

UNAIDS / MEASURE Evaluation

HIV/AIDS Prevention Indicator Survey: Knowledge, Attitudes, Sexual Behavior, Stigma

For Use with Adult General Population Aged 15-49

Interviewer Training Manual

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UNAIDS and MEASURE *Evaluation*

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I. Background Information

Purpose of the survey

In most parts of the world, individuals, communities and their leaders struggle with the best way to address concerns with HIV and AIDS. For many countries, the HIV/AIDS epidemic represents one of the most serious social problems in recent history. There are daily reports of increasing numbers of orphaned children and HIV-related deaths among the most productive members of society. We know that most of those who live with HIV/AIDS suffer not only physical pain from the illness itself, and psychological pain from death of loved ones, but also suffer discrimination and other types of stigma. The resources needed to prevent new cases of HIV, and to care for those who are already infected, are limited and often must compete with other priorities. The fact that sexual intercourse is the most common mode of transmission of HIV infection further complicates open discussion of the problem between individuals and among policy makers. Fortunately, leaders in most countries now realise how important it is to talk openly about HIV, and to find ways to educate their people about prevention.

Programs to improve knowledge about how HIV is transmitted have been implemented in most countries. In some places there is extensive media coverage of HIV/AIDS, through newspapers, radio and television, as well as in schools. In other places, health clinics provide most of the information about HIV and other sexually transmitted diseases, as part of routine care. It is important for governments and programs to learn whether these programs are operating as intended, and whether they are effective in limiting further spread of the disease. Are people changing their behaviour because of what they learn through such programs, or because of their own experience with HIV -- for example, by having fewer sexual partners or using condoms more effectively and more often? In order to combat further spread of the disease, we need information about the effectiveness of program efforts. We need to know whether prevention programs established in schools, communities, via the media and elsewhere, are reaching their intended audience and are encouraging changes in behaviour. Equally important, HIV/AIDS programs need to know who is at RISK for infection, and who is in need of care due to HIV infection, in order to design better ways to help these people.

This prevention indicators survey is a national sample survey designed to provide information on topics explicitly related to HIV/AIDS. The survey will involve interviewing a randomly selected group of men and women (or respondents) who are between 15 and 49 years of age. These respondents will be asked questions about their background, knowledge of HIV/AIDS, sexual behavior, marriage and partnerships, exposure to HIV/AIDS interventions, attitudes towards people with HIV/AIDS, and other issues of relevance to the impact of HIV/AIDS on households and communities. A few years ago, many thought it would be difficult to interview people about sexual activity. In practice, however, experience indicates that most people felt fairly comfortable talking to interviewers about sex and other sensitive topics.

This manual is intended to help train those who will be conducting the survey interviews. It provides information on effective interviewing techniques, including how to be a non-judgmental listener, and how to collect good data. In truth, the type and quality of information gathered in any survey, but especially in surveys that deal with sensitive topics, depends directly on the skill of the interviewer.

Sampling

There are a number of ways to collect data (information) about people. A national census, where there is an attempt to contact every person in a country, is one such example. This is a very expensive way

to gather information about people, and countries cannot afford to conduct a census more than about every 10 years (or more). Information about people and their health problems can also be collected through administrative records, such as clinic and hospital records, and birth or death registers. However, clinic and hospital records will provide information only on those who have used the services. Birth and death registers will include only limited information, and are not maintained in every country. Surveys based on a scientific sample of individuals, such as the survey described here, are another way to gather information on large groups of people. Sample surveys are much less expensive than a census, and can provide a broader range of information than administrative records.

The use of scientific sampling methods makes it possible to gain knowledge about the larger group from interviews with a relatively small number of people, if the members of the small group, or sample, are selected according to certain established principles. Using these principles, every household (or unit) has an equal chance of being selected for the survey, and this means that the information collected from these units, when expressed as averages or proportions, will be the same, or almost the same, for the country as a whole as they are for the sample. A scientific, or probability sample is determined using procedures and statistical methods beyond the scope of this manual. The important point is that, if the sample is properly drawn, and the selected units are surveyed, the results from a sample survey can be used to draw conclusions about the larger group of interest. The importance of interviewing as many as possible of the selected units is the reason interviewers are asked to make repeat visits to households where eligible persons are absent on a given day, and why it is so important that the selected households are correctly identified and visited.

Households eligible to participate in this survey will be chosen randomly from the entire country. From within this selection of households, all persons aged 15-49 who usually live in the household (or who spent the previous night in the household) are eligible for interview, and will be asked if they want to participate.

Data Collection Instruments

This survey uses two questionnaires, or data collection instruments. First, there is a household form, used to record information about the selected households, to compile a list of all household members and visitors (the household roster), and to identify individuals in the household who are eligible for interview in the second part of the survey. The second instrument, the individual questionnaire, is based on a set of about 100 questions with pre-coded responses.

Role of Interviewer and Supervisors

All persons involved in a survey hold important positions, from the drivers to data entry persons; from the principal investigators to the interviewers and supervisors. In fieldwork, however, the interviewers play the key roles, because they have the most face-to-face contact with the respondents. Survey data consists of the coded responses from each individual questionnaire, compiled into one large pool of information. This information will be processed by a computer -- but the *quality* of the data is largely determined by how well the interviews are conducted, and how accurately the interviewer completes the data collection instruments.

Thus, the interviewer's work must be taken very seriously. The success of the survey depends critically upon the interviewers, on their professionalism. Correcting data that has been wrongly recorded is difficult and expensive, and in the presence of excessive errors, data cannot be interpreted with confidence. Supervisors in the field are responsible for coordinating the interviewer's daily activities, ensuring that the survey protocol is followed, and supporting the interviewers when there are concerns or questions. Open communication between the interviewer and his or her supervisor is very

important. Whenever possible, time should be set aside each day for the interviewer and supervisor to discuss any particular issues with interviews, make notes on problems, discuss ways to improve techniques and determine the next day's schedule.

The main responsibilities of an interviewer are to:

- Identify an informed person (such as the household head) in each household, and interview this informant to complete the household listing, and the household care and support questions.
- Identify and list eligible members of the household (aged 15-49).
- Obtain informed consent from all respondents.
- Interview all eligible household members and complete an individual questionnaire for each.
- Ensure that each questionnaire is properly completed – in other words, that all questions are asked and all responses are neatly and legibly recorded.
- Report any problems or concerns to the supervisor.

Training

Some people may be more adept than others in interviewing, but all interviewers develop expertise through experience and practice. During the interviewer training, classroom presentation and discussion will be accompanied by hands-on practice and role-play. Prepare for your survey work by thoroughly reading this manual and accompanying documents. Go through the questionnaire before it is discussed, making notes about how to ask or probe for any particular question. Ask any questions you might have about the methods presented and continue to consult with your supervisor throughout the training and survey fieldwork. Practice sessions will also help to bring forth questions and situations you will encounter during actual fieldwork. Continue to refer to the manual and during training.

Training for the field test does not end when the formal training period is over. Training is also taking place each time your supervisor meets with you to discuss your work in the field. Think about the formal training sessions as a base of knowledge from which to draw and your fieldwork as a continuation of the training. As you run into situations not covered in the training, be sure to discuss this with the supervisor. Other interviewers may run into the same problems or situations and all interviewers and supervisors will benefit from others' experiences. During the first few days of fieldwork the survey director or supervisors may spend more time observing interview sessions and discussing field work with interviewers. Even after these initial few days interviewers should continue to share information or problems with the larger group. These few actions will make for continued successful interviewing.

