

GLOBAL FUND ROUND 6 FUNDED PROJECT ON STRENGTHENING AND SCALING UP HIV/AIDS PREVENTION AND CONTROL IN LIBERIA

HIV RISK ENVIRONMENT AND PERCEPTION STUDY AMONG GROUPS OF HIGH RISK IN LIBERIA
NOVEMBER 2007- MARCH 2008

QUESTIONNAIRE OF THE STUDY

IDENTIFICATION	
NAME OF COUNTY	code...../ / /
NAME OF DISTRICT.....	code...../ / /
NAME OF CLAN/TOWNSHIP.....	code...../ / /
NAME OF CITY/TOWN/VILLAGE.....	code...../ / /
SERIAL NUMBER OF QUESTIONNAIRE.....	/ / / /

INTERVIEWER		
DATE OF INTERVIEW / / / / / / / /		
INTERVIEWER'S NAME.....CODE:...../ / / / / / / /		
SUPERVISOR	FIELD EDITOR	OFFICE EDITOR
NAME.....CODE: / / / / / / / /	NAME.....	NAME.....

Introduction

"My name is _____; I am working for the Liberia Institute of Statistics and Geo-Information Services. We are carrying out a study among the communities in this area to understand the major health challenges people are facing in the community, particularly in the area of HIV/AIDS."

(NOTE: If the person is already surveyed, stop the interview, thank him/her and shift to the next selected person. If the person has not been surveyed, continue the interview).

Confidentiality and Consent

I would like to ask you questions in the area of HIV/AIDS. Some questions are very sensitive and some may be difficult to answer. Your responses will be kept strictly confidential. Your name will not be mentioned in the questionnaire and no linkage will be made between your responses and your name. It is very important that we get honest responses to the questions as this will help LISGIS to have a better understanding of the HIV/AIDS risk and environment perception in your community and help them to plan appropriate programs. LISGIS highly appreciates your participation in this study and asks that you respond to all the questions. The interview will last for approximately 30-45 minutes. Do you agree to participate in the study?

I certify that the surveyed person has been correctly informed about the nature and the objective of the study and he/she has verbally consent to participate in the study.

Interviewer's Signature: _____ Date: _____

Status of interview (circle): Completed /__1_/ Not completed /_2_/

Time started /__/__/__/__/

Time completed /__/__/__/__/

A. PERSONAL DATA				
A.1	<i>Age (in completed years)</i>		<u> </u> <u> </u> <u> </u>	
A.2	<i>Sex</i>	<i>Male</i>	1	
		<i>Female</i>	2	
A.3	<i>Place of Residence</i>	<i>Urban</i>	1	
		<i>Rural</i>	2	
A.4	<i>Are you originally from this area?</i>	<i>Yes</i>	1	If yes go to A.7
		<i>No</i>	2	
		<i>No response</i>	3	
A.5	<i>If no, are you displaced?</i>	<i>Yes</i>	1	
		<i>No</i>	2	
		<i>No response</i>	3	
A.6	<i>If displaced, how long have you been living in this area?</i>	<i>Less than a year</i>	1	
		<i>One year</i>	2	
		<i>2 years</i>	3	
		<i>3 or more years</i>	4	
		<i>No response</i>	5	
A.7	<i>Marital status (circle one answer)</i>	<i>Single</i>	1	If Single go to A.8
		<i>Legally Married and living with spouse/husband</i>	2	
		<i>Married but separated by work</i>	3	
		<i>Living together (sexual union)</i>	4	
		<i>Separated</i>	5	
		<i>Divorced</i>	6	
		<i>Widowed</i>	7	
		<i>No response</i>	8	
A.7 a	<i>If a married male, how many wives? (circle one answer)</i>	<i>I alone</i>	1	
		<i>One wife</i>	2	
		<i>Two wives</i>	3	
		<i>Three wives</i>	4	
		<i>Four and more wives</i>	5	
		<i>No response</i>	6	
A.7 b	<i>If a married female, how many wives</i>	<i>One wife</i>	1	

