



**RHR Consortium Monitoring and Evaluation Program**

## **Strengthening AIDS Prevention in Port Loko**

**ARC International - Sierra Leone**

# **Post-Intervention Survey Report**

HIV/AIDS/STI Knowledge, Attitudes and Practice (KAP) Survey among  
commercial sex workers, military and youth in Port Loko, Sierra Leone

**August 2003**

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## Acknowledgements

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*ARC International would also like to thank the Ministry of Health and Sanitation and the District Medical Officer for Port Loko District, as well as the leaders of our targeted populations, for their support, assistance, and interest in fighting AIDS and STIs in Port Loko. We also extend gratitude to Mandi Larsen of Columbia University for her technical assistance.*

*Finally, we would like to thank the Reproductive Health for Refugees Consortium and the Packard Foundation whose generous support made this survey possible.*

## **List of Abbreviations**

**AIDS:** Acquired Immune Deficiency Syndrome

**CDF:** Civil Defense Forces, local military groups who supported the government against the rebels

**CSW:** Commercial Sex Worker

**HIV:** Human Immunodeficiency Virus

**NGO:** Non-Governmental Organization

**PLWA:** People living with HIV or AIDS

**RUF:** Revolutionary United Front, rebel forces fighting the government

**RSLAF:** Republic of Sierra Leone Armed Forces

**STI:** Sexually Transmitted Infection

**UNAMSIL:** United Nations Mission in Sierra Leone (UN peacekeepers)

**VCT:** Voluntary Counselling and Testing, a program for the voluntary testing of HIV-status, followed by appropriate counselling



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### **Executive Summary**

#### **Baseline Survey**

In March 2001, a baseline survey of knowledge, attitudes, and behaviours regarding HIV/AIDS and sexually transmitted infections (STIs) was conducted by the American Refugee Committee (ARC International) in the city of Port Loko, Maforki Chiefdom, Port Loko District in the Northern Province of Sierra Leone, in order to develop an effective HIV/AIDS and STI prevention project in Port Loko.

To gather baseline information, ARC interviewers surveyed a total of 940 individuals identified as being at particularly high risk of HIV infection due to their categorization in the following four groups: military, commercial sex workers (CSWs), youth and ex-combatants. Survey questions explored people's knowledge and attitudes about methods of transmission and prevention of HIV and STIs, as well as their practices in relation to risk behaviours.

In general, baseline knowledge about transmission and prevention was quite low among the population surveyed, and personal concern about becoming infected with HIV was low. While 60% of both the military and commercial sex workers at baseline had ever used a condom, only a quarter of the youth had ever done so. The use of a condom at last sexual encounter ranged from 38% and 39% of commercial sex workers and military respectively to 16% of both male and female youth, which pointed towards the need for dramatic behaviour changes in the target groups.

The baseline survey findings were used to make recommendations to design an effective HIV/AIDS/STI prevention project. Additionally, a number of objectives were set for the project:

- Increase the target populations' knowledge of 3 or more correct means of HIV/AIDS transmission from 10% of respondents to 40% of respondents in two years.
- Increase the target populations' knowledge of 3 or more effective means of avoiding AIDS from 6% of respondents to 26% of respondents in two years.
- Increase the target populations' knowledge of 3 or more sources of condoms from 12% of respondents to 32% of respondents in two years.
- Increase the reported use of condoms during last sexual intercourse among target populations from 26% of respondents to 41% of respondents in two years.

#### **Post-Intervention Survey**

ARC has been performing HIV/AIDS and STI sensitization in the Port Loko community since 2001, putting into action the recommendations made from the baseline survey results. A post-intervention survey was conducted by ARC from June 9<sup>th</sup> to June 19<sup>th</sup> 2003 to measure changes in the target populations regarding knowledge, attitudes, and behaviours surrounding HIV/AIDS and STIs. The survey results are an integral component of ARC's program monitoring and evaluation, and will enable ARC to further refine and improve its program.

The post-intervention survey instrument was identical to the baseline survey instrument, with the addition of a small number of questions regarding participation in ARC activities and awareness of ARC educational materials. A total of 956 interviews were performed among the high-risk target populations of ARC's interventions: military, CSWs, youth and ex-combatants.

Survey results indicated a dramatic rise in levels of knowledge of HIV/AIDS transmission and prevention, surpassing each knowledge objective set by ARC. As a total sample, the proportion of respondents able to cite three or more correct routes of AIDS transmission rose from 1 in 10 to 1 in 2; the percentage able to describe three or more effective means of avoiding AIDS increased from 6% to 54%; and the percentage able to name three or more condom sources increased from 12% to 56%. Levels of knowledge were even higher among specific sub-groups, with military and CSW respondents demonstrating the highest levels of knowledge: 75% of military respondents were able to cite three or more correct routes of transmission; and 81% of CSWs were capable of naming three or more sources of condoms. However, levels of knowledge among the youth lagged consistently behind: for example, only 32% of male youth respondents could correctly name three or more routes of AIDS transmission.

Condom use behavior across all sub-groups has experienced a significant increase from baseline, with those respondents reporting condom use at last sexual intercourse doubling from 26% to 53%, exceeding ARC's objective. Again, military and CSW respondents report the highest condom use behavior (both with 68% use at last sexual intercourse, and 82% and 83% reporting having ever used a condom, respectively), while male youth report the lowest levels of condom use, with only 37% condom use at last intercourse and 50% having ever used a condom.

Despite increases in knowledge and condom use behavior, levels of concern about becoming infected with HIV remain fairly low for all groups surveyed. Military respondents continue to demonstrate the highest level of concern about AIDS, with 49% reportedly worrying "a lot" about AIDS, though this percentage is similar to the baseline survey. The percentage of respondents *not worried* about AIDS remains highest among CSWs at 53%, which is unchanged from baseline. Also of concern, only 22% of female youth report worrying "a lot" about AIDS (a 13 percentage point decrease from baseline).

Despite increases in knowledge, negative attitudes about people living with HIV/AIDS persist at much the same levels as were found at baseline, with 49% of the total sample believing people with AIDS should be isolated or reported. It is interesting to note, however, that the proportion believing people with AIDS should be counseled or treated has increased significantly from 56% to 72% of respondents. This apparent inconsistency of beliefs suggests that much work still needs to be done to decrease the stigma surrounding HIV/AIDS.

### Post-Intervention Recommendations

These recommendations have been brought forth based upon both the results of the post-intervention study, and the baseline program recommendations. Though the recommendations are intended for the improvement of ARC's prevention project, use of relevant recommendations by other community-based organizations is encouraged. As well as having direct project implications, a number of the recommendations involve issues to be addressed on a wider policy level.

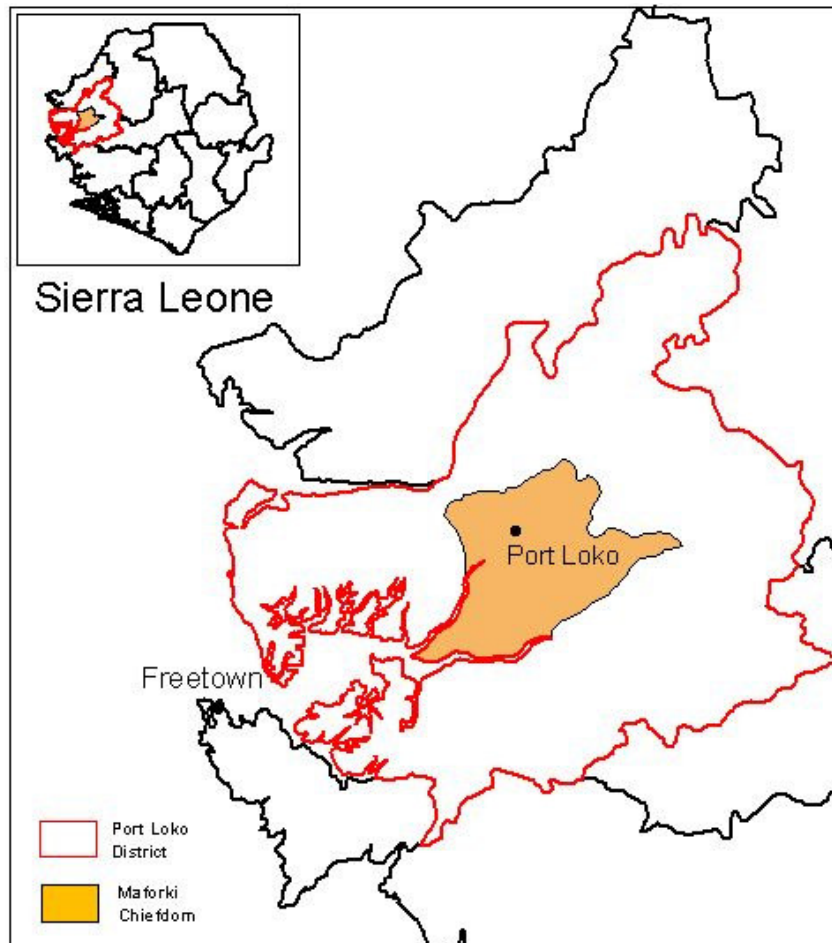
- Continue to raise awareness of HIV/AIDS and STIs and promote condom use among target populations. Attention should be directed towards increasing personal concern of HIV-infection (coupled with the means to address that concern) and decreasing negative attitudes towards people living with HIV/AIDS.

- Continue to stress youth-focused activities that educate youth about HIV/AIDS and STIs, while also attempting to remove barriers to low risk behaviour.
- STI prevention efforts should have an added emphasis on educating and referring target groups to adequate sources of STI care within the community.
- The social marketing and sale of condoms for small sums should be considered in order to decrease reliance on NGOs for condoms, and increase motivation for condom distributors to continue supplying condoms to target populations.
- Assistance and support should be provided towards efforts to implement HIV/AIDS Voluntary Counseling and Testing (VCT) programs in Sierra Leone.
- Attention should be paid to outlying village areas, as people are beginning to spread back into these areas while regularly transiting through town.
- Continue systematic monitoring and evaluation of the project to further guide the program in its activities.

## I. Background

The ten-year conflict in Sierra Leone, lasting from 1991-2001, has taken a huge toll on the population: thousands of lives have been lost; an estimated 100,000 civilians, including children, have been mutilated; and countless women and girls have been raped, abused and abducted. Nearly half of the 4.5 million inhabitants of Sierra Leone fled their homes one or more times, both internally and to neighboring countries, in fear for their lives. Access to basic health care has been disrupted for the majority of citizens. Health facilities and other infrastructure have been destroyed. In addition, medical and other professionals, who were often specifically targeted by the RUF rebels, have fled their posts and have only begun to return in the last couple of years.

Along the only land route to Lungi international airport, the town of Port Loko was a strategic objective of both sides during the conflict. Much fighting occurred around the town as the government prioritized its retention of Port Loko, leading to an influx of displaced persons from throughout the district. A camp in Port Loko once hosted up to 20,000 internally displaced persons (IDPs).



During September and October 2000, Sierra Leonean refugees sheltering in Guinea faced new threats as they were accused of complicity in cross-border fighting. As a result, refugees began returning to Sierra Leone. Most of these repatriating refugees were not immediately able to return to their home communities because of continuing insecurity within the country. A large number of refugees mainly from refugee camps in the border town of Forecariah, Guinea settled in the Port Loko District. In addition to 9,000 combatants who disarmed in the Port Loko disarmament camp, United Nations peacekeepers (UNAMSIL) and the Republic of Sierra Leone Armed Forces (RSLAF) soldiers based themselves in Port Loko town. Before disarmament was completed at the end of 2001, Civil Defense Forces (CDF) were also found in Port Loko.

Even after President Kabbah declared an end to civil war in January 2002, Port Loko remains of strategic importance in the fight against AIDS in Sierra Leone for several reasons. First, a high concentration of military personnel (UNAMSIL, RSLAF), who remain stationed in Port Loko as peacekeepers, has been accompanied by an increase in commercial sex activity. Second, large numbers of ex-combatants, who reportedly exhibit high rates of STIs, have likewise settled in the town. Finally, the mixing of populations with different AIDS prevalence levels suggests an increase in prevalence in Port Loko.

ARC International (ARC) works for the survival, health and well-being of refugees, displaced people and those at risk, and seeks to enable them to rebuild productive lives of dignity and purpose, striving always to respect the values of those served. ARC entered Port Loko on December 1<sup>st</sup> 2000 to begin an HIV/AIDS and STI prevention pilot project. This project is one of ten that form the Reproductive Health for Refugees (RHR) Consortium Monitoring and Evaluation Program. The goal of the RHR Consortium, of which ARC is a member, is to increase access to a range of quality, voluntary reproductive health services for refugees and displaced persons around the world.

In April 2002, the U.S. Centers for Disease Control and Prevention (CDC) conducted a national HIV/AIDS sero-prevalence study in Sierra Leone. Although initial estimates indicated a 4.9% HIV national sero-prevalence rate, further tests by the CDC instead revealed a prevalence rate of almost 1%.<sup>1</sup> However, no specific prevalence data are available at the district or province level, and so the HIV prevalence in Port Loko is unknown.

The *Strengthening AIDS Prevention in Port Loko* project was officially launched on the 26<sup>th</sup> and 27<sup>th</sup> of January 2001. The project aims to strengthen efforts of the Government and other agencies to help prevent HIV/AIDS. The project's causal hypothesis posits the following:

***Skilled community health promoters, conducting effective information, education and communication activities where condoms and STI treatment are readily accessible, will facilitate community members using effective treatment for STIs and practising safer sex, and will also contribute to a reduction in the HIV/AIDS prevalence in Port Loko/Maforki Chiefdom.***

Certain "at-risk" groups are targeted: commercial sex workers, military (RSLAF, UNAMSIL, police), youth, ex-combatants and transport workers. Members of these groups are thought to be "core transmitters" of HIV; therefore, effecting changes in their behaviour is a priority in order to stem the spread of the epidemic throughout the rest of the population.

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<sup>1</sup> Kaiser R, Spiegel P, Salama P, Brady W, Bell E, Bond K, and Downer M. *HIV/AIDS Seroprevalence and Behavioral Risk Factor Survey in Sierra Leone, April 2002*. Atlanta, GA: Centers for Disease Control and Prevention.