Supervision

Another part of the training process is ensuring that there is adequate supervision and support for fieldwork. In this regard, the survey director or designated supervisor will play an extremely important role in training and fieldwork. Supervisors must select households for interview, carry out or assist in training, coordinate interviewer s schedules, ensure that the selected households are being sought for interviews, coordinate and manage other staff, hold daily debriefing sessions and address situations arising in field work. They will:

- Implement or assist in training sessions;
- Provide interviewers with detailed instructions about locating households and respondents;
- Observe some of your interviewers to ensure that interviews are being conducted appropriately, questions are asked in the right manner and answers are interpreted correctly;
- Review each questionnaire to be sure it is complete and internally consistent;
- Meet with each team member and interviewer daily to discuss performance and give future work assignments;
- Be available to discuss any problems interviewers might have in the field;
- Help interviewers with any problems they might have in the field, including questions about the survey protocol, or how to handle particular respondents.

Because of the extremely sensitive and important nature of this survey work, the survey director will be instructed to dismiss from service any member of the team who is not performing at the level necessary to produce the high quality data required to make the survey a success.

II. Field Work preparation

The following section contains information about how to carry out fieldwork. Please review this thoroughly and bring any questions to the group during training.

Informed consent and confidentiality

This survey addresses issues of sex and sexuality, partners outside of marriage, attitudes and actions about people who have HIV or AIDS. Therefore, it deals with subjects often considered sensitive and which might have major repercussions for the respondent if some of the information is leaked . You must assure the respondent that all of the information you collect and note is completely confidential and will never be linked to the respondent.

You are obligated to obtain consent from each respondent and to ensure that all of the information gathered remains confidential. Informed consent means that you have explained to the respondent the purpose of the interview, what it entails, and whether it will cause any harm or provide any benefit to the respondent. Only after this explanation can the respondent be expected to make an informed decision about whether she or he wants to participate in the interview. Thus, the statement at the beginning of the household form **MUST** be read to the respondent chosen to complete the household portion. Additionally, the longer informed consent statement **MUST** be read to **EACH** eligible person who is asked to consider participating in the individual interviews.

Confidentiality means that every effort is made to protect the identity of the respondent. Read the informed consent statement and make sure that the respondent understands what it means. If she or

he asks further questions, tell respondents that no one will ever be able to associate their name with the information. As an interviewer, it is your responsibility to keep strictly confidential anything you observe, learn or note during an interview except in relation to discussion of problems or concerns with the supervisor. Survey documents themselves are also to be held confidential and NEVER left unprotected or accessible to others. The supervisor will collect all tapes, notes and documents each day.

Informed consent and confidentiality are very important issues, and especially for this survey, because it deals with topics many view as quite sensitive. Respondents are more likely to answer questions truthfully if they trust the interviewer. Your job as an interviewer is to create an environment where the respondent feels that you are a friendly, non-judgmental person and that you can be trusted with the truth.

Conducting an interview

Conducting a successful interview is a practiced art and should not be approached as a pre-designed process. Skills in the art of interviewing develop over time but there are a few basic principles that are followed by every successful interviewer. First, it is important to approach each interview with energy and enthusiasm; the process should be pleasant and interesting for both the interviewer and the respondent. The key point is to show the respondent that you are a friendly, understanding and non-judgmental person.

One important point to remember is that, in the individual and in-depth interviews in particular, questions are of a sensitive nature. In most cases, it will be desirable for males to interview male respondents and females to interview female respondents. It is hoped that more open-ness will result with same-sex interviewers.

The following section presents important points and general guidelines on how to build rapport with the respondent and conduct a successful interview.

Building rapport with the respondent

Interviewers and respondents are complete strangers to one another so what kind of relationship or rapport can be developed and sustained in only a few hours? Why would any stranger want to answer such personal questions? First, rapport is the way in which people relate to each other in an interaction or relationship. When you conduct an interview, you are also developing a relationship with the respondent. As with any relationship, a successful interview relationship is grounded in trust and openness.

How to begin? The respondent's first impression of you influences her/his willingness to participate in the interview. Be sure to present yourself professionally and with a friendly manner. Never be demanding, pushy or irritated. The respondent has every right to refuse to answer any question or even to participate at all. In fact, a refusal should signal that you might reconsider the way you approach a respondent, or a particular subject area, and get some pointers from your supervisor.

1. Make a good first impression.

An impression is formed BEFORE you even speak to the respondent. Dress neatly and professionally. Do not dress in a way that would be out of place for the location of the interview (for example, don't wear a suit and tie if not generally acceptable in the area of the survey). When you first approach the respondent, do your best to make him/her feel at ease. A sincere smile and friendly

Good afternoon will generally put the respondent in a positive frame of mind. Then proceed with your introduction. Through practice, you will be able to memorize the introduction to the interview.

2. Always have a positive approach.

A positive approach means that you present yourself with confidence that this WILL be a successful and pleasant interaction. You open the door for refusal if you use phrases such as Are you too busy? Would you be able to spare a few minutes? etc. Say to the respondent, I would like to ask you a few questions or I would like to talk with you for a few moments. Don't invite refusal by being apologetic or timid.

3. Stress confidentiality of responses when necessary.

You will be asking respondents to answer questions that deal with their own sexual behaviour and attitudes about HIV; in many cases people have trouble talking about these issues even with their family members. In this regard, an impartial and non-judgmental interviewer can encourage respondents to answer truthfully by stressing that the interview and all records are confidential. If the respondent appears hesitant to participate in the interview or asks what the data will be used for, explain that the information you collect will remain confidential, that no individual names will be used for any purposes and that all information will be pooled to write a report. **Never mention anything about other interviews or show completed (or blank) questionnaires to other interviewers or to supervisors in front of a respondent or any other person not part of the survey team.**

4. Answer any questions from the respondent honestly.

Before agreeing to participate in the interview the respondent may ask you questions about the survey, why it is being done, why and how she was selected and what the results will be used for. Be direct and pleasant when you answer and give her this information. If he or she asks specific questions about HIV/AIDS (e.g. how it is transmitted, where one goes to be tested, etc.) or any other topic arising out of the interview, tell them that you will try to answer these questions after the interview.

The respondent might be concerned about the length of the interview. If you are asked, tell him or her that it usually takes about an hour. Indicate your willingness to return at another time if it is inconvenient for him/her to be interviewed then.

5. Interview the respondent in private.

People tend to give different sorts of answers to sensitive questions if they are in a group or if even one person (other than the interviewer) is present. It is very important that the individual interview be conducted privately, and that all questions are answered by the respondent himself. If others are present as you begin an interview, explain that some of the questions are private and ask where you can talk alone. If others do not voluntarily leave, find a polite and tactful way to interview the respondent alone.

6. Provide referral information if requested.

Your supervisor will provide you with a flyer or note listing the name and location of the nearest voluntary, testing and counseling clinic for HIV/AIDS and the nearest family planning clinic. If you are asked for information about HIV/AIDS or any other topic in the questionnaire, do not give advice. Simply tell the respondent that you don't want to give incorrect information and he or she should contact one of these clinics or sites.

Tips for conducting the interview

Check your equipment and supplies.

Before leaving for work in the field, check to see that you have everything you will need. Make sure you have the correct questionnaires, the list of households to visit, and blue pens for filling out the forms (blue ink will be read most easily by the data entry personnel).

Remain neutral

It is essential that you maintain a neutral and non-judgmental attitude throughout the entire interview and even when discussing results of the interview with the rest of the team. Sexual behaviour can be a sensitive topic for people to discuss. Different people have different opinions, values and behaviours in this and other areas. Your job is one of an observer of the most intimate details of another person's life; you must ensure that nothing in your words or manner would indicate surprise, criticism, approval or disapproval of the questions asked or of the respondent's answers. Additionally, you must be attuned to hearing inconsistencies in the answers people give. In this case, try to politely encourage the respondent to give you a consistent response.

If you've established good rapport, you might find that people are polite and want to give the answer that they think you want to hear. Do not introduce yourself as a doctor, nurse, health educator or anything other than an enumerator/interviewer. People tend to want to please others and there may be a tendency to answer questions in a way that a doctor might want to hear. Also, if they think you are a health worker, the respondent might want to talk to you about their problems during the interview, and ask for your advice.

