STRATEGIC REVIEW OF THE SEXUAL TRANSMISSION PREVENTION PROGRAM IN NIGERIA

Data Analysis and Triangulation for Evaluation (DATE) Project

TASK ORDER NO.GHH-I-01-07-00029-00
SEARCH PROJECT

Final Technical Report

August, 2010
Foreword

The Data Analysis and Triangulation for Evaluation (DATE) Project was led by Futures Group International and was implemented in collaboration with the Association of Reproductive and Family Health (ARFH) and the University of California San Francisco (UCSF).

Futures Group was responsible for the overall management of the project, including developing work plans, preparing progress and financial reports, coordinating project meetings/events and capacity building activities, providing technical and management oversight during data capture and data analysis, and reporting. UCSF provided guidance on data capture and analysis, contributing expertise in mapping, with a view to ensuring maximum knowledge and skills transfer to local staff and key stakeholders. UCSF co-facilitated both the first HIV Prevention Stakeholder Forum and the Data Synthesis and Training Workshop. ARFH took the technical lead in data capture, data cataloguing, synthesis and analysis and led the production of the final technical report in collaboration with Futures Group. ARFH facilitated the Data Synthesis and Training Workshop and played a key role in training stakeholders in the triangulation approach. ARFH, along with other partners, facilitated high-level and large group consensus-building discussions, through all steps of the triangulation process.

The project was conducted within the framework of NACA’s overall program to monitor and evaluate the national response to the HIV and AIDS epidemic and specifically was conducted in coordination with the national triangulation strategy as elaborated by NACA.

The project benefited from the collaboration, guidance and comments of staff at NACA, especially within the M&E division headed by Dr Kayode Ogunbemi. At USAID Akinyemi Atobatele provided continual guidance and direction as well as Professor Ladipo of ARFH. From UCSF, Henry Raymond and Heidi Frank provided valuable technical assistance.

Throughout the project numerous staff from IPs, state SACAs and NGOs provided data and participated in stakeholders meetings and without whom the project would not have been possible.

Lastly, the contributions of DATE local staff should be noted. Dr. Bene Nnabugwu-Otesanya provided local leadership and management for the project while Grace Sadiq and Dr. Adedayo Adeyemi tirelessly collected data, helped in its analysis and facilitated stakeholder meetings.

This report was compiled and written by Drs. Jenifer Chapman and Scott Moreland of the Futures Group International. The views and opinions expressed here are solely those of the authors and not those of USAID.
EXECUTIVE SUMMARY

In 2008 the United States Government HIV Prevention Technical Working Group (TWG) in Nigeria, in dialogue with the Office of the Global AIDS Coordinator Prevention (OGAC) TWG and the Office of HIV/AIDS (OHA) at the United States Agency for International Development (USAID), identified the need for a strategic review of the sexual transmission prevention program in Nigeria. Specifically, the following needs were agreed: to evaluate the effectiveness of current HIV sexual prevention programming; and to identify the specific packages of sexual transmission prevention services that will be most effective at reducing new infections.

In response to this need, the Data Analysis and Triangulation for Evaluation (DATE) project provided technical assistance in data triangulation, synthesis and use, to inform HIV/AIDS abstinence and be faithful (AB) and condoms and condoms and other prevention (COP) efforts. DATE worked with the Federal Government of Nigeria at all stages, as well as numerous non-Governmental stakeholders to build capacity in triangulation methodology. A major focus of the project was to answer key sexual prevention questions with a view to providing recommendations for improving the national and PEPFAR sexual prevention programs.

The project conducted a participatory data triangulation exercise, utilizing available epidemiologic, behavioral, programmatic, research and census data, with a view to identifying and detailing Nigeria’s sexual transmission prevention priorities, and providing evidence-based recommendations for program improvement. Triangulation refers to the process of collecting, organizing, examining, and interpreting available data from multiple sources. By combining multiple observers, theories, and methods, researchers can hope to overcome the weaknesses of single-method studies.

Research questions were developed in collaboration with stakeholders based the criteria of importance, “actionability”, data availability, appropriateness of method, feasibility, and duplication. The two triangulation questions developed through stakeholder consensus were:

1. “What is the reach and impact of sexual transmission prevention interventions in the general population and in most-at-risk populations, 2001-2008?”
2. “What has been the impact of PEPFAR Abstinence and Be Faithful (AB) programming among young people aged 15 to 24 in Nigeria?”

