58	4.1%	20	84.0%	408	
High school/university	354	2.61	17.5%	62	3.7%	13	78.8%	279	
Sexual Profile(*)									$\chi^2(8) = 43.53$
Not sexually active males	427	2.71	12.6%	54	4.0%	17	83.4%	356	p=0.000
Not sexually active females	388	2.80	***8.5%***	33	3.4%	13	**88.1%**	342	
Sexually active married males	166	2.44	**25.3%**	42	5.4%	9	***69.3%***	115	
Sexually active single males	87	2.67	14.9%	13	3.4%	3	81.6%	71	
Sexually active married females	272	2.51	**22.8%**	62	3.3%	9	73.9%	201	

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

Levels of agreement with the statement 'I need to use a condom with a partner I trust' significantly increased from 2007 to 2008 (76% vs. 81%). Agreement also increased within the sexually active married female subgroup, although not at a significant level.

Trend Table 28- 'I need to use a condom with a partner I trust'

		I need to use a condom with a partner I trust					
		Total		Sexually active males		Sexually active married females	
		Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008
Disagree	%	**20.8%**	15.3%	22.4%	21.7%	24.9%	22.8%
	#	279	205	57	55	68	62
Neutral	%	3.2%	3.8%	0.8%	**4.7%**	5.9%	3.3%
	#	43	51	2	12	16	9
Agree	%	76.0%	**80.9%**	76.9%	73.5%	69.2%	73.9%
	#	1022	1087	196	186	189	201
Base		1344	1343	255	253	273	272

Appreciation of the need to use a condom with a trusted partner was not associated with exposure to the Trust outputs. There were patterns in which agreement with the statement increased across the rising levels of exposure, but these differences were not statistically significant.

Exposure Table 11- 'I need to use a condom with a partner I trust'

		I need to use a condom with a partner I trust											
		Total				Sexually active males				Sexually active married females			
		Un-exposed	Low Exposed	Medium Exposed	High Exposed	Un-exposed	Low Exposed	Medium Exposed	High Exposed	Un-exposed	Low Exposed	Medium Exposed	High Exposed
Disagree	%	20.0%	14.4%	15.5%	14.5%	40.0%	23.8%	21.1%	16.3%	29.6%	21.3%	21.8%	24.3%
	#	14	54	101	36	4	19	24	8	8	19	26	9
Neutral	%	1.4%	5.3%	3.4%	3.2%	0.0%	7.5%	3.5%	4.1%	0.0%	4.5%	4.2%	0.0%
	#	1	20	22	8	0	6	4	2	0	4	5	0
Agree	%	78.6%	80.2%	81.1%	82.3%	60.0%	68.8%	75.4%	79.6%	70.4%	74.2%	73.9%	75.7%
	#	55	300	527	205	6	55	86	39	19	66	88	28
Base		70	374	650	249	10	80	114	49	27	89	119	37

Attitudes towards Condoms

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

The statement 'proposing condom use is a way to demonstrate you love/care about your partner' was widely supported. The majority (91%) of respondents agreed with the statement. The relationship between gender and agreement with the statement was statistically significant: more males than females agreed with the statement (94% vs. 88%).

2008 Data Table 53- 'Proposing condom use is a way to demonstrate you love/ care about your partner'

	Proposing condom use is a way to demonstrate you love/ care about your partner								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1350	2.85	5.9%	79	3.0%	41	91.1%	1230	
Gender(*)									$\chi^2(2) = 12.47$
Male	678	**2.90**	***4.3%***	29	***1.9%***	13	93.8%	636	p= 0.001
Female	672	**2.81**	**7.4%**	50	**4.2%**	28	88.4%	594	
Age									$\chi^2(4) = 4.94$
15-19	534	2.86	5.4%	29	2.8%	15	91.8%	490	p=0.293
20-24	407	2.81	**7.9%**	32	2.9%	12	89.2%	363	
25-29	407	2.88	4.4%	18	3.4%	14	92.1%	375	
Residence									$\chi^2(2) = 0.66$
Urban	287	2.83	6.6%	19	3.5%	10	89.9%	258	p= 0.716
Rural	1063	2.86	5.6%	60	2.9%	31	91.4%	972	
Education									$\chi^2(4) = 5.25$
No/primary school	500	2.83	6.6%	33	**4.2%**	21	89.2%	446	p=0.262
Secondary school	492	2.88	4.9%	24	2.2%	11	92.9%	457	
High school/university	352	2.85	6.3%	22	2.6%	9	91.2%	321	
Sexual Profile									$\chi^2(8) = 14.20$
Not sexually active males	425	2.89	4.5%	19	***1.6%***	7	93.9%	399	p=0.076
Not sexually active females	398	2.82	7.0%	28	4.0%	16	88.9%	354	
Sexually active married males	166	2.89	4.2%	7	3.0%	5	92.8%	154	
Sexually active single males	87	2.92	3.4%	3	1.1%	1	95.4%	83	
Sexually active married females	271	2.79	**8.1%**	22	4.4%	12	87.5%	237	

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

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

Respondents were asked for their opinions on whether 'it is acceptable for a woman to tell a man to use a condom'. Nine in ten (91%) of all respondents agreed with the statement. There were no differences in level of agreement between genders.

Level of education was statistically associated with agreement with the statement 'it is acceptable for a woman to tell a man to use a condom':

- Those with higher levels of education agreed with the statement more: 94% of those who had attended high school/university agreed with the statement, followed by 93% of those who had attended secondary school.
- The strongest disagreement with the statement was found among those with no/primary school education (7%).

2008 Data Table 54- 'It is acceptable for a woman to tell a man to use a condom'

	It is acceptable for a woman to tell a man to use a condom								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1358	2.87	4.1%	55	5.1%	69	90.9%	1234	
Gender									$\chi^2(2) = 3.21$
Male	682	2.87	3.4%	23	5.9%	40	90.8%	619	p= 0.200
Female	676	2.86	4.7%	32	4.3%	29	91.0%	615	
Age									$\chi^2(4) = 1.64$
15-19	539	2.87	4.1%	22	4.6%	25	91.3%	492	p=0.800
20-24	407	2.86	4.7%	19	5.2%	21	90.2%	367	
25-29	410	2.88	3.2%	13	5.6%	23	91.2%	374	
Residence									$\chi^2(2) = 0.46$
Urban	287	2.87	3.5%	10	5.6%	16	90.9%	261	p= 0.793
Rural	1071	2.87	4.2%	45	4.9%	53	90.8%	973	
Education(*)									$\chi^2(4) = 18.42$
No/primary school	508	**2.81**	**6.5%**	33	6.5%	33	87.0%	442	p=0.001
Secondary school	492	2.89	3.5%	17	4.1%	20	92.5%	455	
High school/university	352	2.93	***1.4%***	5	4.5%	16	94.0%	331	
Sexual Profile									$\chi^2(8) = 10.62$
Not sexually active males	428	2.86	4.2%	18	5.1%	22	90.7%	388	p=0.224
Not sexually active females	401	2.88	4.5%	18	***3.2%***	13	92.3%	370	
Sexually active married males	168	2.87	2.4%	4	**8.3%**	14	89.3%	150	
Sexually active single males	86	2.93	1.2%	1	4.7%	4	94.2%	81	
Sexually active married females	272	2.84	5.1%	14	5.5%	15	89.3%	243	

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

'It is acceptable for a woman to buy condoms'

Respondents were asked whether they agreed with the statement 'it is acceptable for a woman to buy condoms'. Two thirds (67%) of respondents agreed with the statement.

Gender was **not** statistically related with levels of acceptance for women buying condoms:

- Sixty nine percent (69%) of men agreed with the statement; compared with 65% of women.

Level of respondents' education was statistically related with the statement 'it is acceptable for a woman to buy condoms':

- Those with a high school/university education agreed most with the statement (73%), followed by those with a secondary school education (68%).
- Those who had attended no/primary school expressed the highest levels of disagreement with the statement (26%).

2008 Data Table 55- 'It is acceptable for a woman to buy condoms'

	It is acceptable for a woman to buy condoms								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1356	2.45	22.3%	302	10.6%	144	67.1%	910	
Gender									$\chi^2(2) = 3.71$
Male	678	2.48	21.4%	145	9.3%	63	69.3%	470	p= 0.155
Female	678	2.42	23.2%	157	11.9%	81	64.9%	440	
Age									$\chi^2(4) = 8.92$
15-19	536	2.37	**25.6%**	137	11.8%	63	62.7%	336	p=0.062
20-24	405	2.52	19.3%	78	9.1%	37	71.6%	290	
25-29	413	2.47	21.1%	87	10.4%	43	68.5%	283	
Residence									$\chi^2(2) = 1.87$
Urban	290	2.42	22.4%	65	12.8%	37	64.8%	188	p= 0.390
Rural	1066	2.45	22.2%	237	10.0%	107	67.7%	722	
Education(*)									$\chi^2(4) = 11.26$
No/primary school	505	2.37	**25.7%**	130	11.7%	59	62.6%	316	p=0.023
Secondary school	492	2.46	22.2%	109	10.0%	49	67.9%	334	
High school/university	353	2.56	***17.0%***	60	10.2%	36	72.8%	257	
Sexual Profile									$\chi^2(8) = 14.89$
Not sexually active males	423	2.45	22.9%	97	9.0%	38	68.1%	288	p=0.061
Not sexually active females	402	2.36	**25.6%**	103	12.9%	52	61.4%	247	
Sexually active married males	168	2.46	21.4%	36	11.3%	19	67.3%	113	
Sexually active single males	87	2.66	***13.8%***	12	6.9%	6	79.3%	69	
Sexually active married females	273	2.51	19.0%	52	10.6%	29	70.3%	192	

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

'Men who use condoms are responsible'

Respondents were asked their opinions on whether 'men who use condoms are responsible'. The majority (89%) of respondents agreed that they were.

Level of agreement with the statement 'men who use condoms are responsible' was statistically related with gender:

- Nine in ten (94%) of men expressed their agreement with the statement, compared with 84% of women. Ten percent (10%) of females disagreed with the statement. A small percentage, but significantly more, of female respondents than males gave neutral response towards the statement (5% vs. 2%).

Sexual profile was statistically associated with levels of agreement with the statement 'men who use condoms are responsible':

- The highest level of agreement was found among sexually active married males (96%), followed by sexually active single males (93%) and sexually inactive males (93%).
- Sexually inactive females disagreed with the statement most (12%).

2008 Data Table 56- 'Men who use condoms are responsible'

	Men who use condoms are responsible								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1351	2.82	7.2%	97	3.8%	52	89.0%	1202	
Gender(*)									
Male	681	**2.90**	***4.0%***	27	***2.3%***	16	93.7%	638	
Female	670	**2.74**	**10.4%**	70	**5.4%**	36	84.2%	564	
Age									$\chi^2(2) = 31.22$
15-19	533	2.79	8.3%	44	4.1%	22	87.6%	467	$p = 0.000$
20-24	408	2.80	7.8%	32	3.9%	16	88.2%	360	
25-29	408	2.86	***5.1%***	21	3.4%	14	91.4%	373	$\chi^2(4) = 4.15$
Residence									$p = 0.384$
Urban	286	2.83	6.3%	18	4.2%	12	89.5%	256	
Rural	1065	2.81	7.4%	79	3.8%	40	88.8%	946	
Education									$\chi^2(2) = 0.52$
No/primary school	502	2.79	8.2%	41	4.8%	24	87.1%	437	$p = 0.770$
Secondary school	489	2.82	7.6%	37	2.7%	13	89.8%	439	
High school/university	354	2.85	5.4%	19	4.2%	15	90.4%	320	$\chi^2(4) = 5.77$
Sexual Profile(*)									$p = 0.216$
Not sexually active males	427	2.89	***4.2%***	18	2.8%	12	93.0%	397	
Not sexually active females	394	2.71	**11.9%**	47	**5.3%**	21	82.7%	326	
Sexually active married males	167	2.92	***3.6%***	6	***0.6%***	1	95.8%	160	$\chi^2(8) = 35.78$
Sexually active single males	87	2.90	3.4%	3	3.4%	3	93.1%	81	$p = 0.000$
Sexually active married females	273	2.79	8.1%	22	5.1%	14	86.8%	237	

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

'Women who use condoms are not virtuous'

Respondents were asked to indicate their level of agreement with the statement 'women who use condoms are not virtuous'. Three quarters (75%) of respondents disagreed with the statement.

Level of agreement with the statement 'women who use condoms are not virtuous' was statistically related with gender:

- More women than men disagreed with the statement (78% vs. 72%).

Residence, education and sexual profile were statistically related with levels of agreement with the statement 'women who use condoms are not virtuous':

- Those who lived in rural areas disagreed more than those who lived in urban areas (78% vs. 74%).
- Those with higher levels of education disagreed more: 88% of respondents with high school/university level education disagreed with the statement. Agreement with the statement was highest amongst those with no/primary school education (28%).
- Sexually active married males expressed the highest levels of agreement with the statement (25%).

2008 Data Table 57- 'Women who use condoms are not virtuous'

	Women who use condoms are not virtuous								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1345	1.45	74.6%	1004	6.1%	82	19.3%	259	
Gender(*)									$\chi^2(2) = 8.99$
Male	681	**1.49**	71.5%	487	**7.6%**	52	20.9%	142	p= 0.011
Female	664	**1.40**	77.9%	517	***4.5%***	30	17.6%	117	
Age									$\chi^2(4) = 5.30$
15-19	532	1.47	72.9%	388	7.0%	37	20.1%	107	p=0.257
20-24	402	1.38	78.6%	316	4.5%	18	16.9%	68	
25-29	409	1.47	73.1%	299	6.4%	26	20.5%	84	
Residence(*)									$\chi^2(2) = 10.23$
Urban	283	**1.35**	78.1%	221	**8.5%**	24	***13.4%***	38	p= 0.005
Rural	1062	**1.47**	73.7%	783	5.5%	58	20.8%	221	
Education(*)									$\chi^2(4) = 64.35$
No/primary school	497	**1.62**	***66.6%***	331	5.2%	26	**28.2%**	140	p=0.000
Secondary school	492	**1.45**	73.4%	361	**7.9%**	39	18.7%	92	
High school/university	350	**1.19**	**88.0%**	308	4.9%	17	***7.1%***	25	
Sexual Profile(*)									$\chi^2(8) = 16.79$
Not sexually active males	426	1.50	71.1%	303	**8.0%**	34	20.9%	89	p=0.032
Not sexually active females	393	1.37	78.9%	310	5.1%	20	16.0%	63	
Sexually active married males	168	1.57	67.9%	114	7.1%	12	**25.0%**	42	
Sexually active single males	87	1.32	80.5%	70	6.9%	6	12.6%	11	
Sexually active married females	268	1.44	76.1%	204	***3.7%***	10	20.1%	54	

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

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

Opinions on whether 'it is only necessary to use condoms with sex workers' were divided. Of all respondents, 57% disagreed with the statement, while 39% agreed with it.

There was no significant difference across the subgroups, except education:

- Those with a high school/university level education disagreed with the statement most (68%), followed by those with secondary school level education (58%).
- The most agreement that 'it is only necessary to use condoms with sex workers' was among respondents who had attended no/primary school (47%).

2008 Data Table 58- 'It is only necessary to use condoms with sex workers'

	It is only necessary to use condoms with sex workers								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1353	1.82	56.9%	770	4.1%	55	39.0%	528	
Gender									$\chi^2(2) = 2.82$
Male	678	1.84	56.5%	383	3.2%	22	40.3%	273	p= 0.243
Female	675	1.80	57.3%	387	4.9%	33	37.8%	255	
Age									$\chi^2(4) = 4.05$
15-19	534	1.83	55.8%	298	5.1%	27	39.1%	209	p=0.398
20-24	407	1.77	60.0%	244	3.2%	13	36.9%	150	
25-29	410	1.86	55.4%	227	3.7%	15	41.0%	168	
Residence									$\chi^2(2) = 4.52$
Urban	290	1.75	61.4%	178	2.4%	7	36.2%	105	p= 0.104
Rural	1063	1.84	55.7%	592	4.5%	48	39.8%	423	
Education(*)									$\chi^2(4) = 35.63$
No/primary school	503	**1.99**	***47.9%***	241	5.2%	26	**46.9%**	236	p=0.000
Secondary school	491	**1.80**	57.8%	284	4.1%	20	38.1%	187	
High school/university	353	**1.61**	**68.3%**	241	2.5%	9	***29.2%***	103	
Sexual Profile									$\chi^2(8) = 8.19$
Not sexually active males	425	1.84	55.8%	237	4.0%	17	40.2%	171	p=0.414
Not sexually active females	399	1.77	58.4%	233	**5.8%**	23	35.8%	143	
Sexually active married males	166	1.86	56.0%	93	1.8%	3	42.2%	70	
Sexually active single males	87	1.76	60.9%	53	2.3%	2	36.8%	32	
Sexually active married females	273	1.85	55.7%	152	3.7%	10	40.7%	111	

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

'I can tell my partner to use a condom with me'

Respondents were asked whether they agreed with the statement 'I can tell my partner to use a condom with me'. Ninety-two percent (92%) of respondents agreed that they could tell their partner to use a condom.

Gender was related with the statement 'I can tell my partner to use a condom with me'.