Control the interview by telling him/her that you want to know his/her opinions or behaviour and that you can't answer these questions because they will slow the pace of the work. **Never give your personal opinion or give any health advice or health education during or after the interview.**

Allow the respondent to answer on his/her own.

Don't suggest answers to the respondent. Even when a respondent's replies in a way that is not relevant to the question asked, don't offer an answer (e.g. DO NOT say, You mean that people should use condoms, correct?). Prompt in such a way that the respondent replies with his or her own opinions. You might prompt by saying something like:

Can you explain a bit more?
I did not quite hear you, could you repeat that?
Take a moment to think about it.

Do not rush the interview

Gaining permission to carry out an interview is already a big step! It is important that you then take the time to allow the respondent to think about his/her answers and to answer completely and accurately. Even though you must keep the interview moving, don't rush the respondent.

Ask all questions as they are worded and in the same order.

For the household and individual pre-coded questionnaires it is essential that you maintain the wording and the order of the questions. The questions have been carefully selected to flow and changing the wording can change the way they are interpreted. Read the questions in their entirety, EXACTLY as they are written. Do not skip parts of the question. The questions should also be asked in EXACTLY the order they appear.

Avoid showing questions to the respondent

Respondents can be influenced by knowing what questions are coming next or by seeing the answer categories noted on the questionnaire. Don't let the respondent see the questionnaire.

Follow the instructions in the questionnaire.

- a. *Instructions in capital letters:* Special instructions for interviewers, always written in CAPITAL LETTERS, are included at various places in the questionnaire. These instructions are *not* to be read aloud. Rather, they are meant to guide you in recording responses. The pre-coded responses are also shown in capital letters, and in general are not to be read out (e.g., YES, NO, Don't Know). In a few cases, however, you will be instructed in the questionnaire to READ OUT a particular set of responses – see, for example, Q307, asking about where a partner lives (in this case, the responses to be read out are: SAME NEIGHBORHOOD OR VILLAGE, OTHER URBAN AREA, OTHER RURAL AREA, etc.).
- b. SKIP patterns: Some of the questions depend on how the respondent has answered an earlier question. For example, if the respondent is asked whether there have been any deaths in the household in the past 12 months, and the answer is no, there is no reason to ask follow up questions about the age and cause of death. Such questions will have arrows and a question number in the far right-hand column. These markings indicate that, if the respondent answers a certain way, the interview should SKIP to the question number indicated in the skip to column.

Example:

Q516	Can the AIDS virus be transmitted from a mother to a child?	YES 1	→Q601
		NO 2	
		DK 98	

*[In this example, if the respondent answers NO to the question, the interviewer would SKIP all the way to question 601. In other words, the interviewer **does not ask** the questions numbered Q517 through Q600.]*

- c. Introductory statements: In addition to asking the set of pre-coded questions, the interviewer must read out certain statements that introduce a particular group of questions. The introductory statements are written in lower case type at the beginning of the section.

Example: Now I'm going to read out some questions about HIV, the virus that causes AIDS ..

- d. Instructions specific to a certain question: Some instructions are specific to a particular question. These instructions will be written in CAPITAL LETTERS and enclosed in (BRACKETS). These are *not* meant to be read out. They are meant to guide you in recording responses.

Example: (MORE THAN ONE ANSWER IS POSSIBLE. CIRCLE ALL ANSWERS.)

- e. Pre-coded responses and lettered (A, B, C, etc.) response options: These are not to be read out to the respondent, except where explicitly indicated, i.e., (READ OUT.) The most typical pre-coded responses are YES, NO, DON'T KNOW. In such a case, read the question and circle only one response (YES, NO, OR DON'T KNOW). Lettered response options indicate that the respondent is expected to reply in ways corresponding to one or more of the listed response options, and *more than one response* may be circled. These multiple response questions will be noted in the instructions, as in the example above.
- f. Recording OTHER responses: when a respondent answers a question in a way not captured by any of the pre-coded responses, there may be a category for OTHER. Circle the appropriate number/letter and also WRITE IN the specific response. These responses will be coded separately at a later time. If a large number of similar other responses are recorded for a particular question, this may help in identifying important new response categories for that question.

The 'art' of probing

What is probing? It is a way to encourage the respondent to clarify an answer. Probing serves three main functions in the pre-coded questionnaire interview:

- To motivate the respondent to expand upon, clarify or finish up an answer being given;
- To discourage the respondent from giving irrelevant information;
- To indicate that the interviewer is paying attention

Some questions include instructions for the interviewer to PROBE for a response. For questions with an instruction to PROBE, you should simply read out the suggested probing sentences as written. The ability to be effective at probing is part of the art of interviewing, and is also an art in its own right. If a respondent does not give a complete, precise, and meaningful answer to a question, interviewers should use various techniques of probing.

The fundamental reason for using probes is to motivate the respondent to provide a precise and clear answer, without introducing a bias to the response. A bias (meaning a distortion) results if the interviewer influences the response by favoring, or appearing to favor, one answer over another. There are many situations in which a probe may be needed, besides those with explicit instructions for a probe. Some respondents have difficulty putting their thoughts into words or just may be reluctant to give you certain information. Different techniques work in different settings – you must learn to read the respondent to judge when to use certain types of probes. Additionally, try not to use the same probe all of the time.

In conducting an interview, the goal is to collect the most accurate information you are able, in a reasonable amount of time. You can use the following techniques to encourage the respondent to clarify or expand upon an answer:

- a. Repeat the question as it was asked the first time.
- b. Repeat what the respondent has just said.
- c. Give neutral comments or ask neutral questions, such as:

Anything else? (Especially for questions where more than one response is possible.)

Any other reason?

What do you mean?

- d. Give non-verbal cues or verbal acknowledgements, such as:

An expectant pause, look or nod to give the respondent time to gather his/her thoughts.

Nod of your head or say "Okay", "I understand" to a response.

“Don’t Know” responses

For the most part, the questionnaire is written so that the respondent must answer YES or NO to questions. In some cases people will say that they don't know the answer to a question. This can mean several things:

- The respondent does not understand the question
- The respondent might not want to answer the question
- The respondent may really not know the answer

Seek to avoid responses of DON'T KNOW based on the first two points. Repeat the question or encourage the respondent to answer. Aim to decide which is the case for this particular question and respondent and do not immediately settle for a response of "I don't know." Often if you sit quietly the respondent will think of something to say. Other useful probes are "Well, what do you think?" or "I just want your own ideas."

Don't try to force an answer, but try to probe at least once when you hear a "Don't Know" answer. You should stop probing when you have a clear, complete answer. Stop probing immediately if the respondent becomes irritated or annoyed.

Ending the interview

Always remember to thank the respondent for his or her time and cooperation after the interview.

When the interviews in a particular household have been completed, the supervisor will first review the questionnaires for accuracy, and then sign and date each one. (Don't forget to make sure that the household and the individual questionnaires are kept separate.)

III. Guidelines for completing questionnaires

The following are guidelines for completing the household and individual questionnaires during the course of an interview. Some of the items on the first page of the household and individual instruments can be completed before you enter the household and introduce yourself to the respondent. Following are detailed descriptions and instructions for completing both forms. The Household form is completed first (Household Roster, Care and Support section), and then the Individual Questionnaire. Please read these instructions carefully and refer to them as necessary throughout your fieldwork.

Household Questionnaire

The first section is the Household Identification Form. This section records the outcome of the interviewer visit(s) – was the interviewer able to complete the form or not, and if not, why not? The outcome of each attempted visit will be recorded. Information on the number of respondents for whom an interview could (and could not) be completed is required for calculating response rates. Response rates, in turn, indicate the extent to which the survey was successful in locating and interviewing all of the sample units. A good response rate, say 97 percent, indicates that data were collected from 97 percent of the units selected for the sample. Response rates below 90 percent are considered low, and confidence in survey results may be compromised.