	<i>does your husband have, including you?</i> <i>(circle one answer)</i>	<i>Two wives</i>	2	
		<i>Three wives</i>	3	
		<i>Four and more wives</i>	4	
		<i>No response</i>	5	
A.8	<i>Religion</i> <i>(circle one answer)</i>	<i>Christian</i>	1	
		<i>Muslim</i>	2	
		<i>Traditional</i>	3	
		<i>No religion</i>	4	
		<i>Other (specify)</i>	5	
		<i>No response</i>	6	
A.9	<i>Have you ever been to school?</i>	<i>Yes</i>	1	If no go to A.10
		<i>No</i>	2	
		<i>No response</i>	3	
A9a.	<i>What is the Highest Educational Level completed?</i> <i>(circle one answer)</i>	<i>Primary (1-6)</i>	1	
		<i>Junior Secondary (7-9)</i>	2	
		<i>Secondary (10-12)</i>	3	
		<i>Vocational/Technical</i>	4	
		<i>University</i>	5	
		<i>Other (specify)</i>	6	
		<i>No response</i>	7	
A.10	<i>Occupation</i> <i>(circle all that apply)</i>	<i>Unemployed</i>	1	
		<i>UNMIL</i>	2	
		<i>Liberia Security personnel</i>	3	
		<i>Student</i>	4	
		<i>Farmer</i>	5	
		<i>Driver</i>	6	
		<i>Trader</i>	7	
		<i>Commercial Sex worker</i>	8	
		<i>Other (specify)</i>	9	
		<i>No response</i>	10	
A.11	<i>What is your main source of living?</i>	<i>Dependent on parents/relatives</i>	1	

	<i>(circle all that apply)</i>	<i>Salary from job</i>	2	
		<i>Farming/agriculture</i>	3	
		<i>Trading</i>	4	
		<i>Selling in the street</i>	5	
		<i>Working in the bar/restaurant</i>	6	
		<i>Hair dressing</i>	7	
		<i>Other (specify)</i>	8	
		<i>No response</i>	9	

B. GENERAL HEALTH					
B.1	<i>Do you consider yourself in good health?</i>	<i>Yes</i>	1	If yes go to B3	
		<i>No</i>	2		
		<i>Don't know</i>	3		
		<i>No response</i>	4		
B.2	<i>If no, what health problems do you believe you have? (Circle all that apply)</i>	<i>Malaria</i>	1		
		<i>TB</i>	2		
		<i>Diarrhea</i>	3		
		<i>Yellow Fever</i>	4		
		<i>HIV/AIDS</i>	5		
		<i>Sexually transmitted infections</i>	6		
		<i>Alcohol or drug abuse</i>	7		
		<i>Other (specify)</i>	8	
B.3	<i>Which of the following health problems are you most concerned about in your community? (Circle all that apply)</i>	<i>Malaria</i>	1		
		<i>TB</i>	2		
		<i>Diarrhea</i>	3		
		<i>Yellow Fever</i>	4		
		<i>HIV/AIDS</i>	5		
		<i>Sexually transmitted infections</i>	6		
		<i>Other (specify)</i>	8	
		<i>No response</i>	9		

B. 4	Which of the following health problems people whom you know suffer from in your community? (circle all that apply)	Malaria	1		
		TB	2		
		Diarrhea	3		
		Yellow Fever	4		
		HIV/AIDS	5		
		Sexually transmitted infections	6		
		Alcohol/Drug abuse	8		
		Other (specify)	9	
	No response	10			
B.5	Is there any health facility in community?	Yes	1	If no go to C.1	
		No	2		
		No response	3		
B.6	If yes, which type of the health facility is in your community?	Government/private Hospital	1		
		Private/Clinic	2		
		Government/private Health center	3		
		Government/private Health post	4		
		Other (specify)	5	
		No response	6		
B. 7	Do you have access to this health facility?	Yes	1		
		No	2		
		No response	3		
B.8	If no why?	Distance	1		
		Not affordable	2		
		No health personnel	3		
		No drugs	4		
		No quality services	5		
		Other (specify)	6	
		No response	7		