- A slightly higher proportion of men than women agreed with the statement (94% vs. 90%); while more women than men disagreed (7% vs. 3%).

Education and sexual profile were statistically related with level of agreement with the statement 'I can tell my partner to use a condom with me':

- Ninety five percent (95%) of respondents with a secondary school level education and 93% of those with a high school/university level education agreed with the statement. The highest level of disagreement was expressed by those respondents with no/primary school level education (7%).
- Virtually all sexually active single males (99%) and 95% of sexually active married males agreed with the statement 'I can tell my partner to use a condom with me'.

2008 Data Table 59- 'I can tell my partner to use a condom with me'

	I can tell my partner to use a condom with me								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1343	2.87	4.7%	63	3.6%	48	91.7%	1232	
Gender(*)									$\chi^2(2) = 11.08$
Male	680	**2.91**	***2.8%***	19	3.7%	25	93.5%	636	p= 0.003
Female	663	**2.83**	**6.6%**	44	3.5%	23	89.9%	596	
Age									$\chi^2(4) = 5.81$
15-19	534	2.88	3.9%	21	3.9%	21	92.1%	492	p=0.213
20-24	402	2.85	**6.5%**	26	2.5%	10	91.0%	366	
25-29	405	2.88	4.0%	16	4.2%	17	91.9%	372	
Residence									$\chi^2(2) = 1.51$
Urban	283	2.85	6.0%	17	3.2%	9	90.8%	257	p= 0.469
Rural	1060	2.88	4.3%	46	3.7%	39	92.0%	975	
Education(*)									$\chi^2(4) = 18.84$
No/primary school	493	**2.81**	**7.3%**	36	4.9%	24	87.8%	433	p=0.000
Secondary school	492	2.92	***2.2%***	11	3.0%	15	94.7%	466	
High school/university	352	2.89	4.3%	15	2.6%	9	93.2%	328	
Sexual Profile(*)									$\chi^2(8) = 19.08$
Not sexually active males	427	2.88	3.7%	16	4.4%	19	91.8%	392	p=0.014
Not sexually active females	388	2.85	5.7%	22	3.6%	14	90.7%	352	
Sexually active married males	166	2.93	***1.8%***	3	3.0%	5	95.2%	158	
Sexually active single males	87	2.99	***0.0%***	0	1.1%	1	98.9%	86	
Sexually active married females	272	2.81	**8.1%**	22	2.9%	8	89.0%	242	

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

VCCT (HIV Testing)

Summary of Findings: HIV Testing

Talking About Having an HIV Test

- Half (50%) of females had 'never' talked about having an HIV test, compared with a third (31%) of males; 25% of men had talked about having an HIV test within the last month.
- Sexually inactive females reported having 'never' talked about having an HIV test the most (58%); while sexually active married males (54%) and sexually active single males (51%) had talked about the issue a month ago.
- Overall, the number of respondents **never** talking about being tested for HIV significantly fell between 2007 and 2008 (45% vs. 40%).
- Talking about being tested for HIV was associated with exposure to the Trust's media outputs. There were significant differences in never talking between exposure groups (58% unexposed, 43% low, 41% medium and 29% high exposure).

Practice: Ever Been Tested

- 23% of respondents reported that they had been tested for HIV.
- Sexually active married females reported having being tested most (49%) followed by sexually active married males (46%).
- There was no significant change in the number of respondents who had been tested for HIV between 2007 and 2008.
- Exposure to Trust media outputs was not associated with whether a respondent had ever been tested for HIV.

Interest in Being Tested

- 33% of respondents said they were interested in being tested for HIV.
- Sexually active single males expressed the highest interest in being tested for HIV (59%), followed by sexually active married females (40%).
- Interest in being tested for HIV significantly decreased between 2007 and 2008 (43% vs. 33%). A similar pattern emerged within the sexually active male subgroups (56% vs. 37%).
- The 33% of respondents who expressed an interest in being tested for HIV stated that they wanted to be tested because they wanted to know about their health related to HIV transmission (84%), or because they had been exposed to HIV (8%).
- Interest in being tested for HIV was associated with exposure to the Trust's outputs in the total sample (30% unexposed, 29% low, 33% medium and 42% high exposure), but not in the two target sub-groups.

Self Efficacy: HIV Testing

- Approximately two thirds (64%) of respondents disagreed with the statement 'I would be embarrassed if my friends found out I was getting a test for HIV'.
- Men disagreed with the statement more than women (67% vs. 61%).

- Sexually active single males disagreed most with the statement ‘I would be embarrassed if my friends found out I was getting a test for HIV’ (87%), followed by sexually active married males (67%).
- The number of respondents reporting that they would be embarrassed if their friends found out they were getting an HIV test decreased between 2007 and 2008 (32% vs. 28%).
- Among sexually active males lack of embarrassment (disagreement with statement) was greatest among the high exposure group (42% unexposed, 70% low, 75% medium and 84% high exposure).

Attitudes: HIV Testing

- The majority (69%) of respondents disagreed with the statement ‘a woman who has only ever had sex with her husband does not need to be tested for HIV’.
- More females than males disagreed with the statement (72% vs. 66%).

- Most (82%) respondents disagreed with the statement ‘sex workers are the only women who need to be tested for HIV’.

- Most respondents (94%) agreed with the statement 'if I am at risk, I am able to go for an HIV test'.
- More males agreed with the statement than females (96% vs. 92%).

Talking About Being Tested for HIV

Respondents were asked whether they talked about being tested for HIV. Forty percent (40%) reported that they had 'never' talked about being tested for HIV, 39% had talked more than a month ago, and 20% had done so within the last month.

Gender was statistically related with talking about being tested for HIV:

- Half (50%) of female respondents had 'never' talked about being tested for HIV, compared with a third (31%) of males; whilst 25% of men had talked within the last month.

Talking about being tested for HIV significantly differed according to age, residence, education and sexual profile:

- Younger respondents had 'never' talked about being tested for HIV. Approximately half (51%) of 15-19 year olds reported 'never' having talked, followed by 35% of respondents aged 20-24.
- The most recent (within the past month) discussion of HIV testing was among 20-24 year olds (24%).
- Rural respondents had 'never' discussed HIV testing more than their urban counterparts (43% vs. 33%); 27% of urban respondents had talked about being tested for HIV within the last month.
- Half (50%) of respondents with no/primary school education had 'never' talked about being tested for HIV (50%), compared to 24% of high school/university educated respondents who had discussed HIV testing within the last month.
- More than half (58%) of sexually inactive women had 'never' discussed HIV testing, compared to sexually active single males (39%) and sexually inactive males (25%) who had discussed HIV testing within the last month.

2008 Data Table 60- 'Respondent has talked about being tested for HIV'

	Respondent has talked about being tested for HIV							
		Never		More than a month ago		Within last month		
	Base	%	#	%	#	%	#	
ALL RESPONDENTS	1368	40.4%	553	39.4%	539	20.2%	276	
Gender(*)								$\chi^2(2) = 53.56$
Male	684	***31.1%***	213	**43.4%**	297	**25.4%**	174	p= 0.000
Female	684	**49.7%**	340	***35.4%***	242	***14.9%***	102	
Age(*)								$\chi^2(4) = 44.46$
15-19	540	**51.1%**	276	***32.6%***	176	***16.3%***	88	p=0.000
20-24	409	***34.7%***	142	41.1%	168	**24.2%**	99	
25-29	417	***32.4%***	135	**46.3%**	193	21.3%	89	
Residence(*)								$\chi^2(2) = 13.75$
Urban	292	***32.5%***	95	40.8%	119	**26.7%**	78	p= 0.001
Rural	1076	42.6%	458	39.0%	420	18.4%	198	
Education(*)								$\chi^2(4) = 43.84$
No/primary school	513	**50.1%**	257	***33.5%***	172	***16.4%***	84	p=0.000
Secondary school	493	39.6%	195	39.4%	194	21.1%	104	
High school/university	356	***27.8%***	99	**47.8%**	170	**24.4%**	87	
Sexual Profile(*)								$\chi^2(8) = 123.37$
Not sexually active males	429	36.8%	158	37.8%	162	**25.4%**	109	p=0.000
Not sexually active females	405	**58.0%**	235	***26.9%***	109	***15.1%***	61	
Sexually active married males	168	***27.4%***	46	**54.2%**	91	18.5%	31	
Sexually active single males	87	***10.3%***	9	**50.6%**	44	**39.1%**	34	
Sexually active married females	276	38.0%	105	**47.5%**	131	***14.5%***	40	

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

The proportion of respondents reporting that they had never talked about being tested for HIV fell significantly between 2007 and 2008 (45% vs. 40%). Recent (within the past month) discussion has slightly decreased across all groups between 2007 and 2008 – total (23% vs. 20%), sexually active males (32% vs. 26%) and sexually active married females (20% vs. 15%) - although none of these changes were significant.

Trend Table 29- 'Respondent has talked about being tested for HIV'

		Respondent has talked about being tested for HIV					
		Total		Sexually active males		Sexually active married females	
		Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008
Never	%	**45.4%**	40.4%	22.4%	21.6%	43.8%	38.0%
	#	621	553	57	55	121	105
More than a month ago	%	31.6%	**39.4%**	45.5%	52.9%	36.6%	**47.5%**
	#	432	539	116	135	101	131
Within last month	%	23.0%	20.2%	32.2%	25.5%	19.6%	14.5%
	#	315	276	82	65	54	40
Base		1368	1368	255	255	276	276

Talking about being tested for HIV was associated with exposure to the Trust's media outputs.

Never talking: Nearly two-thirds (58%) of unexposed respondents had never talked about being tested for HIV. There were significant differences in never talking between exposure groups (58% unexposed, 43% low, 41% medium and 29% high exposure).

In the sexually active male sub-groups, the percent of those who had never talked about being tested for HIV was lowest in the unexposed group (58% unexposed, 19% low, 25% medium and 10% high exposure). A similar pattern was present among sexually active married females but it was not statistically significant.

Recent talking (within the past month): One in ten (11%) of unexposed respondents had talked about being tested for HIV in the past month, compared with those in the other exposure groups (11% unexposed, 19% low, 20% medium and 26% high exposure).

Among sexually active males, many of the high exposed (71%) had talked about being tested for HIV but not recently (more than a month ago).

Exposure Table 12- 'Respondent has talked about being tested for HIV'

		Respondent has talked about being tested for HIV											
		Total				Sexually active males				Sexually active married females			
		Un-exposed	Low Exposed	Medium Exposed	High Exposed	Un-exposed	Low Exposed	Medium Exposed	High Exposed	Un-exposed	Low Exposed	Medium Exposed	High Exposed
Never	%	**58.1%**	**43.3%***	***41.1%****	*28.9%*	**58.3%**	*18.8%*	24.6%	*10.2%*	44.4%	46.7%	32.5%	29.7%
	#	43	167	271	72	7	15	28	5	12	43	39	11
More than a month ago	%	31.1%	37.8%	39.2%	45.0%	33.3%	56.3%	*44.7%*	**71.4%**	40.7%	39.1%	53.3%	54.1%
	#	23	146	258	112	4	45	51	35	11	36	64	20
Within last month	%	*10.8%*	18.9%	19.7%	**26.1%**	8.3%	25.0%	30.7%	18.4%	14.8%	14.1%	14.2%	16.2%
	#	8	73	130	65	1	20	35	9	4	13	17	6
Base		74	386	659	249	12	80	114	49	27	92	120	37

*Significantly higher than high exposure only

Practice: HIV Testing

Availability of HIV Testing Centres

Where can a person get HIV testing?

Respondents were asked where they could get an HIV test. Of all respondents, 97% spontaneously described somewhere where a person could go to be tested for HIV. Of all the places they mentioned 'public health facility' was the most frequently mentioned - by 79% of respondents, followed by 'private clinic/ NGOs' which was mentioned by 35% of respondents. Respondents mentioned all options significantly more frequently in 2008 than 2007.

Trend Table 30- 'Where can a person get HIV testing?'

Where can a person get HIV testing?		**Frequency**	
		Sentinel 2007	Sentinel 2008
Public health centre	%	74.6%	**78.6%**
	#	1021	1075
Health centre	%	43.9%	**53.7%**
	#	600	735
Referral hospital	%	25.7%	**35.1%**
	#	352	480
National hospital	%	21.8%	**27.6%**
	#	298	377
Private clinic/NGOs	%	27.0%	**34.7%**
	#	370	475
Health provider places wherever there is RED RIBBON	%	**38.5%**	32.4%
	#	527	443
DK/Not sure	%	**6.5%**	3.1%
	#	89	42
Other	%	0.4%	0.6%
	#	5	8
Base (multiple answers)		1368	1368

'Have you ever been tested for HIV?'

Respondents were also asked whether they had ever been tested for HIV. Twenty-three percent (23%) of respondents reported that they had been tested for HIV.

The relationship between HIV test history was not statistically related with gender, although slightly more women reported having had an HIV test than men (24% vs. 22%).

Age, residence and sexual profile were statistically associated with HIV test history:

- More older respondents than younger respondents had been tested. Two-fifths of respondents aged 25-29 years old (39%) reported having being tested, followed by 20-24 year olds (27%).
- More respondents dwelling in urban areas had been tested than those living in rural areas (29% vs. 21%).
- HIV testing was highest among sexually active married females (49%), followed by sexually active married males (46%).

2008 Data Table 61- 'Have you ever been tested for HIV?'

	Have you ever been tested for HIV?					
	Base	Yes		No		
		%	#	%	#	
ALL RESPONDENTS	1357	22.7%	308	77.3%	1049	
Gender						$\chi^2(1) = 0.53$
Male	677	21.9%	148	78.1%	529	p= 0.463
Female	680	23.5%	160	76.5%	520	
Age(*)						$\chi^2(2) = 145.16$
15-19	535	***6.7%***	36	**93.3%**	499	p=0.000
20-24	408	**27.0%**	110	73.0%	298	
25-29	412	**39.1%**	161	***60.9%***	251	
Residence(*)						$\chi^2(1) = 8.26$
Urban	290	**29.0%**	84	71.0%	206	p=0.004
Rural	1067	21.0%	224	79.0%	843	
Education						$\chi^2(2) = 0.71$
No/primary school	512	23.0%	118	77.0%	394	p=0.699
Secondary school	488	21.3%	104	78.7%	384	
High school/university	352	23.6%	83	76.4%	269	
Sexual Profile(*)						$\chi^2(4) = 274.88$
Not sexually active males	425	***9.9%***	42	**90.1%**	383	p=0.000
Not sexually active females	403	***5.7%***	23	**94.3%**	380	
Sexually active married males	166	**45.8%**	76	***54.2%***	90	
Sexually active single males	86	**34.9%**	30	65.1%	56	
Sexually active married females	274	**49.3%**	135	***50.7%***	139	

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

Marginally more respondents reported having had an HIV test in 2008 as compared to 2007 but the change was not significant. Testing had also risen among sexually active males and slightly fewer sexually active married females reported having had an HIV test, although none of these differences were significant.

Trend Table 31- 'Have you ever been tested for HIV?'

		Have you ever been tested for HIV?					
		Total		Sexually active males		Sexually active married females	
		Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008
Yes	%	20.7%	22.7%	36.3%	42.1%	51.1%	49.3%
	#	278	308	91	106	138	135
No	%	79.3%	77.3%	63.7%	57.9%	48.9%	50.7%
	#	1065	1049	160	146	132	139
Base		1343	1357	251	252	270	274

Exposure to Trust media outputs was not associated with whether a respondent had ever been tested for HIV.

In both the sexually active male and sexually active married female sub-groups, the percent of those who had been tested for HIV was higher in all three exposure groups than in the unexposed group. However, these patterns were not statistically significant.

Exposure Table 13- 'Have you ever been tested for HIV?'

		Have you ever been tested for HIV?											
		Total				Sexually active males				Sexually active married females			
		Un-exposed	Low Exposed	Medium Exposed	High Exposed	Un-exposed	Low Exposed	Medium Exposed	High Exposed	Un-exposed	Low Exposed	Medium Exposed	High Exposed
Yes	%	18.9%	21.4%	22.5%	26.3%	16.7%	44.3%	37.2%	56.3%	33.3%	40.2%	56.8%	59.5%
	#	14	82	147	65	2	35	42	27	9	37	67	22
No	%	81.1%	78.6%	77.5%	73.7%	83.3%	55.7%	62.8%	43.8%	66.7%	59.8%	43.2%	40.5%
	#	60	301	506	182	10	44	71	21	18	55	51	15
Base		74	383	653	247	12	79	113	48	27	92	118	37

Interest in Being Tested

'Do you want to be tested for HIV?'

Respondents were asked about their interest in being tested for HIV. Overall, 33% of respondents said they wanted to be tested for HIV.

Age and sexual profile were associated with wanting to be tested for HIV:

- 20-24 year olds expressed the most interest in being tested for HIV (40%), followed by 25-29 year olds (33%).
- Sexually active single males expressed the highest interested in being tested for HIV (59%), followed by sexually active married females (40%).