National Results: National ANC data indicate a declining median HIV prevalence, although this may be due to the addition of lower prevalence rural sites in 2005. Men are nine-times more likely than women to report two or more sexual partners in the last 12 months, and twice as likely as women to report sex with a non-marital, non-cohabiting partner, but they are more likely to report condom use during high-risk sex than women. Condom use in non-marital relationships is still low; with approximately one half of males and one-third of females reporting condom use in non-marital relationships. Transactional sex appears to be less common now than it was in 2003. Median age of sexual debut has decreased, particularly among men. Despite overall increases in the number of people testing for HIV, testing rates are still below 15% among both men and women. Knowledge of HIV prevention methods is very low; however knowledge has increased among females and males in both urban and rural areas, with the greatest gains in rural areas.
Programmatic recommendations

- Intensify condoms and other prevention campaigns, targeting rural areas and females. Promote condom use as an effective contraceptive and method of protecting oneself in all relationships, including marital and co-habiting relationships.
- Enhance AB programming among youth, highlighting the benefits of abstaining from sexual intercourse outside of marriage. Ensure AB programming among youth is complemented with appropriate condoms and other prevention programming, even among married youth.
- Increase geographic coverage and affordability of HIV testing services and increase awareness around HIV testing.

**Youth:** HIV prevalence among youth appears to have declined slightly over time to 3.1% in 2008 (3.5% in urban areas), although there has been some increase in prevalence among youth in the South-South zone. Self-reported STIs are higher among youth than the general populace, and have increased among youth aged 20-24. The proportion of 15-19 year olds reporting multiple sexual partnerships has increased among females and males. The proportion of 20-24 year old females reporting multiple sexual partnerships has decreased over time, though for males, the opposite is true. Self-reported condom use among never-married youth has increased, although condom use is still low especially among females. HIV testing increased considerably from 2003 to 2007, especially among females. Youth aged 20-24 are twice as likely to report HIV testing than youth aged 15-19. Youth report an increase in knowledge of HIV prevention methods over time, with substantial gains made among youth aged 15-19. Females generally report poorer knowledge than males.

**Programmatic recommendations**

- Train community health care workers to identify symptoms of STIs, and syndromically treat STIs. Extend and improve linkages and referral systems between STI services, reproductive health services and HIV testing clinics. Build STI awareness among youth.
- Intensify AB programming in the South West among both sexes.
- Better sensitize and involve male youth in reproductive health interventions.
- Incorporate condoms and other prevention programming into AB activities.
- Pilot awareness-raising campaigns highlighting the dangers of under-age sex / early sexual debut, and inter-generational sex, on sexual and reproductive health functioning.
- Improve awareness of the benefits of HIV testing among school-aged youth.
- Improve coverage of HIV testing services including use of mobile clinics.
- Launch gender-sensitive HIV prevention awareness campaigns in schools and the community. Focus on abstinence, being faithful, and condom use.
- Collect data on out-of-school youth

**Female sex workers:** HIV prevalence among FSWs is ten times that of the general population and the prevalence of self-reported STIs is high and increasing. Reported condom use with clients is high and increasing; however condom use with regular sexual partners is much lower. HIV testing is much higher among brothel-based FSWs than non-brothel based FSWs.

**Programmatic recommendations**

- Improve STI services for FSWs and ensure adequate referral systems are in place.
- Pilot, monitor, document and disseminate novel approaches of working with community gate-keepers to reach non-brothel based FSWs (as well as brothel-based FSWs). Client-centered interventions are also recommended.
- Pilot income-generating activities for FSWs who desire to leave sex work.
- Ensure condoms and other prevention programming for FSWs addresses condom use with all partners, regardless of whether they are “clients”, regular casual partners, boyfriends or husbands.
- Ensure FSWs have access to HIV testing services, including mobile services, and BCC materials in clinics. Link HIV testing services with STI services and general reproductive healthcare.

**Transport Workers (TW):** HIV prevalence among TWs is similar to that in the general population. A disproportionate number of TWs report multiple sexual partnership, though relatively few report sex with sex workers. Condom use at last casual sex is on par with national indicators. One-quarter of TWs report HIV testing.