C. SEXUAL ACTIVITIES

C.1	<i>Have you ever had sexual intercourse?</i>	Yes	1	<i>If no go to D.1(for female) and D.2 (for male)</i>
		No	2	
		No response	3	
C. 2	<i>If yes, what was your age when you first had sexual intercourse?</i>	Below 14 year	1	
		14 – 17 years	2	
		18 – 20 years	3	
		Above 20 years	4	
		Don't remember	5	
		No response	6	
C.3	<i>How would you describe your first sexual intercourse?</i>	Forced	1	
		With my consent	2	
		No response	3	
C.3a <u>For men only</u>	<i>Have you ever had sex with a man?</i>	Yes	1	
		No	2	
		No response	3	
C.3b <u>For women only</u>	<i>Have you ever had sex with a woman?</i>	Yes	1	
		No	2	
		No response	3	
C.4	<i>How many sexual partners have you had sex with in the last 12 months?</i>	None	1	
		1 only	2	
		2 – 3	3	
		4 – 5	4	
		6 – 7	5	
		More than 7	6	
		Don't know	7	
		No response	8	
C.5	<i>What is the approximate age of your last sexual partner?</i>	Below 14	1	
		15- 18 years	2	
		19- 24 years	3	
		25 and above	4	
		No response	5	

C.6	<i>Have you ever had sex with someone you've met for the first time or picked up a sex partner from a bar/club/drinking spot?</i>	<i>yes</i>	1	If no go to .7
		<i>No</i>	2	
		<i>No response</i>	3	
C.6a	<i>If yes, where did you meet this partner?</i>	<i>Night club/Bar/Drinking Spot</i>	1	
		<i>Hotel/guest house</i>	2	
		<i>In the Street</i>	3	
		<i>Market place</i>	4	
		<i>Public gathering</i>	5	
		<i>Other (specify)</i>	6	
		<i>No response</i>	7	
C.6b	<i>When was the last time you picked up a partner from a bar/night club/drinking spot?</i>	<i>This week</i>	1	
		<i>Last week</i>	2	
		<i>2 weeks ago</i>	3	
		<i>3 weeks ago</i>	4	
		<i>4 weeks ago</i>	5	
		<i>More than 4 weeks</i>	6	
		<i>No response</i>	7	
C.7	<i>Have you ever received or given gifts for sex?</i>	<i>Yes</i>	1	
		<i>No</i>	2	
		<i>No response</i>	3	
C.8	<i>Have you ever heard about condoms?</i>	<i>Yes</i>	1	If no go to C.15
		<i>No</i>	2	
C.9	<i>Have you ever seen a condom?</i>	<i>Yes</i>	1	
		<i>No</i>	2	
		<i>No response</i>	3	
C.10	<i>Have you ever used a condom?</i>	<i>.Yes</i>	1	If no go to C.15
		<i>No</i>	2	
		<i>No response</i>	3	
C.11	<i>If yes, how often do you use condoms?</i>	<i>Always</i>	1	
		<i>Regularly</i>	2	
		<i>Rarely</i>	3	
		<i>No response</i>	4	

C.12	<i>Did you use a condom during the last time you had sex?</i>	Yes	1	If no go to C.15
		No	2	
		No response	3	
C.12a	<i>If yes, who negotiated the use of condom between you and your partner.</i>	Myself	1	
		My partner	2	
		Conjoint decision	3	
		Don't remember	4	
		No response	5	
C.13	<i>Have you used a condom during the last 12 months?</i>	Yes	1	
		No	2	
		No response	3	
C.14	<i>Where do you usually get condoms? (circle all that apply)</i>	Hospital	1	
		Community Health Centre	2	
		Private clinic	3	
		Pharmacy	4	
		Market	5	
		Store	6	
		NGO/CBO	7	
		Friends	8	
		Condom vending outlet	9	
		Other (specify)	10
		No response	11	
C.15	<i>Why don't you use condoms? (circle all that apply)</i>	Partner does not like it	1	
		Faithful to my partner	2	
		Married	3	
		Reduces pleasure	4	
		Condoms break and don't protect	5	
		Gives me stomach ache	6	
		Condom not available	7	
		No money to buy	8	
		Against my religion	9	

		<i>Condom remains in the vagina</i>	10	
		<i>Contraceptive</i>	11	
		<i>Other (specify)</i>	12	..........
		<i>No response</i>	13	