2008 Data Table 62- 'Do you want to be tested for HIV?'

	Do you want to be tested for HIV?					
	Base	Yes		No		
		%	#	%	#	
ALL RESPONDENTS	1368	32.9%	450	67.1%	918	
Gender						$\chi^2(1) = 0.47$
Male	684	32.0%	219	68.0%	465	p= 0.489
Female	684	33.8%	231	66.2%	453	
Age(*)						$\chi^2(2) = 16.35$
15-19	540	***27.4%***	148	**72.6%**	392	p=0.000
20-24	409	**39.9%**	163	***60.1%***	246	
25-29	417	33.1%	138	66.9%	279	
Residence						$\chi^2(1) = 1.27$
Urban	292	30.1%	88	69.9%	204	p=0.258
Rural	1076	33.6%	362	66.4%	714	
Education						$\chi^2(2) = 1.42$
No/primary school	513	33.3%	171	66.7%	342	p=0.491
Secondary school	493	31.0%	153	69.0%	340	
High school/university	356	34.8%	124	65.2%	232	
Sexual Profile(*)						$\chi^2(4) = 41.94$
Not sexually active males	429	28.9%	124	71.1%	305	p=0.000
Not sexually active females	405	29.1%	118	70.9%	287	
Sexually active married males	168	***26.2%***	44	73.8%	124	
Sexually active single males	87	**58.6%**	51	***41.4%***	36	
Sexually active married females	276	**40.2%**	111	59.8%	165	

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

Interest in being tested for HIV significantly decreased between 2007 and 2008 (43% vs. 33%); and a similar pattern emerged within the sexually active male (56% vs. 37%) and sexually active married female (48% vs. 40%) subgroups.

Trend Table 32- 'Do you want to be tested for HIV?'

		Do you want to be tested for HIV?					
		Total		Sexually active males		Sexually active married females	
		Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008
Yes	%	**42.9%**	32.9%	**55.5%**	37.3%	48.0%	40.2%
	#	586	450	141	95	132	111
No	%	57.1%	**67.1%**	44.5%	**62.7%**	52.0%	59.8%
	#	779	918	113	160	143	165
Base		1365	1368	254	255	275	276

Interest in being tested for HIV was associated with exposure to the Trust's outputs in the total sample, but not in the two target sub-groups. There was a significant difference in interest in being tested for HIV that rose with increased exposure (30% unexposed, 29% low, 33% medium and 42% high exposure). A similar pattern was present among sexually active married female but it was not statistically significant.

Exposure Table 14- 'Do you want to be tested for HIV?'

		Do you want to be tested for HIV?											
		Total				Sexually active males				Sexually active married females			
		Un-exposed	Low Exposed	Medium Exposed	High Exposed	Un-exposed	Low Exposed	Medium Exposed	High Exposed	Un-exposed	Low Exposed	Medium Exposed	High Exposed
Yes	%	29.7%	*28.5%*	32.5%	**41.8%**	41.7%	28.8%	37.7%	49.0%	22.2%	43.5%	39.2%	48.6%
	#	22	110	214	104	5	23	43	24	6	40	47	18
No	%	70.3%	**71.5%**	67.5%	*58.2%*	58.3%	71.3%	62.3%	51.0%	77.8%	56.5%	60.8%	51.4%
	#	52	276	445	145	7	57	71	25	21	52	73	19
Base		74	386	659	249	12	80	114	49	27	92	120	37

Reasons for Interest/Lack of Interest in Being Tested for HIV

'Why do you want to get tested for HIV?'

Respondents were asked to provide reasons for their level of interest in being tested for HIV. Respondents who wanted to be tested for HIV (33%) stated that they wanted the test: in order to know about their health related to HIV transmission (84%) or because they had been exposed to HIV (8%).

Trend Table 33- 'Reasons for Wanting to Be Tested'

Why do you want to get tested for HIV?		**Frequency** Sentinel 2007	Sentinel 2008
Want to know health related to HIV transmission	%	86.1%	84.0%
	#	506	378
Exposed - had been exposed to HIV	%	**16.0%**	8.2%
	#	94	37
Counselling – Knew I'd get counselling and advice about the test and results (VCCT)	%	1.7%	6.7%
	#	10	30
Confidentiality – Knew the result would be kept private	%	1.9%	3.6%
	#	11	16
Getting married	%	1.7%	2.7%
	#	10	12
I was pregnant	%	1.9%	2.2%
	#	11	10
It was free	%	3.4%	2.2%
	#	20	10
Felt sick - had symptoms	%	**2.4%**	.7%
	#	14	3
Health worker recommended it	%	**2.0%**	.4%
	#	12	2
Other	%	2.0%	2.9%
	#	12	13
Base (multiple answers)		588	450

'Why do you NOT want to get tested for HIV?'

On the other hand, the 67% of those who did not want to be tested for HIV gave the following reasons: they had not been exposed to HIV (57%), they were not feeling sick (28%) and they had already been tested (15%).

Trend Table 34- 'Reasons for NOT Wanting to Be Tested'

Why do you NOT want to get tested for HIV?		Frequency	
		Sentinel 2007	Sentinel 2008
Not Exposed - have not been exposed to HIV	%	58.1%	56.9%
	#	452	522
Not Sick - do not have HIV	%	30.6%	28.1%
	#	238	258
I was already tested	%	12.1%	15.1%
	#	94	139
I do not want to know	%	5.4%	4.6%
	#	42	42
Do not like having my blood taken, do not like needles	%	**7.3%**	4.4%
	#	57	40
Fear - scared the test is positive / scared to have HIV	%	**4.2%**	2.3%
	#	33	21
Other	%	6.0%	7.4%
	#	47	68
Base (multiple answers)		778	919

Ever Been Tested for HIV and Wanting to be Tested for HIV[52]

In order to further investigate peoples' motivations or reluctance for being tested for HIV antibodies, the relationship between prior testing and desire to be tested again was analysed. A statistically significant association between having had an HIV test in the past and wanting to have one in the future was found, but not in the expected direction.

- Respondents who *had* been tested expressed an interest in being tested (again) (40%) more than respondents who had never been tested (31%).

2008 Data Table 63- 'Ever been tested x Want to be tested for HIV'

Ever Been Tested	Do you want to be tested for HIV?					
	Base	Yes		No		
		%	#	%	#	
Yes	308	**39.9%**	123	***60.1%***	185	$X^2(1)=8.63$
No	1049	31.0%	325	69.0%	724	p=0.003
Total	1357	33.0%	448	67.0%	909	

Stratifying this analysis by gender, the association between the two variables was not found among males but was the case for female respondents.

- More of the women who had previously been tested for HIV wanted to be tested again (43%) than women who had never been tested (31%).

2008 Data Table 64- 'Females: Ever been tested x Want to be tested for HIV'

Ever Been Tested	Do you want to be tested for HIV?					
	Base	Yes		No		
		%	#	%	#	
Yes	160	**42.5%**	68	57.5%	92	$X^2(1)=6.78$
No	520	31.3%	163	68.7%	357	p=0.009
Total	680	34.0%	231	66.0%	449	

[52] These data were also reported in the BBC World Service Trust Report on Indicators Cambodia Global Fund, Round 5 HIV and AIDS Communications.

Risk Assessment and Wanting to be Tested for HIV[53]

Another possible reason for the low levels of interest in being tested for HIV was that there were few respondents who considered themselves to be at risk of being infected with HIV. In response to the question 'based on what you know about how HIV is spread, how high would you say is the chance that you could get HIV', 79% responded that they had 'no chance',(the same as in 2007). One-fifth (20%) felt they had 'some chance' and only 1% assessed themselves as having a 'high chance'.

Comparing those respondents who felt they had no chance of contracting the virus to those with who identified themselves as having some chance revealed a significant relationship between risk assessment and wanting to be tested for HIV.

- Significantly more respondents who felt they had some chance of being infected with HIV wanted testing than those who felt they had no chance (49% vs. 29%).

2008 Data Table 65- 'Risk Assessment x Want to be tested for HIV'

Self-Risk Assessment	Do you want to be tested for HIV? Base	Yes %	Yes #	No %	No #	
No chance	1077	***28.6%***	308	**71.4%**	769	$X^2(1)=42.34$
Some HIV Risk	291	**48.8%**	142	***51.2%***	149	p=0.000
Total	1368	32.9%	450	67.1%	918	

Stratifying the analysis by gender, this was the case for both male and female respondents.

- Among males, more of those who felt they were at some risk of infection (54%) wanted testing than those who felt they were at no risk (27%).
- A similar pattern emerged with women, 45% of those who felt themselves to be at some risk wanted to be tested, compared to 30% of those who felt they were at no risk of infection.

It is important to note, however, that in spite of this positive association between risk assessment and interest in HIV testing, many – 46% of males, and 55% of females – of those who assessed themselves to have some risk of getting HIV did **not** want to be tested.

2008 Data Table 66- 'Males: Risk Assessment x Want to be tested for HIV'

Males

Self-Risk Assessment	Do you want to be tested for HIV? Base	Yes %	Yes #	No %	No #	
No chance	565	***27.4%***	155	72.6%	410	$X^2(1)=31.35$
Some HIV Risk	119	**53.8%**	64	***46.2%***	55	p=0.000
Total	684	32.0%	219	68.0%	465	

[53] These data were also reported in BBC World Service Trust (2009) Cambodia Sentinel Survey 2008: Report on Indicators Cambodia Global Fund, Round 5 HIV and AIDS Communications.

2008 Data Table 67- 'Females: Risk Assessment x Want to be tested for HIV'

Females

	Do you want to be tested for HIV?					
	Base	Yes		No		
Self-Risk Assessment		%	#	%	#	
No chance	512	***29.9%***	153	70.1%	359	$X^2(1)=13.76$
Some HIV Risk	172	**45.3%**	78	***54.7%***	94	p=0.000
Total	684	33.8%	231	66.2%	453	

Self Efficacy: HIV Testing

'I would be embarrassed if my friends found out I was getting a test for HIV'

Respondents were asked whether they agreed with the statement 'I would be embarrassed if my friends found out I was getting a test for HIV'. Approximately two thirds (64%) of respondents disagreed with the statement.

The relationship between the statement 'I would be embarrassed if my friends found out I was getting a test for HIV' and gender was statistically significant.

- More women than men agreed with the statement (31% vs. 25%).

Level of agreement with the statement 'I would be embarrassed if my friends found out I was getting a test for HIV' was significantly related to age, residence, education and sexual profile:

- The strongest disagreement with the statement was expressed by 20-24 year olds (70%), followed by 25-29 year olds (65%). Respondents aged 15-19 expressed the highest level of agreement with the statement (31%).
- More urban respondents than rural respondents disagreed with the statement (70% vs. 62%).
- Those with higher levels of education disagreed with the statement more: 77% of respondents who had attended high school/university disagreed with the statement, followed by 65% of respondents who had been to secondary school. Those with no/primary school education showed the highest level of agreement with the statement (40%).
- The highest level of disagreement with the statement 'I would be embarrassed if my friends found out I was getting a test for HIV' was among sexually active single males (87%), followed by sexually active married males (67%).
- The highest level of agreement with the statement was among sexually active married females (31%) and sexually inactive females (31%).

2008 Data Table 68- 'I would be embarrassed if my friends found out I was getting a test for HIV'

	I would be embarrassed if my friends found out I was getting a test for HIV								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1363	1.64	63.8%	870	8.4%	114	27.8%	379	
Gender(*)									$X^2(2) = 6.56$
Male	680	**1.58**	66.8%	454	8.5%	58	***24.7%***	168	p= 0.037
Female	683	**1.70**	60.9%	416	8.2%	56	**30.9%**	211	
Age(*)									$X^2(4) = 14.04$
15-19	539	1.73	***58.4%***	315	10.2%	55	**31.4%**	169	p=0.007
20-24	407	1.54	69.8%	284	***6.1%***	25	24.1%	98	
25-29	415	1.62	65.1%	270	8.2%	34	26.7%	111	
Residence(*)									$X^2(2) = 10.22$
Urban	290	**1.50**	70.3%	204	9.3%	27	***20.3%***	59	p= 0.006
Rural	1073	**1.68**	62.1%	666	8.1%	87	29.8%	320	
Education(*)									$X^2(4) = 74.73$
No/primary school	512	**1.86**	***53.9%***	276	***6.3%***	32	**39.8%**	204	p=0.000
Secondary school	490	**1.58**	65.1%	319	**11.8%**	58	***23.1%***	113	
High school/university	355	**1.40**	**76.6%**	272	6.8%	24	***16.6%***	59	
Sexual Profile(*)									$X^2(8) = 26.79$
Not sexually active males	426	1.65	62.7%	267	9.4%	40	27.9%	119	p=0.000
Not sexually active females	404	1.71	59.9%	242	9.4%	38	30.7%	124	
Sexually active married males	168	1.58	66.7%	112	8.9%	15	24.4%	41	
Sexually active single males	86	**1.22**	**87.2%**	75	***3.5%***	3	***9.3%***	8	
Sexually active married females	276	1.68	62.7%	173	6.5%	18	30.8%	85	

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

The number of respondents reporting that they would feel embarrassed if their friends found out they were getting tested for HIV decreased between 2007 and 2008 (32% vs. 28%). A similar decrease was also observed within the two sexually active subgroups, although this was only significant amongst the sexually active males.

Trend Table 35- 'I would be embarrassed if my friends found out I was getting a test for HIV'

		I would be embarrassed if my friends found out I was getting a test for HIV					
		Total		Sexually active males		Sexually active married females	
		Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008
Disagree	%	65.6%	63.8%	68.5%	73.6%	65.7%	62.7%
	#	890	870	174	187	180	173
Neutral	%	2.8%	**8.4%**	2.4%	**7.1%**	2.2%	**6.5%**
	#	38	114	6	18	6	18
Agree	%	**31.6%**	27.8%	**29.1%**	19.3%	32.1%	30.8%
	#	428	379	74	49	88	85
Base		1356	1363	254	254	274	276

In the total sample, lack of embarrassment about friends knowing about being tested for HIV was not associated with exposure to the Trust outputs. However, among sexually active males, the lack of embarrassment (disagreement with statement) was greatest among the high exposure group (42% unexposed, 70% low, 75% medium and 84% high exposure).

With sexually active married females, embarrassment did not vary significantly according to level of exposure to the Trust's media outputs.

Exposure Table 15- 'I would be embarrassed if my friends found out I was getting a test for HIV'

		I would be embarrassed if my friends found out I was getting a test for HIV											
		Total				Sexually active males				Sexually active married females			
		Un-exposed	Low Exposed	Medium Exposed	High Exposed	Un-exposed	Low Exposed	Medium Exposed	High Exposed	Un-exposed	Low Exposed	Medium Exposed	High Exposed
Disagree	%	53.4%	61.4%	64.2%	69.6%	*41.7%*	70.0%	75.2%	**83.7%**	63.0%	59.8%	64.2%	64.9%
	#	39	237	422	172	5	56	85	41	17	55	77	24
Neutral	%	8.2%	9.8%	8.7%	5.3%	**25.0%**	**13.8%**	*3.5%*	0.0%	3.7%	7.6%	7.5%	2.7%
	#	6	38	57	13	3	11	4	0	1	7	9	1
Agree	%	38.4%	28.8%	27.1%	25.1%	33.3%	16.3%	21.2%	16.3%	33.3%	32.6%	28.3%	32.4%
	#	28	111	178	62	4	13	24	8	9	30	34	12
Base		73	386	657	247	12	80	113	49	27	92	120	37

Attitudes: HIV Testing

'A woman who has only ever had sex with her husband does not need to be tested for HIV'

Respondents indicated their level of agreement with the statement 'a woman who has only ever had sex with her husband does not need to be tested for HIV'. Overall, the majority (69%) of respondents disagreed with the statement.

Level of agreement with the statement 'a woman who has only ever had sex with her husband does not need to be tested for HIV' was statistically associated with gender:

- Women disagreed with the statement more than men (72% vs. 66%).

Agreement with the statement differed significantly according to education and sexual profiles:

- Those with higher levels of education disagreed with the statement more: 81% of respondents who had attended high school/university disagreed with the statement, followed by 71% of respondents who had been to secondary school. Those with no/primary school education showed the highest level of agreement the statement (36%).
- Sexually inactive females expressed the most disagreement with the statement (77%), and sexually active married males had the highest level of agreement (41%).

2008 Data Table 69- 'A woman who has only ever had sex with her husband does not need to be tested for HIV'

	A woman who has only ever had sex with her husband does not need to be tested for HIV								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1362	1.58	69.1%	941	3.9%	53	27.0%	368	
Gender(*)									$\chi^2(2)=8.63$
Male	682	1.63	66.1%	451	**5.1%**	35	28.7%	196	p= 0.013
Female	680	1.53	72.1%	490	***2.6%***	18	25.3%	172	
Age									$\chi^2(4)=7.81$
15-19	538	1.51	72.7%	391	3.7%	20	***23.6%***	127	p=0.098
20-24	409	1.57	69.4%	284	3.7%	15	26.9%	110	
25-29	413	1.67	64.4%	266	4.1%	17	**31.5%**	130	
Residence									$\chi^2(2)=5.20$
Urban	289	**1.47**	74.4%	215	3.8%	11	***21.8%***	63	p= 0.074
Rural	1073	**1.61**	67.7%	726	3.9%	42	28.4%	305	
Education(*)									$\chi^2(4)=46.97$
No/primary school	511	**1.77**	***59.3%***	303	4.5%	23	**36.2%**	185	p=0.000
Secondary school	491	**1.53**	71.3%	350	4.3%	21	24.4%	120	
High school/university	354	**1.36**	**80.5%**	285	2.5%	9	***16.9%***	60	
Sexual Profile(*)									$\chi^2(8)=35.47$
Not sexually active males	428	1.55	69.6%	298	**5.6%**	24	24.8%	106	p=0.000
Not sexually active females	402	1.45	**76.6%**	308	***2.2%***	9	***21.1%***	85	
Sexually active married males	168	1.86	***54.8%***	92	4.8%	8	**40.5%**	68	
Sexually active single males	86	1.55	70.9%	61	3.5%	3	25.6%	22	
Sexually active married females	275	1.66	65.5%	180	2.9%	8	31.6%	87	

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

'Sex workers are the only women who need to be tested for HIV'

Respondents were asked whether they agreed with the statement 'sex workers are the only women who need to be tested for HIV'. Most (82%) of respondents disagreed with the statement, and men and women disagreeing to the same degree (83% vs. 82%).

