

1.0 Introduction

The Voice for Humanity (VFH) behaviour change communication (BCC) approach leverages on the uniqueness of typical rural settings. In these settings, there is often no modern information technology such as print, electronic and internet access; literacy levels, including the knowledge of HIV prevention measures are low; and learning occurs via oral tradition in a closely knitted small groups often facilitated by community leaders. In such settings, new ideas are disseminated in the form of story telling, folk songs and parables to aid comprehension. The BCC method adopted by the VFH program uses this skilfully by delivering messages using a solar powered digital audio device, in small group settings, with a community facilitator trained and able to respond to concerns and make necessary clarifications. This approach helps to quickly clear misconceptions and facilitates learning. The use of the device set with pre-recorded messages also helps ensure consistency of information provided.

In line with the SFH strategy to increase and

improve participation of Female Out of School Youths (FOSY) in community level HIV prevention efforts, the VFH approach was piloted in Kano, Kaduna, Jos and Bauchi in 2007. A total of 4,000 VFH devices were distributed in the pilot sites. The messages on the chip were audio-recorded locally and subsequently programmed into an electronic chip that could be replayed. It contained basic information on HIV, risk perception, practical risk reduction approaches, and real life suggestions on ways individuals and communities could work together to reduce the spread of HIV as well as care for those who are infected. These contents were adapted into short stories, folk songs, parables and faith-based testimonials. The devices were handed over to selected community facilitators at the sites. The facilitators were trained on the use of the VFH device, as well as on how to facilitate listening group sessions with peers and family members. The duration of the intervention was three months.

This report is drawn from data obtained during an evaluation of the impact of the intervention.

2.0 Objectives

The objectives of the study were to:

- Determine the relationship between level of exposure to the messages in the device and determinants of behaviour.
- Assess the impact of the project on the target groups who were exposed to the intervention against those who were not.
- Measure key outcomes of the intervention

Other specific objectives included assessing knowledge on:

- STIs/HIV/AIDS prevention among the target groups.
- Knowledge on pregnancy prevention.
- Knowledge of asymptomatic transmission of HIV/AIDS
- Knowledge that condom use & staying faithful with one uninfected partner protect against HIV
- Accurate assessment of personal risk of contracting HIV/AIDS
- Desire to have an HIV test
- Accepting attitudes to Persons Living with HIV and AIDS(PLWHAs)

3.0 Methodology

Two research methods were used for this study. The quantitative research methodology was adopted through the use of structured questionnaires. Equal numbers of questionnaires were administered amongst FOSY who were exposed to the intervention and those who were not exposed. In terms of design, the research was implemented to measure knowledge amongst FOSY exposed to the intervention as against those who were not exposed to the intervention.

The qualitative aspect of the study utilized Focus Group Discussions (FGDs). In all, a total of eight (8) FGDs, two (2) per site (Bauchi, Jos, Kaduna & Kano) were conducted among facilitators of the Murya device listening sessions. In determining the size of the focus group, the study adhered to the traditionally accepted group of eight to ten participants per FGD. Discussions in all the sites were conducted in Hausa. Each session was recorded and lasted for 30-1hr per session. Analysis and report writing was done in line with thematic areas in the FGD guides.

3.1 Target Groups Studied

Specifically the target group was Female Out of School Youth (FOSY). FOSY's are female youth who have never married, or have ever been married and are divorced, separated or widowed and are currently out of school and within the age bracket of 15- 24.

The respondents that were interviewed were in two categories as identified below:

- Female out of school youths exposed to the intervention: These are FOSYs who had attended one or more of the Murya device listening group sessions.
- Female out of school youths who were not exposed to the intervention: These are FOSYs who have never attended any of the Murya device listening group sessions.

In addition two Focus Group Discussions (FGDs) were conducted in each site amongst the facilitators of the Murya listening device sessions.

4.0 Discussions of Quantitative and Qualitative Findings

Table 1: FOSY exposed versus FOSY not exposed

This section discusses main findings from the quantitative and qualitative survey.

Indicator	FOSY Exposed	FOSY Not Exposed	Significance of Difference Between Both Groups
SAMPLE SIZE	300	300	
Indicator Stigma			
Stigma indicator	63	60	ns
Stigma index adjusted means	69	70	ns
OPPORTUNITY			
Availability: Know a place where STI can be treated	63	37	*
Availability: Know a place where PLWHA can be treated	21	25	ns
ABILITY			
Knowledge: Know at least 3 symptoms of STDs in women	88	69	***
Knowledge: Know at least 2 symptoms of STDs in men	41	30	*
Knowledge: Know that STDs can stop a man from fathering children in future	56	44	**
Knowledge: Know that STDs can stop a woman from having children in future	55	45	*
Knowledge: Know that AIDS has no cure	82	86	ns
Knowledge: Know all forms of transmission of HIV	48	52	ns
Knowledge: Know all forms of prevention of HIV	50	51	ns
Knowledge: Know that it is not safe to have unprotected sex with someone who is HIV positive but does not have AIDS	52	48	ns
Knowledge: Know that HIV and AIDS are not the same	55	45	*
Knowledge: Know abstinence prevents HIV	95	98	*
Knowledge: Know a healthy looking person could be HIV positive	52	48	ns
Knowledge: Know that using condoms and staying faithful to one partner prevents HIV	51	49	ns
MOTIVATION			
Perception: Feels that PLWHA should be given more health care	73	78	ns
Perception: Attitudes to condom use			
Belief: Believe that condoms protect against HIV	55	45	*
Belief: Believe that condoms protect against STDs	55	46	Ns