The project's Health Team currently consists of one Team Manager, one AIDS Prevention Officer (APO) per target population (CSW, military, female youth, and male youth), one STI Prevention Officer, and one Behaviour-Change-Communication Production Manager. The Team Manager and the four APOs are trained and qualified State Enrolled Community Health Nurses (SECHNs), while the STI Prevention Officer possesses graduate-level training in medical physiology.

The core activities of the project consist of Information-Education-Communication (IEC) and BCC campaigns, condom distribution, and STI treatment. Posters, billboards, newsletters, tabloids, and radio jingles are used to spread HIV/AIDS and STI prevention messages. Extensive outreach to targeted populations is accomplished through events and educational workshops about: condom use and negotiation; HIV/AIDS transmission and prevention; and STI prevention and treatment. The project works to expand the community network for supply of condoms, and an estimated 50,000 free condoms per year have been distributed, primarily supplied by the Ministry of Health. Work has also been done to improve the quality of STI treatment at the public health units through the training of clinicians in syndromic management of STIs.

## **II. Survey Methodology**

The post-intervention survey was designed to measure the level of HIV/AIDS and STI knowledge of transmission and prevention, risk awareness, and attitudes and practices of infection control behaviours among ARC's targeted populations. In particular, when compared to baseline data, the survey will highlight changes in these areas occurring over the past two years. This will serve as a means of monitoring and evaluating ARC's prevention program, and will guide improvement of the project

### **A. Survey Sample**

Identical purposive quota sampling techniques were used to select respondents for the baseline and post-intervention surveys. This technique was employed because the focus on specific study groups precluded a more community-based random sampling technique; and a reliable sampling frame from which to select a *random* sample of the targeted groups was not obtainable at that time. The respondents at baseline and post-intervention were selected in as close a manner as possible. However, no attempt was made to re-contact respondents from the baseline survey, as the survey was anonymous and a high turnover among CSW and military populations would make this unrealistic. It is important to be aware that this technique estimates group-level changes, and not specific changes at the individual level.

The desired and actual numbers of individuals interviewed in each of the quota categories are presented in the table below. It should be noted that although CDF respondents were included with the RSLAF in the military quota category during the baseline survey, the CDF no longer exist in post-war Sierra Leone and thus, were not included in this survey.

Sampling frame for Post-Intervention Survey Strengthening AIDS Prevention in Port Loko ARC International - Sierra Leone				
Quota category	Desired sample size		Actual number interviewed	
	Men	Women	Men	Women
Military (ages 15-49)				
UNAMSIL	100	0	108	0
RSLAF	100	0	97	0
Commercial sex workers (ages 15-49)	0	200	0	202
Youth (ages 15-24)				
Students	100	100	98	100
Non-students, non ex-combatants	100	100	111	95
Ex-combatants	100	50	90	55
Note: Although transport workers are also a target group for the project, they were not included in the survey as their total number in Port Loko is small.				

To select respondents, individuals who appeared to the interviewer to fit a particular quota category (e.g., a man in military uniform who appeared to be between 15 and 49 years old) were approached, asked if they would participate in a short interview about health and, if they agreed, were asked their age and occupation/status to determine if they did, indeed, fit the quota category. In the schools, teachers selected students to be interviewed based on the criteria provided by the interviewers (i.e., between the ages of 15 and 24). Potential respondents for the commercial sex worker category were identified based upon where they gathered (i.e., known commercial sex centres of activity), style of dress and hair and activity during the day (i.e., not otherwise employed).

It should be noted that, because of the sampling technique used, the respondents do not make up a representative sample of the population of Port Loko or of their particular quota category. However, the sampling plan ensured that respondents were selected from all sectors of the town (divided into 30 clusters for this purpose), all military installations, all known centres of commercial sex activity, and all secondary and trade schools. (It should also be noted that due to the closure of the Port Loko ex-combatant camp and the reintegration of ex-combatants into the community, this data collection site was removed from the questionnaire and replaced with a comparable existing site.)

Very few individuals approached for an interview refused to participate, further limiting potential bias. Nevertheless, it is possible that individuals with particular characteristics were systematically underrepresented, notably those who spend most of their time at home, perhaps due to ill health.

Thus, though not statistically representative, it is believed that the survey findings are indicative of the HIV/AIDS and STI knowledge, attitudes and behaviours of those in the categories of interest and are therefore useful for program guidance.

## B. Questionnaire

The project Health Team, with technical support provided by the Mailman School of Public Health at Columbia University, a member agency of the RHR Consortium, adapted the baseline survey questionnaire for use at post-intervention. The result was a questionnaire nearly identical to the baseline survey instrument, consisting of 21 multi-part questions, written in English,

relating to HIV/AIDS and STIs (see Appendix A). The only significant changes made to the instrument were two additional multi-part questions regarding participation in ARC activities and awareness of ARC educational materials, which were pre-tested and revised accordingly.

### **C. Selection and Training of Interviewers**

A total of 16 interviewers (8 men, 8 women) were sought for the post-intervention survey, with 14 active interviewers, and two interviewers to serve as back up. These individuals were selected from among active ARC Port Loko volunteers and individuals who participated as interviewers in previous ARC surveys. Interviewers represented different age groups and backgrounds in order to facilitate their acceptance by the different respondent groups.

All 16 interviewers participated in a three-day training workshop conducted by the Health Team on basic HIV/AIDS and STI knowledge, the survey instrument, and interviewing skills. An important part of the training was discussion and agreement by the interviewers of the precise wording to use when administering the questionnaire in Temne and Krio. Approximately once a week, the interviewers and Health Team came together to follow-up with any issues or difficulties in the field.

### **D. Field Procedures**

Five of the Health staff served as field supervisors, each one working with 2-4 interviewers to complete a particular quota category.

Following the initial approach, the interviewers asked respondents if they could go to a secluded area in their location where they could speak in privacy. They informed the respondents that all discussion and responses would remain confidential. Each interview took an average of 20 minutes to complete.

The fieldwork was carried out in 11 days, from June 9<sup>th</sup>-19<sup>th</sup> 2003. Close supervision allowed the field supervisors to collect completed questionnaires in the field for immediate coding.

### **E. Data Entry and Cleaning**

An interviewer with computer experience performed the first week of data entry, and a trained back-up interviewer replaced this individual in the field. An individual hired by ARC with data entry experience performed the following weeks of data entry. The data was entered using Epi Info 2002 for Windows as the completed and coded questionnaires came in from the field.

### **F. Data Analysis**

The data was analysed with Epi Info 2002. Tables were prepared based upon the results of the survey, and chi-square analyses were performed where appropriate to ascertain significant differences between baseline and post-intervention results.

## **III. Limitations of the Survey**

As with any such survey, there are potential limitations that are discussed here to prevent misinterpretation of the results.

- Although attempts were made to reach a broad group in each quota category, the sample was not a random sample, as noted above.
- Bias may have been introduced based on the selection of people to be interviewed. For example, teachers selected the students from their classrooms to be interviewed; it is unclear

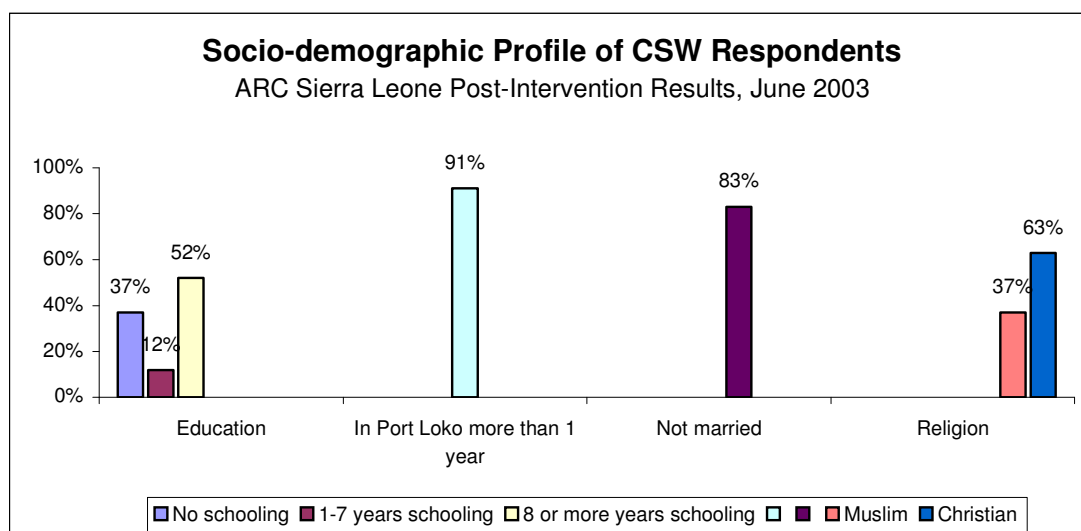
how this selection may have biased the results. In addition, the selection of commercial sex workers was based on somewhat subjective criteria.

- Although respondents were selected in as close a manner as possible at baseline and post-intervention, significant differences exist in the socio-demographic profiles of the baseline and post-intervention respondents. It is unclear to what degree these differences have affected the responses received between baseline and post-intervention.
- It is the perception of the interviewers and supervisors that respondents were largely forthcoming during the interview, providing open and honest answers to the questions posed. Nevertheless, as in all surveys, respondents may have modified their answers according to social norms or to their perceptions of interviewer expectations.
- Although we believe the survey to be indicative of the knowledge, attitudes and behaviours of the groups of interest in Port Loko town, the results cannot be applied to the general population.
- Without a control group, a direct causal link cannot be drawn between survey results and ARC's intervention efforts alone, especially as the number of organizations integrating HIV/AIDS education into their activities has grown. However, due to the extensive outreach of ARC in the Port Loko community, and ARC's regular collaboration in the HIV/AIDS education activities of the Government and community organizations, we believe the survey results accurately reflect ARC's efforts.

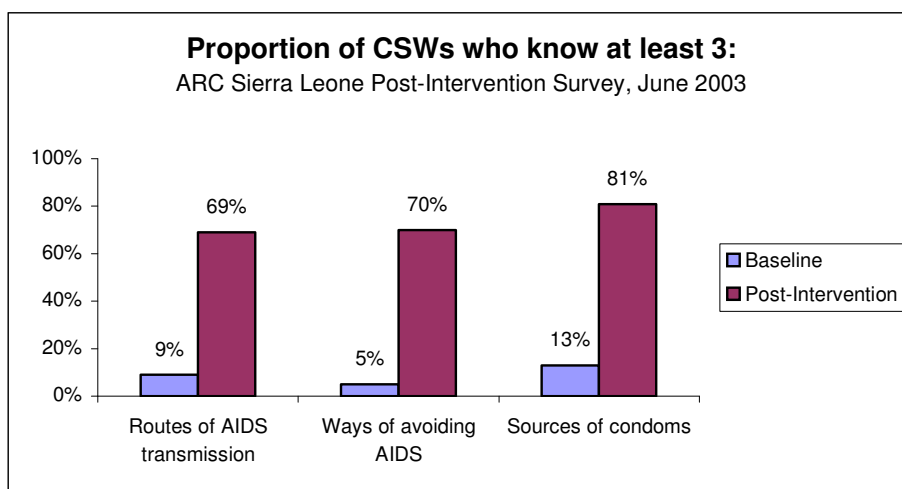
#### IV. Post-Intervention Survey Results

##### A. Commercial Sex Worker Findings

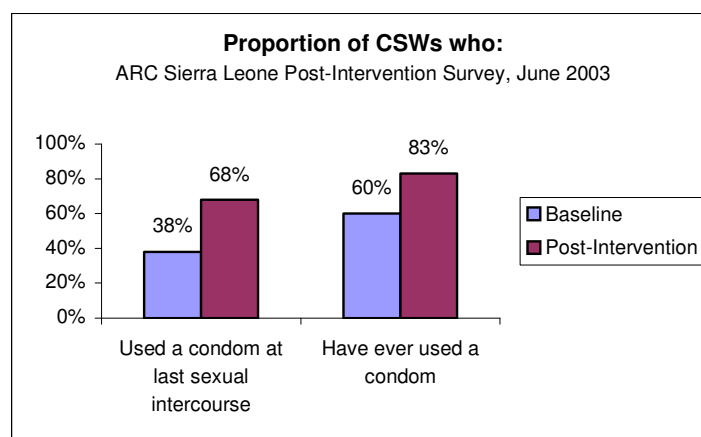
Overall, the commercial sex workers (CSWs) were generally well educated, with a mean 6 years of education, although this was down from the average 7 years of education found at baseline. The overwhelming majority (91%) of CSWs interviewed reported having remained in Port Loko for more than one year, growing from just over half (55%) of CSWs in 2001. This is not surprising, since the military contingents have also remained in Port Loko for peacekeeping activities. As one might expect, the proportion of unmarried CSWs remained relatively stable at 83%. Additionally, the majority (63%) reported belonging to the Christian faith, which is a slight increase from 47% in 2001. The remaining 37% reported belonging to the Muslim faith.



As a group, the levels of knowledge of HIV/AIDS among CSWs were relatively high, representing a dramatic increase from the very low levels found at baseline. Those CSW respondents who could spontaneously cite at least 3 correct routes of HIV transmission increased to 69%, representing a 60-percentage point jump from baseline. In 2001, only 5% of CSW respondents could name 3 or more effective means of avoiding AIDS, but this figure made a remarkable leap to 70% of respondents at post-intervention. The percentage of CSWs knowing 3 or more sources of condoms (81%) was found to be more than six times greater than baseline. Even higher proportions could cite specific items of information: 90% identified sex as a route of transmission for HIV, and 91% named the use of condoms during sex as a means of avoiding AIDS (75% and 72% respectively, at baseline).