Level of agreement varied according to residence and education:

- More rural respondents than urban respondents agreed with the statement (17% vs. 10%).
- Those with higher levels of education disagree with the statement more: 93% of respondents who had attended high school/university disagreed with the statement, followed by 85% of respondents who had been to secondary school. Those with no/primary school education showed the highest level of agreement the statement (24%).

2008 Data Table 70- 'Sex workers are the only women who need to be tested for HIV'

	Sex workers are the only women who need to be tested for HIV								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1357	1.33	82.3%	1117	2.4%	32	15.3%	208	
Gender									$\chi^2(2) = 0.07$
Male	677	1.32	82.6%	559	2.4%	16	15.1%	102	p= 0.965
Female	680	1.34	82.1%	558	2.4%	16	15.6%	106	
Age									$\chi^2(4) = 7.84$
15-19	534	1.32	82.6%	441	3.0%	16	14.4%	77	p=0.097
20-24	409	1.30	84.6%	346	***0.7%***	3	14.7%	60	
25-29	412	1.37	80.1%	330	2.9%	12	17.0%	70	
Residence(*)									$\chi^2(2) = 7.06$
Urban	290	**1.23**	87.2%	253	2.4%	7	***10.3%***	30	p= 0.029
Rural	1067	**1.36**	81.0%	864	2.3%	25	16.7%	178	
Education(*)									$\chi^2(4) = 64.92$
No/primary school	506	**1.52**	***72.5%***	367	3.4%	17	**24.1%**	122	p=0.000
Secondary school	490	**1.28**	84.7%	415	2.2%	11	13.1%	64	
High school/university	355	**1.12**	**93.2%**	331	***1.1%***	4	***5.6%***	20	
Sexual Profile									$\chi^2(8) = 8.46$
Not sexually active males	424	1.33	82.3%	349	2.6%	11	15.1%	64	p=0.389
Not sexually active females	402	1.29	84.8%	341	1.7%	7	13.4%	54	
Sexually active married males	167	1.35	80.8%	135	3.0%	5	16.2%	27	
Sexually active single males	86	1.26	87.2%	75	0.0%	0	12.8%	11	
Sexually active married females	275	1.40	78.2%	215	3.3%	9	18.5%	51	

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

'If I am at risk, I am able to go for an HIV test'

Respondents were asked to indicate whether they thought they would be able to go for an HIV test if they believed themselves to be at risk. Most respondents (94%) agreed with the statement.

Level of agreement with the statement 'if I am at risk, I am able to go for an HIV test' was statistically associated with gender:

- More women than men disagreed with the statement (6% vs. 1%).

There was a statistically significant difference between level of agreement with the statement, and age and sexual profile:

- Older respondents (25-29) expressed the most agreement with the statement (97%).
- More than nine in ten agreed with the statement across all the sexual profile subgroups.

2008 Data Table 71- 'If I am at risk, I am able to go myself for an HIV test'

	If I am at risk, I am able to go myself for an HIV test								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1358	2.90	3.5%	48	2.7%	37	93.7%	1273	
Gender(*)									$\chi^2(2) = 19.99$
Male	680	**2.94**	***1.3%***	9	3.1%	21	95.6%	650	p= 0.000
Female	678	**2.86**	**5.8%**	39	2.4%	16	91.9%	623	
Age(*)									$\chi^2(4) = 11.95$
15-19	537	2.89	3.4%	18	**3.9%**	21	92.7%	498	p=0.017
20-24	407	2.87	**5.2%**	21	2.7%	11	92.1%	375	
25-29	412	2.94	2.2%	9	***1.2%***	5	96.6%	398	
Residence									$\chi^2(2) = 1.30$
Urban	288	2.92	2.4%	7	2.8%	8	94.8%	273	p= 0.520
Rural	1070	2.90	3.8%	41	2.7%	29	93.5%	1000	
Education									$\chi^2(4) = 4.58$
No/primary school	511	2.88	**4.9%**	25	2.3%	12	92.8%	474	p=0.332
Secondary school	489	2.92	2.7%	13	2.9%	14	94.5%	462	
High school/university	352	2.91	2.8%	10	2.8%	10	94.3%	332	
Sexual Profile(*)									$\chi^2(8) = 32.91$
Not sexually active males	427	2.91	***2.1%***	9	**4.4%**	19	93.4%	399	p=0.000
Not sexually active females	399	2.88	**5.0%**	20	2.0%	8	93.0%	371	
Sexually active married males	167	2.99	***0.0%***	0	***0.6%***	1	99.4%	166	
Sexually active single males	86	2.99	***0.0%***	0	1.2%	1	98.8%	85	
Sexually active married females	276	2.84	**6.9%**	19	2.5%	7	90.6%	250	

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

Study Findings: Stigma and Discrimination

People Living with HIV (PLHIV)

Summary of Findings: People Living with HIV

Talking with PLHIV

- Two fifths (39%) of respondents reported that they had talked with a PLHIV, with no differences between male and female respondents (both 39%).
- Talking to someone the respondent knew had HIV was associated with exposure to the Trust's media outputs (19% unexposed, 36% low, 40% medium and 46% high exposure).

Enacted Stigma: Avoidance

- Three quarters (76%) of all respondents disagreed with the statement 'I try to avoid physical contact with a person who is HIV positive'. The level of disagreement was the same for both men and women (76%).
- Exposure to the Trust's media outputs was associated with lack of enacted stigma (trying to avoid physical contact with a PLHIV - disagreement with statement: 55% unexposed, 75% low, 78% medium and 80% high exposure).

Attitudes: Being a Person Living with HIV

- The majority (79%) of respondents agreed with the statement 'it is not the end of the world if I am HIV positive'. Slightly more men than women agreed with the statement (80% vs. 78%).

- Many (85%) respondents agreed with the statement 'my daily interactions with my family would still be the same if I were HIV positive'.
- Sexually inactive males (89%) and sexually active single males (85%) expressed the most agreement with the statement.

Stigma and Discrimination: Blame and Shame

- Forty-four percent (44%) of respondents disagreed with the statement 'if a member of my family was HIV positive, I would want it to remain a secret', and 47% agreed.
- Sexually active married males agreed the least with the statement 'if a member of my family was HIV positive, I would want it to remain a secret' (56%).

- Sixty-two percent (62%) of respondents agreed with the statement 'HIV and AIDS is a punishment for bad behaviour'.
- More men than women agreed that 'HIV and AIDS is a punishment for bad behaviour' (65% vs. 59%).

- Over half (60%) of respondents agreed with the statement 'people with HIV should be ashamed of themselves for being HIV positive'.

- A similar proportion (61%) of respondents agreed with the statement 'I would feel ashamed if I were HIV positive'.

Stigma and Discrimination: Social Responsibility of PLHIV

- Nearly all respondents (96%) agreed that ‘a person with HIV has the same rights as somebody who is not HIV positive’.

- A similar number (97%) also agreed that ‘a person living with HIV has a responsibility not to transmit HIV to any one else’.

Talking with PLHIV

'Have you ever talked with someone who you know has HIV?'

Respondents were asked whether they had talked to someone who they know has HIV. Two fifths (39%) of all respondents reported that they had talked with a PLHIV, with no differences between male and female respondents (both 39%).

Experience of talking to a PLHIV was statistically related with age and education:

- More older respondents had experience of talking with a PLHIV: the most affirmative responses to the question were form 25-29 year olds (44%) followed by 20-24 year olds (41%).
- Those with a high school/university level education had talked with a PLHIV (50%) the most.

2008 Data Table 72- 'Have you talked to someone who you know has HIV?'

	Have you talked to someone who you know has HIV?					
	Base	Yes		No		
		%	#	%	#	
ALL RESPONDENTS	1364	38.7%	528	61.3%	836	
Gender						$\chi^2(1) = 0.007$
Male	680	38.8%	264	61.2%	416	p= 0.931
Female	684	38.6%	264	61.4%	420	
Age(*)						$\chi^2(2) = 12.74$
15-19	538	***32.9%***	177	**67.1%**	361	p=0.001
20-24	408	41.2%	168	58.8%	240	
25-29	416	**43.5%**	181	56.5%	235	
Residence						$\chi^2(1) = 3.79$
Urban	291	43.6%	127	56.4%	164	p=0.051
Rural	1073	37.4%	401	62.6%	672	
Education(*)						$\chi^2(2) = 23.49$
No/primary school	511	34.8%	178	65.2%	333	p=0.000
Secondary school	492	35.2%	173	64.8%	319	
High school/university	355	**49.6%**	176	***50.4%***	179	
Sexual Profile						$\chi^2(4) = 7.56$
Not sexually active males	427	34.9%	149	65.1%	278	p=0.108
Not sexually active females	405	38.3%	155	61.7%	250	
Sexually active married males	167	44.9%	75	55.1%	92	
Sexually active single males	86	46.5%	40	53.5%	46	
Sexually active married females	276	38.8%	107	61.2%	169	

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

Overall, there was no significant difference in experience talking with a PLHIV between 2007 and 2008.

Trend Table 36- 'Have you talked to someone who you know has HIV?'

		Have you talked to someone who you know has HIV?					
		Total		Sexually active males		Sexually active married females	
		Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008
Yes	%	37.5%	38.7%	46.3%	45.5%	36.6%	38.8%
	#	512	528	118	115	101	107
No	%	62.5%	61.3%	53.7%	54.5%	63.4%	61.2%
	#	855	836	137	138	175	169
Base		1367	1364	255	253	276	276

Talking to someone the respondent knew had HIV was associated with exposure to the Trust's media outputs. Less than one in five (19%) of unexposed respondents had talked to a PLHIV. There were significant differences in talking with a PLHIV between exposure groups (19% unexposed, 36% low, 40% medium and 46% high exposure).

A similar pattern of more talking with PLHIV as exposure increased was present among sexually active married males but it was not statistically significant. Talking with PLHIV was higher among the exposed sexually active married females, but the differences were also not significant.

Exposure Table 16- 'Have you talked to someone who you know has HIV?'

		Have you talked to someone who you know has HIV?											
		Total				Sexually active males				Sexually active married females			
		Un-exposed	Low Exposed	Medium Exposed	High Exposed	Un-exposed	Low Exposed	Medium Exposed	High Exposed	Un-exposed	Low Exposed	Medium Exposed	High Exposed
Yes	%	*18.9%*	**36.2%**	**39.8%**	**45.6%**	25.0%	41.8%	45.1%	57.1%	22.2%	40.2%	41.7%	37.8%
	#	14	139	262	113	3	33	51	28	6	37	50	14
No	%	**81.1%**	*63.8%*	*60.2%*	*54.4%*	75.0%	58.2%	54.9%	42.9%	77.8%	59.8%	58.3%	62.2%
	#	60	245	396	135	9	46	62	21	21	55	70	23
Base		74	384	658	248	12	79	113	49	27	92	120	37

Enacted Stigma: Avoidance

'I try to avoid physical contact with a person who is HIV positive'

Respondents were asked whether they agreed with the statement 'I try to avoid physical contact with a person who is HIV positive'. Three quarters (76%) of all respondents disagreed with the statement. The level of disagreement was the same for both men and women (76%).

Level of agreement with the statement 'I try to avoid physical contact with a person who is HIV positive' was not statistically related with profile variables, except in the case of education:

- Those with higher levels of education disagreed more with the statement: 83% of those with a high school/university education disagreed with the statement, followed by 79% of those who had attended secondary school.
- Highest agreement was from respondents with no/primary school education (21%).

2008 Data Table 73- 'I try to avoid physical contact with a person who is HIV positive'

	I try to avoid physical contact with a person who is HIV positive								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1366	1.39	76.2%	1041	8.6%	117	15.2%	208	
Gender									$\chi^2(2) = 0.25$
Male	683	1.38	76.4%	522	8.8%	60	14.8%	101	p= 0.878
Female	683	1.40	76.0%	519	8.3%	57	15.7%	107	
Age									$\chi^2(4) = 4.92$
15-19	540	1.41	74.8%	404	9.8%	53	15.4%	83	p=0.295
20-24	409	1.34	79.2%	324	7.8%	32	13.0%	53	
25-29	415	1.42	74.9%	311	7.7%	32	17.3%	72	
Residence									$\chi^2(2) = 5.77$
Urban	290	1.41	73.4%	213	**12.1%**	35	14.5%	42	p= 0.055
Rural	1076	1.38	77.0%	828	7.6%	82	15.4%	166	
Education(*)									$\chi^2(4) = 27.18$
No/primary school	513	**1.52**	***69.6%***	357	9.2%	47	**21.2%**	109	p=0.000
Secondary school	492	1.35	78.5%	386	8.3%	41	13.2%	65	
High school/university	355	1.27	82.5%	293	8.2%	29	***9.3%***	33	
Sexual Profile									$\chi^2(8) = 13.24$
Not sexually active males	428	1.41	74.3%	318	10.3%	44	15.4%	66	p=0.103
Not sexually active females	404	1.37	77.0%	311	9.2%	37	13.9%	56	
Sexually active married males	168	1.40	75.6%	127	8.9%	15	15.5%	26	
Sexually active single males	87	1.22	88.5%	77	***1.1%***	1	10.3%	9	
Sexually active married female	276	1.43	74.6%	206	7.2%	20	18.1%	50	

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

Overall, trying to avoid physical contact with a person who is HIV positive remained constant between 2007 and 2008.

Trend Table 37- 'I try to avoid physical contact with a person who is HIV positive'

		I try to avoid physical contact with a person who is HIV positive					
		Total		Sexually active males		Sexually active married females	
		Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008	Sentinel 2007	Sentinel 2008
Disagree	%	78.5%	76.2%	81.1%	80.0%	76.8%	74.6%
	#	1068	1041	206	204	212	206
Neutral	%	3.8%	**8.6%**	2.0%	**6.3%**	4.3%	7.2%
	#	51	117	5	16	12	20
Agree	%	17.7%	15.2%	16.9%	13.7%	18.8%	18.1%
	#	241	208	43	35	52	50
Base		1360	1366	254	255	276	276

Exposure to the Trust's media outputs was associated with lack of enacted stigma (trying to avoid physical contact with a PLHIV). In the total sample, the high exposure group expressed the least enacted stigma against PLHIV (disagreement with statement: 55% unexposed, 75% low, 78% medium and 80% high exposure).

The significant differences were consistent among both sexually active male and sexually active married female sub-groups (males - disagreement with statement: 42% unexposed, 80% low, 83% medium and 84% high exposure; females - disagreement with statement: 48% unexposed, 78% low, 75% medium and 84% high exposure).

Exposure Table 17- 'I try to avoid physical contact with a person who is HIV positive'

		I try to avoid physical contact with a person who is HIV positive											
		Total				Sexually active males				Sexually active married females			
		Un-exposed	Low Exposed	Medium Exposed	High Exposed	Un-exposed	Low Exposed	Medium Exposed	High Exposed	Un-exposed	Low Exposed	Medium Exposed	High Exposed
Disagree	%	*54.8%*	**74.5%**	**78.1%**	**79.9%**	*41.7%*	**80.0%**	**82.5%**	**83.7%**	*48.1%*	**78.3%**	**75.0%**	**83.8%**
	#	40	287	515	199	5	64	94	41	13	72	90	31
Neutral	%	11.0%	10.1%	8.3%	6.0%	8.3%	8.8%	5.3%	4.1%	11.1%	5.4%	9.2%	2.7%
	#	8	39	55	15	1	7	6	2	3	5	11	1
Agree	%	**34.2%**	*15.3%*	*13.5%*	*14.1%*	**50.0%**	*11.3%*	*12.3%*	*12.2%*	**40.7%**	*16.3%*	*15.8%*	13.5%
	#	25	59	89	35	6	9	14	6	11	15	19	5
Base		73	385	659	249	12	80	114	49	27	92	120	37

Attitudes: Being a Person Living with HIV

'It's not the end of the world if I am HIV positive'

Respondents were asked to indicate their level of agreement with the statement 'it is not the end of the world if I am HIV positive'. The majority (79%) of respondents agreed with the statement.

The relationship between level of agreement with the statement 'it is not the end of the world if I am HIV positive' and gender was statistically significant:

- A slightly higher percentage of men (80%) than women (78%) agreed with the statement; while 19% of women disagreed with the statement.