4.1 Level of knowledge of FOSY exposed versus FOSY not exposed

On the whole, the study showed there was positive impact on persons exposed to the program compared to those who were not exposed. This is especially noticeable on certain indicators, including knowledge of at least 3 symptoms of STIs in women, and knowledge that STIs can stop a man from fathering a child in future. Other key behavioural determinants such as knowledge of at least two symptoms of STD in men, knowledge that STIs can stop woman from having children in future, the belief that condoms protect against HIV and knowledge, that abstinence can protect persons from contracting HIV also show significant differences between those who have been exposed to the BCC intervention and those who were not.

The effect of the intervention on some other indicators was not obvious as results shows that they were not significantly associated with exposure. For instance, respondents' knowledge about all forms of HIV transmission and prevention, asymptomatic transmission, and knowledge that using condoms and staying faithful to one uninfected partner prevents HIV showed no significant differences between the two groups.

4.2 Level of general knowledge amongst FOSY exposed versus FOSY not exposed

General knowledge and attitudinal questions pertaining to key messages in the device were asked amongst both groups, i.e. amongst FOSY exposed to the intervention and those not exposed. Table 2 reveals that knowledge was higher as a result of the intervention for various key attitude questions, including self efficacy constructs. Those who were exposed were more confident in their ability to refuse sex if their partner refuses to use a condom. Also, FOSY who were exposed were also more likely to perceive sex as not being a guarantee for lasting love, and believe that it is inappropriate for teenagers to become pregnant before marriage. They were also more likely to believe that if teenagers have sex, they should use condoms.

Table 2: General Knowledge

Indicator	Fosy Exposed	Fosy Not Exposed	Significance
Sample Size	300	300	300
Ability	%	%	%
Self efficacy: If a partner refuses to use a condom would be able to refuse sex with the partner	54	46	***
Knowledge: Believe that drug intake can lead to unprotected sex	51	49	ns
Knowledge: Unprotected sex can lead to unplanned pregnancy	51	49	ns
Knowledge: Unsafe abortions can stop a woman from having children in future?	50	50	ns
Knowledge: Teenage pregnancy could result in Vesico Vaginal Fistula (VVF)	52	48	*
Knowledge: If you must have sex you should stick to one partner	51	49	ns
Knowledge: Unsafe abortion could result in death	51	49	ns
Knowledge: Unsafe abortion could lead to the destruction of the womb.	51	49	ns
MOTIVATION			
Perception: Sex is not a guarantee for lasting love	49	51	**
Perception: It is best to delay sex till you marry	51	49	ns
Perception: If there is love, couples can wait.	51	49	ns

Indicator	Fosy Exposed	Fosy Not Exposed	Significance
Sample Size	300	300	300
Ability	%	%	%
Perception: Having several partners can lead to ones inability to know the father of the baby.	51	49	ns
Perception: Believe that it is inappropriate for a teenage girl to get pregnant before marriage.	50	50	*
Perception: It is appropriate to have several partners because their friends have many partners.	50	50	ns
Perception: Believe that bad friends are a bad influence.	56	50	ns
Perception: Believe that no amount of persuasion can make them have sex before marriage	49	51	ns
Perception: Will always tell their partners to wait till they get married	51	49	ns
Perception: Belief that if I must have sex then condom must be used	53	47	**

4.3 Evaluation for those exposed to Murya

Exposure questions on Murya were asked to persons that had heard and participated in listening to one or more sessions of the listening group. Majority of persons exposed particularly preferred the Murya listening device to other forms of media predominantly TV, radio and newspaper. Most of them liked the program because persons leading the sessions were from within their community and the messages were also presented in the commonly spoken local language (Hausa).