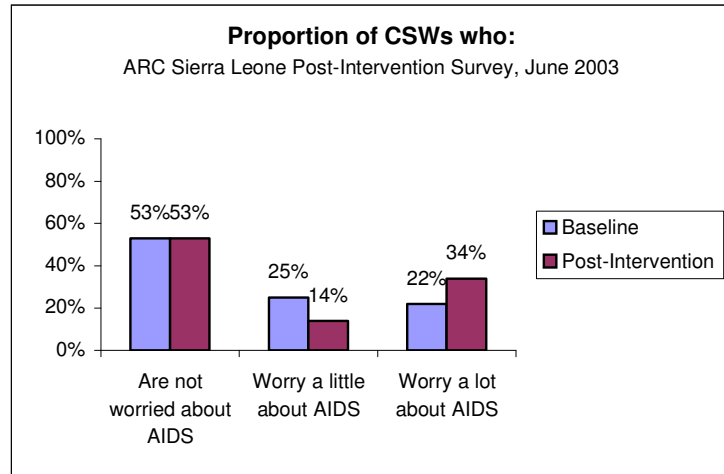
The increase in levels of knowledge is accompanied by a significant increase in condom use behaviour. Sixty-eight percent of CSWs report using a condom at their last sexual encounter, as compared to only 38% reported at baseline. Additionally, 83% reported having ever used a condom, as compared to 60% at baseline. As their primary means of protection against HIV-infection, the steep rise in condom use among this group shows a willingness to engage in safer sex behaviour, though significant room for improvement still exists. The most common sources of condoms for CSWs were partners and non-governmental organizations (NGOs).



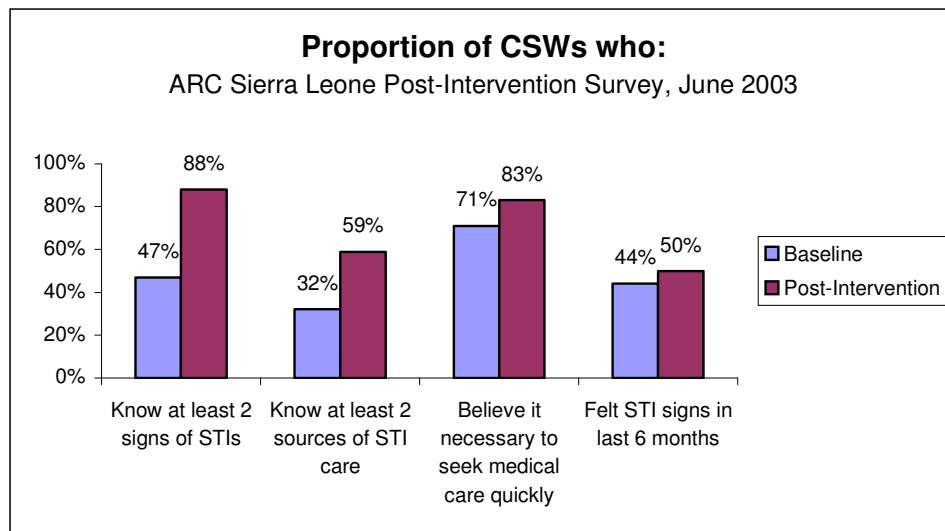
The marked increase in levels of knowledge and condom use behaviour is inconsistent with the low levels of personal concern about AIDS among CSWs. The significant lack of concern of

HIV infection remains at levels similar to those found in 2001. While the proportion of those who reported worrying “a lot” about becoming HIV-infected rose from 22% to 34%, more than half still report they are not worried at all about contracting HIV. Given that CSWs are regularly exposed to potential HIV infection, having more than half of this population not concerned about AIDS is alarming, and additional efforts at risk awareness should be made.

It is interesting to note that greater proportions of CSWs are discussing condoms with partners: 71% of CSWs report discussing condoms with a partner in the last six months, up from 49% in 2001. Additionally, among those CSWs who wanted to use a condom in the last six months and raised the question, 83% were met with partner agreement, which is a twenty percentage point increase from baseline. Only 17% of CSWs had their partners refuse the use of condoms. This information suggests that encouraging CSWs to require their clients to use condoms would be acceptable, as it may result in losing only a small percentage of business.

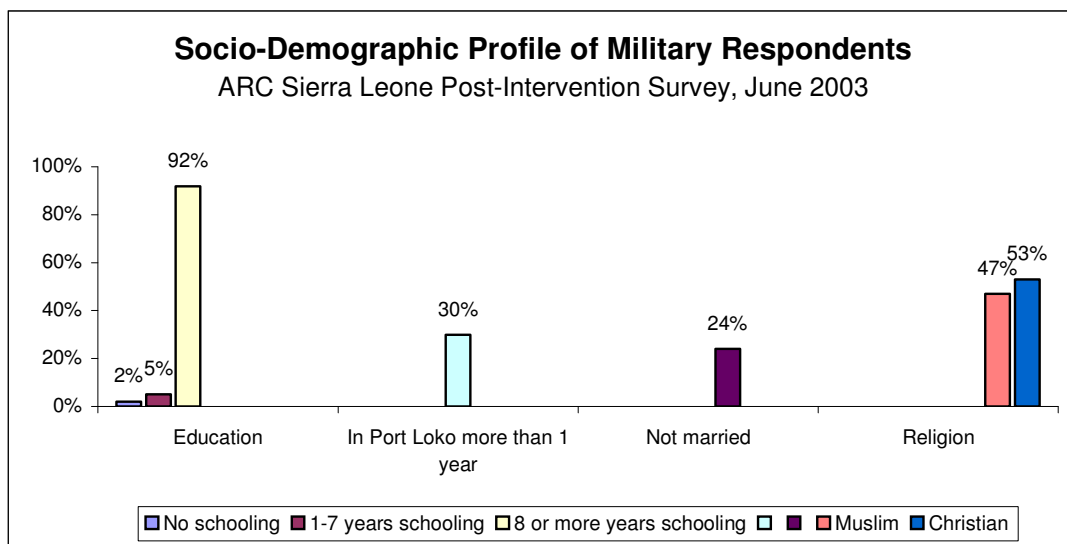


Like levels of HIV/AIDS knowledge, the levels of STI knowledge among CSWs also increased significantly from baseline. The proportion of CSWs able to spontaneously cite 2 or more signs of STIs was only 47% at baseline, but increased to 88% at post-intervention; and the proportion able to name 2 or more adequate sources of STI care almost doubled, from 32% to 59%, though this percentage is still low. The health seeking behaviour of CSWs for STIs raised to higher levels, with almost all (96%) of those experiencing a sign of STI in the last six months seeking care at a health facility or pharmacy, up from 74% at baseline. The remaining (4%) who experienced a sign of STI in the last six months reported using traditional remedies or seeking no care at all.

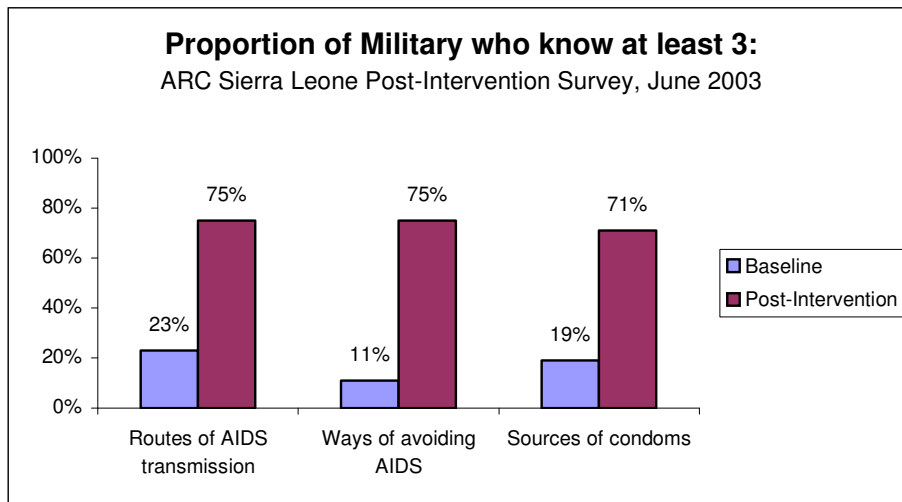


## B. Military Findings

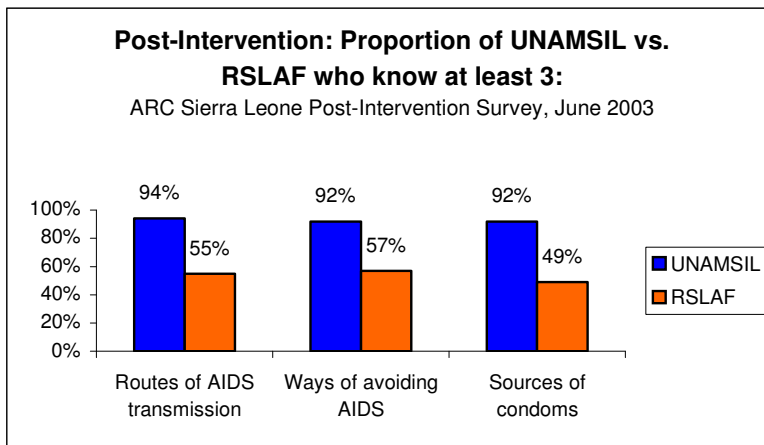
The military respondents were the most educated among the sub-groups, with a mean education of 12 years. This average is 2 years greater than the mean education found in the military respondents of 2001, and almost double that of the education of the other post-intervention sub-groups. As expected, a smaller percentage (30%) of military respondents than other populations have been in Port Loko for over a year, though this percentage has doubled from baseline, as peacekeeping activities have continued after the war. Even so, the high mobility of the military is a primary factor in infection and transmission of HIV, and places the military in a high-risk category for HIV/AIDS and STIs. Only 1 in 4 military respondents were not married, a similar proportion to the baseline study population. Also similar to baseline, 47% of the military respondents reported being Muslim, and 53% reported being Christian.



Military respondents continued to report some of the highest levels of HIV/AIDS knowledge among the four sub-group populations, and there have been striking increases in levels of knowledge in this group. The proportion of military respondents able to spontaneously name 3 or more correct routes of HIV transmission has more than tripled to 3 in 4 respondents. Those able to cite 3 or more effective means of avoiding AIDS, has risen from 11% to 75% of respondents. Additionally, military respondents who knew at least 3 sources of condoms rose from 19% to 71%. More specific items of HIV/AIDS knowledge were cited by even greater proportions of the military, with virtually all respondents (99%) naming sex as a route of AIDS transmission and 91% citing condom use during sex as an effective means of avoiding AIDS (89% and 72% respectively, at baseline).



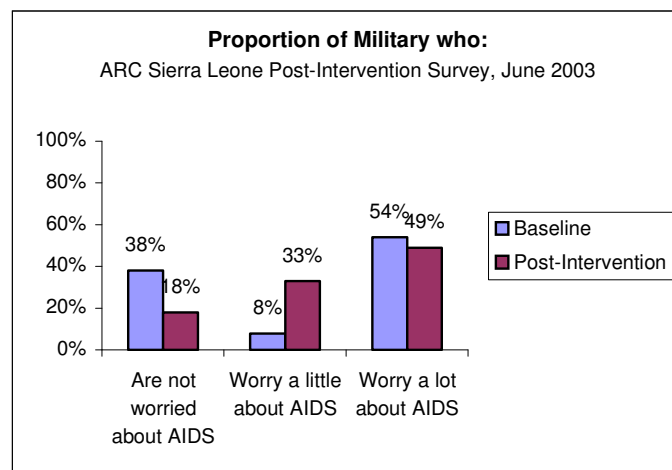
It must be pointed out that considerable gaps still exist in levels of knowledge when comparing UNAMSIL and RSLAF respondents, with higher levels of knowledge being found among the UNAMSIL respondents.



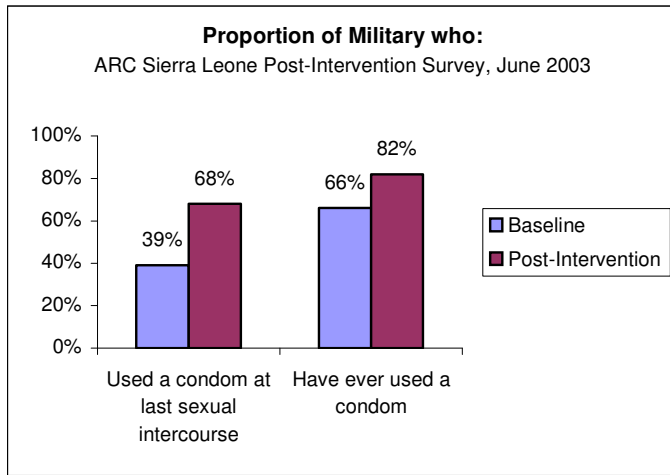
Those RSLAF respondents able to cite: 3 or more correct routes of transmission; 3 or more effective means of avoiding AIDS; and 3 or more sources of condoms; were consistently 40 percentage points lower than those UNAMSIL respondents who were able to do so. As was pointed out in the baseline survey report, this incongruity cannot be

ignored because RSLAF will remain in the community long after UNAMSIL forces withdraw (currently planned for early 2004).

With increased levels of knowledge, there also appears to have been a shift to a greater personal concern of HIV infection among the military respondents. The military continue to report the highest proportion of respondents who worry “a lot”, with approximately half of respondents continuing to fall in this category. There was a four-fold increase in the number who reported worrying “a little” about AIDS, leaving only 18% not worried at all. However, as the military is identified as a high-risk



population for HIV/AIDS, even this small proportion of respondents who are not concerned is significant.