**Programmatic recommendations**
- Develop behavior change communication (BCC) materials that address risks of multiple concurrent partnerships.
- Continue/expand COP programming for transport workers in high-density corridors.
- Improve awareness of the benefits of HIV testing along transport corridors.

**Uniformed Service Personnel (USP):** HIV prevalence among USP is in line with the national median. A disproportionate number of USP report multiple sexual partnerships including sex with sex workers. Condom use among USP appears to have increased over time, especially among the armed forces. HIV testing uptake is very high among this population. Data indicate stronger prevention efforts among the armed forces than the police.

**Programmatic and research recommendations**
- Develop BCC materials highlighting risks of multiple concurrent partnerships.
- Catalogue and utilize “best practices” among the armed forces and re-orient this for police.
- Address gender issues in AB and COP programming.
- Messages should consider power dynamics in the workplace.
- AB programs should address issues around mobility and distance from loved ones.
- There are no epidemiological or behavioral data on para-military, including customs and border patrol officers and the Civil Defense Corps. Research among these groups is recommended.

**Men who have sex with men (MSM):** HIV prevalence among MSM is more than four times that of the general population. Commercial sex is relatively common, and half of MSM report condom use at last sex. One-third of MSM report HIV testing – twice the national average.

**Programmatic recommendations**
- Extend condoms and other prevention programming for MSM in urban centers.
- Develop BCC materials focusing on condom use in commercial, transactional and non-transactional sexual partnerships with both men and women.
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1. **Introduction**

In 2008 the United States Government HIV Prevention Technical Working Group (TWG) in Nigeria, in dialogue with the Office of the Global AIDS Coordinator Prevention (OGAC) TWG and the Office of HIV/AIDS (OHA) at the United States Agency for International Development (USAID), identified the need for a strategic review of the sexual transmission prevention program in Nigeria. Specifically, the following needs were agreed: to evaluate the effectiveness of current HIV sexual prevention programming; and to identify the specific packages of sexual transmission prevention services that will be most effective at reducing new infections.

Nigeria’s population is estimated at 151 million (World Bank) and recent survey data suggest an estimated HIV sero-prevalence rate between of 4.6% (ANC 2008). Heterosexual transmission accounts for up to 95% of HIV infections.¹

HIV infections in Nigeria are not distributed equally; there is a band of higher prevalence across the north-central part of the country, with a diversity of high-risk populations within specific geo-economic zones. Data from recent surveys highlight this variation across zones and the need for targeted responses to specific populations. While a number of studies and research activities have been done in the area of HIV/AIDS risk behaviors, attitudes, and knowledge, there is still knowledge to be gained from a close examination of what makes for effective behavioral change and sexual prevention programming targeted at specific population groups.

While a number of studies have been done in the area of HIV/AIDS risk behavior, attitudes and knowledge, there is still a need to examine recent experience and to understand what might make for more effective behavioral change and sexual prevention programming, especially those targeting specific population groups.

To respond to this information need the project addressed the following objectives:

1. Synthesize and analyze all available data utilizing triangulation methodology toward evidence-based recommendations for improved prevention programming, including identification of priority target populations, behaviors, and regions for the national program.
2. Carry out a focused impact analysis of PEPFAR *Abstinence & Being Faithful* and *Condoms & Other Prevention* programming utilizing triangulation methodology. The aim was to measure the impact of PEPFAR programming and analysis of gaps and develop evidence-based recommendations for programmatic shifts.
3. Build in-country capacity for data triangulation.
4. Develop recommendations for addressing information gaps identified during the project resulting in identification and prioritization of information gaps related to behavior change and suggested methodology for addressing gaps.

This report presents the results of a participatory “triangulation” exercise. The next section briefly reviews the methodology of the triangulation. We then present the context of infection transmission via a “modes of transmission” analysis. After that we present a general picture of trends and patterns in terms of key indicators followed but results of the triangulation analysis organized by population groups. Then we present the results of the PEPFAR-oriented exercise and finally we discuss data limitations and suggest some new indicators. Throughout, we present recommendations that are linked directly to the data.