Table 3: Fosy Exposed

Fosy Exposed	
Sample Size	304
	%
Prefer Murya to pamphlet or newspaper for HIV education	89
Prefer Murya to pamphlet or radio program for HIV education	98
Prefer Murya to pamphlet or television program for HIV education	86
Those who like the murya program because it presents information about AIDS in my local language.	99
The murya program does not address most of my concerns about AIDS.	30
It was very easy for me to follow the message and understand the content because it was presented in music, short stories, drama, and parables.	95
It was easier for me to participate in the murya program because the local organizing group and leaders are people from my community.	96
The murya player was very difficult to operate.	37
The murya player has increased my desire to access HIV Counselling and Testing (HCT) services	93
The murya player has increased my desire to access Sexually Transmitted Infection (STI) services	97
The murya player has increased my desire to abstain from sex till I marry.	97
I have gone to check my HIV status since I participated in the program.	51

The above findings illustrates that the intervention had succeeded in increasing the desire to access HIV Counselling and Testing (HCT) services, Sexually Transmitted Infection (STI) services and the desire to delay sexual intercourse till marriage. Also about half of those persons exposed to the intervention claimed to have confirmed their status.

A small minority of those exposed however, felt that the programme did not address some of their concerns about AIDS and perceived the device as difficult to operate. In general, the intervention proved to be very acceptable, and findings from the study illustrate the acceptance and relevance of the program to the Female Out of School Youth in increasing reproductive health knowledge.

4.4 Mode of Conduct of Sessions

The qualitative aspect of the study obtained more in depth information on the use of the device, target groups, and the popularity of the device in the communities in which the intervention was taking place.

The mode of conduct of the 'Murya' session (as the intervention was called, with Murya meaning listening) by trained facilitators was found to be relatively similar across all sites. All participants affirmed that they listened to the device in groups of five persons and above. According to them the messages in the device takes a period of 4 hours to listen to without interruption, however in most cases listening to the device entails stopping to discuss and clarify issues which could make the total listening session last a total of about 7 hours or more. Most organized sessions, lasts for a period of 30-45 minutes and are led by the facilitators. These sessions are conducted in different places as situations and groups warrant. Some of the places used were schools, shops where some of the facilitators work, religious gatherings, weddings, naming ceremonies, places where skilled work are carried out at home such as the preparation of home made groundnut cake and oil, and homes where hair is woven amongst others.

"When we go to wedding ceremonies we play it also in places where we make our hair, houses where there are lots of occupants, houses where kuli-kuli (groundnut cake) is made, they...listen while they are working"

(Kano)

Findings revealed that mobilizing females to listen to the device was difficult initially when the intervention just commenced, as people did not understand the relevance of the device. This situation however improved over time. Now due to its wide spread applicability and popularity as well as the fact that it can be used anywhere and does not need electric power, adult males and male youth, and married women also borrow the device to listen to at home. In Bauchi though, facilitators observed that the farming session had resulted in less free time for youth and as a result there was a drop in listenership.

"It is easy for us to come together and listen but during the farming season it is not".

(Bauchi)

4.4.1 Key messages learnt

It was observed that knowledge had increased in all aspects of knowledge of HIV, AIDS and STI. One of the basic and most important messages learnt by the trained facilitators and the listeners of the device was the need to stop discriminating against persons living with HIV and AIDS. The messages they say have helped in increasing their knowledge on modes of transmission and prevention and its application to caring for PLWHA.

Knowledge of condom efficacy in preventing HIV and STI's and unplanned pregnancy, knowledge on signs and symptoms of HIV, managing partners infected with HIV, need to access HCT services to know one's status, pregnancy prevention and the need to abstain from sex till one marries were popularly mentioned by the participants as new information obtained as a result of listening to the device.

Knowledge on Mother to child transmission of HIV through birth and breastfeeding which was said to be very low among the target group has now increased as a result of the attendance of the groups. Also, awareness on other non-sexual routes of transmission was opined to have also increased.

*“We learnt about the ills of multiple partnering. We now understand that this puts you at a higher risk of contracting HIV because you don’t know which of the partners has HIV, like they say **AIDS no dey show for face**. We are also told to be faithful to one uninfected partner and to abstain from sex till marriage”*

(Bauchi)

“Knowledge has increased in the area of (reducing) stigmatization. There was a boy who was positive and we did not even fetch water in their house we were even running away from his family members. But through this device I have learnt that even if someone is positive I can eat and even discuss with him/her”.

(Kano)

“I have learnt from this device that even if I am positive it is not the end of me. I can continue my life as normal and be prayerful, attend clinic regularly for advice and ARV’s. Before now I had no idea such drugs existed.

(Bauchi)

4.4:2 Record keeping

Enquiries were made to ascertain how Murya listener records are documented and processed. Facilitators in Kaduna and Kano affirmed that designated forms were provided regularly by SFH field teams. They also stated that they had been trained on how to fill the forms, including number of persons reached weekly and summing up the figures monthly. According to the facilitators, these documented records were passed on to SFH field staff monthly. It was also mentioned that married women and male youth also listen to the device; however the trainees affirmed that they do not

include them in the records because they were not part of the intended group for the programme. In Bauchi and Jos, some facilitators stated that they do not keep written records but were able to remember the number of persons they have met with.