H01: Enter the place name of the area containing the household in the space given

H02: Enter the code for urban, rural, or roadside settlement location. An appropriate code for the location will be supplied by the supervisor.

H03: Enter the cluster number (to be supplied by supervisor).

H04: Enter the household number.

HO5: Interviewer Visit

- Enter the date and your name each time you visit a household. Record the result of the visit according to the list of result codes. Enter code 1 for completed only if the household roster form (list of household members) has been completed and the household members eligible for interview identified.

Selected houses that are clearly no longer being used as dwellings will be declared vacant by the supervisor. This includes houses that have been destroyed or are no longer inhabitable. Households where the residents are away should be visited three times before concluding that the household is away for the duration of the survey. If the household has moved somewhere within the same area, the interviewer should make a follow-up visit to the new location. Consult with your supervisor.

Household roster and selection of individuals

The purpose of the household roster is to identify household members who are eligible for the individual interview, and to provide some very important information about the makeup of the household. It is VERY important that you take the time to collect accurate information. The household roster form consists of a list of all persons in the household, including temporary visitors. All men and women 15-49 years who usually live in the household, or visitors who spent the previous night there, are eligible for the individual interview.

After the household roster and the Care and Support questions are completed, make a list of the given names (first names, not surnames) of the eligible household members on a separate sheet. *Immediately* store the completed household form in an envelope, and keep it *separate* from the individual questionnaires. This is done to protect the confidentiality of the people living in the household. After you have made the list of eligible members, find out whether all of the eligible are present and available for an interview. Interviewers will need the names and household ID number in order to call back for individuals who are not present at the time of the first visit.

The person (sometimes called an informant) interviewed for the household roster must be a responsible adult, preferably the head of the household. This informant can be either a man or a woman. It is possible that this respondent is not eligible for the individual interview (he or she may more than 49 years old, for instance).

Greeting the household head

Refer to the tips listed in the previous section about appearance and building rapport; following are some additional instructions. Greet him or her in a friendly manner and tell him/her where you work. Explain why you have come and the purpose of the survey. Your supervisor will provide you with the details you should share. Building rapport in the first few moments of contact is very important and

will shape the entire interview. Try to avoid refusals by letting the person know how important his/her opinions are on these matters.

Listing household members

Read out the statement explaining the household form. If the respondent agrees, sign the form to show that informed consent was given. Follow the instructions on the form. It is easiest to begin by getting a list of the household members, beginning with the head of the household, the spouse of the household head, and then his/her children or parents. Do not ask for (or write down) surnames (family names). Use only given names (first names) and assure the respondent that this information is completely confidential. Servants, visitors and others who may not be members of the family *but who usually live in the household* should be listed in the ledger.

Names

Enter the given name (first name, not family name) of each person living in the household now, starting with the head of the household, and the name of the spouse of the household head. If the household head has more than one wife, with all wives living as one household, enter first the name of the first wife, then her children; then the name of the second wife and her children, and so on. Then probe for and list all other household members, including servants, lodgers, visitors and anyone else who is living in the household.

The household roster form allows for up to 18 household members. If there are more than 18 people living in the household at the time of the interview, use a second household roster sheet to continue the listing. Be sure to copy the identifying information in H01-H04 to the second form. In case the forms become separated, they can be re-linked later. Also be sure to change the pre-printed line numbers on the second form (see column 1) to account for the new form. In other words, the pre-printed Line 01 on the second form becomes Line 19.

Questions in columns 3-12.

After listing all people currently living in the household, complete columns 3-7 for the household head. Continue by asking the questions in each column for each listed person. After you have listed all household members and completed columns 3-12 for each person, review each line to determine eligibility and complete column 13 (eligibility). For this survey, an eligible person is a person aged 15-49 years who usually lives in the household, or who spent the previous night there (including, for example, servants, visitors, lodgers).

Relationship to the head of household

Use the codes listed at the end of the household roster to record the relationship of each person listed to the head of household. Be especially careful when the respondent you are interviewing is NOT the household head. In this case, **make sure that you record the relationship of each person to the household head**, and *not the relationship to the respondent*. For example, if the respondent helping you complete the household form is a daughter of the household head, and she says that Comfort is her (biological) sister, then Comfort should be listed as 03 (= SON/DAUGHTER) because the respondent's sister, Comfort, is a *daughter* of the household head.

If the household head is married to a woman who has children from a previous marriage/relationship, that child's relationship should be coded as 11 (= ADOPTED/FOSTER/STEP CHILD). Finally, because in many societies the words sister and brother take on many different meanings, make sure to probe for and obtain information on the biological/blood/marital relationship of the person to the household head.

Sex

Circle 1 for Males and 2 for Females.

Age

Ask and record the age in completed years, e.g. if the interview is being conducted on *October 15, 2000* and the respondent was born on *October 10, 1981*, the correct age to enter is 19. Or if the interview is conducted on *October 15, 2000* and the respondent was born on *October 20, 1981*, the correct age to enter is 18.

Determining the correct age can pose some difficulty, especially for ages close to or within the range of ages set for eligibility. Sometimes the informant will not know the exact age of a household member (or possibly even their own exact age). Asking for the year of birth may help, if the respondent is unsure. Also, if you know the age of a woman's children, you may be able to determine the age of the mother, especially if you know her approximate age at the time her first child was born.

Residence/Usual member of the household

Ask the respondent whether each person named in the household roster usually lives in the household (i.e., is a usual household member). He/she may or may not be related to the other household members by blood or marriage, but may be a household helper, servant, farm labourer or visiting relative. A usual household member normally lives together with other household members in one house, compound or closely related premises, and takes his/her meals from the same kitchen (common eating arrangement). However, let the respondent decide who is a usual household member and who is not.

Residence/Stayed in the house last night

Ask the respondent if each person listed in the household roster slept in the house the previous night. Circle 1 if YES and 2 if NO. Persons between the ages of 15 and 49 who are not usual members of the household, but who stayed there the previous night, are eligible for interview, as are usual members of the household who did not stay there the previous night.

Parental survivorship

Ask the respondent the questions in columns 8-11, circling responses in columns 8 and 10, and noting the LINE NUMBER of the mother and/or father still alive who live in the household in columns 9 and 11. If the parent is not alive, circle NO in column 8 or 10, and skip Column 9 or Column 11.

For Column 12, check the age of the person as you have recorded it in Column 5. If the person is aged 15 or under, ask whether the child attends school full time. Circle 1 for YES and 2 for NO.

Eligibility

All people aged 15-49 are eligible for the individual interview who are usual household members, or who stayed there the previous night, are eligible for interview. Circle the line number in column 13 for each person listed in the roster in this age range. Then make a list of the given names of each household member eligible for interview. Check columns 8 and 10 for children under 15 years of age, and note whether there are any orphans in the household(both parents dead).

Once you have completed the household roster, ask this respondent the questions in the Care and Support Section (H14-H27).

Care and Support

The questions in this section gather information on some areas relating to care and support for sick people in the household. These questions are to be answered by the same informant interviewed to complete the household roster. **Do not try to discover whether people in the household have HIV or AIDS.** Although we can't know for sure whether sick people are sick with HIV/AIDS, we can find out about whether any services are delivered to people who have long-term, debilitating illnesses. **All of the questions in the care and support section refer to the past 12 months time period.**

H14 The aim is to find out whether any household members (persons living in the household) have died in the last 12 months.

Circle 1 if the answer is YES and 2 if the answer is NO. Circle 98 if the answer is DON'T KNOW, but try to find someone in the household who can provide this information. If the respondent answers NO, skip to H20 and ask about illness in the past 3 months.

H15 - How many household members died in the past 12 months. Record the number of persons.