Sexual profile was statistically associated with level of agreement with the statement: 'it is not the end of the world if I am HIV positive':

- Sexually active married males agreed most with the statement (84%), followed by sexually active married females (80%).
- Sexually inactive females expressed the most disagree with the statement (20%); followed sexually inactive males (8%) and sexually active married females (3%).

2008 Data Table 74- 'It's not the end of the world if I am HIV positive'

	It is not the end of the world if I am HIV positive								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1354	2.63	15.8%	214	5.4%	73	78.8%	1067	
Gender(*)									$\chi^2(2) = 14.20$
Male	677	2.67	***13.0%***	88	**7.1%**	48	79.9%	541	p= 0.000
Female	677	2.59	**18.6%**	126	***3.7%***	25	77.7%	526	
Age									$\chi^2(4) = 4.28$
15-19	535	2.61	15.9%	85	6.7%	36	77.4%	414	p=0.368
20-24	407	2.62	16.5%	67	4.9%	20	78.6%	320	
25-29	410	2.66	15.1%	62	3.9%	16	81.0%	332	
Residence									$\chi^2(2) = 1.07$
Urban	290	2.61	16.2%	47	6.6%	19	77.2%	224	p= 0.584
Rural	1064	2.64	15.7%	167	5.1%	54	79.2%	843	
Education									$\chi^2(4) = 2.53$
No/primary school	503	2.65	14.5%	73	5.8%	29	79.7%	401	p=0.637
Secondary school	490	2.63	15.5%	76	5.7%	28	78.8%	386	
High school/university	355	2.59	18.0%	64	4.5%	16	77.5%	275	
Sexual Profile(*)									$\chi^2(8) = 17.59$
Not sexually active males	424	2.65	13.7%	58	**7.5%**	32	78.8%	334	p=0.024
Not sexually active females	401	2.57	**19.5%**	78	4.2%	17	76.3%	306	
Sexually active married males	166	2.73	***10.8%***	18	5.4%	9	83.7%	139	
Sexually active single males	87	2.64	13.8%	12	8.0%	7	78.2%	68	
Sexually active married female	273	2.62	17.6%	48	***2.9%***	8	79.5%	217	

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

'My daily interactions with my family would still be the same if I were HIV positive'

Viewpoints on whether 'my daily interactions with my family would still be the same if I were HIV positive' were widely agreed. The majority of respondents (85%) agreed with the statement.

Gender was statistically associated with level of agreement with the statement:

- Slightly more men (86%) than women (83%) agreed with the statement.

Agreement with the statement 'my daily interactions with my family would still be the same if I were HIV positive' differed significantly according to age, residence and sexual profile:

- Younger respondents agreed that 'my daily interactions with my family would still be the same if I were HIV positive' more than older respondents: 15-19 year olds (87%) and 20-24 year olds (88%) agreed with the statement.
- Sexually inactive males (89%) and sexually active single males (85%) agreed the most with the statement.
- Nearly one in five (16%) of sexually active married males (16%) felt that their daily interaction with their family would **not** still be the same if they were HIV positive.

2008 Data Table 75- 'My daily interactions with my family would still be the same if I were HIV positive'

	My daily interactions with family would still be the same if I were HIV positive								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1363	2.77	7.7%	105	7.7%	105	84.6%	1153	
Gender(*)									$\chi^2(2) = 6.91$
Male	681	2.77	8.4%	57	***5.9%***	40	85.8%	584	p= 0.031
Female	682	2.76	7.0%	48	**9.5%**	65	83.4%	569	
Age(*)									$\chi^2(4) = 17.71$
15-19	539	2.81	***5.6%***	30	7.8%	42	86.6%	467	p=0.001
20-24	409	2.81	6.6%	27	5.9%	24	87.5%	358	
25-29	413	**2.67**	**11.6%**	48	9.4%	39	78.9%	326	
Residence(*)									$\chi^2(2) = 6.49$
Urban	289	2.80	***4.8%***	14	10.0%	29	85.1%	246	p= 0.038
Rural	1074	2.76	8.5%	91	7.1%	76	84.5%	907	
Education									$\chi^2(4) = 2.15$
No/primary school	511	2.74	9.0%	46	7.8%	40	83.2%	425	p=0.706
Secondary school	492	2.79	6.7%	33	7.7%	38	85.6%	421	
High school/university	354	2.78	7.1%	25	7.6%	27	85.3%	302	
Sexual Profile(*)									$\chi^2(8) = 24.71$
Not sexually active males	427	2.83	***5.6%***	24	5.9%	25	88.5%	378	p=0.001
Not sexually active females	403	2.78	6.2%	25	**9.9%**	40	83.9%	338	
Sexually active married males	167	2.63	**15.6%**	26	5.4%	9	79.0%	132	
Sexually active single males	87	2.77	8.0%	7	6.9%	6	85.1%	74	
Sexually active married female	276	2.75	8.3%	23	8.7%	24	83.0%	229	

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

Stigma and Discrimination: Blame and Shame

'If a member of my family is HIV positive, I would want it to remain a secret'

Opinions on whether 'if a member of my family is HIV positive, I would want it to remain a secret' were divided. Of all respondents, 44% disagreed with the statement and 47% agreed with it.

Age, education and sexual profile were associated with level of agreement with the statement 'if a member of my family is HIV positive, I would want it to remain a secret':

- The highest level of agreement with the statement was found among respondents aged 15-19 years old (53%); while 25-29 year olds disagreed the most (51%).
- Those with lower levels of educational achievement agreed more with the statement: 49% of both respondents with no/primary school and secondary school education agreed with the statement; whilst nearly half of those who had attended high school/university disagreed with the statement (49%).
- More than half of sexually active married males (56%) disagreed with the statement 'if a member of my family is HIV positive, I would want it to remain a secret'.

2008 Data Table 76- 'If a member of my family is HIV positive, I would want it to remain a secret'

	If a member of my family is HIV positive, I would want it to remain a secret								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1359	2.03	43.8%	595	9.6%	130	46.7%	634	
Gender									$\chi^2(2) = 1.31$
Male	682	2.01	45.2%	308	8.9%	61	45.9%	313	p= 0.517
Female	677	2.05	42.4%	287	10.2%	69	47.4%	321	
Age(*)									$\chi^2(4) = 22.79$
15-19	537	2.16	***37.4%***	201	9.3%	50	**53.3%**	286	p=0.000
20-24	407	2.01	45.2%	184	8.1%	33	46.7%	190	
25-29	413	1.88	**50.6%**	209	11.1%	46	***38.3%***	158	
Residence									$\chi^2(2) = 2.76$
Urban	288	2.11	39.6%	114	9.7%	28	50.7%	146	p= 0.251
Rural	1071	2.01	44.9%	481	9.5%	102	45.6%	488	
Education(*)									$\chi^2(4) = 9.49$
No/primary school	512	2.08	40.8%	209	10.4%	53	48.8%	250	p=0.049
Secondary school	489	2.06	43.1%	211	8.2%	40	48.7%	238	
High school/university	352	1.91	**49.4%**	174	10.5%	37	***40.1%***	141	
Sexual Profile(*)									$\chi^2(8) = 18.12$
Not sexually active males	427	2.09	41.2%	176	8.7%	37	50.1%	214	p=0.020
Not sexually active females	399	2.08	41.1%	164	10.3%	41	48.6%	194	
Sexually active married males	168	1.77	**56.0%**	94	11.3%	19	***32.7%***	55	
Sexually active single males	87	2.07	43.7%	38	5.7%	5	50.6%	44	
Sexually active married female	275	2.02	44.4%	122	9.5%	26	46.2%	127	

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

'HIV and AIDS is a punishment for bad behaviour'

Respondents were asked to indicate whether they agreed with the statement 'HIV and AIDS is a punishment for bad behaviour'. Overall, 62% of respondents agreed with the statement.

Gender was statically related with level of agreement with the statement 'HIV and AIDS is a punishment for bad behaviour':

- Two thirds (65%) of men agreed with the statement, compared with 59% of women.
- A third (33%) of women disagreed with the statement.

Age and education were associated with agreement with the statement 'HIV and AIDS is a punishment for bad behaviour':

- Two thirds (66%) of 25-29 year olds, followed by 64% of 15-19 year olds agreed with the statement.
- Two thirds (63%) of respondents who had attended either no/primary school or secondary school agreed with the statement; whilst those who had attended high school/university expressed the most disagreement with the statement (34%).

2008 Data Table 77- 'HIV and AIDS is a punishment for bad behaviour'

	HIV and AIDS is a punishment for bad behaviour								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1361	2.32	29.5%	401	8.6%	117	61.9%	843	
Gender(*)									$\chi^2(2) = 6.82$
Male	682	**2.38**	***26.2%***	179	9.1%	62	64.7%	441	$p = 0.032$
Female	679	**2.27**	**32.7%**	222	8.1%	55	59.2%	402	
Age(*)									$\chi^2(4) = 18.97$
15-19	538	2.38	26.4%	142	9.3%	50	64.3%	346	$p = 0.000$
20-24	409	**2.18**	**37.7%**	154	7.1%	29	***55.3%***	226	
25-29	412	2.40	***25.5%***	105	9.0%	37	65.5%	270	
Residence									$\chi^2(2) = 1.20$
Urban	290	2.28	32.1%	93	8.3%	24	59.7%	173	$p = 0.547$
Rural	1071	2.34	28.8%	308	8.7%	93	62.6%	670	
Education(*)									$\chi^2(4) = 9.64$
No/primary school	508	2.36	26.6%	135	**10.6%**	54	62.8%	319	$p = 0.046$
Secondary school	492	2.34	29.1%	143	8.3%	41	62.6%	308	
High school/university	355	2.25	**34.4%**	122	***6.2%***	22	59.4%	211	
Sexual Profile									$\chi^2(8) = 14.56$
Not sexually active males	427	2.35	28.1%	120	8.4%	36	63.5%	271	$p = 0.068$
Not sexually active females	403	2.25	33.3%	134	8.2%	33	58.6%	236	
Sexually active married males	168	2.43	***22.0%***	37	**13.1%**	22	64.9%	109	
Sexually active single males	87	2.45	25.3%	22	4.6%	4	70.1%	61	
Sexually active married female	273	2.29	31.9%	87	7.7%	21	60.4%	165	

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

'People with HIV should be ashamed of themselves for being HIV positive'

Respondents were asked whether they agreed with the statement 'people with HIV should be ashamed of themselves for being HIV positive'. Over half (60%) of respondents agreed with the statement. Slightly more men than women agreed with the statement (62% vs. 58%), but this difference was not significant.

Education was statistically related with level of agreement with the statement 'people with HIV should be ashamed of themselves for being HIV positive':

- Those with lower levels of education agreed more with the statement: 66% of those with no/primary level education agreed with the statement.
- The highest level of disagreement was found among those who had attended high school/university (39%).

2008 Data Table 78- 'People with HIV should be ashamed of themselves for being HIV positive'

	People with HIV should be ashamed of themselves being HIV positive								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1351	2.28	31.5%	425	8.7%	117	59.9%	809	
Gender									$\chi^2(2) = 3.42$
Male	682	2.31	30.6%	209	7.5%	51	61.9%	422	p= 0.180
Female	669	2.26	32.3%	216	9.9%	66	57.8%	387	
Age									$\chi^2(4) = 5.24$
15-19	534	2.26	32.8%	175	8.6%	46	58.6%	313	p=0.262
20-24	405	2.25	33.8%	137	7.4%	30	58.8%	238	
25-29	410	2.35	27.6%	113	10.0%	41	62.4%	256	
Residence									$\chi^2(2) = 3.40$
Urban	285	2.21	35.8%	102	7.4%	21	56.8%	162	p=0.182
Rural	1066	2.30	30.3%	323	9.0%	96	60.7%	647	
Education(*)									$\chi^2(4) = 25.17$
No/primary school	508	**2.42**	***23.8%***	121	10.4%	53	**65.7%**	334	p=0.000
Secondary school	485	2.24	34.2%	166	8.0%	39	57.7%	280	
High school/university	352	2.15	**38.9%**	137	7.1%	25	54.0%	190	
Sexual Profile									$\chi^2(8) = 7.69$
Not sexually active males	427	2.33	30.2%	129	6.8%	29	63.0%	269	p=0.464
Not sexually active females	394	2.24	33.5%	132	9.1%	36	57.4%	226	
Sexually active married males	168	2.32	29.2%	49	10.1%	17	60.7%	102	
Sexually active single males	87	2.23	35.6%	31	5.7%	5	58.6%	51	
Sexually active married female	272	2.29	30.1%	82	11.0%	30	58.8%	160	

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

'I would feel ashamed if I were HIV positive'

Respondents were asked whether they agreed with the statement: 'I would feel ashamed if I were HIV positive'. Of all respondents, 61% agreed with the statement; 58% of men and 64% of women. There was no significant differences across the demographic subgroups.

2008 Data Table 79- 'I would feel ashamed if I were HIV positive'

	I would feel ashamed if I were HIV positive								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1361	2.30	31.2%	425	7.7%	105	61.1%	831	
Gender									$\chi^2(2) = 3.96$
Male	681	2.25	33.2%	226	8.4%	57	58.4%	398	p= 0.138
Female	680	2.34	29.3%	199	7.1%	48	63.7%	433	
Age									$\chi^2(4) = 1.83$
15-19	539	2.33	29.3%	158	8.0%	43	62.7%	338	p=0.766
20-24	407	2.27	32.9%	134	7.1%	29	60.0%	244	
25-29	413	2.28	32.2%	133	8.0%	33	59.8%	247	
Residence									$\chi^2(2) = 2.51$
Urban	288	2.23	35.1%	101	7.3%	21	57.6%	166	p= 0.284
Rural	1073	2.32	30.2%	324	7.8%	84	62.0%	665	
Education									$\chi^2(4) = 3.95$
No/primary school	512	2.36	28.5%	146	7.4%	38	64.1%	328	p=0.411
Secondary school	492	2.28	31.9%	157	7.9%	39	60.2%	296	
High school/university	351	2.23	34.5%	121	7.7%	27	57.8%	203	
Sexual Profile									$\chi^2(8) = 7.52$
Not sexually active males	427	2.28	31.6%	135	8.4%	36	60.0%	256	p=0.481
Not sexually active females	402	2.36	28.4%	114	7.7%	31	63.9%	257	
Sexually active married males	168	2.23	33.9%	57	9.5%	16	56.5%	95	
Sexually active single males	86	2.15	39.5%	34	5.8%	5	54.7%	47	
Sexually active married female	275	2.32	30.9%	85	6.2%	17	62.9%	173	

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

Stigma and Discrimination: Social Responsibility of PLHIV

'A person with HIV has the same rights as somebody who is not HIV positive'

Viewpoints on whether 'a person with HIV has the same rights as somebody who is not HIV positive' were universally agreed: 96% of all respondents supported the statement.

Gender was statistically associated with agreement with the statement:

- Nearly equal proportions of men (97%) and women (96%) agreed with the statement; although more women than men disagreed with it (3% vs. 2%).

The relationship between education and agreement with the statement 'a person with HIV has the same rights as somebody who is not HIV positive' was statistically significant:

- Fewer of those who had attended high school/university disagreed with the statement, compared to those who had no/primary level education (1% vs. 4%).

2008 Data Table 80- 'A person with HIV has the same rights as somebody who is not HIV positive'

	A person with HIV has the same rights as somebody who is not HIV positive								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1363	2.94	2.4%	33	1.5%	21	96.0%	1309	
Gender(*)									$\chi^2(2)=7.49$
Male	682	2.95	***1.5%***	10	2.1%	14	96.5%	658	p= 0.023
Female	681	2.92	**3.4%**	23	1.0%	7	95.6%	651	
Age									$\chi^2(4)=5.35$
15-19	539	2.93	2.6%	14	2.0%	11	95.4%	514	p=0.252
20-24	409	2.96	1.5%	6	0.7%	3	97.8%	400	
25-29	413	2.92	3.1%	13	1.7%	7	95.2%	393	
Residence									$\chi^2(2)=5.30$
Urban	291	**0.39**	1.4%	4	***0.3%***	1	98.3%	286	p= 0.070
Rural	1072	**0.32**	2.7%	29	1.9%	20	95.4%	1023	
Education(*)									$\chi^2(4)=14.50$
No/primary school	510	**2.89**	**4.3%**	22	2.0%	10	93.7%	478	p=0.005
Secondary school	491	2.96	1.6%	8	1.0%	5	97.4%	478	
High school/university	356	2.97	***0.8%***	3	1.7%	6	97.5%	347	
Sexual Profile									$\chi^2(8)=9.79$
Not sexually active males	428	2.95	***1.2%***	5	2.3%	10	96.5%	413	p=0.279
Not sexually active females	404	2.92	**3.7%**	15	1.0%	4	95.3%	385	
Sexually active married males	167	2.94	2.4%	4	1.2%	2	96.4%	161	
Sexually active single males	87	2.95	1.1%	1	2.3%	2	96.6%	84	
Sexually active married female	274	2.93	2.9%	8	1.1%	3	96.0%	263	

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

'A person living with HIV has a responsibility not to transmit HIV to anyone else'

Agreement with the statement 'a person living with HIV has a responsibility not to transmit HIV to anyone else' was almost universal. Overall, 97% of respondents agreed with the statement.