4.4:3 Frequently asked questions during sessions

Findings revealed that facilitators were frequently asked questions by members of the groups concerning several issues that relate to HIV and AIDS. These included clarifications on perceived misconceptions about modes of HIV and AIDS transmission. Examples of such questions were the possibility of mosquito bites and the sharing of a bathing sponge with an HIV positive person, leading to HIV infection. Other frequently asked questions included whether Anti Retro Viral (ARV) drugs could actually completely cure AIDS, requests for more information on symptoms of STIs particularly gonorrhoea and syphilis and how possible was it that a couple could be married and be sero discordant. Others included questions on condoms and concerns about the use of sharp objects and HIV spread.

Facilitators said that most of these questions are asked during the sessions and in cases where they are not able to provide answers they wrote them down and clarified the issue with SFH field staff in the locations where the intervention is taking place. When clarifications are obtained, during the next session they provide feedback to their participants.

“ Even young men aged 20-30 years like to listen to murya radio and also come to us for advice. Some even question us on why they (men) were not given radios”

(Bauchi)

4.4:4 Demand for HCT services

Despite the fact that the program was for FOSY, participants commented that most of those persons who come for advice on how to get HCT services

were mainly married women. Findings also revealed that the nature of the HIV and AIDS pandemic and the fear instilled in confirming one's status is one of the main reasons why people still doubt the rapid test and always want to go back to the hospital to re-confirm their results. People were also said to be afraid that they could be a mix up of test results and the expense entailed in conducting the test at other health facilities which were not government owned.

"Some people said that the result of the test could be mixed up that is why they are scared of testing".

(Kaduna)

"For my group, since listening to Murya a lot of them have been going for HIV test so as to know their HIV status"

(Jos)

Facilitators were asked on referral and the availability and proximity of referral centres. HCT services were found to be unavailable within the VFH communities in Kaduna and Bauchi but some other participants confirmed that they were aware that HCT services were available in the Government hospitals which are situated within their communities. It was also stated that mobile HCT services were provided by SFH in Kaduna and Jos VFH sites. Many members of the community had come out for free and confidential testing provided by SFH. Demands have been made by the communities to the facilitators that SFH should organize such mobile HCT services again. The SFH field teams stated that similar services have been proposed and are being designed for implementation in the other 2 sites.

4.4:5 Most preferred and least preferred messages

Findings disclosed that all the messages were liked; but the most preferred message was that involving a woman living with HIV and the drama involving the counsellor. They also liked the musical interludes which according to them makes listening worth while. The song on "*kanjamau mugun ciwo nai*" (AIDS is a disease to avoid) was the most preferred

song because it emphasizes the need to avoid getting infected with HIV and AIDS. The message on condom use and proper usage is highly commended because a lot of youths do not regard condom as important and in addition do not know how to use it properly. For the least preferred messages a few opined that many of their participants do not like listening to the woman who was asking questions, according to them her voice was not audible enough.

"The songs are very good. When you listen to the messages and you start getting bored, the songs will refresh you"

(Jos)

4.4:6 Comparing Murya with other media (radio, T.V etc)

Participants were asked to compare the relevance of Murya as medium for passing across information to other forms of media like radio, T.V etc. All participants were quick to mention their preference for Murya because it does not use electricity, does not need radio signals, uses solar rechargeable batteries which make it affordable. Another interesting reason was the fact that the device could be listened to again and again at one's convenience unlike T.V and radio messages which is aired at particular periods of time.

4.5 General Program Performance

4.5:1 Personal opinion

All the participants applauded the program for addressing pressing issues on HIV and AIDS and other health related matters. The device was said to have helped to instill morals in the minds of young and older people. It was opined by quite a number of the participants that the program should be extended to male youth groups and married women.

"I have a lot of boyfriends but this murya has made me scared, I have reduced my boyfriends"

“A lot of mothers have met me and told me that they have seen positive change in their girls since we started”

(Jos)

“Before now when a person tests positive to HIV, they hide and don’t tell anyone but we have now learnt to be open about it so people can get help and advice”

(Bauchi)

“The best way for you to avoid AIDS is for me to abstain from sex till I marrywhy risk it...”

(Kaduna)

4.5:2 Sustainability of program

Most of the participants affirmed that they will continue with the program because of its relevance in increasing awareness on HIV/AIDS. According to the participants, persons living in the communities have applauded the program and look forward to the inclusion of other groups in the program.