H16 - H18 - The next four questions relate to persons who have died in the past 12 months. H16 asks for the given name of the person who died most recently, next to most recently and third most recently (so that it is clear to whom the questions are referring). H17 asks for the age of the person who died (if a child less than one year has died, record 00 for the age). H18 asks about the cause of death. H19 asks how long (in months) the person was sick before he or she died. If the reported illness was less than one month, record 00.

These same questions are repeated for the next most recent and the third most recent death in the household *in the past 12 months*.

H20 and H21 – These two questions ask about illness that lasts at least 3 months during the past year (past 12 months). Record the ages of each person who has been ill for at least 3 months, probing after each entry, by asking, any others?

H22 - This question is asking whether the household received any help or care from a person or group outside the household. The care or help must be related in some way to the fact that there was a sick person in the household. Again, the time period is the past 12 months; if a person was sick and died *more than* 12 months ago, any help received in relation to that person's illness and death may *not* be included here. This is also a screening question for the following questions that try to gather specific information about the types of care received.

H23 - Help or care could be money, medicines, counselling, extra food, etc. More than one response is possible; circle all that apply. The help or care may have been provided directly to the sick person, to those caring for the sick person, or to their children. What is important is that it was given because of the sick person.

H24 This question asks about who provided the care or assistance. Friends or relatives are distinguished from professional health care personnel, such as clinic or health workers. Spiritual or religious groups or organizations are included under church, community-based organizations (CBO) are those organized by or for people within the neighborhood or community, and government or

social services includes the more official sources of assistance provided by the government. If a non-governmental organization (NGO), such as CARE or _____ provided the assistance, give name and circle 9. More than one response is possible. Circle all that apply.

H25 H27. Help for orphans.

The next three questions are asked about orphans. Check the household roster, or your notation on the list of names as to whether there are any orphans in the household (both parents dead). If you are not sure, ask the informant. The questions H25-H27 ask about any help provided by persons outside the household specifically for orphans.

Thank the respondent and note the time the interview ended. If appropriate, begin now to prepare for the individual interviews.

Individual Questionnaire

The information required of the respondent in this portion of the interview may be considered very sensitive. For this reason, it may be best to have male interviewers to interview male respondents and female interviewers to interview female respondents. Above all, it is important to try to talk to the respondent in private. If other people (including children) are present ask whether you can talk to the respondent in another room, or in a place where the interview will not be overheard. If privacy is impossible to obtain, it is better to make an appointment to return at a quieter time.

For most questions asked in the individual questionnaire, only one answer can be recorded (e.g., YES, NO, or DON'T KNOW). Do this by circling the number code corresponding to the response on the right-hand side of the questionnaire. In some cases, more than one answer is allowed. In these cases, letter codes (A, B, C, D, etc.) have been used instead of numbers (1,2), and you can circle more than one response if the respondent gives more than one answer.

When checking for the names of potential respondents, refer to the list of given names you have written in a separate ledger. There can be no linking of the household or individual form. If you are able to contact the respondent, encourage him* to participate in the interview. If he shows signs of reluctance explain that the interview is entirely confidential and show him that his name is not recorded on the questionnaire. Explain the importance of the information and that the respondent is one of many taking part in the survey.

Question-by-question guide

Household Identification (Q001-Q003)

Q001 and Q002, place name and urban/rural classification, should be completed before the interviewer approaches the respondent for interview. The supervisor will provide this information.

Q001 Enter the place name given by your supervisor. Make sure to record the information carefully and legibly.

* For the sake of brevity, 'he' and 'she' will be used interchangeably where possible. The 'respondent' referred to will of course be either male or female.

Q002 Enter the code for urban, rural, or roadside settlement. The supervisor will supply the appropriate code.

Q003 Record the result of the individual visit – were you able to contact the respondent? If the respondent is not at home, try to find out from other household members or neighbours when he might be found at home. If the respondent is present but does not have the time to answer questions, make an appointment to return or follow instructions given by your supervisor.

If you fail to make contact with the respondent (code 2), record this same information for every follow up attempt to contact him. Enter the date of your visit to the respondent and your name on the Individual Questionnaire form.

Enter the appropriate result code in the box provided. If, part way through the interview, the respondent refuses to continue for any reason, remember to correct the result code (code 6= other) on the first page. Write in the reason for not completing the interview at that time.

It is very important to discuss strategies for calling back with your supervisor. It is important to complete as many interviews as possible to get the most reliable information. Without forcing reluctant respondents to participate, do your best to encourage them. Every effort should be made to complete interviews.

Informed consent statement

Read out the informed consent statement exactly as noted below.

*Hello, my name is _____ . I am working with [name of implementing organization] here in **[CITY, REGION, SITE]**. We are interviewing many people like you in order to find out about your knowledge, attitudes and sexual behaviour related to HIV/AIDS and sexually transmitted diseases. This is a research study designed to collect important information related to the health of people in **[CITY, REGION, SITE]**. The results of the study will be used to better understand what people think, say and do in terms of certain behaviours.*

*If you agree to participate in the survey, I will ask some personal questions that some people might find difficult to answer. Your honest answers are very important to help us understand the needs of people in **[NAME OF COUNTRY]**. Your answers are completely confidential. Your name will not be written on any form and none of the information will ever be linked back to you or anyone you mention during the interview. You do not have to answer any question you don't want to and you can end the interview at any time. The interview will take about 30 minutes.*

We would greatly appreciate your help in responding to this survey, even though we are not able to financially compensate you for this interview. Do you agree to participate in the survey?

If the respondent agrees, then sign the form (the interviewer signs the form, not the respondent) as noted, certifying that informed consent has been given verbally by respondent. Date the form and keep it with the individual interview packet.

SECTION 1 Background Characteristics

The questions in this section serve many purposes. Among others, they are a useful set of introductory AND rapport building questions leading into the more personal and more sensitive areas later in the questionnaire. This way the interviewer and respondent can get used to each other. The background information on social, cultural and demographic characteristics is important for assessing differences in behaviour and differences in responses to questions between groups (e.g. between women and men, young and old, etc.). The questions on media exposure relate to exposure to health messages. The questions on alcohol give an idea of the potential for other behaviour, which might be related to a health risk.

Question-by-question guide

Q101 Do not ask this question. Simply circle the appropriate code indicating the respondent's sex.

Q102 Q103 Obtain the respondent's age in completed years. If the respondent does not know his or her exact age, ask for the year of birth and calculate the age in years. If the respondent is unable to give year of birth and age, try mentioning dates of important incidents in local or national history. Alternatively, ask how old the respondent was when his/her first child was born and how old that child is now. Enter the best approximation of the respondent's age.

Q104 This question is asking about the respondent's reading ability. Read the question and record the answer.

Q105 Q107 These questions are to determine the level of schooling. If the respondent has never gone to school, circle NO for Q105 and skip to Q108. If Q105 is YES, ask about the highest level (Q106) and the number of completed years at the highest level (Q107). For example, if the respondent dropped out in Standard 5 of Primary school, Q106 should be circled 1 and Q107 should be 04. If a person has completed Form IV but not studied anything beyond, Q106 should be 2 and Q107 should be 04.

Q108 Q109 These questions are about migration and residence. Q108 requires the number of years the respondent has lived in this place. If less than one year, enter 00. If since birth enter the age of the respondent. The respondent may be a visitor, who slept in the household last night. In this case record the number of years the visitor has lived in his/her own community (Q108) and count the number of nights slept in the current household as nights slept away from home (Q109). Q109 requires number of nights slept away from home. Q110 asks whether the respondent has been away from home for more than one month in the last 12 months.

Q110 Q112 These questions are about alcohol use. If the respondent has never had an alcoholic beverage, skip to Q113. Q112 requires the number of days the respondent had an alcohol-containing beverage in the last four weeks. For example, if the respondent says once a week for Q112, enter 04 for four days.