Gender was statistically associated with level of agreement with the statement 'a person living with HIV has a responsibility not to transmit HIV to anyone else':

- More women than men disagreed with the statement (3% vs. 1%).

2008 Data Table 81- 'A person living with HIV has a responsibility not to transmit HIV to anyone else'

	A person living with HIV has a responsibility not to transmit HIV to anyone else								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1366	2.95	2.2%	30	0.7%	10	97.1%	1326	
Gender(*)									$\chi^2(2) = 7.12$
Male	683	**2.97**	***1.2%***	8	0.6%	4	98.2%	671	p= 0.028
Female	683	**2.93**	**3.2%**	22	0.9%	6	95.9%	655	
Age									$\chi^2(4) = 1.49$
15-19	540	2.96	1.9%	10	0.7%	4	97.4%	526	p=0.827
20-24	408	2.93	2.9%	12	0.7%	3	96.3%	393	
25-29	416	2.95	1.9%	8	0.7%	3	97.4%	405	
Residence									$\chi^2(2) = 2.14$
Urban	290	2.94	2.1%	6	1.4%	4	96.6%	280	p=0.342
Rural	1076	2.95	2.2%	24	0.6%	6	97.2%	1046	
Education									$\chi^2(4) = 3.61$
No/primary school	512	2.93	3.1%	16	0.6%	3	96.3%	493	p=0.460
Secondary school	492	2.96	1.8%	9	0.8%	4	97.4%	479	
High school/university	356	2.96	1.4%	5	0.8%	3	97.8%	348	
Sexual Profile									$\chi^2(8) = 8.83$
Not sexually active males	428	2.97	1.2%	5	0.5%	2	98.4%	421	p=0.356
Not sexually active females	405	2.92	**3.5%**	14	1.0%	4	95.6%	387	
Sexually active married males	168	2.98	0.6%	1	0.6%	1	98.8%	166	
Sexually active single males	87	2.94	2.3%	2	1.1%	1	96.6%	84	
Sexually active married female	275	2.93	2.9%	8	0.7%	2	96.4%	265	

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

'A person living with HIV can live a healthy life with ARVs.'

Respondents were asked whether they agreed with the statement 'a person living with HIV can live a healthy life with ARVs.' The majority (89%) of all respondents agreed with the statement.

Sexual profile was statistically associated with the agreement with the statement 'a person living with HIV can live a healthy life with ARVs'.

- Sexually active married females agree with the statement (93%) most, followed by sexually active married males (90%).
- Sexually inactive females expressed the most disagreement with the statement (8%).

2008 Data Table 82- 'A person living with HIV can live a healthy life with ARVs.'

	A person living with HIV can live a healthy life with ARVs								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1326	2.84	5.7%	76	4.9%	65	89.4%	1185	
Gender									$\chi^2(2) = 3.87$
Male	670	2.84	4.9%	33	5.8%	39	89.3%	598	p= 0.144
Female	656	2.83	6.6%	43	4.0%	26	89.5%	587	
Age									$\chi^2(4) = 1.05$
15-19	528	2.82	6.1%	32	5.5%	29	88.4%	467	p=0.900
20-24	398	2.84	5.8%	23	4.8%	19	89.4%	356	
25-29	398	2.85	5.3%	21	4.3%	17	90.5%	360	
Residence									$\chi^2(2) = 1.67$
Urban	283	2.81	6.7%	19	6.0%	17	87.3%	247	p= 0.432
Rural	1043	2.84	5.5%	57	4.6%	48	89.9%	938	
Education									$\chi^2(4) = 2.69$
No/primary school	487	2.84	5.1%	25	5.5%	27	89.3%	435	p=0.610
Secondary school	486	2.84	5.3%	26	4.9%	24	89.7%	436	
High school/university	347	2.82	7.2%	25	4.0%	14	88.8%	308	
Sexual Profile(*)									$\chi^2(8) = 16.78$
Not sexually active males	417	2.85	4.1%	17	**7.0%**	29	89.0%	371	p=0.032
Not sexually active females	394	2.79	**8.4%**	33	4.6%	18	87.1%	343	
Sexually active married males	166	2.85	5.4%	9	4.2%	7	90.4%	150	
Sexually active single males	87	2.80	8.0%	7	3.4%	3	88.5%	77	
Sexually active married female	259	2.90	3.9%	10	***2.7%***	7	93.4%	242	

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

Men who have Sex with Men

Summary of Findings: Men who have Sex with Men

- The majority (89%) of all respondents did not think it was acceptable for men to have sex with men.

- Overall, two thirds (65%) of respondents disagreed with the statement 'men who have sex with men can be good sons'.

- Nearly half (48%) of respondents disagreed with the statement: 'men who have sex with men can be successful businessmen'. Forty-three percent (43%) agreed with it.

- Approximately half (49%) of respondents did not agree with the statement 'men who have sex with men can be good teachers'.

- The majority (77%) of respondents agreed with the statement 'men who have sex with men can marry a woman'.
- More women than men agreed (80% vs. 74%).
- Opinions on whether ‘men who have sex with men can be good fathers were divided: 46% disagreed with the statement, while 46% agreed.

Ever Had Sex with Men (Males)

All single and married males who had ever had sex were asked whether they had ever had sex with men. Only one married respondent reported he had ever had sex with a man.

2008 Data Table 83- 'Ever Had Sex with Men' (Base: Sexually experienced males)

	Have you ever had sex with men?					
	Base	Yes		No		
		%	#	%	#	
ALL RESPONDENTS	281	0.4%	1	99.6%	280	
Marital status						$\chi^2(1) = 0.65$
Married males	170	0.6%	1	99.4%	169	$p = 0.418$
Single males	111	0.0%	0	100.0%	111	

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

Attitudes: Men who have Sex with Men

'Acceptable for men to have sex with men'

Respondents were asked to whether they found it acceptable for men to have sex with men. The majority (89%) of all respondents did not find it acceptable for men to have sex with men.

Agreement with the statement 'it is acceptable for men to have sex with men' varied according to gender: slightly more men (92%) than women (86%) disagreed with the statement.

The relationship between sexual profile and the statement 'it is acceptable for men to have sex with men' was statistically significant:

- The highest levels of agreement were among sexually active married males (9%) and not sexually active females (8%).

2008 Data Table 84- 'Acceptable for men to have sex with men'

	Acceptable for men to have sex with men								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1348	1.18	89.4%	1205	3.6%	48	7.0%	95	
Gender(*)									$\chi^2(2) = 15.31$
Male	681	**1.13**	92.4%	629	***1.9%***	13	5.7%	39	p= 0.000
Female	667	**1.22**	86.4%	576	**5.2%**	35	8.4%	56	
Age									$\chi^2(4) = 6.84$
15-19	529	1.18	89.2%	472	3.2%	17	7.6%	40	p=0.144
20-24	406	1.21	87.9%	357	3.2%	13	8.9%	36	
25-29	411	1.14	91.0%	374	4.4%	18	***4.6%***	19	
Residence									$\chi^2(2) = 0.44$
Urban	285	1.18	88.8%	253	4.2%	12	7.0%	20	p= 0.800
Rural	1063	1.17	89.6%	952	3.4%	36	7.1%	75	
Education									$\chi^2(4) = 8.75$
No/primary school	502	1.23	86.3%	433	4.8%	24	**9.0%**	45	p=0.067
Secondary school	487	1.15	90.8%	442	3.3%	16	6.0%	29	
High school/university	353	1.14	91.8%	324	2.3%	8	5.9%	21	
Sexual Profile(*)									$\chi^2(8) = 17.34$
Not sexually active males	426	1.14	91.8%	391	***2.1%***	9	6.1%	26	p=0.026
Not sexually active females	396	1.22	86.4%	342	**5.6%**	22	8.1%	32	
Sexually active married males	168	1.13	92.3%	155	2.4%	4	5.4%	9	
Sexually active single males	87	1.09	95.4%	83	***0.0%***	0	4.6%	4	
Sexually active married females	268	1.23	86.2%	231	4.9%	13	9.0%	24	

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

'Men who have sex with men can be good sons'

Respondents expressed their opinions on whether 'men who have sex with men can be good sons': Overall, two thirds (65%) of respondents disagreed with the statement.

2008 Data Table 85- 'Men who have sex with men can be good sons'

	Men who have sex with men can be good sons								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1336	1.63	65.0%	868	7.0%	93	28.1%	375	
Gender									$\chi^2(2) = 0.51$
Male	674	1.63	65.0%	438	7.4%	50	27.6%	186	p= 0.772
Female	662	1.64	65.0%	430	6.5%	43	28.5%	189	
Age									$\chi^2(4) = 0.37$
15-19	533	1.64	64.4%	343	7.3%	39	28.3%	151	p=0.984
20-24	401	1.62	65.6%	263	7.0%	28	27.4%	110	
25-29	400	1.64	65.0%	260	6.5%	26	28.5%	114	
Residence									$\chi^2(2) = 5.82$
Urban	283	**1.52**	71.0%	201	6.0%	17	***23.0%***	65	p= 0.054
Rural	1053	**1.66**	63.3%	667	7.2%	76	29.4%	310	
Education									$\chi^2(4) = 6.32$
No/primary school	492	1.70	61.4%	302	7.3%	36	31.3%	154	p=0.175
Secondary school	486	1.62	65.2%	317	7.2%	35	27.6%	134	
High school/university	352	1.55	69.6%	245	6.3%	22	24.1%	85	
Sexual Profile									$\chi^2(8) = 8.31$
Not sexually active males	424	1.63	64.2%	272	8.7%	37	27.1%	115	p=0.403
Not sexually active females	392	1.69	62.5%	245	6.1%	24	31.4%	123	
Sexually active married males	164	1.60	67.7%	111	4.3%	7	28.0%	46	
Sexually active single males	86	1.65	64.0%	55	7.0%	6	29.1%	25	
Sexually active married females	267	1.55	68.9%	184	6.7%	18	24.3%	65	

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

‘Men who have sex with men can be successful businessmen’

Opinions on whether 'men who have sex with men can be successful businessmen' were divided. Of all respondents, 48% disagreed with the statement, while 43% agreed.

Level of agreement with the statement differed significantly according to gender:

- More men than women disagreed with the statement (50% vs. 45%).
- More women than men agreed with the statement 'men who have sex with men can be successful businessmen' (47% vs 40%).

2008 Data Table 86- 'Men who have sex with men can be successful businessmen'

	Men who have sex with men can be successful businessmen								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1307	1.95	47.6%	622	9.3%	122	43.1%	563	
Gender(*)									$\chi^2(2) = 6.96$
Male	672	**1.89**	50.3%	338	10.1%	68	39.6%	266	p= 0.030
Female	635	**2.02**	44.7%	284	8.5%	54	46.8%	297	
Age									$\chi^2(4) = 6.25$
15-19	520	1.93	47.9%	249	11.2%	58	41.0%	213	p=0.180
20-24	393	2.01	44.8%	176	9.2%	36	46.1%	181	
25-29	392	1.93	49.7%	195	7.1%	28	43.1%	169	
Residence									$\chi^2(2) = 1.10$
Urban	276	1.90	50.4%	139	9.1%	25	40.6%	112	p= 0.577
Rural	1031	1.97	46.8%	483	9.4%	97	43.7%	451	
Education									$\chi^2(4) = 5.53$
No/primary school	478	1.97	46.7%	223	9.2%	44	44.1%	211	p=0.236
Secondary school	481	1.90	49.3%	237	11.0%	53	39.7%	191	
High school/university	343	1.99	46.6%	160	7.3%	25	46.1%	158	
Sexual Profile									$\chi^2(8) = 14.79$
Not sexually active males	421	1.90	48.7%	205	**12.1%**	51	39.2%	165	p=0.063
Not sexually active females	376	2.06	42.6%	160	8.8%	33	**48.7%**	183	
Sexually active married males	164	1.84	54.9%	90	6.7%	11	38.4%	63	
Sexually active single males	87	1.94	49.4%	43	6.9%	6	43.7%	38	
Sexually active married females	256	1.96	48.0%	123	8.2%	21	43.8%	112	

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

'Men who have sex with men can be good teachers'

Respondents were asked to indicate their opinions as to whether 'men who have sex with men can be good teachers'. Approximately half (49%) of respondents did not agree with the statement, while 43% agreed. Slightly more women than men agreed with the statement (45% vs. 41%).

Level of education was statistically associated with level of agreement with the statement 'men who have sex with men can be good teachers':

- The most agreement was among those with a high school/university education (48%).

2008 Data Table 87- 'Men who have sex with men can be good teachers'

	Men who have sex with men can be good teachers								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1320	1.94	48.5%	640	8.6%	113	43.0%	567	
Gender									$\chi^2(2) = 2.75$
Male	674	1.92	49.4%	333	9.5%	64	41.1%	277	p= 0.252
Female	646	1.97	47.5%	307	7.6%	49	44.9%	290	
Age									$\chi^2(4) = 0.46$
15-19	528	1.95	48.1%	254	8.5%	45	43.4%	229	p=0.977
20-24	397	1.96	47.6%	189	9.1%	36	43.3%	172	
25-29	393	1.93	49.6%	195	8.1%	32	42.2%	166	
Residence									$\chi^2(2) = 0.40$
Urban	278	1.92	50.0%	139	7.9%	22	42.1%	117	p= 0.818
Rural	1042	1.95	48.1%	501	8.7%	91	43.2%	450	
Education(*)									$\chi^2(4) = 9.78$
No/primary school	481	1.98	46.8%	225	8.9%	43	44.3%	213	p=0.044
Secondary school	487	1.87	51.5%	251	10.1%	49	***38.4%***	187	
High school/university	346	2.01	46.2%	160	***6.1%***	21	47.7%	165	
Sexual Profile									$\chi^2(8) = 13.04$
Not sexually active males	422	1.95	47.2%	199	10.2%	43	42.7%	180	p=0.110
Not sexually active females	385	2.01	45.7%	176	7.3%	28	47.0%	181	
Sexually active married males	165	1.75	**58.8%**	97	7.3%	12	***33.9%***	56	
Sexually active single males	87	2.05	42.5%	37	10.3%	9	47.1%	41	
Sexually active married females	258	1.91	50.4%	130	8.1%	21	41.5%	107	

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

‘Men who have sex with men can marry a woman’

Respondents were asked whether they agreed with the statement 'men who have sex with men can marry a woman'. The majority (77%) of respondents agreed with the statement.

Level of agreement differed significantly according to gender.

- Eighty (80%) percent of women agreed with the statement, compared with 74% of men; whilst 19% of men disagreed with the statement.

Sexual profile was also associated with level of agreement:

- The highest level of agreement with the statement was found among sexually active married females (81%), followed by sexually inactive females (79%).
- Sexually active married males disagreed the most that men who have sex with men can marry a woman (24%).

2008 Data Table 88- 'Men who have sex with men can marry a woman’

	Men who have sex with men can marry a woman								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1346	2.62	15.1	203	7.9	107	77.0	1036	
Gender(*)									$\chi^2(2) = 12.18$
Male	677	**2.56**	**18.5%**	125	7.5%	51	74.0%	501	p=0.002
Female	669	**2.68**	***11.7%***	78	8.4%	56	80.0%	535	
Age									$\chi^2(4) = 4.88$
15-19	532	2.57	17.5%	93	7.7%	41	74.8%	398	p=0.299
20-24	403	2.67	12.4%	50	7.9%	32	79.7%	321	
25-29	409	2.63	14.4%	59	8.3%	34	77.3%	316	
Residence									$\chi^2(2) = 0.06$
Urban	283	2.61	15.5%	44	7.8%	22	76.7%	217	p= 0.965
Rural	1063	2.62	15.0%	159	8.0%	85	77.0%	819	
Education									$\chi^2(4) = 1.90$
No/primary school	502	2.60	15.9%	80	8.6%	43	75.5%	379	p=0.752
Secondary school	488	2.62	14.8%	72	8.2%	40	77.0%	376	
High school/university	350	2.66	13.7%	48	6.9%	24	79.4%	278	
Sexual Profile(*)									$\chi^2(8) = 18.50$
Not sexually active males	425	2.58	16.9%	72	8.0%	34	75.1%	319	p=0.017
Not sexually active females	397	2.66	13.1%	52	7.8%	31	79.1%	314	
Sexually active married males	165	2.46	**23.6%**	39	6.7%	11	69.7%	115	
Sexually active single males	87	2.61	16.1%	14	6.9%	6	77.0%	67	
Sexually active married females	269	2.71	***9.7%***	26	9.3%	25	81.0%	218	

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

‘Men who have sex with men can be good fathers’

Opinions on whether ‘men who have sex with men can be good fathers’ were divided: 46% of respondents disagreed with the statement, while 46% agreed.

Level of agreement differed significantly according to gender: more agreement with the statement was found among women than men (49% vs. 43%).