“Even if I marry I will carry it along with me to my new home and educate people living around me”

(Kano)

5.0 Challenges

On the whole, certain challenges were noted by the facilitators. These included:

- The lack of incentives to motivate listenership, a few of the participants mentioned that at times they personally provide refreshments during sessions to encourage participants to provide opportunity for discussion.
- The device was said not to be rewindable and as such when it is paused it takes one back to the beginning which slows the process and means one spends longer listening to it.
- A few of the participants in Jos complained on the spoken Hausa which according to them was too deep to understand and suggested the production of an English version.
- Some of the trainees expressed the view that the messages spoke monotonously about HIV/AIDS only and need to include messages on other health issues.
- Some of the participants were dissatisfied with the capabilities of the batteries which according to them, loses their power especially after the device has been in use for several months.

- One of the groups in Bauchi complained that the songs were more than the messages.

“People complain that after sometime the batteries are usually weak and don’t last long unless you charge it. Even when it is charged it does not last”

(Bauchi)

“The program is very good, it is interesting as well as enlightening the only problem is we need new chips and we need new batteries. Even if we solar charge the old one, it lasts only one hour”

(Kano)

The participants were dissatisfied with the fact that all the people interviewed in the messages on the device contracted HIV through other ways excluding the use of sharp objects. They suggested the need to include an interview with a person who contracted HIV through the use of sharp objects, as they feel this is an important mode of contracting HIV which was not covered in detail.

6.0 Participants Recommendations

On the whole, from all the group discussions, the impact of the 'Murya device listening' intervention on FOSY was examined based on participants' level of knowledge and awareness about HIV/AIDS, STI and assessment of HCT services. Assessment of the intervention was sought in the perception of the participants.

- The program should be scaled up to other communities
- The drama relaying the messages should be modified to curb monotony.
- A substitute for the solar batteries should be made available *"If a charger that uses electricity can be provided because during raining season there is hardly any sun to charge it"*.
- The inclusion of messages in English/pidgin.
- Accompanying materials like posters, illustration charts etc should be provided for distribution and making illustrations. *"I think the device should be accompanied with learning aids like posters and charts illustrating the stages of HIV and so on. So they (members of the groups) can see while they learn"*.
- The inscriptions for play, stop etc should be clearly spelt out on the device and rewind and pause buttons should be incorporated on the device.
- Reduce the songs and add more messages.

7.0 Conclusion

The study confirmed that the device played a vital role in information sharing which had led to changes in behaviour among a number of listeners. Knowledge amongst facilitators and participants had increased while the device has and is continuously receiving wider acceptability among FOSYs and other groups. Messages incorporated into the device were committed into memory. The interludes and music were generally affirmed to be clear and entertaining. Participants stated that the VFH HIV education approach has proven to be a low cost, feasible and superior method for increasing HIV awareness amongst non-literate persons.

Many referred to the device as a supplementary and complementary educational tool to ensure access to accurate information on all aspects of HIV/AIDS disease management in an easy to comprehend and affordable audio format. It was quite clear that it has impacted on the sexual and health behaviour of those who were exposed to the intervention.

The device proved to be a good means of reaching young female persons who are harder to reach with peer educational program in the North due to social factors. The popularity of radio in the Northern part of the country as a common mode of disseminating information probably also plays a role in the acceptability of the Murya listening device in the sites studied.

On the whole, findings from the quantitative analysis also confirmed that positive impact were evident on knowledge of persons exposed to the program. Some messages showed differences but were not significantly associated with the intervention. High preference was also recorded for the device as a tool for increasing knowledge. The program was preferred to other media awareness programs and has helped in increasing the desire to access HIV Counselling and Testing (HCT) services. Participants made some recommendations that should be incorporated into the scale up program to maximize future impact.

APPENDIX 1

FGD DISCUSSION GUIDE FOR VFH FACILITATOR

WARM -UP and explanation

A. Introduction

Welcome participants.

Describe what the focus group is- a group discussion forum that allows you to discuss on the general conduct of the Murya listening sessions among yourselves.

B. Purpose

We will be discussing health-related issues. I am interested in all your ideas, comments and suggestions. All comments, both positive and negative are welcome. Please feel free to agree or disagree with one another. We would like to have many points of views. (Once again: I WOULD WANT YOU TO DISCUSS ALL THE ISSUES AMONG YOURSELVES) (Explain use of audio tape) All comments are confidential and are for research purposes only. I will also want you to speak one at a time so that the tape recorder can pick your voice appropriately.

C. Self Introduction

(Ask each participant) Tell us your first name and something about yourself.

Ice Breaker:

How do female youth in Nigeria usually get information about health matters?

Main Discussion guide

1. How do we conduct the Murya listening sessions held?

Probe for:

- Detailed description of the way the listening sessions are carried out
 - Estimated duration of time spent during a session
 - Where and how regular are the listening group sessions?
 - Is it easy to get female peers to attend the sessions?
 - How involved are the peers in terms of participation?
 - What are some of the key messages/lessons learnt from these activities
 - Who leads the discussions?
2. What sorts of experiences have you had with FOSYs during the Murya sessions this intervention period?