D. KNOWLEDGE ON SEXUALLY TRANSMITTED INFECTIONS (STI)				
D.1 For Women Only	<i>Sometimes women get a bad smelling fluid coming from their vagina or sores on or around the vagina or lower abdominal pain. Have you experienced any of these during the past 12 months?</i>	<i>Yes</i>	1	<i>If no go to D.5b</i>
		<i>No</i>	2	
		<i>Don't remember</i>	3	
		<i>No response</i>	4	
D.1a For Women Only	<i>Which one of the following have you suffered from? (read and circle all that apply)</i>	<i>Bad smelling fluid</i>	1	
		<i>Sores on or around the vagina</i>	2	
		<i>Lower abdominal pain</i>	3	
D.2 For Men Only	<i>Sometimes men have abnormal discharge from their penis or a sore/ulcer around the penis or pain when urinating. Have you experienced any of these during the past 12 months?</i>	<i>Yes</i>	1	<i>IF no go to D.5b</i>
		<i>No</i>	2	
		<i>Don't remember</i>	3	
		<i>No response</i>	4	
D.2a For Men Only	<i>Which one of the following have you suffered from? (read and circle)</i>	<i>Abnormal discharge from the penis</i>	1	
		<i>Sore/ulcer around the penis</i>	2	
		<i>Pain when urinating</i>	3	
		<i>Other (specify)</i>	4	..........
D.3	<i>If you experienced any of the above symptoms, where did you go to seek treatment?</i>	<i>Did not seek treatment</i>	1	
		<i>Traditional healer</i>	2	
		<i>Private Medical clinic</i>	3	
		<i>Government health center</i>	4	
		<i>Pharmacy</i>	5	
		<i>Others (Specify)</i>	7	........

D.4	<i>Which services were provided? (read and circle all that apply)</i>	<i>Drugs</i>	1		
		<i>Herbs</i>	2		
		<i>Counseling</i>	3		
		<i>Condom demonstration and provision</i>	4		
		<i>Laboratory test</i>	5		
		<i>None</i>	6		
		<i>Other (specify)</i>	7	
		<i>No response</i>	8		
D.5	<i>Were you cured?</i>	<i>Yes</i>	1		
		<i>No</i>	2		
		<i>Don't know</i>	3		
		<i>No response</i>	4		
D.5a	<i>What did you do in order to avoid transmitting the disease to someone else?</i>	<i>Stopped having sex</i>	1		
		<i>Used Condom</i>	2		
		<i>Told your partner</i>	3		
		<i>Took your partner for treatment</i>	4		
		<i>Nothing</i>	5		
		<i>Not applicable</i>	6		
		<i>Other please specify</i>	7	
		<i>No response</i>	8		
D.5b	<i>Have you ever had sex even though you knew you had an STI?</i>	<i>Yes</i>	1		
		<i>No</i>	2		
		<i>No response</i>	3		
D.5c	<i>Have you ever had sex even though you knew your partner had an STI??</i>	<i>Yes</i>	1		
		<i>No</i>	2		
		<i>No response</i>	3		
D.6	<i>Can you describe how STIs are transmitted?</i>	<i>Yes</i>	1	<i>If no go to .7</i>	
		<i>No</i>	2		
		<i>No response</i>	3		
D.6a	<i>Through which means can STIs be transmitted? (circle all that apply)</i>	<i>Unprotected sexual intercourse</i>	1		
		<i>Blood transfusion</i>	2		
		<i>Un-sterilized objects (blades, scissors, etc.)</i>	3		