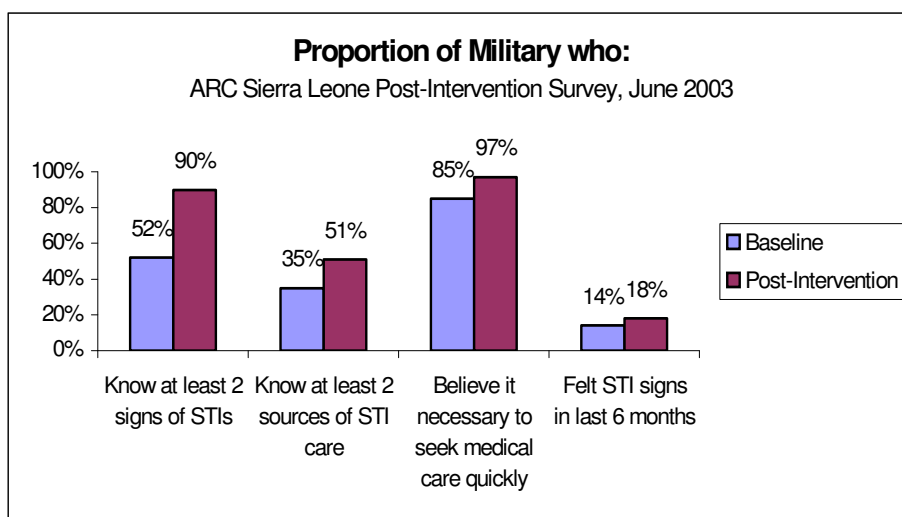


Condom use behaviour among military respondents was found to be at considerably higher levels than in 2001. Eighty-two percent of military respondents reported having ever used a condom, up from 66% in 2001, while the proportion of those who used a condom at last sexual intercourse increased from 39% to 68% of respondents. Again, there is an important gap to take note of between UNAMSIL and RSLAF respondents. While 91% of UNAMSIL respondents reported having ever used a condom, 73% of

RSLAF respondents reported having done so. Also, 85% of UNAMSIL respondents, as compared to only 48% of RSLAF respondents, reported condom use at last sexual intercourse. The most common source of condoms reported for this group was the military, followed by NGOs.

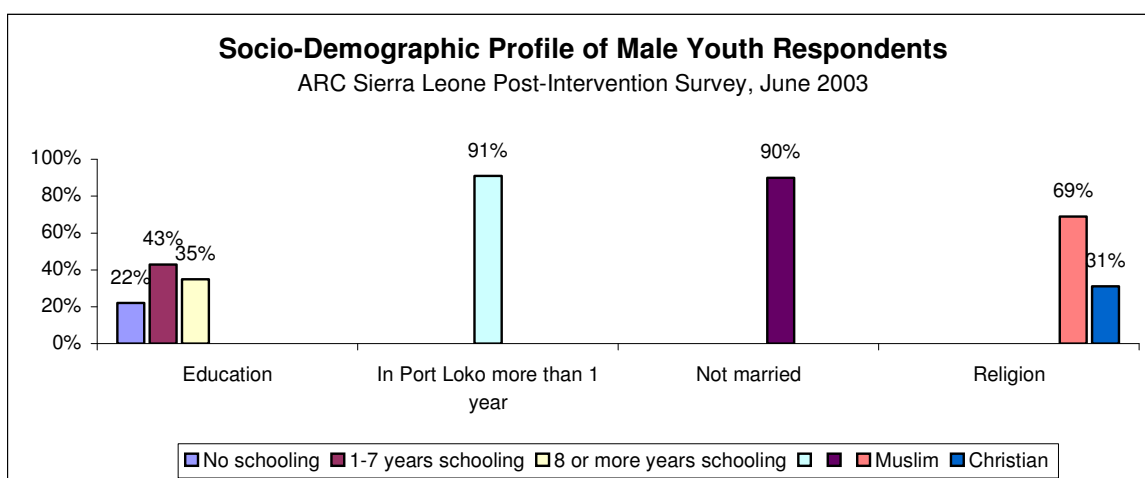
Of note, the proportion of military respondents who reported discussing condoms with a partner in the last six months increased from one-half to over three-fourths of respondents. Nearly all those military respondents who wanted to use a condom, and who raised the topic with their partners in the last six months, were met with a favourable response: 9 in 10 military respondents who raised the topic reported that their partners agreed, up from 64% agreement at baseline. This suggests that condom negotiation skills among military respondents have become quite effective.

As with levels of HIV/AIDS knowledge, levels of STI knowledge also experienced a marked increase. Those military respondents able to name 2 or more signs of STIs rose considerably to 90%, from 52% at baseline. Although still lower than ideal, those able to name 2 or more adequate sources of STI care increased significantly from 35% to 51%. Health seeking attitudes and behaviours among military respondents remained remarkably high. Overwhelmingly, almost all (97%) believed it is necessary to act quickly to treat an STI, and 95% of those who had experienced a sign of an STI in the last 6 months sought treatment at a health facility or pharmacy. The remaining 5% experiencing a sign of an STI did nothing or sought traditional remedies.



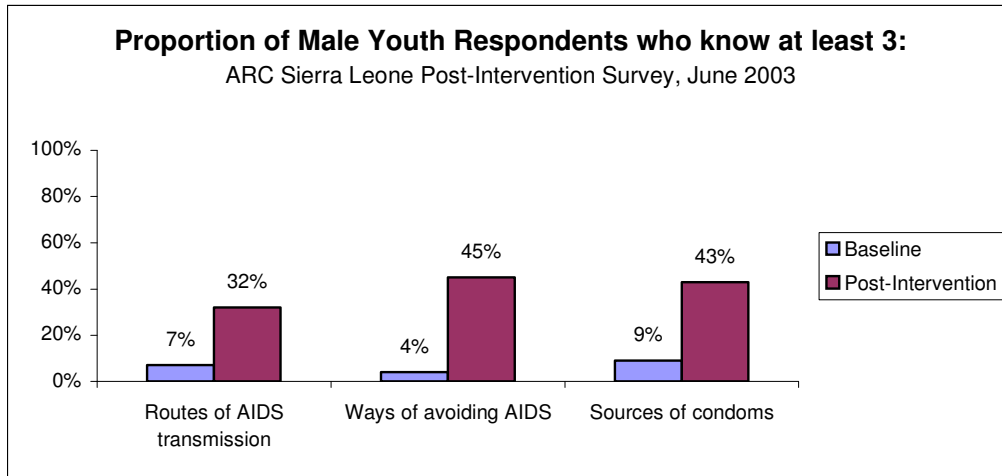
### C. Male Youth Findings

Male youth respondents remained the least educated of the four sub-groups, with a mean education of 5.6 years. As might be expected with resettlement after the war, the proportion of those who have been in Port Loko for over one year has increased, and 91% of the male youth report falling into this category (as compared to 73% in 2001). Given that the majority of male youth appear to be from the Port Loko area, it is not surprising that 69% of male youth respondents are Muslim, since Port Loko is a largely Muslim area. Thirty-one percent of male youth report belonging to the Christian faith. Those male youth respondents who are not married rose to 90%, from 66% at baseline, perhaps explained by a decrease in the community's income opportunities, and thus a decreased means to support a family.



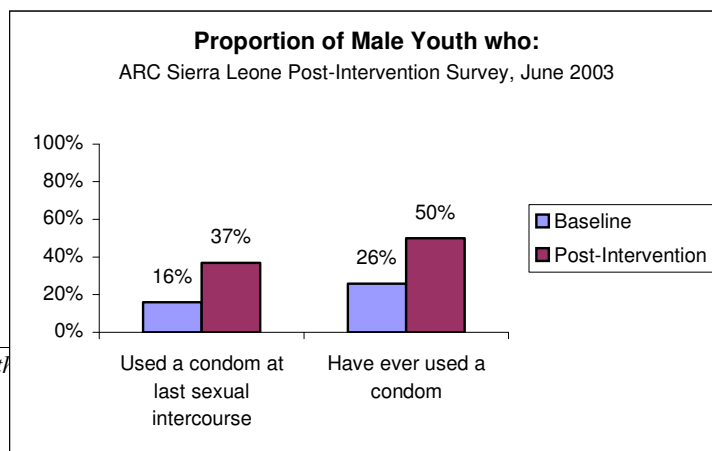
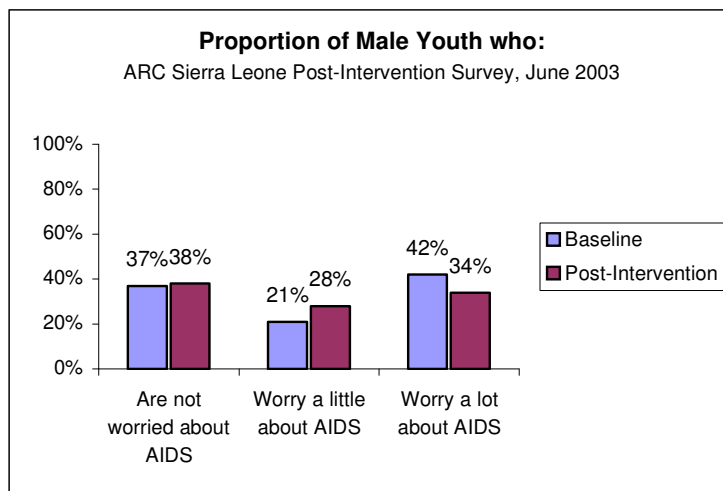
While still at relatively low levels, the overall increase in levels of HIV/AIDS knowledge among male youth respondents is noteworthy. Those male youth able to name 3 or more correct routes of AIDS transmission rose five-fold, from less than 7% to more than 32% of respondents. More than ten times as many male youth respondents (45%) were able to cite 3 or more effective means of avoiding AIDS, as compared to baseline findings. Also, five times as many male youth respondents (43%) were able to name at least 3 sources of condoms than at baseline. Yet,

despite these remarkable increases, the levels of knowledge still remain low enough to cause concern. However, like previous sub-groups, higher proportions were able to cite specific items of knowledge. For example, 93% were able to name sex as a route of AIDS transmission, and 84% named condom use as an effective means of AIDS prevention (72% and 50% respectively, at baseline).



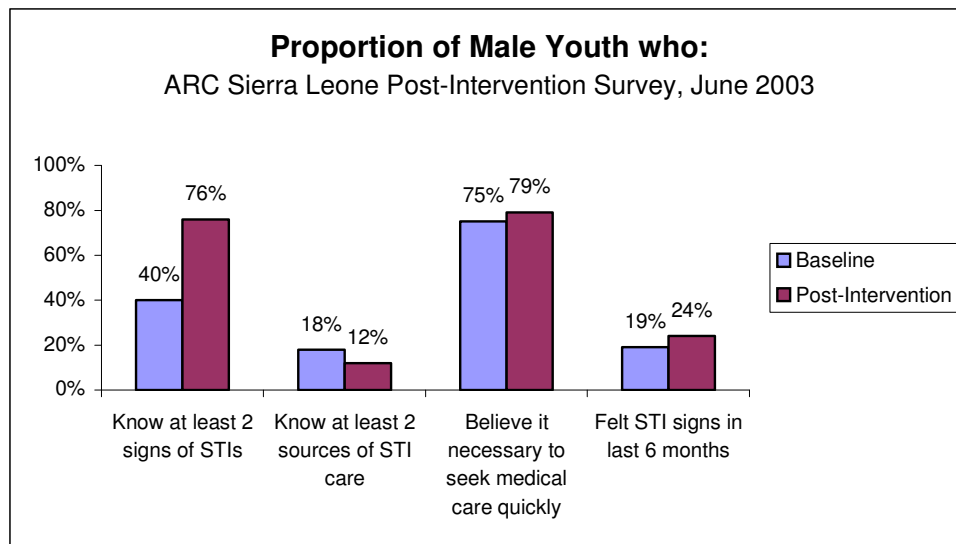
In spite of the increases in levels of knowledge, there was relatively little change reported in the level of personal concern of HIV-infection among male youth respondents. There was a slight decrease of those who reported worrying “a lot” about AIDS, from 42% to 34%, and the proportion of those who reported not worrying at all remained stable at 38% of male youth. The continuance of low rates of personal concern about AIDS is alarming in a group that will soon make up half of the adult population of Sierra Leone.

Although still at low levels, levels of condom use among male youth have significantly risen since 2001. Those male youth reporting condom use during their last sexual intercourse increased from 16% to 37% of respondents, and the number reporting having ever used a condom doubled from one-quarter to one-half of respondents. Although these increases are impressive, it is important to note that the levels of condom use remain alarming low and reflect the relatively low levels of HIV/AIDS knowledge of this group. By far, the most condom source of condoms for male youth was NGOs.



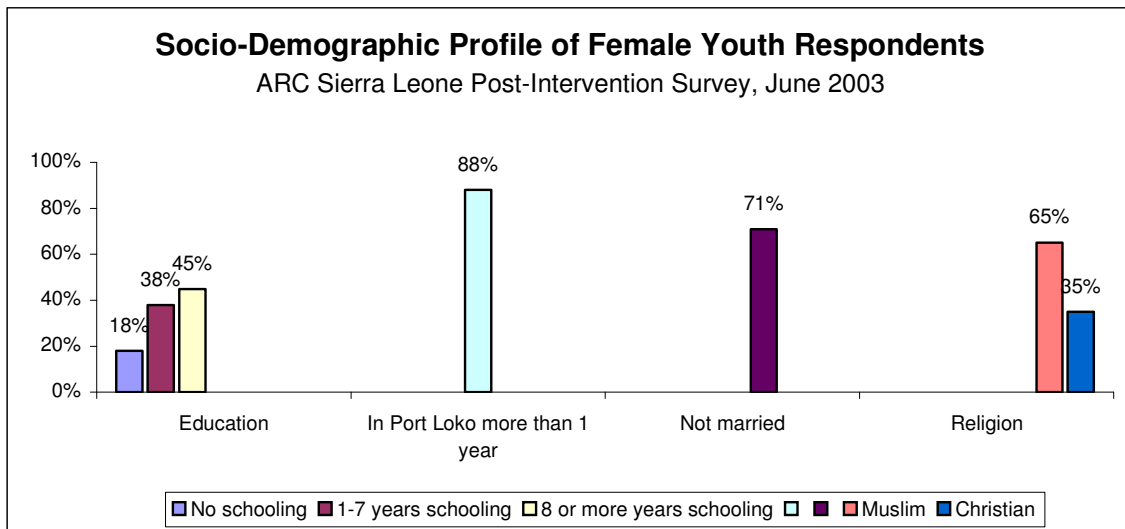
Encouragingly, the proportion of male youth who reported discussing condoms with their partner doubled from 26% to 52% of respondents. Also of note, male youth had greater success than at baseline in finding agreement from their partners regarding condom use. More than 2 in 3 male youth reported their partners agreed to use condoms when they raised the topic, while 1 in 3 reported partner refusal. This is in contrast to the approximate 1 in 2 agreement rate found at baseline, suggesting that the condom negotiation skills of male youth have improved.