Probe for:

- Do they have complaints about the device
 - Do they have complaints about the program as a whole
 - Do you as a trainer keep record of the number of persons who participated? How do you keep these records?
3. Tell me about any experiences you have had with people who come to you to ask for your advice on HIV/AIDS/ STI or HCT related issues.

Probe for:

- How old are these people?
- How often do they ask you for HIV/AIDS/ STI or HCT information?
- What sort of questions about HIV/AIDS/ STI or HCT do they ask you?

- How do you respond to them?
- Probe for attitudes the trainers have, any biases, lack of knowledge, interests
- 4. What personal opinions have you on the Murya listening device programme?
- 5. How effective do you think the activities has been?

Probe for:

- Which of the messages is most accepted and preferred amongst FOSYs in this community?
- What is it about this message that makes it the most accepted?
- Which of the messages is least accepted amongst FOSYs in this community?
- What is it about this message that makes it the least accepted?
- 6. Since the introduction of this program what has the demand to access HCT in your community been like?

Probe for:

- Capabilities to refer
- Availability of referral centers
- Proximity of the referral centres
- 7. Do you think this program has performed well?

Probe for:

- Which areas do you think have recorded success?
- Which areas needs to be improved and how?
- Listening device versus other methods of passing information like TV, radio etc.
- Any other Comments on the program in general
- 8. What plans do you have for the sustainability of this program?
- 9. What is your general view about the Murya device?
 - Music interlude
 - Voices
 - Language
 - Durability
 - Maintenance
- 10. Likes and dislike of the Murya device.

Probe for:

- If there is a need to upgrade the device
- Aspect(s) of the device that needs to be upgraded

Appendix 2

VOICE FOR HUMANITY (VFH) PROJECT EVALUATION SURVEY NIGERIA - 2007 INTERVIEW SCHEDULE FOR FEMALE OUT OF SCHOOL YOUTHS (FOSY)

QUESTIONNAIRE IDENTIFICATION NUMBER |__|__|__|__|

STATE_____ CODE_____

SITE NAME_____ CODE_____

REGION

1. Kano.....1
2. Kaduna.....2
3. Jos.....3
4. Bauchi.....4

Introduction: My name is..... I am working for Society for Family Health. We are interviewing people here in [name of city, region or site] in order to find out about certain behaviours that affect people's health in this environment.

Confidentiality and consent: I am going to ask you questions some of which may be very personal. Your answers are completely confidential. Your name will not be written on this form, and will never be used in connection with any of the information you tell me. You may need to know that this exercise is taking place in other parts of the country. Your honest answers to these questions will help us better understand what people think, say and do about certain kinds of behaviours. We would greatly appreciate your help in responding to this survey.

Signature.....

(Signature of interviewer certifying that informed consent has been given verbally by respondent)

Interviewer visit

	Visit 1	Visit 2	Visit 3
Date			
Interviewer			
Result (code as below)			

Result codes: Completed 1; Respondent not available 2; Refused 3; Partially completed 4; Other (specify) 5.

INTERVIEWER Code [____|____] Name_____ Signature.....

DATE OF INTERVIEW ___\ ___ \ _____

Checked by Supervisor_____

Name of Data Entry Clerk and Signature_____

Section 1: Background Characteristics

No.	Questions and filters	Coding categories	Skip to
Q101	RECORD TARGET GROUP OF THE RESPONDENT AND EXPOSURE.	FOSY exposed to intervention.....1 FOSY not exposed to intervention.....2	
Q102	How old were you at your last birthday? [COMPARE WITH Q102 IF NEEDED AND CORRECT Q103]	Age in completed years [__ __] Don't know 88	
Q103	What is your occupation i.e. what kind of work do you mainly do?	In skilled employment.....1 small business trading.....2 Hawkers vendors etc.....3 Unemployed.....4 Student.....5 Others (Specify)[]6	
Q105	What is the highest level of school you completed or are attending : primary, secondary or higher?	No formal schooling..... 1 Quranic education..... 2 Primary 3 Secondary 4 Higher 5	
Q108	What is your religion?	Islam..... 1 Protestant/Pentecostal..... 2 Catholic..... 3 Traditional..... 4 No religion 5 Others Specify.[] No Response.....9	
Q109	To which ethnic group do you belong?	Hausa..... 1 Igbo..... 2 Yoruba..... 3 Others (Specify)..... No Response.....9	
Q110	What is your marital status?	Never married.....1 Currently married.....2 Separated.....3 Divorced.....4 Widowed.....5 No Response.....9	? Go to Q201
Q111	How old were you when you first married?	Age in years [__ __] Don't know88	