Q113 Enter the current employment; write out what the respondent says. If a person has more than one source of income, enter all. Your supervisor will give you the codes to enter.

Q114 Enter the religion to which the respondent belongs in the space provided according to the known religions in the country/region. Your supervisor will provide you with specific codes. If the respondent has no religion enter other.

Q115 Enter the ethnic or linguistic group (tribe) to which the respondent belongs in the space provided. Your supervisor will provide codes. If the respondent belongs to no such group enter other .

SECTION 2 Marriage and Cohabiting Partnerships

This section obtains information on the respondent's marital relationship(s). A marital relationship is a recognised union (religious, legal or social). Because it is difficult to distinguish between formally recognised unions and unions in which a couple lives together as if married (cohabitation) but are not formally married, no distinction is made here between marriage and cohabitation (living together). In this survey, marriage, cohabitation, and living together are taken to mean the same thing. Those in a union of this sort are referred to as husband, wife, or partner. Let the respondent define the relationship and ask if you need clarification.

Question-by-question guide

Q201 In this question is answered with a yes if the respondent has had a religious, legal or other official marriage (whether the partners live together or not), OR if the partners are simply living together as if they are married (cohabiting). Let the respondent define. If the respondent has never been in a marital or cohabiting union, enter NO and skip to Q301.

Q202 Probe for the best estimate of respondent's age at first marriage, or of the age at which the respondent started cohabiting.

Q203 The aim is to find out if the respondent is currently married or living together with a man/woman (at the time of the interview). If the respondent is separated but not yet formally divorced, then he/she should *not* be considered as currently married. If the respondent is married but the spouse lives somewhere else, he/she should be considered currently married. If the respondent is not currently married/cohabiting skip to Q301.

Q204 For married/cohabiting couples *only*: enter 1 for WITH RESPONDENT if the respondent lives with his or her spouse, and 2 for SOMEWHERE ELSE if he/she does not live in this household. If the spouses are together only part of the year, enter 1 if they stay together for more than half of the year; in all other cases enter 2 .

Q205 Enter the number of years the respondent has been living together with the current spouse or partner. If less than one year, enter 00.

Q206 Q207 These questions refer to the number of wives or cohabiting partners the husband has. The questions are phrased differently according to whether the respondent is male or female, but the answer always refers to WIVES. Be careful to record the total number of co-wives, including the respondent herself, if you are interviewing the woman.

SECTION 3 Sexual History and Behaviour

This section gathers information about the respondent's sexual behaviour in the last 12 months and asks for specific information about the last three sexual partners. Read the introduction to the respondent clearly and slowly and make sure they understand that all answers are completely confidential. There are 22 questions in all, 16 of which collect information about the respondent's partners and may be repeated.

Question-by-question guide

Q301 - This refers to sexual intercourse at any time in the respondent's life. Note that by sexual intercourse we mean penetrative sexual intercourse in the vagina, anus or mouth. Be tactful and provide more details if necessary, but ask the question exactly as it is worded. If the respondent has **never** had sexual intercourse, skip to Q401.

Q302 - Enter the age at which the respondent first had sexual intercourse. If he or she cannot remember well, probe using age ranges (before 10 years? older than 10 but younger than 13? and so on) to get the most accurate response possible.

Q303 This aims to record the last time the respondent had sex. For example, if the respondent had sex 3 ½ weeks ago, record 03 next to WEEKS AGO. If 15 days ago, record 02 WEEKS AGO; if two months ago, record 02 MONTHS AGO. This answer does not need to ascertain the exact amount of time since the person had sex last, but at least one line must be completed. If the respondent has not had sex in the last 12 months, skip to Q401.

Q304 Q317 There are three columns for questions Q304 Q317, one each for Partner 1, Partner 2 and Partner 3. Each question from must be asked for each partner. In most instances there will be only one spouse or cohabiting partner; when this is the case, complete only the first column.

Read the introduction clearly and slowly and start with the partner the respondent had sex with most recently, then the next partner he/she had sex with, and so on. Sex refers to anal, oral or vaginal penetrative sex. In some cases there may be only one partner, in others there may be many sexual partners. Please take time to assist the respondent to systematically try to recall these sexual relationships and record the answers for each of the last three partners.

In cases where a respondent has more than one spouse or cohabiting partners, start with the first wife (the wife who got married first to the respondent), then the second wife etc. There are three columns; if there are more than three wives, only complete the questions for the first three wives. In the event there are more than three partners, you do not have to collect information for those partners, because it may become increasingly difficult for the respondent to remember details.

In cases where only one partner is reported, skip to Q319 after asking Q317. For those with more than three partners, move to the Q318 after asking about the third most recent partner. Remember that this can be sensitive information. Be tactful but get the most accurate responses possible.

Q304 This question asks about the respondent's relationship with the partner. First ask what his/her relationship is with the partner and allow the respondent to define in his/her own words. If the respondent is unsure about how to describe the relationship, prompt by reading out the categories.

Q305 - Enter the age in years of the spouse/partner. It is better to try to estimate the age of the spouse/partner than to enter don't know. So, if the respondent does not know the age of this partner, try to help him/her to obtain an idea of the age of the spouse/partner. For example, is he/she of the same age, older or younger than you are? How much older/younger do you think he/she is? If the respondent does not know how much older/younger he/she is, try asking: Is he/she 5, 10, 15, 20, 25 years older/younger? Then use the recorded age in Q103 to estimate the spouse/partner's age. Only if all attempts have failed to get an idea of the age of the spouse/partner are you allowed to enter 98.

Q306 This aims to find out where the partners first met before they had sex, particularly important in the case of one-time only or shorter term relationships. Enter the appropriate code for the relationship. If the respondent does not remember, prompt him/her. Ask: Think back to the very first time you met this partner and try to remember where it was or what occasion it was. The respondent might list a physical place or an event, for instance, I met him at a friend's house just after a wedding. Because the main activity bringing people together was the wedding, enter 5 for wedding. Circle only one response.

Q307 Read out the possible answers describing where the partner lives and circle the appropriate response. This question aims to find out whether the partner resides in the same area as the respondent, comes from a different city or a different area. Write in the response on Other if none of the categories fit.

Q308 - This question refers to the *first* time respondent had sex with this partner. Enter in numbers the time that has passed since the first sexual intercourse with this partner. For example, if the first time the partners had sex was one year ago, enter 01 YEARS AGO. If the first sex was three months ago, enter 03 MONTHS, and so on. Probe if necessary, e.g. was it more than a year ago?

Q309 This asks whether the partners used a condom the FIRST time they had sexual intercourse. Using a condom can mean either the male or female condom. Enter yes if a condom was used during this first act by the respondent (if it is a man) or by the partner of the respondent (if the respondent is a woman). If a condom was not used during the first sex, enter NO.

Q310 - This question refers to time since the last (most recent) sexual intercourse with this partner. Enter in numbers, for example, if the last time the partners had sex was Tuesday (and today is Thursday), enter 02 DAYS AGO. If the last sex was three months ago, enter 03 MONTHS AGO, and so on. Probe if necessary, e.g. was it more than a month ago? If the first and last sexual contact are the same for this partner, in other words, this was a one-time sexual contact, circle number 5 and leave all of the boxes blank.

Q311 This refers to using a condom the LAST TIME the partners had sex and could mean either the male or female condom. Enter yes if a condom was used during this last act by the respondent (if it is a man) or by the partner of the respondent (if the respondent is a woman). If a condom was not used during this last sex, enter NO and skip to Q313.

Q312 Ask where the respondent or his/her partner got the condom. Most people who buy condoms know where they purchased them. If the respondent's partner got the condom, ask where he/she usually gets condoms. Only if the respondent really doesn't know where the partner got the condom should you enter 98 DON'T KNOW. Circle only one response.