Levels of STI knowledge also rose significantly among male youth respondents. Seventy-six percent of male youth were able to name 2 or more signs of STIs, increasing from 40% at baseline. However, knowledge of sources of STI care dropped, with only 12% able to name 2 qualified sources of STI care. It appears this may be due to an increased citing by male youth of inadequate sources of care, such as traditional remedies. The proportion of male youth reporting having experienced a sign of STIs in the past six months (24%) remained fairly stable from baseline, as did the proportion of this group who reported seeking treatment for STI signs from a health facility or pharmacy (79%). The remaining 21% reported using a traditional remedy or doing nothing.

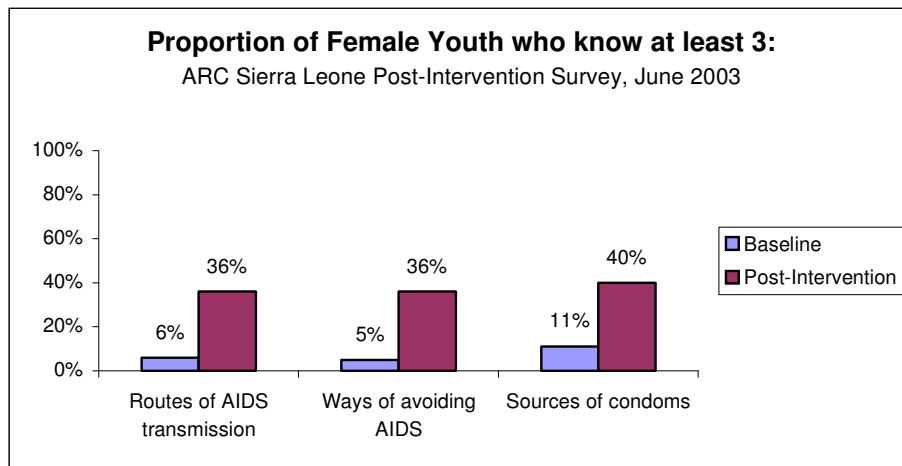


#### D. Female Youth Findings

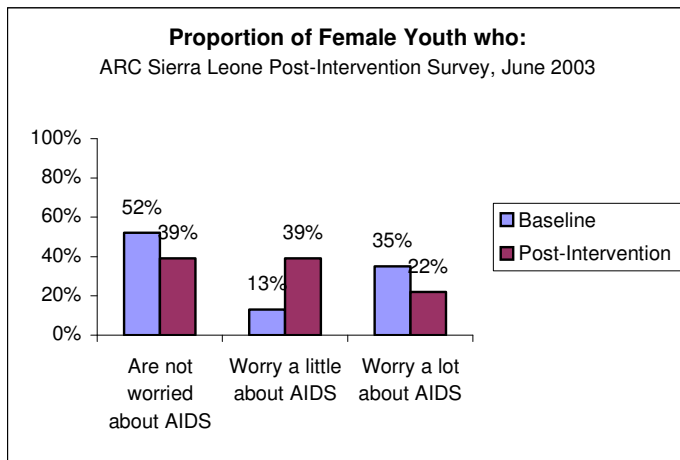
The female youth respondents had a similar education level as that of the CSW respondents, with a mean of 6.5 years of education, which is an increase of 1 year from the baseline education level of this sub-group. Like all previous sub-groups, there was an expected rise in the percentage of respondents who have been in Port Loko for more than one year, and 88% of female youth reported falling into this category. As with male youth, this suggests that the majority of the female youth are from Port Loko. Seventy-one percent of female youth reported being unmarried. Similar proportions to male youth of Muslims (65%) and Christians (35%) were reported, and as noted earlier, this is not surprising since Port Loko is a predominantly Muslim area.



There was a significant jump from baseline in levels of HIV/AIDS knowledge among female youth respondents, though female youth reported some of the lowest levels of knowledge among all four sub-groups surveyed. Those female youth able to spontaneously name 3 correct routes of AIDS transmission increased six-fold to 36% of female youth respondents. The number of female youth able to name 3 or more effective means of avoiding AIDS (36%) was seven times higher than baseline. Although female youth respondents are the group with the lowest percentage able to cite 3 or more sources of condoms (40%), this number is almost four times greater than it was at baseline. As with the other target populations, higher proportions were able to cite specific items of information: 77% could name sex as a route of AIDS transmission and 73% named condom use during sex as a means of avoiding AIDS (73% and 58% respectively, at baseline).



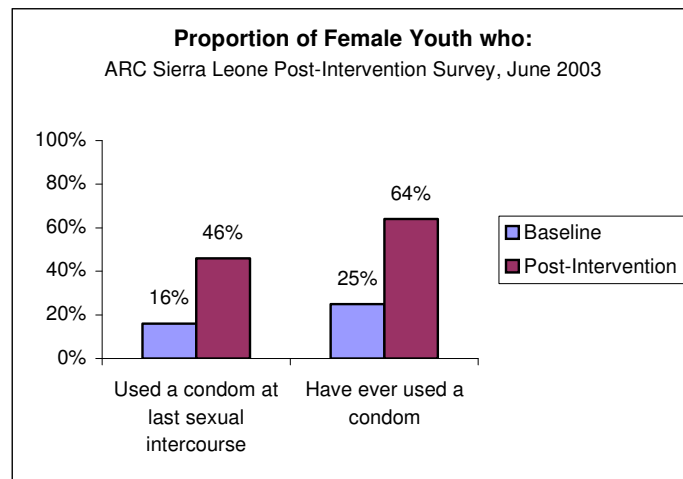
The levels of concern about AIDS among female youth experienced more change than the previous sub-groups. While those that report worrying “a little” about AIDS has tripled from 13% to 39%, those that report worrying “a lot” has decreased significantly from 35% to 22%. Also, the percentage that is not worried at all about AIDS has dropped significantly to 39%. Thus, although it is clear that attitudes regarding personal concern are shifting among female youth, the direction in which they are shifting is more complex.



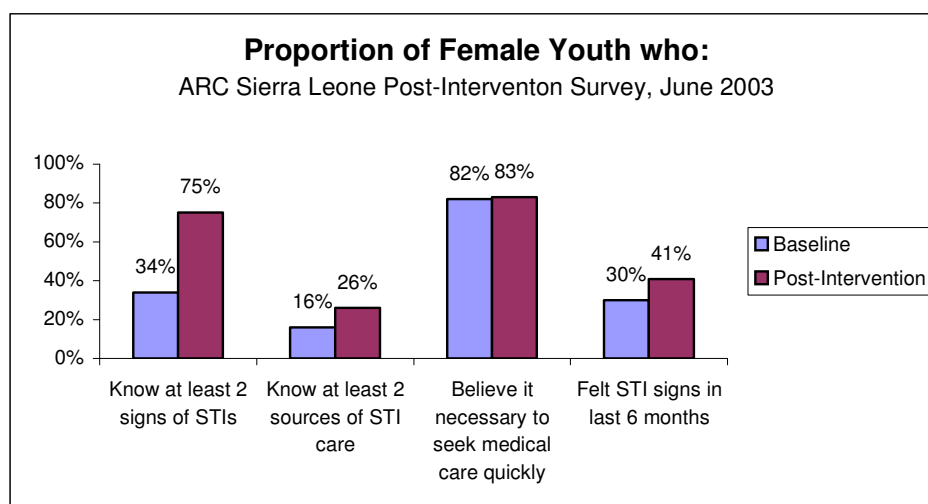
Levels of condom use behaviour among female youth respondents were found to be higher than among male youth, but lower than that found in military and CSW respondents. Female youth respondents' use of condoms at last sexual intercourse (46%) tripled from the 16% found in 2001. Those female youth who reported having ever used a condom more than doubled from 25% to 64%. It is interesting to note that the primary source of condoms for

female youth is their sexual partner. This suggests that while levels of condom use are higher, female youth are not taking the initiative to provide themselves with a means of protection, and instead leave themselves vulnerable by deferring to the initiative of their sexual partners.

Those female youth reporting that they had discussed condoms with their partner in the last six months increased significantly from 35% to more than 60% of respondents. Those female youth who wanted to use a condom in the last six months and who raised the topic, found agreement from their partner at a similarly high level as that at baseline: almost 3 in 4 female youth found their partners agreed to condom use once the topic was raised, and only 1 in 4 had their partners disagree.



Levels of STI knowledge also rose for female youth respondents, though health seeking behaviour for STIs remained relatively unchanged. Female youth able to spontaneously name 2 or more STI signs increased from 34% to 75% of respondents. Those who could name 2 or more sources of adequate STI care increased from 16% to 26%, though this percentage is still very low. As with male youth, it should be noted that there was a significant increase in those female youth citing pharmacy or traditional remedies as adequate sources of care for STIs. There was a significant increase in female youth reporting experiencing STI signs in the previous 6 months, from 30% to 41%, suggesting that with female youth, greater knowledge of STI symptoms brings about greater awareness and ability to identify the symptoms when they are experienced. Health seeking behaviour for those experiencing STI signs remained at the levels found at baseline, which are the lowest of all sub-groups surveyed: 3 in 4 female youth seek care from a health facility or pharmacy, and the remaining 1 in 4 seeking traditional remedies or doing nothing.



## V. Recommendations

Based upon the findings of *Post-Intervention Survey, Strengthening AIDS Prevention in Port Loko*, ARC International is able to make the following recommendations to improve its prevention program. The success of the program, however, is ultimately dependent upon continued collaboration with the Government of Sierra Leone, the military authorities, all NGOs and the community of Port Loko. This is especially key, as a number of the program recommendations involve issues to be addressed on a wider policy level. To the degree that other agencies may find the survey and its findings relevant, use of the recommendations by other community-based organizations is encouraged.

*Recommendation 1: Continue to raise awareness of HIV/AIDS and STIs and promote condom use among target populations. Attention should be directed towards increasing personal concern of HIV-infection (coupled with the means to address that concern) and decreasing negative attitudes towards people living with HIV/AIDS.*

The levels of HIV/AIDS and STI knowledge and condom use behaviour increased dramatically across all groups surveyed, suggesting that ARC's education and outreach efforts are having a positive effect. Yet, there is still much work to be done to raise awareness and change behaviour. While more than half of all respondents surveyed are now able to name three or more correct routes of AIDS transmission, effective means of avoiding AIDS, or sources of condoms, there remains another half of respondents who are *not* able to name three or more of these items. Notably, 2 out of 3 total respondents now report using a condom at last sexual intercourse. However, because these groups are thought to be possible "core transmitters" of HIV and STIs, condom use behaviour is essential for stopping the spread of HIV and STIs in the community, and condom use should be more widespread. Thus, it is vitally important that ARC continue its awareness and condom promotion activities.

Even with significant increases in knowledge, levels of personal concern about AIDS among these high-risk groups have stayed relatively low. For example, half of the commercial sex workers surveyed remain *not worried* about contracting HIV. It is surprising that these low

levels of personal concern continue to be found in such key core transmitter groups. In order to protect themselves and their partners from these illnesses, it is critical that these high-risk groups recognize the personal danger associated with HIV/AIDS and STIs. It should be noted that the increase in condom use does suggest that these groups are willing to engage in safer sex behaviours. Thus, further efforts to increase recognition of personal risk, coupled with the means to address that risk (e.g. condoms, negotiation skills, etc.), may increase safer sex behaviour.

Additionally, negative attitudes persist towards people living with HIV/AIDS (PLWA). While the proportion of respondents who believe PLWA should be treated or counselled increased across all sub-groups, this did not affect the substantial levels of pre-existing negative attitudes. It is clear that increasing knowledge is not enough to decrease stigma, and additional awareness efforts should focus on supporting positive attitudes and decreasing negative attitudes.

***Recommendation 2:*** *Continue to stress youth-focused activities that educate youth about HIV/AIDS and STIs, while also attempting to remove barriers to low risk behaviour.*

Despite dramatic increases in levels of knowledge, the youth still demonstrate the lowest levels of knowledge of those surveyed, with female youth seeming particularly vulnerable. For example, 16% of female youth could not name *any* routes of transmission; effective means of avoiding AIDS; or sources of condoms. Although significantly more youth are reporting the use of condoms at last sexual intercourse, approximately half of youth have never used a condom. It is important, therefore, that ARC continue its focus on youth, through the facilitation of such activities as youth forums, sporting activities, drama groups, and poster competitions.

Lack of formal education is thought to be an important barrier to increasing knowledge and safer sex behaviours, as many youth with little or no formal schooling are left with limited opportunities. Linking micro-finance activities with the youth or providing a place where youth can acquire life-skills and also learn about HIV/AIDS and STI prevention, may serve to offer greater stability and increase opportunities to engage in healthy lifestyles.

***Recommendation 3:*** *STI prevention efforts should have an added emphasis on educating and referring target groups to adequate sources of STI care within the community.*

While levels of STI knowledge have significantly increased for all target populations, knowledge of adequate sources of STI care is still very low. Only 34% of the total sample surveyed was able to name 2 or more sources of qualified STI care, and in the case of male youth, this percentage decreased from 18% to 12%. Pharmacies and traditional remedies were frequently cited by respondents as adequate sources of care, at even greater levels than at baseline. This indicates that increased efforts should be made to refer target groups to health facilities for quality STI treatment, especially given the documented link between STIs and HIV transmission. Special attention should also be paid to partner notification of STIs so that cured individuals are not re-infected by their partners.

With this in mind, it is essential to continue to support health facilities in the provision of high quality STI treatment. There should be follow-up of ARC's training for health workers on the syndromic management of STIs, and a consistent supply of drugs should be available. Widespread screening and treatment of STIs should be advocated for, and the efforts of the Government and other NGOs on this front should be supported.

***Recommendation 4:*** *The social marketing and sale of condoms for small sums should be considered in order to: decrease reliance on NGOs for condoms, and increase motivation for condom distributors to continue supplying condoms to target populations.*

With support from the Ministry of Health, ARC has distributed condoms for free since the beginning of the project, and condom distributors have been set up widely to reach target populations in Port Loko. ARC's Health Team is also actively involved in distributing free condoms during community outreach activities. These efforts appear to have contributed to the dramatic increase of condom use in the target populations, with half of all respondents now reporting use of a condom at last sexual intercourse.