Section 2: Knowledge on STDs and Treatment seeking Behaviour

No.	Questions and filters	Coding categories	Skip to
Q201	Have you ever heard of diseases that can be transmitted through sexual intercourse?	Yes 1 No 2	→Go to Q301
Q202	Can STDs stop a woman from having children in future?	Yes 1 No 2 Don't Know 8	
Q203	Can STDs stop a man from fathering children in future?	Yes 1 No 2 Don't Know 8	
Q204	Do you agree or disagree that condoms protect against STDs?	Agree 1 Disagree 2 Don't know 8	
Q205	Do you agree or disagree that condoms protect against HIV/AIDS?	Agree 1 Disagree 2 Don't know 8	
Q206	Can you describe any symptoms of STDs in women? [DO NOT READ OUT THE SYMPTOMS] CIRCLE 1 FOR ALL MENTIONED. CIRCLE 2 FOR ALL NOT MENTIONED.]	Yes No Abdominal pain 1 2 Genital discharge 1 2 Foul smelling discharge 1 2 Burning pain on urination 1 2 Genital ulcers/sores 1 2 Swellings in groin area 1 2 Itching 1 2 Painful Sexual Intercourse 1 2 Others Specify [_____] 1	
Q207	Can you describe any symptoms of STDs in men? [DO NOT READ OUT THE SYMPTOMS] CIRCLE 1 FOR ALL MENTIONED. CIRCLE 2 FOR ALL NOT MENTIONED.]	Yes No Genital discharge 1 2 Burning pain on urination 1 2 Genital ulcers/sores 1 2 Swellings in groin area 1 2 Others Specify [_____] 1	
Q208	Is there a place where you can obtain treatment for STIs in your community?	Yes....1 No....2 Don't Know.....8	→Go to →Q801
Q209	What is the name of this clinic or place? [Write verbatim]		

Section 3: Knowledge and opinions about HIV/AIDS

No.	Questions and filters	Coding categories				Skip to
Q301	Have you ever heard of AIDS or HIV (the virus that causes AIDS)?	Yes.....1 No.....2				→ Go to Q401
Q302	Does AIDS have a cure?	Yes, it has a cure.....1 No, it does not have a cure.....2				
Q303	How can a person get the virus that causes AIDS? [PROBE FULLY. FIRST RECORD ALL MENTIONED, THEN PROMPT THE RESPONDENT TO TELL YOU IF THE WAYS NOT MENTIONED ARE WAYS OF GETTING THE VIRUS THAT CAUSES AIDS OR NOT]		Spontaneous	Prompted		
			Yes	Yes	No	Don't Know
	Sexual Intercourse	1	2	3	4	
	Blood transfusion	1	2	3	4	
	Mother to unborn child	1	2	3	4	
	Sharing toilets	1	2	3	4	
	Sharing sharp objects like razors	1	2	3	4	
	Sharing needles	1	2	3	4	
	Sharing eating utensils	1	2	3	4	
	Mosquito bites/bed bugs	1	2	3	4	
	Witchcraft	1	2	3	4	
	Kissing	1	2	3	4	
	Hugging	1	2	3	4	
	Others specify[]...1					
Q304	Is it possible that a healthy-looking person has the virus that causes AIDS?	True.....1 False.....2 Don't know.....8				
Q305	It is safe to have unprotected sex (engaging in sexual intercourse without condom) with someone who is HIV positive but who does not have AIDS	True1 False2 Don't know.....8				
Q306	HIV and AIDS are not the same?	True1 False2 Don't know.....8				
Q306	What can a person do to avoid getting the virus that causes AIDS?		Spontaneous	Prompted		
			Yes	Yes	No	Don't Know
	Staying with one uninfected partner	1	2	3	4	
	Using condoms every time	1	2	3	4	
	Abstaining from sex	1	2	3	4	
	Reducing number of sexual partners	1	2	3	4	
	Praying to God	1	2	3	4	
	Going for check ups	1	2	3	4	

Section 4: Attitudes towards condom use

	Questions and filters	Agree	Disagree	Don't know/Neutral
Q401	Condoms can protect against STDs.	1	2	8
Q402	Condoms are only for use with casual partners.	1	2	8
Q403	Asking a partner to use condoms shows that you do not trust him/her.	1	2	8
Q404	A woman can suggest condom use	1	2	8
Q405	If a girl carries a condom she should be considered to be promiscuous.	1	2	8
Q406	When a relationship moves from casual to serious, condoms should still be used at all times.	1	2	8
Q407	If a boy refuses to wear a condom, a girl should not refuse to have sex with him.	1	2	8