Q313 Alcohol can sometimes influence condom use or sexual behaviour. Enter YES if either the respondent or his/her partner had alcohol before they had sex the last time. The respondent might not know if the partner had been drinking; try asking them to think about whether he/she had been drinking or doing just before sex. Again this refers to the LAST TIME the partners had sex.

Q314 This question refers to the respondent or partner doing something to delay or avoid pregnancy the LAST TIME they had sex. If the respondent takes birth control pills, enter YES. If a condom was used both to protect from STDs and to avoid pregnancy, enter YES. If nothing was used or done to avoid pregnancy enter NO and skip to Q316.

Q315 Enter the method used to avoid pregnancy. Circle only one response for the primary method of avoiding pregnancy used during the LAST SEX.

Q316 Enter YES if the respondent thinks his/her partner has other sexual partners. If the respondent says he/she doesn't know, ask them just to give their opinion before recording 98 for DON'T KNOW.

Q317 For each partner listed, ask Q317 to learn whether there is another sexual partner. For those people with only one or only two partners, skip to Q319.

Q318 Q320 Before asking these questions, make sure that you have asked about all three last sexual partners in the past 12 months.

Q318 - Only ask this question to those people who responded that they had sex with more than three partners in the last 12 months. Ask how many people overall they have had sex with in the last 12 months - make sure to count the first three partners. For example, if Lucius listed three sex partners but said he had two more, enter 05 for Q318.

Q319 Q320 These questions ask about payment for sex anytime during the last 12 months, and for those who answer YES, whether a condom was used at the last paid sexual encounter. In case of a female respondent, the reference will usually be to receiving money for sex, in case of a male respondent it will be paying for sex, although this might not always be the case. If Q319 is NO, skip to the next section. If money was paid for sex (either by the respondent or to the respondent), ask Q320, whether a condom was used the LAST time the respondent had sex with someone where money was exchanged.

SECTION 4 Sexually Transmitted Diseases

Having another sexually transmitted disease may increase one's risk of contracting HIV if unprotected intercourse takes place with an HIV-infected person. . And considering that people who have had a STD have by definition had at least one incident of unprotected sex (no condom used), they are at further risk for contracting HIV. For several reasons then the survey collects information about respondent's understanding and recognition of a STD and some of the many possible symptoms. There are many different types of STDs; some curable and others, like HIV, not curable. First, if people think they have a STD and recognise some of the symptoms, there is a greater possibility that they may seek curative services, improving their chances of rapid recovery. In addition, many health education programs try to provide health messages to people at risk for HIV, especially through organised systems like STD and antenatal care clinics. To design better health education messages then, we need to know whether the information given now is reaching its intended audience. Further, the survey seeks to know what people do if they have had any kind of genital discharge or ulcer (both of these can signify presence of a STD). This section asks what people did when they had symptoms of a STD, who they told and what they did first. All of this information feeds back into programs targeting STD prevention and treatment, which in turn improves HIV prevention efforts. The section has nine questions and introduces respondents to questions about sexual transmission of disease.

Question-by-question guide

Q401 - Although not directly related to STDs, there is some evidence that circumcision in men may have some protective effects for transmission of HIV and other STDs. Many groups practice circumcision in varying degrees. For men, circumcision involves removal of the penis foreskin; in women it can mean pricking, cutting or removal of the clitoris and/or surrounding tissue or other more intensive cutting of the genitals. It is practiced more widely in some areas than others. Ask this question to both men and women and circle response given.

Q402 This question is asking whether the respondent has heard of any diseases or infections transmitted through sexual intercourse (this could mean HIV or other STDs). Do not provide the respondent with any names of STDs if they do not recognize the term sexually transmitted disease as translated into local language. Q402 is a filter question and all respondents who have never heard of STDs will skip to Q405.

Q403 Q404 For those who have heard of STDs, ask Q403 and Q404. These questions are asked to both men and women and collect information about knowledge of STD symptoms. Q403 asks what signs/symptoms a woman might have to indicate she might have a STD. Q404 asks for symptoms in men. Do not read the responses, but circle all answers mentioned and write in any others not listed. It is possible that some respondents will mention only one, or many symptoms. Prompt the respondent by asking 'Any others?' after each response. Note that not all codes given in the questionnaire are true symptoms of STD, but some, such as impotence, are shown because it may be a common perception that STD may cause impotence. Ask both Q403 and Q404 even if no answers are given.

Q405 Check Q301 to see whether the respondent has had sexual intercourse. If the person has not had sex, it is unlikely that any reported discharge or ulcer is sexually transmitted. If NO, skip to Q501. If yes, ask Q405 to learn if the respondent has had a genital discharge or ulcer in the last 12 months. Enter YES if he/she reports having had either/both an ulcer or discharge. If NO, skip to Q501.

Q406 This question is asking whether the respondent sought any kind of advice or treatment when they had a discharge or ulcer. Again, this must have been in the last 12 months and specifically refers to the last reported episode of genital discharge or genital ulcers. Be careful to be non-judgmental. Enter YES if any advice or treatment was sought in the last 12 months (or most the recent episode in the event of more than one episode). Advice or care could be as simple as talking to friends or going to a physician. Do not volunteer answers. Skip to Q409 if NO.

Q407 Among those who had an ulcer or discharge and who sought some sort of advice or treatment, ask these four questions about the type of advice or treatment sought. All of the responses have potential benefit for health program improvement, so take care to be neutral in your questioning. Again, the time period is the last 12 months. Make sure to ask all four questions.

Q408 Knowing the first point of contact with a system of care is important for understanding how people deal with STDs. If people only talk with friends, perhaps programs should develop peer education components; if pharmacists are trusted advisors and medical providers, perhaps they should be more involved in addressing HIV and STDs. Here, ask what the respondent did first when he/she had a STD. Do not volunteer answers as the previous questions already give an idea of the type of response desired. If other, please write in the answer and circle 5. Avoid entering DK if possible try to jog the respondent's memory and note the best response.

Q409 This question has four parts to it, all of which must be READ OUT to the respondent. These primarily deal with how well STD education efforts work, and how well people understand the impact of their behaviour on STD transmission (and if they are able to make changes with the knowledge). Ask each part and circle YES or NO as noted.

SECTION 5 Knowledge about HIV/AIDS and Exposure to Interventions

This section moves into details about knowledge of HIV/AIDS and preventive practices. Questions on interventions measure whether certain AIDS education or prevention efforts have permeated the community. There are also a series of questions asking about specific ways HIV might be transmitted. Note that not all of the statements are correct, but some are popular misconceptions about how HIV is transmitted. Finally, questions about transmission of HIV from mother to child (which can take place either during pregnancy, at delivery or through breastfeeding) are asked. Again, be very careful to remain neutral. In some ways it may be more difficult to get accurate responses from questions in this section, because many respondents might feel they should know the answer. Assure them that you simply want to know what they think it doesn't matter whether the answer is right or wrong. There are 17 questions in this section; all questions refer to either HIV or AIDS even where they read the AIDS virus.

Question by question guide

Q501 This question asks whether the respondent has ever heard of HIV or an illness called AIDS. If he/she has never heard of HIV/AIDS, skip to the next section. Avoid entering 98 if at all possible.

Q502 Some countries have extensive mass media education efforts on HIV/AIDS; these might involve radio or television programs, free condom distribution in neighbourhoods, programs through health clinics, etc. It is important to know whether these programs are reaching people. This question measures whether any information about HIV/AIDS has been seen or heard in the past 4 weeks. If no, skip to Q504.

Q503 - In this question, the respondent should list as many sources possible where information was received about HIV or AIDS. After each response, ask "Any others?" Circle all mentioned.

Q503a Q503b These questions ask more specifically about prevention or education campaigns local to the area. Your supervisor will provide you with the questions.

Q504 Q505 Talking about HIV/AIDS to another person is a way to increase knowledge and awareness. These two questions ask whether HIV/AIDS was discussed with anyone during the last four weeks, and if so, with whom. If NO for Q504, skip to Q506.