It is important to note that a significant proportion of the target groups are using NGOs as their primary source of condoms, with a total of 1 in 4 respondents (and 43% of male youth) reporting their most recent source of condoms as an NGO. This reliance upon NGOs is especially notable now that there are a wide variety of sources distributing condoms for free in the community. Along similar lines, these condom distributors receive no outside benefits from supplying free condoms, and have little extrinsic motivation to continue distribution. The social marketing and sale of condoms could work to improve both of these situations.

Relatively little information is available regarding the social marketing of condoms in Sierra Leone, so community focus groups should be conducted to assess the acceptance of condom selling and to help place an acceptable monetary value on condoms. Social marketing would then serve to spread the idea in the community. Given that survey results indicate that condom use among target populations in Port Loko has risen considerably, and should continue to rise if AIDS and STI prevention efforts stay in place, the sale of condoms for small sums presents itself as an activity with greater sustainability than free distribution.

***Recommendation 5:*** *Assistance and support should be provided towards efforts to implement HIV/AIDS Voluntary Counseling and Testing (VCT) programs in Sierra Leone.*

AIDS prevention efforts are not complete without the means to voluntarily know one's HIV status and receive appropriate counselling. VCT allows individuals to access the information needed to live as healthily as possible, whether the test results are negative or positive. Currently in Port Loko, HIV-testing is available for a fee, but no counselling is offered. National and local government efforts are working towards the implementation of VCT, and ARC should work to support these efforts however possible so that VCT is established in Sierra Leone without delay.

***Recommendation 6:*** *Attention should be paid to outlying village areas, as people are beginning to spread into the villages while regularly transiting through town.*

ARC's AIDS prevention efforts have focused on target populations within Port Loko town, as the majority of displaced people did not feel safe living in their villages during the war. However, as resettlement continues, the number of people moving back into villages from the towns is growing. The regular transit of resettled village populations through the towns is

common, and indicates that prevention activities in these outlying areas should not be ignored. Such activities may aid in further preventing the spread of HIV/AIDS and STIs in the area.

*Recommendation 7: Continue systematic monitoring and evaluation of the project to further guide the program in its activities.*

As was noted in the baseline survey report, continuous monitoring and evaluation is a fundamental element of a well-managed program, because without this information it is difficult to know a program's effect or impact. It is essential that the information collected from monitoring and evaluation be used to guide and direct program activities. A future follow-up survey should be implemented to evaluate the continued efforts ARC in Port Loko, and baseline knowledge, attitudes, and practices surveys should be conducted for any ARC AIDS prevention expansion project opening outside of Port Loko.

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**RHR Consortium Monitoring and Evaluation Program  
Strengthening AIDS Prevention in Port Loko  
ARC Sierra Leone, Post-Intervention Survey**

Survey Logistics	For coding																																	
<p><b>A. Site</b></p> <table border="0"> <tr> <td>1. C.A.R.</td> <td>2. St Martins 5 Lunsar Rd</td> <td>3. Falaba Rd (Modu, Mission, Kamara St)</td> </tr> <tr> <td>4. British Base</td> <td>5. Temu Toure (Wharf Rd)</td> <td>6. Expo 44</td> </tr> <tr> <td>7. Bolo Bime</td> <td>8. Zainab</td> <td>9. Kambia Rd (Brigade HQ)</td> </tr> <tr> <td>10. Bai Bureh Hall</td> <td>11. Sector 1 HQ</td> <td>12. NIBAT 8 (PLTC)</td> </tr> <tr> <td>13. AGIP Base I</td> <td>14. Maboni Spot</td> <td>15. Blues</td> </tr> <tr> <td>16. College Rd</td> <td>17. Conteh St</td> <td>18. Near Old DDR Camp</td> </tr> <tr> <td>19. Schlenka S.S. Falaba Rd</td> <td>20. PL Catholic S.S. Falaba Rd</td> <td>21. Maforki Islamic S.S. Prison Rd</td> </tr> <tr> <td>22. Evang Voc Inst Cape Palmas</td> <td>23. Our Lady of Lourdes 1 Falaba Rd</td> <td></td> </tr> <tr> <td>24. Our Lady of Lourdes Lungi Rd</td> <td>25. WCSL Kambia Rd</td> <td>26. DEC School Old PL</td> </tr> <tr> <td>27. SLMB Wharf Rd</td> <td>28. Practicing School PLTC</td> <td>29. AME Mayoni Bypass</td> </tr> <tr> <td>30. SLC Scott St</td> <td></td> <td></td> </tr> </table>	1. C.A.R.	2. St Martins 5 Lunsar Rd	3. Falaba Rd (Modu, Mission, Kamara St)	4. British Base	5. Temu Toure (Wharf Rd)	6. Expo 44	7. Bolo Bime	8. Zainab	9. Kambia Rd (Brigade HQ)	10. Bai Bureh Hall	11. Sector 1 HQ	12. NIBAT 8 (PLTC)	13. AGIP Base I	14. Maboni Spot	15. Blues	16. College Rd	17. Conteh St	18. Near Old DDR Camp	19. Schlenka S.S. Falaba Rd	20. PL Catholic S.S. Falaba Rd	21. Maforki Islamic S.S. Prison Rd	22. Evang Voc Inst Cape Palmas	23. Our Lady of Lourdes 1 Falaba Rd		24. Our Lady of Lourdes Lungi Rd	25. WCSL Kambia Rd	26. DEC School Old PL	27. SLMB Wharf Rd	28. Practicing School PLTC	29. AME Mayoni Bypass	30. SLC Scott St			<p align="center">_____</p>
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<p><b>B. Quota category</b></p> <ol style="list-style-type: none"> <li>1. UNAMSIL, Male, age 15-49</li> <li>2. SLA, Male, age 15-49</li> <li>3. Woman in business, age 15-49</li> <li>4. Female student, age 15-24</li> <li>5. Male student, age 15-24</li> <li>6. Female, not student, age 15-24</li> <li>7. Male, not student, not ex-combatant, age 15-24</li> <li>8. Female, age 15-24, ex-combatant</li> <li>9. Male, age 15-24, ex-combatant</li> </ol>	<p align="center">_____</p>																																	
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**Data Entered** Date \_\_\_\_\_ Signature \_\_\_\_\_



Q9	<p>Can you tell me all the ways a person can avoid getting AIDS?  <b>[Prompt 1 time: “Do you know any other ways?”</b>  <b>Circle all responses mentioned]</b></p> <ul style="list-style-type: none"> <li>a. Avoid sex entirely</li> <li>b. Use condoms during sex</li> <li>c. Don't share razors or needles</li> <li>d. Both partners love faithfully</li> <li>e. Avoid sex with specific groups (such as kolonko or military)</li> <li>f. Choose sexual partners who look healthy</li> <li>g. Other incorrect (for example, use medicines)</li> <li>No ways mentioned</li> </ul>	<p>Codes:  Y=circled  N= not circled</p> <ul style="list-style-type: none"> <li>a. _____</li> <li>b. _____</li> <li>c. _____</li> <li>d. _____</li> <li>e. _____</li> <li>f. _____</li> <li>g. _____</li> </ul>
Q10	<p>Can you tell me all the places a person can get condoms?  <b>[Prompt 1 time: “Do you know any other places?”</b>  <b>Circle all responses mentioned]</b></p> <ul style="list-style-type: none"> <li>a. PPASL</li> <li>b. Pharmacies</li> <li>c. Government hospital, clinics, health posts</li> <li>d. NGO</li> <li>e. Military: UNAMSIL or SLA</li> <li>f. Bars, social centers, hotel, market</li> <li>g. Sex partners, friends</li> <li>h. Other</li> <li>No place mentioned</li> </ul>	<p>Codes:  Y=circled  N= not circled</p> <ul style="list-style-type: none"> <li>a. _____</li> <li>b. _____</li> <li>c. _____</li> <li>d. _____</li> <li>e. _____</li> <li>f. _____</li> <li>g. _____</li> <li>h. _____</li> </ul>
Q11	<p>Do you believe condoms prevent AIDS?</p> <p>1. No, condoms do not prevent AIDS  2. Yes, condoms prevent AIDS  3. Not sure, don't know if condoms prevent AIDS      NR (9)</p>	<p>_____</p>
Q12	<p>What do you think the community can do with people with AIDS?  <b>[Circle all responses mentioned]</b></p> <ul style="list-style-type: none"> <li>a. They should be treated</li> <li>b. They should be counseled</li> <li>c. They should be isolated or sent away</li> <li>d. Report them to the authorities</li> <li>e. Other</li> <li>Nothing mentioned</li> </ul>	<p>Codes:  Y=circled  N= not circled</p> <ul style="list-style-type: none"> <li>a. _____</li> <li>b. _____</li> <li>c. _____</li> <li>d. _____</li> <li>e. _____</li> </ul>
Q13	<p>Can you tell me the right way to use a condom?  <b>[Circle all steps mentioned]</b></p> <ul style="list-style-type: none"> <li>a. Use new condom each time</li> <li>b. Wear it on erect penis</li> <li>c. Expel air from the tip</li> <li>d. Roll the condom down the penis</li> <li>e. Dispose in latrine</li> <li>f. Incorrect step</li> <li>Nothing mentioned</li> </ul>	<p>Codes:  Y=circled  N= not circled</p> <ul style="list-style-type: none"> <li>a. _____</li> <li>b. _____</li> <li>c. _____</li> <li>d. _____</li> <li>e. _____</li> <li>f. _____</li> </ul>
Q14a	<p>Did you use a condom the last time you had sex?</p> <p>Yes → Go to Q15      No      DK, NR (9)</p>	<p>Code  Y or N  _____</p>
Q14b	<p>Have you ever used a condom?      Yes      No      DK, NR (9)</p>	<p>_____</p>

<p>Q15 Where did you get condoms the last time?</p> <p>1. My sex partner, friend                      2. Pharmacy  3. Government hospital, clinic                4. NGO  5. UNAMSIL, SLA                                  6. Bar, social center, hotel  7. School    8. Other                      I never got condoms, DK,NR (9)</p>	<p>_____</p>
<p>Q16a In the past 6 months, have you discussed condoms with a sexual partner?</p> <p>1. Yes                      2. No, I have not discussed condoms with a partner  3. I don't have a sexual partner                      DK,NR (9)</p>	<p>_____</p>
<p>Q16b In the past 6 months, have you ever wanted to use a condom, but your partner refused?</p> <p>1. I wanted to but my partner refused  2. I wanted to and my partner agreed  3. I never wanted to    NR (9)</p>	<p>_____</p>
<p>Q17a What are all the signs of a sexual infection?  <b>[Prompt 1 time: "Do you know any other signs?"</b>  <b>Circle all responses mentioned]</b></p> <p>a. Burning  b. Itching  c. Discharge  d. Lower abdominal pain  e. Peeling, sores  No signs mentioned</p> <p>Q17b Do you think it is necessary to do anything when a person has burning, itching, discharge, pain or sores in the sex organs?</p> <p>1. Yes, it is necessary to seek medical care quickly  2. It is sometimes necessary to seek medical care  3. No, not necessary OR other response                      DK,NR (9)</p> <p>Q17c What can a person do if they have burning, itching, discharge, pain or sores in the sex organs?  <b>[Prompt 1 time: "Can they do anything else?"</b>  <b>Circle all responses mentioned]</b></p> <p>a. Go to government hospital, clinics, health post  b. Go to NGO facilities  c. Use military health facilities  d. Use traditional medicines  e. Get medicine from pharmacy  No actions mentioned</p>	<p><i>Codes:</i>  Y=circled  N= not circled</p> <p>a. _____  b. _____  c. _____  d. _____  e. _____</p> <p>_____</p> <p><i>Codes:</i>  Y=circled  N= not circled</p> <p>a. _____  b. _____  c. _____  d. _____  e. _____</p>



RHR Consortium Monitoring and Evaluation Program  
**Strengthening AIDS Prevention in Port Loko**  
 ARC Sierra Leone

**Tables for Reporting Results of Baseline and Post-Intervention Surveys**

Socio-Demographic Profile of Respondents Strengthening AIDS Prevention in Port Loko - Baseline and Post-Intervention Surveys - March 2001 and June 2003																				
Characteristic	Total Sample				Military				Commercial Sex Workers				Male Youth (15-24 years)				Female Youth (15-24 years)			
	B		P.I.		B		P.I.		B		P.I.		B		P.I.		B		P.I.	
	N	%	N	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
<b>Sample Size</b>	940	100	<b>956</b>	<b>100</b>	202	100	<b>205</b>	<b>100</b>	201	100	<b>202</b>	<b>100</b>	293	100	<b>299</b>	<b>100</b>	244	100	<b>250</b>	<b>100</b>
<b>Age of respondents</b>																				
15-24	618	70.0	<b>614</b>	<b>68.1*</b>	19	9.4	<b>13</b>	<b>6.4</b>	108	56.8	<b>90</b>	<b>48.1</b>	259	100	<b>286</b>	<b>100</b>	232	100	<b>225</b>	<b>100</b>
25-49	265	30.0	<b>288</b>	<b>31.9*</b>	183	90.6	<b>191</b>	<b>93.6</b>	82	43.2	<b>97</b>	<b>51.9</b>	0	0	<b>0</b>	<b>0</b>	0	0	<b>0</b>	<b>0</b>
Mean age (in years)	23.5		<b>24.3</b>		33.0		<b>32.3</b>		24.3		<b>26.2</b>		19.0		<b>20.6</b>		19.6		<b>19.9</b>	
<b>Education of respondents</b>																				
None	224	24.0	<b>190</b>	<b>19.9*</b>	22	11.0	<b>5</b>	<b>2.4*</b>	39	19.7	<b>74</b>	<b>36.6*</b>	94	32.2	<b>67</b>	<b>22.4*</b>	69	28.4	<b>44</b>	<b>17.7*</b>
1-7 years	254	27.2	<b>256</b>	<b>26.8*</b>	17	8.5	<b>11</b>	<b>5.4*</b>	46	23.2	<b>24</b>	<b>11.9*</b>	102	34.9	<b>127</b>	<b>42.5*</b>	89	36.6	<b>94</b>	<b>37.8*</b>
More than 7 years	455	48.8	<b>509</b>	<b>53.3*</b>	161	80.5	<b>189</b>	<b>92.2*</b>	113	57.1	<b>104</b>	<b>51.5*</b>	96	32.9	<b>105</b>	<b>35.1*</b>	85	35.0	<b>111</b>	<b>44.6*</b>
Mean years of education	6.7		<b>7.3</b>		9.8		<b>11.8</b>		7.3		<b>6.2</b>		5.1		<b>5.6</b>		5.5		<b>6.5</b>	
<b>Duration in Port Loko</b>																				
1 year or less	382	41.0	<b>216</b>	<b>22.6*</b>	171	84.7	<b>143</b>	<b>69.8*</b>	89	44.7	<b>17</b>	<b>8.5*</b>	77	26.8	<b>27</b>	<b>9.0*</b>	45	18.5	<b>29</b>	<b>11.6*</b>
More than 1 year	549	59.0	<b>739</b>	<b>77.4*</b>	31	15.3	<b>62</b>	<b>30.2*</b>	110	55.3	<b>184</b>	<b>91.5*</b>	210	73.2	<b>272</b>	<b>91.0*</b>	198	81.5	<b>221</b>	<b>88.4*</b>
<b>Religion</b>																				
Muslim	573	61.9	<b>522</b>	<b>56.3*</b>	105	52.0	<b>95</b>	<b>47.3</b>	105	53.0	<b>75</b>	<b>37.3*</b>	225	77.6	<b>204</b>	<b>68.9*</b>	138	58.5	<b>148</b>	<b>64.6</b>
Christian	353	38.1	<b>405</b>	<b>43.7*</b>	97	48.0	<b>106</b>	<b>52.7</b>	93	47.0	<b>126</b>	<b>62.7*</b>	65	22.4	<b>92</b>	<b>31.1*</b>	98	41.5	<b>81</b>	<b>35.4</b>
<b>Marital status</b>																				
Married	381	40.6	<b>293</b>	<b>30.6*</b>	166	82.2	<b>155</b>	<b>75.6</b>	28	13.9	<b>35</b>	<b>17.3</b>	101	34.5	<b>31</b>	<b>10.4*</b>	86	35.4	<b>72</b>	<b>28.8</b>
Not married	558	59.4	<b>663</b>	<b>69.4*</b>	36	17.8	<b>50</b>	<b>24.4</b>	173	86.1	<b>167</b>	<b>82.7</b>	192	65.5	<b>268</b>	<b>89.6*</b>	157	64.6	<b>178</b>	<b>71.2</b>