Section 5: Stigma and Discrimination

No.	Questions and filters	Coding categories	Skip to
Q501	Would you be willing to share a meal with a person you knew had HIV or AIDS?	Yes 1 No 2 Don't know 8	
Q502	If a male relative of yours became ill with HIV, the virus that causes AIDS, would you be willing to care for him in your household?	Yes 1 No 2 Don't know 8	
Q503	If a student has HIV but is not sick, should he or she be allowed to continue attending school?	Yes 1 No 2 Don't know 8	
Q504	If a female relative of yours became ill with HIV, the virus that causes AIDS, would you be willing to care for her in your household?	Yes 1 No 2 Don't know 8	
Q505	If a female teacher has HIV but is not sick, should she be allowed to continue teaching in school?	Yes 1 No 2 Don't know 8	
Q506	If you knew a shopkeeper or food seller had the HIV virus, would you buy food from them?	Yes 1 No 2 Don't know 8	
Q507	If a member of your family became ill with HIV, the virus that causes AIDS, would you want it to remain secret?	Yes I would want it to remain secret 1 No, I would not like it to remain secret 2 Don't know 8	
Q508	If someone in this your community was to have AIDS, do you think the person should be sent elsewhere to live?	Yes 1 No 2 Don't know 8	
Q509	If a girl working with you became ill with HIV, the virus that causes AIDS, would you prefer she stops working with you or not?	Yes, I would prefer she stop working with me 1 No, I would prefer she stays 2 Don't know 8	
Q510	If a girl living with you and is not your relative became ill with HIV would you be willing to relate with her?	Yes I would be willing to relate with her1 No, I would not relate with her2 Don't know8	
Q511	Should people with the AIDS virus be given more or equal or less health care than people with other serious diseases?	More 1 Equal 2 Less3 Don't know 8	
Q512	Is there any where in your community where people with HIV/AIDS can get treatment and care if they need it?	Yes 1 No 2 Don't know 8	

Section 6: General Knowledge on Murya

<i>No.</i>	<i>Questions and filters</i>	<i>Agree</i>	<i>Disagree</i>	<i>Don't know/Neutral</i>
Q601	It is appropriate for me to have several partners because my friend has many partners.	1	2	8
Q602	Bad friends are a bad influence.	1	2	8
Q603	For me no amount of persuasion can make me have sex before marriage	1	2	8
Q604	I will always tell my partner to wait till we get married	1	2	8
Q605	If I must have sex then we must use condom	1	2	8
Q606	If a partner of mine refused to use a condom I would be able to refuse sex with this partner	1	2	8
Q607	Drug intake can lead to unprotected sex	1	2	8
Q608	Unprotected sex can lead to unplanned pregnancy	1	2	8
Q609	It is inappropriate for a teenage girl to get pregnant before marriage.	1	2	8
Q610	Teenage pregnancy could result to Vestico Vaginal Fistula (VVF)[USE APPROPRIATE NAME]	1	2	8
Q611	Having several partners can lead to ones inability to know the father of the baby.	1	2	8
Q612	If you must have sex you should stick to one partner	1	2	8
Q613	Unsafe abortion could result to death	1	2	8
Q614	Unsafe abortion could lead to the destruction of the womb.	1	2	8
Q615	Teenage girls are involved in transactional sex as a result of poverty.	1	2	8
Q616	Sex is not a guarantee for lasting love	1	2	8
Q617	It is best to delay sex till you marry	1	2	8
Q618	If there is love couples can wait.	1	2	8
Q619	Unsafe abortions can stop a woman from having children in future?	1	2	8

Section 7: Exposure to intervention

No	Questions and filters	Coding categories	Skip
Q701	I would like to ask you a few questions about the Voice for Humanity (Murya) HIV awareness program: Have you heard about this program?	Yes....1 No....2	→ End interview
Q702	IF YES: Have you participated in listening to the device?	Yes....1 No....2	
Q703	Do you think this program is appropriate for HIV education in your community?	Yes....1 No....2	
Q704	Do you prefer Murya to pamphlet or newspaper for HIV education?	Yes....1 No....2	
Q705	Do you prefer Murya to radio program for HIV education?	Yes....1 No....2	
Q706	Do you prefer Murya to television program for HIV education?	Yes....1 No....2	

Finally, the following questions ask about your impression of the Voice for Humanity HIV awareness program (Murya). Do you agree or disagree with each of the following statements?				
		<i>Agree</i>	<i>Disagree</i>	<i>Don't know/ neutral</i>
Q707	I like the Murya program because it presents information about AIDS in my local language.	1	2	8
Q708	The Murya program does not address most of my concerns about AIDS.	1	2	8
Q709	It was very easy for me to follow the message and understand the content because it was presented in music, short stories, drama, and parables.	1	2	8
Q710	It was easier for me to participate in the murya program because the local organizing group and leaders are people from my community.	1	2	8
Q711	The murya player was very difficult to operate.	1	2	8
Q712	The murya player has increased my desire to access HIV Counseling and Testing (HCT) services	1	2	8
Q713	The murya player has increased my desire to access Sexually Transmitted Infection (STI) services	1	2	8
Q714	The murya player has increased my desire to abstain from sex till I marry.	1	2	8
Q715	I have gone to check my HIV status since I participated in the program.	1	2	8

THANK YOU VERY MUCH FOR YOUR COOPERATION