		<i>Mother to her unborn child</i>	4	
		<i>Other (specify)</i>	5	..........
		<i>No response</i>	6	
D.7	<i>Do you know how to prevent STIs?</i>	<i>Yes</i>	1	<i>If no go to D.8</i>
		<i>No</i>	2	
D.7a	<i>If yes, by what means can STI be prevented? (circle all that apply)</i>	<i>Abstinence</i>	1	
		<i>Condom use</i>	2	
		<i>Faithful to one partner</i>	3	
		<i>Other (specify)</i>	4	..........
		<i>No response</i>	5	
D.8	<i>How did you learn about STIs? (circle all that apply)</i>	<i>Friends</i>	1	
		<i>Parents/Relatives</i>	2	
		<i>Partner</i>	3	
		<i>Health Services Provider</i>	4	
		<i>Teachers</i>	5	
		<i>Radio</i>	6	
		<i>TV</i>	7	
		<i>Newspaper</i>	8	
		<i>NGO/CBO</i>	9	
		<i>Religious leaders</i>	10	
		<i>IEC materials (specify) Bill boards, leaflets, etc</i>	11	
		<i>Other (specify)</i>	12	..........
		<i>No response</i>	13	
D.9	<i>Do you know that STIs can increase your risk of getting HIV/AIDS?</i>	<i>Yes</i>	1	
		<i>No</i>	2	
		<i>No response</i>	3	

Now I would like to ask you some questions about HIV/AIDS

E. KNOWLEDGE AND RISK PERCEPTION TOWARDS HIV/AIDS					
E.1	<i>Have you ever heard about HIV/AIDS?</i>	<i>Yes</i>	1	If no, go to F.1	
		<i>No</i>	2		
		<i>No response</i>	3		
E.2	<i>How did you hear about HIV/AIDS? (circle all that apply)</i>	<i>Friends/Peers</i>	1		
		<i>Parents/Relatives</i>	2		
		<i>Partner</i>	3		
		<i>Health Provider</i>	4		
		<i>Teachers</i>	5		
		<i>Radio</i>	6		
		<i>TV</i>	7		
		<i>Newspaper</i>	8		
		<i>NGO/CBO</i>	9		
		<i>Religious leaders</i>	10		
		<i>IEC materials (e.g. bill boards, leaflets, etc)</i>	11		
		<i>Other (specify)</i>	12	
E.3	<i>What is the difference between HIV and AIDS?</i>	<i>HIV is the virus and AIDS is the disease</i>	1		
		<i>Don't know</i>	2		
		<i>Other (specify)</i>	3	
		<i>No response</i>	4		
E. 4	<i>How can HIV/AIDS be transmitted? (circle all that apply)</i>	<i>Unprotected Sex with an infected person</i>	1		
		<i>Blood transfusion</i>	2		
		<i>Sharp/piercing instruments e.g. injection needles, blades etc</i>	3		
		<i>From Mother to child</i>	4		
		<i>Mosquito bite</i>	5		
		<i>Witchcraft</i>	6		
		<i>Sharing food</i>	7		
		<i>Sharing toilet</i>	8		
		<i>Other (specify)</i>	9	
		<i>No response</i>	10		

E.5	<i>How can HIV infection be prevented? (circle all that apply)</i>	<i>Abstinence</i>	1	
		<i>Be faithful to one uninfected partner</i>	2	
		<i>Use Condom</i>	3	
		<i>Avoid sharing sharp/piercing instruments e.g. injection needles, blades etc</i>	4	
		<i>Avoid pregnancy when infected with HIV</i>	5	
		<i>Avoid sharing food with infected persons</i>	6	
		<i>Avoid sharing toilet with infected persons</i>	7	
		<i>Avoid hugging an infected person</i>	8	
		<i>Other (specify)</i>	9	..........
		<i>No response</i>	10	

E.6	<i>Please listen to each statement and then decide whether you think that the activity is associated with a "high risk", "a low risk" or a "no risk at all" of getting HIV / AIDS. (read and circle one in each category)</i>	<i>Activity</i>	No risk	Low risk	High risk
		<i>a. Kissing a person with AIDS or HIV</i>	1	2	3
		<i>b. Sex with someone who has AIDS or the HIV virus without using a condom</i>	1	2	3
		<i>c. Oral sex without a condom</i>	1	2	3
		<i>d. Sex with a prostitute without a condom</i>	1	2	3
		<i>e. Sitting on public toilets</i>	1	2	3
		<i>f. Sex with your regular partner without a condom</i>	1	2	3
		<i>g. Giving blood</i>	1	2	3
		<i>h. Receiving a blood transfusion</i>	1	2	3
		<i>i. Witchcraft</i>	1	2	3
		<i>j. Drinking unclean water</i>	1	2	3
		<i>k. Anal sex without a condom</i>	1	2	3
		<i>l. Tattooing, scarification, piercing</i>	1	2	3
		<i>m. Having many sexual partners</i>	1	2	3
		<i>n. Drinking excessive alcohol</i>	1	2	3
<i>o. Intravenous drug use</i>	1	2	3		