2008 Data Table 89- 'Men who have sex with men can be good fathers'

	Men who have sex with men can be good fathers								
	Base	Mean	Disagree(1)		Neutral(2)		Agree(3)		
			%	#	%	#	%	#	
ALL RESPONDENTS	1331	2.00	45.8%	609	8.3%	110	46.0%	612	
Gender(*)									$\chi^2(2) = 6.26$
Male	675	**1.94**	48.9%	330	8.4%	57	42.7%	288	p= 0.043
Female	656	**2.07**	42.5%	279	8.1%	53	49.4%	324	
Age									$\chi^2(4) = 6.30$
15-19	532	1.96	47.4%	252	9.6%	51	43.0%	229	p=0.177
20-24	400	2.05	44.8%	179	***6.0%***	24	49.3%	197	
25-29	397	2.03	44.3%	176	8.8%	35	46.9%	186	
Residence									$\chi^2(2) = 0.47$
Urban	280	2.03	45.0%	126	7.5%	21	47.5%	133	p=0.789
Rural	1051	2.00	46.0%	483	8.5%	89	45.6%	479	
Education									$\chi^2(4) = 8.95$
No/primary school	491	2.04	43.8%	215	7.9%	39	48.3%	237	p=0.062
Secondary school	486	**1.90**	**50.4%**	245	8.8%	43	***40.7%***	198	
High school/university	349	2.08	41.8%	146	8.0%	28	50.1%	175	
Sexual Profile									$\chi^2(8) = 10.92$
Not sexually active males	423	1.96	47.5%	201	9.5%	40	43.0%	182	p=0.206
Not sexually active females	391	2.05	44.0%	172	7.4%	29	48.6%	190	
Sexually active married males	165	1.85	**53.9%**	89	7.3%	12	38.8%	64	
Sexually active single males	87	2.02	46.0%	40	5.7%	5	48.3%	42	
Sexually active married females	262	2.10	40.8%	107	8.4%	22	50.8%	133	

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

Summary of Trends

The trend analysis showed a mixed story of progress on HIV and AIDS prevention behaviours and some measures of emotion that contribute to respondents' self-efficacy to adopt and/or maintain practices.

Interpersonal Communication: Talking about…

Overall there were decreases in 'never talking' about various HIV and AIDS related topics. However, the new discussions were not recent (more than a month ago), and discussions in the past month decreased or were stable.

Sexual Matters:

- Never talking about sexual matters decreased overall (34% in 2007 vs. 27% in 2008), while recent talking about sexual matters (in the past month) remained stable at 39%.
- There were no significant changes among the sexually active target subgroups.

HIV and AIDS Risks:

- Never talking about HIV and AIDS risks decreased overall (25% in 2007 vs. 21% in 2008), while recent talking about sexual matters (in the past month) remained stable at 36%.
- There were changes among the sexually active male subgroup, in which never talking (10% in 2007 vs. 6% in 2008).and recent talking (51% in 2007 vs. 44% in 2008) both slightly decreased, while talking more than a month ago increased (39% in 2007 vs. 51% in 2008).
- Embarrassment talking about HIV and AIDS risks decreased (30% in 2007 vs. 26% in 2008) in the total sample, as did fear talking about HIV and AIDS risks (45% in 2007 vs. 37% in 2008).
- Both target subgroups also expressed less embarrassment talking about HIV and AIDS risks – sexually active males (41% in 2007 vs. 35% in 2008), and sexually active married females (56% in 2007 vs. 45% in 2008).

Condoms:

- Never talking about condoms decreased overall (34% in 2007 vs. 28% in 2008), while recent talking about condoms (in the past month) also remained stable at 35%.
- There were no significant changes among the sexually active target subgroups talking about condoms.

VCCT (HIV Testing):

- Never talking about being tested for HIV decreased overall (45% in 2007 vs. 40% in 2008), while there were increases in talking more than a month ago (32% in 2007 vs. 39% in 2008), and a slight decrease in recent talking about HIV testing (in the past month) to 20%.
- There were small, but not significant, changes among the sexually active male subgroup of whom 26% had talked recently. Among sexually active married females, the changes were significant: Never talking decreased to

38%, talking more than a month ago increased (37% in 2007 vs. 48% in 2008), but recent talking decreased to 15%.

Sexual Practices:

Overall sexual experience and activity were stable. There were increases of celibacy and fewer partners reported by single, sexually experienced males.

Ever had Sex:

- There was no change in the proportion of sample (42%) who reported they had ever had sex, nor any changes within gender and marital status subgroups.

Sexually Active:

- Sexual activity, defined as having had at least one sexual partner in the past year, remained steady. There were no differences in sexual activity compared to the 2007 Sentinel Study.

Number of Sexual Partners:

- Compared to 2007, there were no changes in the number of sexual partners reported by married males or married females.
- Among single sexually experienced males, however, celibacy (no partners in the past year) nearly doubled (12% in 2007 vs. 22% in 2008) and the mean number of partners decreased (2.8 vs. 2.4).

Relationships with Sexual Partners:

- Compared to 2007, there were no changes in the types or amounts of relationships respondents had with their sexual partners – spouse, sweetheart/sangsar, sex worker.

Risk Assessment:

Risk assessment overall was stable, with the majority (79%) considering themselves to be at no risk of contracting HIV, while sexually active married females reported an increase in 'some risk'. The main reasons for risk assessments did not change substantially, except for an increase in concern about touching the blood or pus of PLHIV.

Personal risk assessment:

- The number (79%) of respondents who considered themselves to have 'no chance' of getting HIV was steady, and the number who felt their chance was 'high' fell to 1%.
- Among sexually active males, those who considered themselves at risk of HIV fell: More sexually active males assessed their risk at 'no chance' (67% in 2007 vs. 81% in 2008), and fewer considered it to be 'some chance' (29% in 2007 vs. 19% in 2008). Less than 1% felt they had a 'high chance'.
- By contrast, there was an increase in sexually active married females who considered their risk to be 'some chance' (24% in 2007 vs. 32% in 2008), and 'high chance' was steady at 2%.

Reasons for No Risk Assessment:

- Faithfulness (having only one partner) decreased as a reason (26% in 2007 vs. 22% in 2008).
- Slight increases in reasons included not using contaminated injecting equipment (14% in 2007 vs. 19% in 2008), knowledge (unspecified) of how to protect oneself (14% in 2007 vs. 17% in 2008), and condoms (12% in 2007 vs. 16% in 2008).

Reasons for Some-High Risk Assessment:

- The main reasons for some self-assessed risk did not change significantly – using contaminated injecting equipment (34%), distrust in partner (22%), sex without a condom (16%).
- There was an increase in touching the blood or pus of PLHIV as a reason for self-assessed risk (3% in 2007 vs. 12% in 2008).

Condoms:

Levels of condom buying and condom use did not change. Condom use with sweethearts was reported more frequently. Virtually all males who had a sex worker partner used a condom the last time they had sex.

Knowledge about Condoms to Reduce Risk:

- 'Condoms' as a way to reduce HIV risk increased to a nearly universal level (90% in 2007 vs. 93% in 2008).

Condom Buying:

- There was no change overall in how many respondents had ever bought a condom (20%).
- Condom purchasing had not changed among either target subgroup, sexually active males (58%) and sexually active married females (18%).

- Embarrassment about buying condoms decreased overall (48% in 2007 vs. 42% in 2008), and among sexually active males (33% in 2007 vs. 28% in 2008) and sexually active married females (46% in 2007 vs. 41% in 2008).

Ever Used a Condom:

- Similarly, ever having used a condom remained stable.
- Half of the sexually active respondents had never used a condom (50%), 28% of sexually active males and 70% of sexually active married females.

Consistent Condom Use:

- Using a condom the last time the sexually active respondents had sex did not change; overall a third of the sexually active respondents (30%) reported consistent condom use - 48% of sexually active males and 13% of sexually active married females.
- Never using a condom with spouses did not change: 69% with wives, 75% with husbands.
- Condom use with sweethearts was reported more frequently. 'Often' seemed to shift to 'always', which increased (49% in 2007 vs. 65% in 2008), while never seemed to shift to an increase in 'a little' (5% in 2007 vs. 14% in 2008).

- With sex worker partners virtually all respondents reported using a condom the last time they had sex (93% in 2007, 99% in 2008).

VCCT (HIV Testing):

HIV testing and interest in being tested for HIV did not change.

Being Tested for HIV:

- HIV testing increased slightly, but not significantly: 23% of respondents had ever been tested, 42% of sexually active males and 49% of sexually active married females.

Interest in Being Tested for HIV:

- Interest in being tested for HIV decreased overall (43% in 2007 vs. 33% in 2008) and among sexually active men (56% in 2007 vs. 37% in 2008).
- Interest in HIV testing among sexually active married females dropped but not significantly (40%).

Embarrassment about HIV testing being known by friends decreased (32% in 2007 vs. 28% in 2008) and by sexually active males (29% 2007, 19% 2008).

Summary of Exposure Impact Analysis

The impact analysis showed a consistent picture of a strong relationship between exposure to the BBC World Service Trust outputs and the HIV and AIDS prevention messages they presented. These messages encouraged both behaviours and some measures of respondents' self-efficacy to adopt and/or maintain prevention practices.

Interpersonal Communication: Talking about…

In the total sample and amid both sexually active target subgroups, there were substantially higher levels of 'never talking' about various HIV and AIDS related topics by those who were not exposed to Trust outputs. Similarly, recent (in the past month) discussion was higher among those who had higher levels of exposure.

The differences noted below were all statistically significant, indicating consistently the positive relationship between exposure to mass media with prevention information and discussion of HIV and AIDS related topics.

Sexual Matters:

- Never talking about sexual matters: 51% unexposed vs. 16% high exposed in the total sample; with sexually active males, 50% unexposed.
- Recent talking (in the past month): overall, 20% unexposed vs. 42% high exposed; sexually active males, 55% high exposed; sexually active married females, 51% high exposed.

HIV and AIDS Risks:

- Never talking about HIV and AIDS risks: 50% unexposed vs. 6% high exposed in the total sample.
- Recent talking (in the past month): overall, 16% unexposed vs. 44% high exposed; sexually active males, 8% unexposed vs. 53% medium exposure.

- Embarrassment talking about HIV and AIDS risks was lower among those exposed to media: in total sample, 48% unexposed vs. 22% high exposed.
- Fear talking about HIV and AIDS was also lower among the media-exposed: 62% unexposed vs. 32% high exposed.

Condoms:

- Never talking about condoms: 47% unexposed vs. 17% high exposed in the total sample; sexually active females, 48% unexposed vs. 27 % high exposed.
- Recent talking (in the past month): overall, 22% unexposed vs. 42% high exposed; sexually active married females, 11% unexposed vs. 43% medium exposure.

VCCT (HIV Testing):

- Never talking about HIV testing: 60% unexposed vs. 29% high exposed in the total sample; with sexually active males, 58% unexposed vs. 10% high exposed.
- Recent talking (in the past month): overall, 11% unexposed vs. 36% high exposed.

Sexual Practices:

Sexual activity (having had at least one sexual partner in the past year) was associated in the total sample with exposure to the Trust outputs, but not within separate gender and marital subgroups[54].

- Half (53%) of those who were unexposed to the Trust's outputs reported they had one or more sexual partners.
- Conversely, virginity (reporting never having had sex) and celibacy (reporting zero sexual partners in the past year) was highest (65%) among the high exposure group.

Risk Assessment:

Since risk assessment is based on each respondent considering their own practices and history, not any specific media message, looking at a relationship between individual risk assessments and exposure to media was not conducted.

Condoms:

In the total sample and amid both target subgroups, there were substantially lower levels of condom use by those who were not exposed to Trust outputs.

The differences noted below were all statistically significant, indicating consistently the positive relationship between exposure to mass media with prevention information and condom use.

Knowledge about Condoms to Reduce Risk:

- Those with high exposure to media outputs mentioned condom use as a means of preventing HIV infection more than the unexposed: overall, 81% unexposed vs. 98% high exposed.

Condom Buying:

- Ever bought a condom: sexually active males, 17% unexposed vs. 31% high exposed in the total sample.

Ever Used a Condom (sexually active respondents):

- Never used a condom: 74% unexposed vs. 38% high exposed in the total sample; sexually active males, 75% unexposed vs. 20% high exposed.

Consistent Condom Use:

- Using a condom the last time the sexually active respondents had sex: 15% unexposed vs. 37% high exposed overall; sexually active males, 25% unexposed vs. 51% high exposed.

VCCT (HIV Testing)

HIV testing was not associated with exposure to the BBC World Service Trust outputs, but interest in being tested for HIV was.

[54] See Data Table 9 which shows that sexual experience is associated with gender and marital status.

Being Tested for HIV:

- There were no differences in HIV testing between the exposure groups.

Interest in Being Tested for HIV:

- There were significant differences in interest in HIV testing between the exposure groups: 30% unexposed vs 42 high exposed.
- Embarrassment about HIV testing did not differ between exposure groups in the total sample, but among sexually active males disagreement with the statement 'I would be embarrassed if my friends found out I was getting a test for HIV' did differ by exposure group, 42% unexposed vs 84% high exposed.

PLHIV, Stigma and Discrimination

Exposure to the Trust's media outputs was associated with lack of enacted stigma (trying to avoid physical contact with a PLHIV).

Talking with PLHIV:

- Talking to someone the respondent knew had HIV was associated with exposure to the Trust's media outputs: 19% unexposed vs 46% high exposed.

Enacted Stigma:

- In the total sample, the high exposed group expressed the least enacted stigma against PLHIV: disagreement with statement 'I try to avoid physical contact with a person who is HIV positive' 55% unexposed vs 80% high exposure; sexually active males, 42% unexposed vs 84% high exposure; sexually active females, 48% unexposed vs 84% high exposure.

Discussion and Recommendations

Mass Media to Promote HIV Prevention

The data in this report provide evidence of the positive role of mass media in informing young Cambodians about HIV and AIDS risks and prevention. The evidence also demonstrates that there is a positive relationship between exposure to the Trust's mass media outputs about HIV and AIDS and discussion about related topics, as well as with prevention behaviours.

This data shows that mass media continues to be an effective mechanism to disseminate HIV and AIDS information to young Cambodians: HIV and AIDS information reached 92% of the population via mass media in the past year.

- Mass media is a strongly recommended method to communicate about HIV testing.
- So, to ensure reaching as many young Cambodians as possible with a variety of programme outputs that meet their tastes and lifestyles, a multi-format, multi-media approach is recommended: The reach of television formats (86%) was greater than radio (73%) but many had encountered HIV and AIDS information on both television and radio (67%).
- Consider extending the variety of programmes and platforms with some longer-format television outputs.

BBC World Service Trust outputs effectively reached virtually all television viewers (98%) and radio listeners (96%).

- Continue a diversity of formats and variety of individual outputs to maximise reach of HIV and AIDS information.
- Produce a variety of TV spots for a range of target audiences.
- Continue branding radio spots with Loak Chuoy and using tag lines that are consistent across a range of spots.
- Extend use of pop music to communicate about HIV and AIDS.
- Maintain phone-in formats, which are solidly established with growing audiences.
- Explore the potential to develop additional media personas to have a long-term role in HIV and AIDS communication – e.g. the well-established male condom character Loak Chuoy reiterates and sustains key messages, as well as having potential to serve as an established and trusted familiar vehicle through messaging on other issues; consider developing a female character that could have comparable range.

Interpersonal Communication: Talking about HIV and AIDS Prevention

Levels of discussion varied between different topics. In the entire sample, talking about sexual matters and ever having talked to a PLHIV were most common (each 39%), followed by HIV and AIDS (36%) and condoms (35%), then HIV testing (20%).

Males discussed all topics more than females; single sexually active males discussed all topics the most, more than any subgroup profiled in the earlier 2008 data tables.

2008 Data Table 90- 'Summary of Talking About…'

Talked About…		Never	In Past Month
Total Sample	Sexual Matters	27%	39%
	HIV and AIDS	21%	36%
	Condoms	28%	35%
	HIV Testing	40%	20%
	With a PLHIV	Ever - 39%	
Males	Sexual Matters	17%	50%
	HIV and AIDS	12%	42%
	Condoms	17%	46%
	HIV Testing	31%	25%
	With a PLHIV	Ever - 39%	
Females	Sexual Matters	38%	28%
	HIV and AIDS	29%	29%
	Condoms	40%	24%
	HIV Testing	49%	15%
	With a PLHIV	Ever - 39%	
Single Sexually Active Males	Sexual Matters	3%	69%
	HIV and AIDS	3%	56%
	Condoms	3%	64%
	HIV Testing	10%	39%
	With a PLHIV	Ever - 47%	

Overall, there were decreases in 'never talking' about various HIV and AIDS related topics. However, the new discussions were not recent (more than a month ago), and discussions in the past month decreased or were stable. Thus, the data indicate a lingering 'silence' among a large number of young Cambodians on the range of HIV and AIDS-related issues. The silence continues to be strongest among young women, of whom nearly four in ten had never spoken about condoms or sexual matters.

However, the exposure analysis indicates consistently a positive relationship between exposure to the Trust's mass media outputs and discussion of HIV and AIDS related topics. These associations were noted in the total sample and both target subgroups: There were substantially lower levels of 'never talking' about various HIV and AIDS related topics by those who were not exposed to Trust outputs; similarly, recent (in the past month) discussion was higher among those who had higher levels of exposure.