2. **Triangulation Approach**

Using an approach first developed by UCSF\(^2\), we systematically conducted a *participatory data triangulation exercise*, utilizing available epidemiologic, behavioral, programmatic, research and census data, with a view to identifying and detailing Nigeria’s sexual transmission prevention priorities, and providing evidence-based recommendations for program improvement.

The term “triangulation” broadly refers to the process of collecting, organizing, examining, and interpreting data from multiple sources to improve our understanding of public health problems. Rather than collecting new data to answer a specific research hypothesis, triangulation seeks to make the best use of available evidence. UCSF’s triangulation approach can be summarized in 12 steps (see text box). Importantly, triangulation is iterative. For example, with the identification of each new data source and subsequent analyses, hypotheses are refined.

During the exercise a participatory approach was used in line with the triangulation approach. At the start of the project, an initial stakeholders meeting was convened to introduce the project, to situate it in the broader context of NACA’s own national research and triangulation agenda and importantly to reach consensus on the key questions that the project would identify. Participants included representatives from Federal and State Government, persons representing NGOs/CBOs/FBOs, as well as academia, representatives of PEPFAR Prevention IPs and and PLWHAs. Staff from the US Government also attended.

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As a result of this consultation, the agreed general triangulation question was: *What is the reach and impact of sexual transmission prevention interventions in the general population and in most-at-risk populations (MARPs), 2001-2008?*

The agreed PEPFAR triangulation question and sub-questions were: *What has been the impact of PEPFAR Abstinence and Be Faithful (AB) programming among young people aged 15 to 24 years in Nigeria?*

1. *What has been the annual programmatic reach of PEPFAR AB programming for young people aged 15 to 24 in Nigeria, from 2004 to 2008?*
2. *What have been the knowledge, attitudinal and behavioral changes among young people aged 15 to 24 in PEPFAR states, from 2004 to 2008?*
3. *What is the current need for AB programming young people aged 15 to 24 in Nigeria?*
   a. *What are the current knowledge, attitudes and behaviors related to sexual transmission of HIV, among young people aged 15 to 24 across Nigeria?*
   b. *What is the coverage and scope of non-PEPFAR AB-type programs/interventions for young people aged 15 to 24 in Nigeria?*

### 3. Context for Prioritization in HIV Prevention: Results of the Modes of Transmission Modeling Exercise by UNAIDS

One of the objectives of the DATE project was to develop evidence-based recommendations for HIV sexual prevention programs and researchers. An important consideration in prioritizing programmatic recommendations is the concept of “need”. Need may be defined on an epidemiological basis, i.e. one may ask which populations will contribute the greatest proportion of new infections. Modes of Transmission (MoT) modeling can provide important insight here.

The UNAIDS MoT model\(^3\) estimates the distribution of new infections among 13 specific populations\(^4\), based on a number of key inputted variables including: population size, HIV and STI prevalence, numbers of partners and condom use. The result of the model is a better understanding of the populations at greatest risk of acquiring HIV in the future – it provides an estimate of HIV incidence in each population group. Results of MoT modeling can assist in priority setting and resource allocation with respect to national prevention interventions, and in strengthened policy, research and programmatic recommendations toward national prevention goals.

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\(^4\) Populations include: injecting drug users (IDU), sexual partners of IDU, sex workers, clients of sex workers, sexual partners of clients of sex workers, men who have sex with men (MSM), female sexual partners of MSM, members of the population who have casual heterosexual sex, sexual partners of those who have casual heterosexual sex, those who engage in only low-risk heterosexual sex, those who receive medical injections, those who receive blood transfusions and those who are at no risk.
MoT modeling in Nigeria was undertaken by a national country team, with support from UNAIDS and the World Bank. The model was built on the recent World Bank epidemiology and response synthesis project in Nigeria. The modeling result showed that high-risk groups will significantly contribute to new HIV infections. Although high risk groups such as female sex workers, men that have sex with men and injecting drug users are about 1% of the general population, they have the potential of contributing almost 23% of new infections. Overall, most at risk populations and partners will contribute as much as 40% of new infections. However, about 42% of the infections occur amongst persons practicing low-risk sex due to low condom use and sexual networking. Please see Figure 1.