		<i>p. Sex with homosexuals</i>	1	2	3
E.7	<i>How do you rate your chances of getting HIV/AIDS?</i>	<i>Low or Absent</i>	1		
		<i>Moderate</i>	2		
		<i>High</i>	3		
		<i>Very High</i>	4		
		<i>Don't Know</i>	5		

F. ATTITUDE TOWARDS PEOPLE LIVING WITH HIV/AIDS

F. 1	<i>Do you know anybody who has HIV/AIDS?</i>	<i>Yes</i>	1	If no go to G.1	
		<i>No</i>	2		
		<i>No response</i>	3		
F. 2	<i>How do you know that the person has HIV/AIDS? (Circle all that apply)</i>	<i>Physical appearance</i>	1		
		<i>Counselors</i>	2		
		<i>From friends</i>	3		
		<i>Neighbors</i>	4		
		<i>From relatives</i>	5		
		<i>From Health care provides</i>	6		
		<i>The infected person</i>	7		
		<i>6. Other (specify)</i>	8	
		<i>No response</i>	9	
F. 3	<i>How is this person treated in your community? (circle all that apply)</i>	<i>Isolated</i>	1		
		<i>Marginalized</i>	2		
		<i>Stigmatized</i>	3		
		<i>Rejected by parents and relatives</i>	4		
		<i>Abandoned by partner</i>	5		
		<i>Integrated in the community like other people</i>	6		
		<i>No response</i>	7		

G. GENDER BASED VIOLENCE

G.1	<i>Do you believe that men and women should have equality?</i>	<i>Yes</i>	1	
		<i>No</i>	2	

		<i>Don't know</i>	3	
		<i>No response</i>	4	
G.2	<i>Who do you believe should be in charge of a sexual encounter?</i>	<i>The man</i>	1	
		<i>The woman</i>	2	
		<i>Both equally</i>	3	
		<i>Don't know</i>	4	
		<i>No response</i>	5	
G.3	<i>Have you ever heard anything about Gender based violence (GBV)?</i>	<i>Yes</i>	1	If no go to G.6
		<i>No</i>	2	
		<i>No response</i>	3	
G.4	<i>If yes, how did you hear about Gender-Based Violence? (circle all that apply)</i>	<i>On the radio</i>	1	
		<i>At a training workshop</i>	2	
		<i>Posters/placards</i>	3	
		<i>Friends</i>	4	
		<i>Humanitarian workers</i>	5	
		<i>Other (specify)</i>	6	..........
		<i>No response</i>	7	
G.5	<i>What do you think the term Gender Based Violence (GBV) covers? (Circle all that apply)</i>	<i>a. Physical Assault</i>	1	
		<i>b. Sexual Assault</i>	2	
		<i>c. Verbal Assault</i>	3	
		<i>d. Forced Marriage</i>	4	
		<i>e. Domestic Abuse</i>	5	
		<i>f. Rape or Attempted Rape</i>	6	
		<i>g. Female Circumcision/ Female Genital Mutilation</i>	7	
		<i>h. Don't know</i>	8	
		<i>i. Other (please specify)</i>	9	..........
		<i>j. No response</i>	10	
G.6	<i>Do you know of anyone who has forced a woman to have sex?</i>	<i>Yes</i>	1	
		<i>No</i>	2	
		<i>No response</i>	3	