Q506 - Q507 These questions aim to assess knowledge about preventive practices. Respondents are asked if they can do anything to avoid getting infected with HIV. If he/she thinks there is nothing they can do (again, try to avoid DON T KNOW responses), skip to Q508. For those who think HIV can be avoided, Q507 is an open question in which the respondent lists all ways in which HIV infection can be prevented. Ask "Any other way?" after each response and list all responses given. Try to match the responses with those listed, but write in as many additional ways under other as needed.

Q508 Q513 These questions approach the topic of avoiding HIV in a slightly different way. Read each one slowly and carefully and only proceed to the next question after a clear answer has been given. One question on attitudes to HIV infected persons is interspersed to make the section a bit more challenging.

For all of these questions, aim for a clear YES or NO response; DON T KNOW responses can be difficult to interpret. Q508 specifically asks if the respondent knows that HIV infection can have no symptoms. Q509 asks if people can protect themselves by using a condom correctly every time they have sex (condoms can break of course, but in general correct and consistent use will help protect people from contracting the virus). Q510 is a popular misconception about how HIV is transmitted or about how one protects. Q511 asks if a person is protected from HIV if they have sex with only one partner (who is not infected and is sexually faithful). Q512 is a question to measure attitudes toward someone who is infected with HIV and is considered a measure of stigma (treating HIV-infected people worse than others). Q513 is another misconception, locally specific and provided by the supervisor.

Q514 Q517 These questions collect information about HIV transmission from mother to child. Only recently have programs begun to address these issues through education and treatment. There is still a good deal of stigma and some ethical issues around mothers who are HIV positive. These questions try to assess the level of knowledge about mother-to-child transmission, and knowledge of prevention methods. For Q515, ask each part slowly and circle the answer. Q517 is for those who think there are ways to avoid transmission from a mother to a child, and asks the respondent to list any ways. Here, drugs taken before birth specifically refer to antiretroviral therapy. If the respondent mentions AIDS drugs, AZT or antiretrovirals circle A. Other drugs mentioned such as traditional medicines or any other drug should be entered under other. Circle all responses mentioned and ask "Any other?" to collect as much information as possible (write in ways not listed).

SECTION 6 Attitudes toward people living with HIV/AIDS, HIV testing and gender

This section collects information about different attitudes, impressions or perceptions people might have about HIV and people who have HIV/AIDS. The section also collects information about HIV testing, gender and sexual negotiation. These issues all have bearing on the way people perceive their own risk, the level of stigma and possible discrimination in a society, and deep-seated notions about gender, sexuality and health. There are 19 questions in this section.

Question by question guide

Q601 Knowing someone with HIV infection (with or without the disease AIDS) or someone who has died of AIDS, and especially having a close friend or relative who has HIV or has died of AIDS may be important for someone's attitude and behaviour with regard to HIV/AIDS.

Q602 Sharing a meal with someone who has HIV or AIDS would signify an acceptance of that person as a human being, and knowledge that HIV is not transmitted through casual contact both of these things are important to know. This question captures both knowing the person had HIV or AIDS and/or suspecting that they were infected or sick. Some people might be hesitant to admit (or may not know) that the person did/does have HIV/AIDS; if they say I think so circle YES.

Q603 The willingness of the respondent to care for a family member with AIDS is asked. Avoid entering DON T KNOW if possible.

Q604 Q607 These questions as a group relate to attitudes and misconceptions about HIV and transmission. It is very difficult to assess the level of acceptance and lack of stigma in a group; for this reason it is very important to get clear answers in this series of questions. Read them as written.

Q608 Q613 These questions are to find out if the respondent has ever taken an HIV test, is aware of the result and told someone the results. Do NOT ask for the result, as this is not the purpose of this survey. Pay close attention to the skip pattern in this section.

First ask Q608 to find out if the respondent has ever been tested skip to Q614 if he/she has never been tested. For those who have ever been tested, ask Q609 to find out about testing in the last 12 months only. If he/she was tested in the last 12 months, ask whether the respondent knows the results and told anyone the results (Q610 and Q611). If NO for either Q610 or Q611, skip to Q614.

Q612 If the respondent told anyone the results, ask the respondent to whom he/she told the results of the HIV test. Don t read out the responses and circle all mentioned; write in any other responses.

Q613 Because a person could be infected at any point in life, it is important to encourage people to have multiple tests if they are at risk. Here, all those who have ever been tested are asked if they would ever want to be tested again in Q613.

Q614 - Q615 These questions ask whether the respondent knows of any place he/she could get an HIV test and if so, to name the possible sites. They are specifically worded to find out whether this person in particular knows a place and could personally go to it for HIV testing. Read exactly as written and let the respondent name as many places as possible.

Q616 Q617 These are hypothetical questions which aim to assess the comfort level people have with sharing sensitive information as well as the degree of stigma in the population towards HIV in

general. All people who have heard of HIV are asked the first question. Results of the HIV test could be either negative or positive, the point is to understand IF people feel as though they can talk about this. Again, try to avoid a DK response; wait for a clear and precise answer. For Q617, a series of possible contacts are named with whom one might share the results of an HIV test (whether positive or negative). Read out each part slowly, repeating the introductory question if necessary.

Q618 Q620 These questions are a series of attitudinal measures to find out what the respondent thinks about certain sexual mores, degrees of sexual negotiation, and HIV transmission/protection beliefs. Read each question carefully and record YES or NO. In Q620 specify what a woman can do to protect herself if the response was YES in Q619. Circle all ways mentioned and write in any others.

If the respondent is male, thank him and end the interview.

If the respondent is female, go on to the next section on childbearing and antenatal care.

SECTION 7 Childbearing and antenatal care

This section is for women only and asks several questions about childbearing experience, the timing of the last birth (date of the last birth), antenatal care attendance, current pregnancy and HIV testing and counselling at antenatal care. The main purpose of these questions is to improve estimates of HIV prevalence (number of HIV infected people in a population) based on records from antenatal care clinics. In addition, information on voluntary HIV counselling and testing helps to assess efforts to curb mother-to-child transmission of HIV and improve the health of mothers and babies.

Question by question guide

Q701 Ask if the respondent has ever given birth. Since the survey is interested in pregnancy, both live births and stillbirths should be counted. IF NO, end the interview.

Q702 Q703 These questions ask how many times the respondent gave birth (live births plus still births) and the last time she gave birth. If she gave birth more than two years ago, skip to Q705.

Q704 For women who gave birth in the last two years only. Many women do not have sex for a certain period of time after a birth. Ask whether she has begun having sex since this last birth.

Q705 Q708 These questions ask about antenatal care. If the woman did not attend antenatal care, skip to Q714. For Q706, enter the number of visits made to the clinic during the last pregnancy, e.g. if once a month, enter 09. To find out when the respondent began antenatal care, ask Q707. For example, if Miryam visited the clinic a month before the baby was born, enter 36 weeks. Assume 40 weeks for a full-term pregnancy. Enter the type of clinic attended in Q708.

Q709 Q713 These questions ask specifically about counselling and testing offered during antenatal care visits and try to get an idea of how mother-to-child transmission is being addressed. All women who have visited an ANC clinic for their last pregnancy are asked whether they have received information or counselling on STDs or HIV (Q709 and Q710). In Q711, women are asked specifically whether HIV testing was offered.

Q712 asks whether the woman agreed to take a HIV test. If yes, Q713 is asked about whether she received results of the test. Q712 and Q713 assess whether the respondent agreed to a test and if she received the results of the test.

Q714 Q715 For all women, ask if they are pregnant now. If YES, ask whether they have gone to antenatal care during this pregnancy.

End of interview

Thank the respondent for her cooperation. *Immediately*, put the questionnaire in an envelope so that it cannot be seen by anybody.