There are limitations to MoT modeling. Predictions from models are only as good as the data that are available and used. The model calls for agreement on the statistics for HIV and STI prevalence and risk behavior; however the HIV epidemic in Nigeria is heterogeneous and various studies have reported diverse HIV prevalence and risk behavior rates among population groups. In this case, the data used for this model were agreed upon during a national stakeholder workshop in Nigeria and are considered the best available.
4. **METHODS**

A methodological overview of all project activities is provided in the *End of Project Report*. Further details of data capture and analysis are outlined below.

4.1 **DATA CAPTURE**

Sources of HIV and STI epidemiological data and relevant behavioral data were identified in a number of ways: in stakeholder meetings, through online searching of electronic databases such as PubMed, and through visits with University staff at their places of work. Key data were extracted from reports and articles to complete project *Indicator Sheets*.

The nature of the agreed triangulation questions necessitated programmatic data collection. Programmatic data were collected using two data capture tools. The first tool focused on summative program information, specifically:

- Intervention type/activities, e.g. condom distribution, training of peer educators
- Program name
- Date of initiation
- Expected date of conclusion
- Populations targeted, e.g. married adolescents aged 15-19
- Rationale behind population choice
- Behaviors targeted
- Geographic coverage/location
- Cost of person reached per intervention
- Successes (qualitative)
- Challenges (qualitative)

The second tool requested implementing partners to report on first and second generation PEPFAR prevention indicators. We requested fully disaggregated data by state, sex, MARP/sub-population (where applicable), and for the years 2004-2009, where possible. A summary of the indicators requested is presented in Box 1. Both tools were sent to USG implementing partners, as well as non-USG development partners several times by the DATE team and USAID.

4.2 **DATA ANALYSIS**

The agreed triangulation questions focus on the impact of sexual prevention interventions since the start of PEPFAR. National and zonal-level data were thus analyzed to show changes in knowledge, behavior and HIV/STI prevalence over time, as well as relationships between changes in knowledge and changes in behavior, and changes in behavior with changes in epidemiological variables (prevalence). Where data have allowed, we have also tried to show how changes in programmatic outputs relate to changes in relevant knowledge and behavior variables. Data are presented in tables, scatter plots and graphs, in a manner outlined below.
5. RESULTS

Over 300 independent sources of information about the HIV epidemic in Nigeria were identified, including antenatal clinic sentinel (ANC) surveillance data, HIV behavioral surveillance (BSS) reports, data from Demographic and Health Surveys (DHS), quantitative and qualitative research studies, and programmatic data. In total, 55 journal articles describing HIV risk among female sex workers were found, 6 among men who have sex with men, 10 among uniformed service personnel, and 13 among transport workers. Box 1 below lists the indicators captured during the exercise.

**Box 1: PEPFAR indicators captured for DATE**
- Number of community outreach HIV/AIDS prevention programs that promote AB
- Number of mass media HIV/AIDS prevention programs that promote AB
- Number of individuals reached with community outreach HIV/AIDS prevention programs that promote (male/female, all ages)
- Number of individuals reached with community outreach HIV/AIDS prevention programs that promote AB (male/female, ages 15-24)
- Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote AB (all ages)
- Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote AB (ages 15-24)
- Number of individuals trained to provide HIV/AIDS prevention programs that promote AB
- Number of community outreach HIV/AIDS prevention programs that are NOT focused on AB
- Number of mass media HIV/AIDS prevention programs that are NOT focused on AB
- Number of individuals reached with community outreach HIV/AIDS prevention programs that are NOT focused on AB (all ages/ages 15-24)
- Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are NOT focused on AB (all ages/ages 15-24)
- Number of individuals trained to provide HIV/AIDS prevention programs that are NOT focused on AB
- Number of targeted condom service outlets
- Number of condoms purchased/shipped for social marketing campaigns
- Number of condoms sold/distributed through social marketing campaigns
- Number of service outlets providing HIV counseling and testing (HCT)
- Number of sites providing HCT
- Number of individuals who received HCT (all ages/ages 15-24)
- Number of individuals trained in HCT
- Number of males circumcised as part of the minimum package of MC for HIV prevention services
- Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of Prevention with PLHIV interventions
- Number of the targeted population reached with individual and/or small group level AB or Condom and Other Prevention (COP) interventions that are based on evidence and/or meet the minimum standards required
- Number of MARP reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards required (CSW, IDU, MSM, Other Vulnerable Populations: military and other uniformed services, incarcerated persons, mobile populations, clients of sex workers, non-injecting drug users)
- Number of individuals who received HCT services and received their test results (male <15, male 15+, female <15, female 15+)