G.7	<i>Do you know of anyone who has forced a man to have sex?</i>	<i>Yes</i>	1	
		<i>No</i>	2	
		<i>No response</i>	3	
G.8	<i>Do you know of anyone who was forced by someone to have sex?</i>	<i>Yes</i>	1	
		<i>No</i>	2	
		<i>No response</i>	3	
G.9	<i>Have you ever been forced to have sex against your wish?</i>	<i>Yes</i>	1	
		<i>No</i>	2	
		<i>No response</i>	3	
G. 10	<i>Have you ever forced someone to have sex with you?</i>	<i>Yes</i>	1	
		<i>No</i>	2	
G.11	<i>Do you know of anyone who has had sex with a child?</i>	<i>Yes</i>	1	
		<i>No</i>	2	
		<i>No response</i>	3	
G.12	<i>Why do you think people have sex with children under 18? (circle all that apply)</i>	<i>Protection against disease</i>	1	
		<i>To gain strength</i>	2	
		<i>Sacrifice</i>	3	
		<i>Other (specify)</i>	4	..........
		<i>No response</i>	5	
G.13	<i>Is your community doing anything to prevent GBV?</i>	<i>Yes</i>	1	
		<i>No</i>	2	
		<i>No response</i>	3	

FOCUS GROUPS DISCUSSION

Questions

General Information

1. What is the composition of your group?
2. What are the main objectives of the group?
3. What is the average age of the members of your group?
4. How do members of the group earn their living?
5. What is the average educational level of your membership?

General Health

1. What are the most common health problems among young people (market women) in this area?
2. Have members of your groups suffered from any of these health concerns?
3. How many of them?
4. Which health facilities are available and accessible to you?
5. Are the services friendly for you?

Sexual Activities

1. At around what age did you start having sex? (for youth groups only)
2. Have you been directly involved in any sexual activity?
3. Was your first sexual activity coerced/forced or done with your consent?
4. How many sexual partners have you had within the past six months?
5. At what age do you think it is appropriate to start having sex?
6. What is the approximate age of each of your last sexual partners?
7. Have you ever had sex with someone you met for the first time or just picked up from the bar?
8. Where do you think is the most common place that members of this group pick up sexual partners?
9. Have any of you ever received gifts in exchange for sex?
10. Do you know about condoms?
11. What are they meant for?
12. Do you use condoms?
13. How often?
14. Between you and your sexual partner, who negotiated the condom use?
15. For those who don't use condoms, why not?
16. How do you get condoms?
17. Did you use condoms during the last time you had sex?
18. For those did not, why did you not?
19. How easily can you get condoms?
20. What are the problems you encounter in getting condoms?

Knowledge of Sexually Transmitted Diseases

1. Do you know about Sexually Transmitted Diseases are?
2. How did you learn about STIS?
3. Can you identify a few?
4. What are some of the symptoms of STIS?
5. How can STIS be prevented?
6. How can STIS be transmitted?
7. Have you or a friend you know experienced any of these symptoms recently?
8. Which STI do you think is most common among young people in your group/community?
9. Which services are available to those infected with STIS?

10. If/when you get infected with STIS, where would you go for help?
11. What actions did/would you take to protect your partner if you were infected with STIS?
12. Have you ever had sex even though you knew you had STIS? Or would you?
13. Would/have you have/had sex even though you knew your partner had STIS?

Knowledge of HIV/AIDS

1. Do you know about HIV/AIDS?
2. How did you learn about HIV/AIDS?
3. What is the difference, if any, between HIV and AIDS?
4. How can HIV/AIDS be transmitted?
5. How can HIV/AIDS be prevented?
6. What are some of the risky behaviors that will lead to HIV/AIDS?
7. Which ones are the highest risks and which are the lowest?
8. How do you rate the chances of a member of this group getting HIV/AIDS?

Attitudes to people living with HIV/AIDS

1. Do you know of anyone who has HIV/AIDS?
2. What is your relationship with this person?
3. How did you know that the person was infected?
4. How is this person treated in your community?
5. How would you respond if one of your members were infected with HIV/AIDS?
6. How would he/she be treated in the group?

Gender Based Violence

1. Do you believe that men and women should have the same rights and privileges?
2. Who do you believe should be in charge of sexual intercourse?
3. Have you ever heard about gender based violence?
4. How did you hear about it?
5. What does gender based violence mean?
6. Have any of your members been forced to have sex with another person?
7. Have any of your members ever forced someone to have sex with them?
8. Do you know of people who have sex with children?
9. Why does that happen?
10. What is your group doing to address GBV?