N=Number of responses in total sample  
 n=Number of responses in sub-group

B=Baseline results  
 P.I.=Post-intervention results

\*=Statistically significant difference (p<0.05) between  
 baseline and post-intervention survey results

**Respondents' Knowledge about AIDS**

**Strengthening AIDS Prevention in Port Loko - Baseline and Post-Intervention Surveys - March 2001 and June 2003**

Characteristics	Total Sample				Military				Commercial Sex Workers				Male Youth (15-24 years)				Female Youth (15-24 years)			
	B		P.I.		B		P.I.		B		P.I.		B		P.I.		B		P.I.	
	N	%	N	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
<b>Respondents who know route of AIDS transmission (unprompted)</b>																				
Sex	720	76.6	<b>855</b>	<b>89.4*</b>	179	88.6	<b>202</b>	<b>98.5*</b>	150	74.6	<b>182</b>	<b>90.1*</b>	212	72.4	<b>279</b>	<b>93.3*</b>	179	73.4	<b>192</b>	<b>76.8</b>
Blood transfusion	222	23.6	<b>471</b>	<b>49.3*</b>	77	38.1	<b>156</b>	<b>76.1*</b>	60	29.9	<b>137</b>	<b>67.8*</b>	41	14.0	<b>80</b>	<b>26.8*</b>	44	18.0	<b>98</b>	<b>39.2*</b>
Sharing sharp instruments	221	23.6	<b>739</b>	<b>77.3*</b>	95	47.0	<b>184</b>	<b>89.8*</b>	36	17.9	<b>157</b>	<b>77.7*</b>	57	19.5	<b>236</b>	<b>78.9*</b>	33	13.5	<b>162</b>	<b>64.8*</b>
Mother to baby	69	7.3	<b>230</b>	<b>24.1*</b>	15	7.4	<b>56</b>	<b>27.3*</b>	18	9.0	<b>91</b>	<b>45.0*</b>	16	5.5	<b>38</b>	<b>12.7*</b>	20	8.2	<b>45</b>	<b>18.0*</b>
Incorrect routes	64	6.8	<b>174</b>	<b>18.2*</b>	18	8.9	<b>6</b>	<b>2.9*</b>	15	7.5	<b>49</b>	<b>24.3*</b>	21	7.2	<b>78</b>	<b>26.1*</b>	10	4.1	<b>41</b>	<b>16.4*</b>
Know at least 3 correct routes of transmission	96	10.2	<b>481</b>	<b>50.3*</b>	46	22.8	<b>154</b>	<b>75.1*</b>	17	8.5	<b>140</b>	<b>69.3*</b>	19	6.5	<b>97</b>	<b>32.4*</b>	14	5.7	<b>90</b>	<b>36.0*</b>
Don't know any correct routes of transmission	198	21.1	<b>73</b>	<b>7.6*</b>	19	9.4	<b>1</b>	<b>0.5*</b>	40	19.9	<b>15</b>	<b>7.4*</b>	78	26.6	<b>18</b>	<b>6.0*</b>	61	25.0	<b>39</b>	<b>15.6*</b>
<b>Respondents who know means of avoiding AIDS (unprompted)</b>																				
<i>Effective means</i>																				
Avoid sex entirely	197	21.0	<b>524</b>	<b>54.8*</b>	28	13.9	<b>147</b>	<b>71.7*</b>	42	20.9	<b>148</b>	<b>73.3*</b>	70	23.9	<b>135</b>	<b>45.2*</b>	57	23.4	<b>94</b>	<b>37.6*</b>
Stay with one partner	207	22.0	<b>455</b>	<b>47.6*</b>	78	38.6	<b>122</b>	<b>59.5*</b>	54	26.9	<b>85</b>	<b>42.1*</b>	37	12.6	<b>132</b>	<b>44.1*</b>	38	15.6	<b>116</b>	<b>46.4*</b>
Use condoms during sex	579	61.6	<b>803</b>	<b>84.0*</b>	146	72.3	<b>186</b>	<b>90.7*</b>	144	71.6	<b>183</b>	<b>90.6*</b>	147	50.2	<b>252</b>	<b>84.3*</b>	142	58.2	<b>182</b>	<b>72.8*</b>
Don't share razors or needles	123	13.1	<b>622</b>	<b>65.1*</b>	59	29.2	<b>170</b>	<b>82.9*</b>	28	13.9	<b>151</b>	<b>74.8*</b>	24	8.2	<b>193</b>	<b>64.5*</b>	12	4.9	<b>108</b>	<b>43.2*</b>
<i>Ineffective means</i>																				
Avoid sex with specific groups	188	20.0	<b>184</b>	<b>19.2</b>	36	17.8	<b>81</b>	<b>39.5*</b>	39	19.4	<b>29</b>	<b>14.4</b>	65	22.2	<b>51</b>	<b>17.1</b>	48	19.7	<b>23</b>	<b>9.2*</b>
Choose sexual partners who look healthy	44	4.7	<b>91</b>	<b>9.5*</b>	6	3.0	<b>11</b>	<b>5.4</b>	11	5.5	<b>33</b>	<b>16.3*</b>	15	5.1	<b>25</b>	<b>8.4</b>	12	4.9	<b>22</b>	<b>8.8</b>
Other ineffective	70	7.4	<b>79</b>	<b>8.3</b>	19	9.0	<b>1</b>	<b>0.5*</b>	16	8.0	<b>14</b>	<b>6.9</b>	22	7.5	<b>38</b>	<b>12.7*</b>	13	5.3	<b>26</b>	<b>10.4*</b>
Know at least 3 effective means of avoiding AIDS	54	5.7	<b>520</b>	<b>54.4*</b>	22	10.9	<b>154</b>	<b>75.1*</b>	10	5.0	<b>142</b>	<b>70.3*</b>	11	3.8	<b>135</b>	<b>45.2*</b>	11	4.5	<b>8.9</b>	<b>35.6*</b>
Don't know any effective means of avoiding AIDS	226	24.0	<b>71</b>	<b>7.4*</b>	20	9.9	<b>1</b>	<b>0.5*</b>	28	13.9	<b>14</b>	<b>6.9*</b>	108	36.9	<b>16</b>	<b>5.4*</b>	70	28.7	<b>40</b>	<b>16.0*</b>

**Respondents' Knowledge about AIDS**

**Strengthening AIDS Prevention in Port Loko - Baseline and Post-Intervention Surveys - March 2001 and June 2003**

Characteristics	Total Sample		Military				Commercial Sex Workers				Male Youth (15-24 years)				Female Youth (15-24 years)					
	B		P.I.		B		P.I.		B		P.I.		B		P.I.					
	N	%	N	%	n	%	n	%	n	%	n	%	n	%	n	%				
<b>Respondents who know correct way to put on a condom</b>																				
Mentioned 2 or more key points	249	26.5	<b>656</b>	<b>68.6*</b>	84	41.6	<b>191</b>	<b>93.2*</b>	41	20.4	<b>116</b>	<b>57.4*</b>	72	24.6	<b>218</b>	<b>72.9*</b>	52	21.3	<b>131</b>	<b>52.4*</b>
Do not know any key points	303	32.2	<b>146</b>	<b>15.3*</b>	37	18.3	<b>3</b>	<b>1.5*</b>	54	26.9	<b>22</b>	<b>10.9*</b>	114	38.9	<b>42</b>	<b>14.0*</b>	98	40.2	<b>79</b>	<b>31.6*</b>
<b>Respondents who know where to get condoms, by source (unprompted)</b>																				
PPASL	337	35.9	<b>377</b>	<b>39.4</b>	45	22.3	<b>89</b>	<b>43.4*</b>	84	41.8	<b>105</b>	<b>52.0*</b>	99	33.8	<b>87</b>	<b>29.1</b>	109	44.7	<b>96</b>	<b>38.4</b>
Pharmacies	281	29.9	<b>491</b>	<b>51.4*</b>	87	43.1	<b>135</b>	<b>65.9*</b>	77	38.3	<b>147</b>	<b>72.8*</b>	65	22.2	<b>105</b>	<b>35.1*</b>	52	21.3	<b>104</b>	<b>41.6*</b>
Govt hospital, clinics, posts	500	53.2	<b>588</b>	<b>61.5*</b>	98	48.5	<b>133</b>	<b>64.9*</b>	104	51.7	<b>143</b>	<b>70.8*</b>	161	54.9	<b>152</b>	<b>50.8</b>	137	56.1	<b>160</b>	<b>64.0</b>
NGO	77	8.2	<b>641</b>	<b>67.1*</b>	26	12.9	<b>145</b>	<b>70.7*</b>	12	6.0	<b>175</b>	<b>86.6*</b>	25	8.5	<b>223</b>	<b>74.6*</b>	14	5.7	<b>98</b>	<b>39.2*</b>
UNAMSIL, SLA	113	12.0	<b>269</b>	<b>28.1*</b>	86	42.6	<b>157</b>	<b>76.6*</b>	17	8.5	<b>76</b>	<b>37.6*</b>	5	1.7	<b>22</b>	<b>7.4*</b>	5	2.0	<b>14</b>	<b>5.6*</b>
Bars, social centers	14	1.5	<b>162</b>	<b>16.9*</b>	3	1.5	<b>12</b>	<b>5.9*</b>	6	3.0	<b>85</b>	<b>42.1*</b>	4	1.4	<b>44</b>	<b>14.7*</b>	1	0.4	<b>21</b>	<b>8.4*</b>
Partner, friend	24	2.6	<b>109</b>	<b>11.4*</b>	2	1.0	<b>7</b>	<b>3.4</b>	9	4.5	<b>61</b>	<b>30.2*</b>	6	2.0	<b>21</b>	<b>7.0*</b>	7	2.9	<b>20</b>	<b>8.0*</b>
Other	33	3.5	<b>46</b>	<b>4.8</b>	8	4.0	<b>3</b>	<b>1.5</b>	12	6.0	<b>6</b>	<b>3.0</b>	10	3.4	<b>33</b>	<b>11.0*</b>	3	1.2	<b>4</b>	<b>1.6</b>
Know at least 3 sources of condoms	115	12.2	<b>536</b>	<b>56.1*</b>	38	18.8	<b>146</b>	<b>71.2*</b>	26	12.9	<b>163</b>	<b>80.7*</b>	25	8.5	<b>127</b>	<b>42.5*</b>	26	10.7	<b>100</b>	<b>40.0*</b>
Don't know any source of condoms	194	20.6	<b>63</b>	<b>6.6*</b>	25	12.4	<b>1</b>	<b>0.5*</b>	30	14.9	<b>11</b>	<b>5.4*</b>	76	25.9	<b>12</b>	<b>4.0*</b>	63	25.8	<b>39</b>	<b>15.6*</b>