Programmatic data capture was sought from USG implementing partners as well as from other funding agencies, such as the Global Fund. Limited data was retrieved from USG implementing
partners. A summary on the data collected from each USG partner is presented in Table A1. Only numbers of facilities offering HIV testing services and condom distribution data are sufficiently complete for analysis.

5.1 PRESENTATION OF RESULTS

As discussed above, two main triangulation questions were put forward – one that is general in focus, and one that is PEPFAR specific. The PEPFAR specific triangulation question is encompassed in the general question in that the first question addresses the impact of PEPFAR and non-PEPFAR interventions combined, and the second, PEPFAR-specific question addresses the impact of PEPFAR abstinence and be faithful (AB) programming among youth.

Findings from the triangulation exercise are organized into the following sections: national, geopolitical zones, youth and most-at-risk populations. Findings related to the first general triangulation question are presented in all sections; findings related to the second PEPFAR-specific question, are presented in the “youth” section. Each section is organized into three parts: (1) a snapshot of HIV sexual prevention data relating to the geo-political area or population; (2) a summary of progress against various epidemiological, behavioral and knowledge indicators over time; and (3) evidence-based programmatic and research recommendations. The “national” and “youth” sections show additional programmatic data analyses.

In order to provide readers with an understanding of the prevention context in each zone and among specific populations quickly and easily, we have chosen to represent pertinent data in each “snapshot” section in a table and, for geopolitical zones, a linked scatter plot. In the table we list key indicators and score progress against these indicators in two ways: trend over time (improving or worsening) and comparison to national value (better or worse), for zonal level representations. For instance, if the proportion of the population in Zone X reporting HIV testing had increased, and is higher than the national average, this indicator would score green. If the proportion of the population in Zone X reporting HIV testing had increased, but is lower than the national average, or vice versa, this indicator would score yellow. If the proportion of the population in Zone X reporting HIV testing had decreased over time and was lower than the national average, this indicator would score red. For national level data and data on MARPs, data are only scored on one dimension – change over time for the former and comparison to national average for the latter (due to unavailability of data). Not all indicators are presented in the Snapshot tables; all indicators are presented in the Appendix (Tables A1, A2 and A3).

In the scatterplot, these same indicators are depicted against the same constructs: trend over time (improving or worsening) on the X axis, and comparison to national (better or worse) on the Y axis. Therefore, an indicator scoring green, would appear in the upper right quadrant and an indicator scoring red would appear in the lower left quadrant. Indicators scoring yellow will

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5 There are no scatter plots for national or MARP data as data are scored on one dimension only.
appear in either the lower right or upper left quadrants. The advantage of the scatter plot is that it allows readers to gain a quick sense of how well or poorly the indicator is faring both compared to the national average and over time. For example, consider the following:

Percent of women and men aged 15–49 who say they used a condom the last time they had sex with a non-marital, non-cohabiting partner, of those who have had sex with such a partner in the last 12 months, by zone and sex (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>All (male)</td>
<td>50.1</td>
<td>61.3</td>
<td>54.2</td>
<td>4.1</td>
</tr>
<tr>
<td>NW (male)</td>
<td>38</td>
<td>N/A</td>
<td>68.1</td>
<td>30.1</td>
</tr>
</tbody>
</table>

We are scoring this indicator for North West (male). Over time reported condom use has increased from 38% to 68.1% (an absolute change of +30.1%). Also, the latest available data (2007) shows that condom use in the North West is 13.9% higher (absolute difference) than the national average of 54.2%. This means that the indicator is both improving and better than the national, and scores green. In the scatterplot, the indicator would be scored in the upper right quadrant at +30.1 on the X axis and +13.9 on the Y axis, as below.