- Mass media outputs should continue to be used to encourage discussion.
- Maintain the Trust phone-in programmes that provide an interactive forum for discussion and model constructive, informed exploration and discussion of issues.
- Focus messaging on encouraging people who have never spoken to speak up, and reminding those who have not spoken in a while to speak again soon and do so more often.
- Prompt discussion by introducing new approaches to spots and new formats that prompt audiences to remark on and discuss them.

As in 2007, attitudes about the suitability of discussing certain issues suggest that many young Cambodians, especially females, may be hampered by social attitudes and perceived norms. It is worth noting that, as in 2007, a proportion of males expressed approval for females to talk about certain issues, and more approval than females about some condom matters

- Additional analysis comparing the attitudes towards certain issues and discussion of them, particularly among single and married females, would be

helpful for further segmenting females and/or determining whether there is continuum of discussion that relates to other attitudes and experiences.
- Qualitative research exploring discussion and relationship scenarios could identify key situations and discussion skills to target and model in communications.
- Statistical modelling of the interactions between media exposure, discussion, self-efficacy, attitudes and prevention behaviours.
- Qualitative analysis to explore further the extent to which the discussion programmes and interpersonal communication are an outcome, mediator and/or moderator.

Sexual Practices

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

The data provide some perspective about attitudes and practices in three distinct types of sexual relationships that exist between young Cambodian men and women: wife/spousal, sweetheart and paid.

While there are mixed opinions for men's extramarital and paid sexual behaviours, a large proportion of the men, particularly single sexually active males, were accepting of them.

- HIV and AIDS communications need to be suitable for each of the three relationships and resonate with both the men and the women in these relationships.
- Additional analysis profiling the attitudes of the sub-groups that are not already presented in this report would be helpful for further tailoring outputs and their content.

Condoms

Knowledge that condoms can prevent HIV was close to universal, and other attitudes indicated social support for discussing and using condoms. Nevertheless condoms did still seem to be linked to sex work[55], and there was nearly a third of the population who never talked about condoms.

- Additional analysis comparing condom attitudes and condom experiences would be helpful to identify if there is a clustering or spectrum of condom-favouring and condom-resisting attitudes and behaviours.
- Exploration of perceptions of condom-using women, particularly whether condom use in different types of relationships reflects on the nature of the relationship and the women in them.

As in 2007, only half of sexually active respondents reported ever using a condom. Nearly a third of the sexually active respondents used condoms consistently, having done so the last time they had sex - nearly half of sexually active males, but not even

[55] This is likely a legacy of early, successful, responses to HIV and AIDS in Cambodia, which focused on promoting '100% condom use' with brothel based sex workers.

one in seven sexually active married females. Looking just at those who had ever used a condom, consistent condom use was higher: two-thirds of males and nearly half of females who had ever used a condom reported they had used one the last time they had sex. This suggests that once condom use is initiated, it is widely sustained.

Purpose of communications:

- Encourage the initiation of condom use by those who have not yet ever used condoms.
- Reinforce consistent condom use with those who have ever used a condom, regardless of the relationship with their partner.
- Normalise talking about and purchasing condoms so that those who are doing so without embarrassment are reinforced, and those who still do not perceive less social resistance to hinder them.
- Continue to encourage the increase of condom use in sweetheart relationships – both to begin using condoms when they have not been used before, and for those who often do so, to do so every time.
- Counter the association of condoms with lack of virtue in women, with other positive attributes.
- Continue opening up issues of 'caring' and 'trust' in relationships, particularly marriage.

HIV and AIDS Risk Perception

As in 2007, nearly a fifth of respondents reported that they felt they had some chance of getting HIV. As in 2007, the main reasons given by those who felt they had no risk were having never had sex and monogamy. There was an increase in people who reported not using contaminated injecting equipment and condoms as reasons for their self-assessed lack of risk. The strongest reference to monogamy was among married sexually active respondents; condoms were the reason for self-assessed lack of risk by single sexually active men.

Among those who felt they did have some risk, injecting equipment, lack of trust in partner and not using condoms were the main reasons given. There was an increase in the number of respondents who attributed their perceived risk to contact with the blood or pus of PLHIV.

- Desk research about what unsterile injecting scenarios are encountered by the general population and whether there have been recent efforts to increase awareness about safe injecting.
- Qualitative research about what 'trust' and 'faithfulness' mean in relationships.

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

- Additional analysis comparing the personal risk perceptions and other reported sexual practices would be a quick validation of risk perceptions.

Since risk assessment is based on each respondent considering their own practices and history, looking at a relationship between individual risk assessments and exposure to media was not conducted.

Purpose of communications:

- Support realistic, accurate risk assessments.
- Reinforce the practices that are basis of 'No Risk' assessment - condoms, being faithful to their partners.
- Promote protection when partners are new or person is unsure about their partner.
- In cases of some or high risk assessment, emphasise taking no further risks and getting tested for HIV (or other risk-related illnesses) to know for certain.
- Encourage respondents who have not had sex yet to consider risk reduction, especially condom use, during their first sexual experiences.
- Encourage extending prevention to other actions that also can reduce risks.
- Explore and model where individuals can introduce safe injecting practices and equipment into common injecting scenarios.

Target Audience:

- People who consider themselves to be at NO RISK of getting HIV.
- People who consider themselves to be at SOME or HIGH RISK of getting HIV.

VCCT (HIV Testing)

The data show that although levels of testing for HIV has stayed steady, interest in being tested for HIV decreased. The analysis also did not indicate a significant association between exposure to media and interest in testing or actually having been tested for HIV.

This suggests, that while media appears to promote awareness about testing, its benefits, and where it is available[56], other factors actually prompt interest in HIV testing and getting tested.

Nevertheless, a third (33%) of the young Cambodians in this study wanted to be tested for HIV. But half (51%) of those who did consider themselves at 'some risk' of having HIV said they did not want to be tested.

The messaging and targeting for this issue fits into the matrix used to assess the relationship between these two variables, and considers the stages of change – precontemplation, contemplation, preparation for action, action, maintenance components - along a behaviour change continuum that the person is likely to be.[57]

Target audience:

- People who consider themselves to be at SOME RISK of contracting HIV, and who WANT to be tested for HIV.

Purpose of communications/Messages:

- Commend, confirm the interest in being tested for HIV.

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[56] A number of spots about HIV Testing included information about how to contact the INTHANOU Association HIV/AIDS Hotline for more information.

[57] Prochaska J.O., DiClemente C.C. and Norcross J.C. (1992). In search of how people change – applications to addictive behaviours. *American Psychologist, 47(9),* 1102-1114. Cited in FHI (1996). Behaviour Change – A summary of four major theories. Downloaded from http://www.comminit.com/en/node/27093 (source 1).

- Practical, encouraging information about how, where to get the test.

Target audience:
- People who consider themselves to be at SOME RISK of getting HIV, and who DO NOT WANT to be tested for HIV.

Purpose of communications/ Messages:
- Challenge not wanting to being tested for HIV.
- Encourage thinking about being tested for HIV.
- Advantages of testing stronger than reasons may not want to be tested.

Fig. 6 Targeted Messaging to Promote Interest in Being Tested for HIV

Self-Risk Assessment	**Do you want to be tested for HIV?**	
	Yes	**No**
Stage of Change	**Maintenance**	
NO CHANCE	• Confirm your risk assessment • Continue to practice prevention behaviours	
Stage of Change	**Contemplation --> Preparation**	**Pre-Contemplation --> Contemplation**
SOME HIV RISK	• Commend, confirm the interest in being tested for HIV. • Practical, encouraging information about how, where to get the test.	• Challenge not wanting to being tested for HIV. • Encourage thinking about being tested for HIV.

Stigma and Discrimination

People Living with HIV

Despite the limited direct contact with people living with HIV experienced by many respondents, the findings are encouraging in terms of physical interaction: The principle of the rights of PLHIV was high, and nearly all felt their interactions with their family would not change, and few tried to avoid physical contact with PLHIV. Nevertheless there was increased response that 'avoiding the blood or pus of PLHIV' as a way to prevent HIV infection.

- Desk research and key informant questions about sources of increased knowledge about avoiding the blood or pus of PLHIV noted in the general population and whether there have been recent efforts to increase awareness reducing contact with bodily fluids, or about universal precautions[58].

These findings, as in 2007 suggest that fostering parasocial[59] interactions between audiences and PLHIV could contribute to increased comfort interacting with PLHIV in real life, and reduced judgement and blame. Among the TV spots in the 2008 Sentinel

[58] http://www.unaids.org/en/PolicyAndPractice/Prevention/UnivPrecaution/ http://en.wikipedia.org/wiki/Universal_precautions

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

Study were some that used testimonials from PLHIV speaking directly to the audience via the camera.

- Further analysis is needed to assess any differences between those respondents who had seen the PLHIV testimonial spots and their attitudes and contact with PLHIV with those who have not, to assess the impact of the spots.

Purpose of communications:

- Give audience a sense of personally having a positive, comfortable personal interaction with PLHIV via engagement with various outputs.
- Reinforce the widely held opinion about rights of PLHIV.
- Normalise physical interaction and social inclusion of PLHIV.

Men who have Sex with Men

In this study, only one married male reported he had ever had sex with a man. This practice was considered unacceptable by nearly all respondents, with no variations across any profiles. In terms of roles in society, there were different views, with three-quarters noting that a man who has sex with men can also marry a woman and two-thirds noting that he can be a good son. Opinions were divided about other occupational and family roles.

- Further analysis of basis of public attitudes about men who have sex with men.
- Develop mass media strategy to increase awareness, understanding of MSM's lives, and to reduce stigma and secrecy.

Describing and Profiling Audiences

Each of the attitudes and practices here have been reported independently, with comparative sub-group analysis – e.g. by gender, age, sexual profile, etc. Analysis of combinations of attitudes and how they may cluster together has not been conducted. Such analysis would present a range of profiles, different outlooks and combinations of practices about HIV and AIDS. This profiling is likely to be very useful to more closely identify target audiences according to attributes that are more complex than demographics or relationship status.

- Conduct segmentation analysis of key attitudes and practices in 2008 Sentinel Study.

Assessing Trends

Finally, as noted earlier, the trend analysis in this report only compares data from 2007 to 2008. Many of the attitudes and practices assessed in the study have been the focus of prevention and communications efforts for more than two years[60]. Thus a number of the practices and self-efficacy in the trend analysis may have experienced substantial changes or shifted prior to the 2007 Sentinel Study. The 2008 data may reflect relatively high levels that have been achieved earlier that are now being held steady – a levelling or 'plateau effect'. Very high levels on other matters suggest possibly they be at a

[60] The Trust has collected data on some HIV prevention practices and HIV testing since 2003 with intention of capturing trends. But to date efforts have been focused on annual reporting of survey findings rather than retrospective analysis.

realistic maximum – 'ceiling effect' – beyond which efforts to increase them may yield diminishing returns.

- Longer-term trend analysis of data the Trust has collected since 2004 is recommended to get a long-term picture of shifts in knowledge, attitudes and practices about HIV and AIDS and prevention.
- On certain issues, focus efforts on maintaining the currently high levels of public knowledge, opinion and practices related to HIV and AIDS.
- Focus renewed, revised efforts on other issues that have do not seem to have shifted and appear to be staying at lower levels, such as condom use.

Assessing Impact

Bearing in mind the consistently high level of HIV and AIDS information in the Cambodian media for a number of years, it is difficult to assert fully the overall impact of the selected outputs produced and broadcast by the Trust in 2007. Their impact may be under assessed for several reasons, including:

- Not all recent outputs, especially TV and radio spots, can be included in the survey, so exposure may be underestimated.
- Some outputs are rebroadcast or disseminated via private means after broadcast and the evaluation period is completed – e.g. ring tones, pop music, videos and DVDs of dramas and film.
- Diffusion and integration of the information from earlier mass media efforts into the Cambodian knowledge-base and the evolution of ideas in contemporary Cambodian relationships, social and cultural mores about HIV and AIDS prevention over a number of years.
- Role, nature and effects of interpersonal communication – be it independent of mass media, prompted by mass media, or encountered in a mass media forum.

Further analysis is recommended to explore the effects of mass media in HIV and AIDS prevention, and more closely the impact of the BBC World Service Trust outputs.

- Further analysis looking at recall of specific outputs focusing on a particular message (e.g. condoms, stigma and discrimination) and the related attitudinal, self-efficacy and practice/behaviour outcomes they were designed to address.
- Statistical modelling of the interactions between media exposure, discussion, self-efficacy, attitudes and prevention behaviours.

Conclusions

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

The report provides information about young Cambodians' attitudes in regard to sexual matters, as well as a measure about the prevalence of certain sexual practices. Nevertheless, much targeting of prevention messaging is still based on demographic profiles or a single risk or relationship factor; additional analysis of lifestyle and attitudinal variables alongside demographic and risk profiles to further segment target audiences is recommended.

This study also highlights short-term trends (2007 to 2008) in key practices and self-efficacy. However, given the short-term nature of the trend analysis in this report, longer-term trend analysis of data the Trust has collected since 2004 is recommended to get a picture of shifts in HIV prevention practices and VCCT (HIV testing).

Impact analysis demonstrates the positive role of HIV and AIDS information in mass media: 'Exposure' to or encounters with the Trust's outputs were consistently associated with higher levels of discussion and prevention practices and self-efficacy. This analysis confirms the important role of media and communications in the response to HIV and AIDS. Further analysis to explore the nature of the interpersonal communications and the interactions between mass media exposure, interpersonal communications and behavioural change is recommended.

The changing Cambodian media landscape offers many new possibilities for responding to HIV and AIDS in Cambodia, which the up-to-date media data provided in this report informs.

Finally, this report again demonstrates the achievements of BBC World Service Trust's Research and Learning team and the National Centre for Health Promotion. The 2007 Sentinel Study effort was a tremendous accomplishment; this year, working on the 2008 Sentinel Study report, the teams raised their ambitions and standards even higher. This report is evidence of their hard work and the continuing quality of their survey research skills.

Appendices

Research Team

BBC World Service Trust

Ms.Lizz Frost Yocum	Research Manager, London
Ms. Chiv Linna	Head of Research, Phnom Penh
Mr. By Ratana	Senior Research Executive, Phnom Penh
Mr. Khim Narith	Senior Research Executive, Phnom Penh

National Centre for Health Promotion

Mr. Sin Sovann, MD, MPHM
Mr. Khun Sokrin, MD, MTH, PhD
Mr. Heng Lim Try, MD, MPH

Field Supervisors, Editors

Dr. Danh Khemara
Dr. Ray Rany
Dr. Ung Sarun
Ms. Lim Kea
Mr. Heav Bunsreng
Mr. Hou Saurphear
Ms. Sao Vicheka
Ms. Chhorn Srey Thouk
Mr. Theng Sokdom
Ms. Yan Sopheak
Ms. Sann Theraroth
Ms. Kim Sreysor

Data Collection Teams

Ms. Heak Morina
Ms. Chet Ratana
Mr. Gnim Channarith
Mr. Heng Sokleng
Ms. Hak Sokly
Ms. Nhenk Srey Len
Mr. Suos Dina
Mr. Khat Chandara
Mr. Sim Pov
Ms. Hout Danet
Ms. Uoch Socheata
Mr. Heng Tola
Ms. Yim Soryneth
Ms. Pa Sreyen
Mr. En Ngoeun
Mr. Soung Thea

Data Collection Teams (cont'd)

Mr. Sea Saoyoury
Ms. Kaing Mouyky
Ms. Noun Manan
Mr. Sim Song
Mr. Soeng Chhumleng
Ms. Ngeth Sokmean
Ms. Eng Chan Lita
Mr. Vann Thiroth

Survey Questionnaire

The survey questionnaire is available in a separate document and on CD. Both English and Khmer language versions are included.

Index of Exposure

Step 1:
DEFINING LOW-HIGH FOR EACH PLATFORM

No	0 seen/heard
Low	less than or equal to MODE
High	more than MODE

Radio

0	>0 and <= Mode	> Mode
0	1	2
No	Low	High
No Radio	Radio Low	Radio High

TV

0	>0 and <= Mode	> Mode
0	1	2
No	Low	High
No TV	TV Low	TV High

Step 2:
SCORES BY PLATFORM

Values from Data Set:

Radio	Min	0
	Max	5
	Mean	1.76
	Mode	2

0	<= 2	> 2
0	1	2
No	Low	High
No Radio	Radio Low	Radio High

TV	Min	0
	Max	8
	Mean	4.16
	Mode	3

0	<= 3	> 3
0	1	2
No	Low	High
No TV	TV Low	TV High

Step 3:
INDEX OF EXPOSURE

No Exposure to Trust Outputs - 'Unexposed'

	No	Low	High
Radio	0	1	2
TV	0	1	2

0
No Exposure

Low Exposure to Trust Outputs

	Low	High
Radio	1	2
TV	1	2

1
Low

	Low	High
Radio	1	2
TV	1	2

1
Low

	Low	High
Radio	1	2
TV	1	2

2
Low

Medium Exposure to Trust Outputs

	Low	High
Radio	1	2
TV	1	2

2
Medium

	Low	High
Radio	1	2
TV	1	2

2
Medium

	Low	High
Radio	1	2
TV	1	2

3
Medium

	Low	High
Radio	1	2
TV	1	2

3
Medium

High Exposure to Trust Outputs

	Low	High
Radio	1	2
TV	1	2

4
High