Respondents' Attitudes about AIDS																				
Strengthening AIDS Prevention in Port Loko - Baseline and Post-Intervention Surveys - March 2001 and June 2003																				
Characteristic	Total Sample				Military				Commercial Sex Workers				Male Youth (15-24 years)				Female Youth (15-24 years)			
	B		P.I.		B		P.I.		B		P.I.		B		P.I.		B		P.I.	
	N	%	N	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
<b>Respondents' concern about becoming infected with AIDS</b>																				
Worried a little	159	17.2	<b>276</b>	<b>29.1*</b>	17	8.4	<b>68</b>	<b>33.2*</b>	51	25.5	<b>27</b>	<b>13.7*</b>	60	21.1	<b>83</b>	<b>28.1*</b>	31	13.1	<b>98</b>	<b>39.2*</b>
Worried a lot	355	38.4	<b>322</b>	<b>34.0*</b>	109	54.0	<b>101</b>	<b>49.3</b>	43	21.5	<b>66</b>	<b>33.5*</b>	119	41.8	<b>100</b>	<b>33.9*</b>	84	35.4	<b>55</b>	<b>22.0*</b>
Not worried	410	44.4	<b>349</b>	<b>36.9*</b>	76	37.6	<b>36</b>	<b>17.6*</b>	106	53.0	<b>104</b>	<b>52.8</b>	106	37.2	<b>112</b>	<b>38.0</b>	122	51.5	<b>97</b>	<b>38.8*</b>
<b>Respondents' attitudes about condoms</b>																				
Believe condoms prevent AIDS	706	77.8	<b>791</b>	<b>84.0*</b>	166	82.6	<b>198</b>	<b>97.1*</b>	143	71.9	<b>161</b>	<b>80.9*</b>	214	77.5	<b>234</b>	<b>80.7</b>	183	78.9	<b>198</b>	<b>79.5</b>
Believe condoms do not prevent AIDS	37	4.1	<b>38</b>	<b>4.0</b>	11	5.5	<b>4</b>	<b>2.0</b>	9	4.5	<b>18</b>	<b>9.0</b>	10	3.6	<b>9</b>	<b>3.1</b>	7	3.0	<b>7</b>	<b>2.8</b>
Not sure if condoms prevent AIDS	165	18.2	<b>113</b>	<b>12.0*</b>	24	11.9	<b>2</b>	<b>1.0*</b>	47	23.6	<b>20</b>	<b>10.1*</b>	52	18.8	<b>47</b>	<b>16.2</b>	42	18.1	<b>44</b>	<b>17.7</b>
<b>Respondents' attitudes towards people with AIDS</b>																				
<i>Believe people with AIDS should be:</i>																				
Treated or counselled	527	56.1	<b>692</b>	<b>72.4*</b>	125	61.9	<b>185</b>	<b>90.2*</b>	98	48.8	<b>129</b>	<b>63.9*</b>	167	57.0	<b>212</b>	<b>70.9*</b>	137	56.1	<b>166</b>	<b>66.4*</b>
Isolated or reported	462	49.1	<b>472</b>	<b>49.4</b>	129	63.9	<b>124</b>	<b>60.5</b>	94	46.8	<b>88</b>	<b>43.6</b>	128	43.7	<b>146</b>	<b>48.8</b>	111	45.5	<b>114</b>	<b>45.6</b>

Respondents' Health Skills and Behaviour Regarding AIDS																				
Strengthening AIDS Prevention in Port Loko - Baseline and Post-Intervention Surveys - March 2001 and June 2003																				
Characteristic	Total Sample				Military				Commercial Sex Workers				Male Youth (15-24 years)				Female Youth (15-24 years)			
	B		P.I.		B		P.I.		B		P.I.		B		P.I.		B		P.I.	
	N	%	N	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
<b>Respondents' condom use</b>																				
Used a condom at last sex	239	25.6	500	52.5*	79	39.1	138	67.6*	77	38.3	136	67.7*	45	15.6	111	37.1*	38	15.6	115	46.2*
Have ever used a condom	389	41.5	633	67.3*	132	65.5	168	82.4*	120	59.7	160	82.5*	77	26.4	148	50.2*	60	24.8	157	63.6*
<b>Respondents' most recent source of condoms</b>																				
Partner, friend	142	15.1	193	20.2*	12	5.9	12	5.9	69	34.3	47	23.3*	30	10.2	16	5.4*	31	12.7	118	47.2*
Pharmacy	73	7.8	29	3.0*	36	17.8	0	0.0*	10	5.0	18	8.9	13	4.4	6	2.0	14	5.7	5	2.0*
Government hospital, clinic	82	8.7	52	5.4*	20	9.9	22	10.7	17	8.5	9	4.5	21	7.2	12	4.0	24	9.8	9	3.6*
NGO	65	6.9	237	24.8*	4	2.0	45	22.0*	3	1.5	46	22.8*	43	14.7	129	43.1*	15	6.1	17	6.8
UNAMSIL, SLA	132	14.0	161	16.8	102	50.5	118	57.6	20	10.0	23	11.4	6	2.0	10	3.3	4	1.6	10	4.0
Bar, social center, hotel	9	1.0	53	5.5*	0	0.0	2	1.0	6	3.0	31	15.3*	3	1.0	18	6.0*	0	0.0	2	0.8
School	4	0.4	11	1.2	2	1.0	0	0.0	1	0.5	0	0.0	1	0.3	10	3.3*	0	0.0	1	0.4
Other	23	2.4	14	1.5	7	3.5	0	0.0*	6	3.0	1	0.5	7	2.4	12	4.0	3	1.2	1	0.4
<b>Respondents' discussion and negotiation skills</b>																				
<i>In last 6 months:</i>																				
Respondent discussed condoms with partner	332	38.8	569	64.5*	94	49.0	156	78.4*	96	48.7	142	71.4*	65	26.2	126	51.6*	77	35.2	145	60.4*
Respondent wanted to use a condom but partner refused	139	39.6	131	21.2*	35	36.5	10	7.2*	41	37.3	29	17.5*	38	52.8	46	31.1*	25	34.2	46	27.7
Respondent wanted to use a condom and partner agreed	212	60.4	487	78.8*	61	63.5	128	92.8*	69	62.7	137	82.5*	34	47.2	102	68.9*	48	65.8	120	72.3

Respondents' Awareness of Project Activities																				
Strengthening AIDS Prevention in Port Loko - Baseline and Post-Intervention Surveys - March 2001 and June 2003																				
Characteristic	Total Sample				Military				Commercial Sex Workers				Male Youth (15-24 years)				Female Youth (15-24 years)			
	B		P.I.		B		P.I.		B		P.I.		B		P.I.		B		P.I.	
	N	%	N	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
<b>Respondents who have seen project materials</b>																				
AIDS brochure	158	16.8	624	65.6*	35	17.3	165	82.1*	39	19.4	144	71.3*	48	16.5	187	62.5*	36	14.8	128	51.4*
Condom brochure	205	21.9	634	66.5*	38	18.8	164	81.2*	64	31.8	139	68.8*	58	19.9	212	70.9*	45	18.4	119	47.6*
Condom poster♦	-	-	766	80.2	-	-	170	83.3	-	-	166	82.2	-	-	237	79.3	-	-	193	77.2
STI poster♦	-	-	612	65.3	-	-	153	78.9	-	-	149	74.5	-	-	181	61.6	-	-	129	51.8
Condom Bus billboard♦	-	-	796	83.6	-	-	169	84.1	-	-	178	88.1	-	-	271	90.6	-	-	178	71.2
Newsletter♦	-	-	327	34.4	-	-	64	31.8	-	-	79	39.3	-	-	105	35.2	-	-	79	31.6
<b>Respondents who saw the condom parade (January 2001)</b>	501	53.4	566	59.8	53	26.2	58	28.3	118	58.7	146	73.0*	171	58.8	228	77.0*	159	65.2	134	54.5*
<b>Respondents who participated in ARC activities</b>																				
World AIDS Day♦	-	-	484	50.6	-	-	94	45.9	-	-	65	32.2	-	-	194	64.9	-	-	131	52.4
World Health Day♦	-	-	325	34.0	-	-	58	28.3	-	-	58	28.7	-	-	97	32.4	-	-	112	44.8
ARC Workshops♦	-	-	276	28.9	-	-	94	45.9	-	-	85	42.1	-	-	55	18.4	-	-	42	16.8
ARC Happy Hour♦	-	-	285	29.8	-	-	7	3.4	-	-	110	54.5	-	-	136	45.5	-	-	32	12.8

♦ Implemented after March 2001 Baseline Survey.

**Respondents' Knowledge, Attitudes and Behaviour Regarding Sexually Transmitted Infections**  
**Strengthening AIDS Prevention in Port Loko - Baseline and Post-Intervention Surveys - March 2001 and June 2003**

Characteristic	Total Sample				Military				Commercial Sex Workers				Male Youth (15-24 years)				Female Youth (15-24 years)				
	B		P.I.		B		P.I.		B		P.I.		B		P.I.		B		P.I.		
	N	%	N	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	
<b>Respondents' who know signs of sexual infection</b>																					
Burning	391	41.6	<b>572</b>	<b>59.8*</b>	110	54.5	<b>171</b>	<b>83.4*</b>	61	30.3	<b>126</b>	<b>62.4*</b>	125	42.7	<b>147</b>	<b>49.2</b>	95	38.9	<b>128</b>	<b>51.2*</b>	
Itching	304	32.3	<b>450</b>	<b>47.1*</b>	99	49.0	<b>127</b>	<b>62.0*</b>	66	32.8	<b>82</b>	<b>40.6</b>	56	19.1	<b>89</b>	<b>29.8*</b>	83	34.0	<b>152</b>	<b>60.8*</b>	
Discharge	388	41.3	<b>663</b>	<b>69.4*</b>	103	51.0	<b>171</b>	<b>83.4*</b>	103	51.2	<b>169</b>	<b>83.7*</b>	98	33.4	<b>168</b>	<b>56.2*</b>	84	34.4	<b>155</b>	<b>62.0*</b>	
Pain	154	16.4	<b>327</b>	<b>34.2*</b>	33	16.3	<b>81</b>	<b>39.5*</b>	58	28.9	<b>103</b>	<b>51.0*</b>	25	8.5	<b>75</b>	<b>25.1*</b>	38	15.6	<b>68</b>	<b>27.2*</b>	
Sores	132	14.0	<b>403</b>	<b>42.2*</b>	45	22.3	<b>90</b>	<b>43.9*</b>	26	12.9	<b>89</b>	<b>44.1*</b>	44	15.0	<b>145</b>	<b>48.5*</b>	17	7.0	<b>79</b>	<b>31.6*</b>	
Know at least 2 signs of STIs	397	42.2	<b>776</b>	<b>81.2*</b>	104	51.5	<b>185</b>	<b>90.2*</b>	94	46.8	<b>178</b>	<b>88.1*</b>	117	39.9	<b>226</b>	<b>75.6*</b>	82	33.6	<b>187</b>	<b>74.8*</b>	
Don't know any signs of STIs	257	27.3	<b>105</b>	<b>11.0*</b>	34	16.8	<b>13</b>	<b>6.3*</b>	46	22.9	<b>15</b>	<b>7.4*</b>	96	32.8	<b>35</b>	<b>11.7*</b>	81	33.2	<b>42</b>	<b>16.8*</b>	
<b>Respondents who know sources of STI treatment</b>																					
Govt hospital, clinics, posts	821	87.3	<b>868</b>	<b>90.8*</b>	183	90.6	<b>194</b>	<b>94.6</b>	162	80.6	<b>189</b>	<b>93.6*</b>	258	88.1	<b>274</b>	<b>91.6</b>	218	89.3	<b>211</b>	<b>84.4</b>	
NGO facilities	75	8.0	<b>273</b>	<b>28.6*</b>	9	4.5	<b>54</b>	<b>26.3*</b>	14	7.0	<b>118</b>	<b>58.4*</b>	31	10.6	<b>38</b>	<b>12.7</b>	21	8.6	<b>63</b>	<b>25.2*</b>	
Military health facilities	79	8.4	<b>197</b>	<b>20.6*</b>	65	32.2	<b>108</b>	<b>52.7*</b>	11	5.5	<b>64</b>	<b>31.7*</b>	1	0.3	<b>8</b>	<b>2.7*</b>	2	0.8	<b>17</b>	<b>6.8*</b>	
Medicine from pharmacy	137	14.6	<b>342</b>	<b>35.8*</b>	21	10.4	<b>58</b>	<b>28.3*</b>	60	29.9	<b>85</b>	<b>42.1*</b>	34	11.6	<b>130</b>	<b>43.5*</b>	22	9.0	<b>69</b>	<b>27.6*</b>	
Traditional remedies	164	17.4	<b>311</b>	<b>32.5*</b>	21	10.4	<b>23</b>	<b>11.2</b>	43	21.4	<b>102</b>	<b>50.5*</b>	61	20.8	<b>90</b>	<b>30.1*</b>	39	16.0	<b>96</b>	<b>38.4*</b>	
Know at least 2 qualified sources of STI treatment	226	24.0	<b>323</b>	<b>33.8*</b>	71	35.1	<b>104</b>	<b>50.7*</b>	65	32.3	<b>119</b>	<b>58.9*</b>	52	17.7	<b>36</b>	<b>12.0*</b>	38	15.6	<b>64</b>	<b>25.6*</b>	
Don't know any qualified source of STI treatment	74	7.9	<b>66</b>	<b>6.9</b>	2	1.0	<b>3</b>	<b>1.5</b>	24	11.9	<b>9</b>	<b>4.5*</b>	27	9.2	<b>17</b>	<b>5.7</b>	21	8.6	<b>37</b>	<b>14.8*</b>	

Respondents' Knowledge, Attitudes and Behaviour Regarding Sexually Transmitted Infections																				
Strengthening AIDS Prevention in Port Loko - Baseline and Post-Intervention Surveys - March 2001 and June 2003																				
Characteristic	Total Sample				Military				Commercial Sex Workers				Male Youth (15-24 years)				Female Youth (15-24 years)			
	B		P.I.		B		P.I.		B		P.I.		B		P.I.		B		P.I.	
	N	%	N	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
<b>Respondents' attitudes about treatment for STIs</b>																				
Believe it is necessary to act quickly	685	78.1	790	84.7*	169	85.4	198	97.1*	133	70.7	161	82.6*	197	74.9	231	79.1	186	81.6	200	82.6
Believe it is sometimes necessary to do something	109	12.4	123	13.2	24	12.1	5	2.5*	30	16.0	33	16.9	29	11.0	49	16.8*	26	11.4	36	14.9
Do not believe it is necessary to do anything	83	9.5	20	2.1*	5	2.5	1	0.5	25	13.3	1	0.5*	37	14.1	12	4.1*	16	7.0	6	2.5*
<b>Respondents' STI experience</b>																				
Felt STI signs in past 6 months	245	26.3	311	32.7*	28	13.9	37	18.1	89	44.3	100	49.8	55	19.1	71	24.1	73	30.3	103	41.2*
<b>Action taken (by those reporting signs in last 6 months)</b>																				
Got treatment at health facility or pharmacy	182	74.3	263	84.6*	26	92.9	35	94.6	66	74.2	96	96.0*	36	65.5	56	78.9	54	74.0	76	73.8
Used traditional remedy or did nothing	63	25.7	48	15.4*	2	7.1	2	5.4	23	25.8	4	4.0*	19	34.5	15	21.1	19	26.0	27	26.2

## Post-Intervention Survey Team Members

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