![Figure 2: Scatter Chart Example](image-url)
Further, key 2003-2007 NARHS and 2003-2008 DHS behavioral and knowledge indicators are represented over time on a graph for each section. Graphs show relationships between changes in behavior over time with changes in knowledge, leading to hypotheses regarding the impact of changes in knowledge on behavior.

5.2 National Level and Trends

Table 1 gives a snapshot of national data. These data are represented in one dimension only; change over time with green indicating an improving record and red indicator a worsening record. A scatterplot is not provided for this reason; the absolute change in the variable over time (2001-2008 for ANC, 2003-2008 for DHS, 2003-2007 for NARHS) is specified in the table. See Table A2 for more “snapshot” indicators; see Table A6 for a full list of “national” indicators.

<table>
<thead>
<tr>
<th></th>
<th>National Snapshot</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>HIV prevalence (ANC)</td>
<td>-1.9%</td>
</tr>
<tr>
<td>2</td>
<td>STI symptoms (NARHS)</td>
<td>+0.6%</td>
</tr>
<tr>
<td>3</td>
<td>Condom use with a non-marital partner (female, DHS)</td>
<td>+10.2%</td>
</tr>
<tr>
<td></td>
<td>Condom use with a non-marital partner (male, DHS)</td>
<td>+6.2%</td>
</tr>
<tr>
<td>4</td>
<td>HIV testing (female, NARHS)</td>
<td>+8.4%</td>
</tr>
<tr>
<td></td>
<td>HIV testing (male, NARHS)</td>
<td>+7.1%</td>
</tr>
<tr>
<td>5</td>
<td>2+ partners (female, NARHS)</td>
<td>+0.2%**</td>
</tr>
<tr>
<td></td>
<td>2+ partners (male, NARHS)</td>
<td>+1.1%*</td>
</tr>
<tr>
<td>6</td>
<td>Sex with a non-marital partner (female, DHS)</td>
<td>-1.1%</td>
</tr>
<tr>
<td></td>
<td>Sex with a non-marital partner (male, DHS)</td>
<td>-10%</td>
</tr>
<tr>
<td>7</td>
<td>Transactional sex (female, NARHS)</td>
<td>-2.4%</td>
</tr>
<tr>
<td></td>
<td>Transactional sex (male, NARHS)</td>
<td>-0.5%</td>
</tr>
<tr>
<td>8</td>
<td>Median age at sexual debut (female, NARHS)</td>
<td>-0.9 yrs</td>
</tr>
<tr>
<td></td>
<td>Median age at sexual debut (male, NARHS)</td>
<td>-2.8 yrs</td>
</tr>
<tr>
<td>9</td>
<td>Reported knowledge of condoms (female, NARHS)</td>
<td>+6.5%</td>
</tr>
<tr>
<td></td>
<td>Reported knowledge of condoms (male, NARHS)</td>
<td>+4.0%</td>
</tr>
<tr>
<td>10</td>
<td>Knowledge that condoms protect against HIV (female, DHS)</td>
<td>+8.4%</td>
</tr>
<tr>
<td></td>
<td>Knowledge that condoms protect against HIV (male, DHS)</td>
<td>+7.7%</td>
</tr>
<tr>
<td></td>
<td>Knowledge that condoms protect against HIV (rural, female, DHS)</td>
<td>+25.6%</td>
</tr>
<tr>
<td></td>
<td>Knowledge that condoms protect against HIV (urban, female, DHS)</td>
<td>+18.1%</td>
</tr>
<tr>
<td></td>
<td>Knowledge that condoms protect against HIV (urban, male, DHS)</td>
<td>-10.6%</td>
</tr>
<tr>
<td></td>
<td>Knowledge that condoms protect against HIV (urban, male, DHS)</td>
<td>-1.3%</td>
</tr>
<tr>
<td>11</td>
<td>Knowledge that being faithful can reduce HIV risk (female, DHS)</td>
<td>+8.0%</td>
</tr>
<tr>
<td></td>
<td>Knowledge that being faithful can reduce HIV risk (male, DHS)</td>
<td>+2.3%</td>
</tr>
<tr>
<td>12</td>
<td>Knowledge that abstinence can reduce HIV risk (female, NARHS)</td>
<td>+5.1%</td>
</tr>
<tr>
<td></td>
<td>Knowledge that abstinence can reduce HIV risk (male, NARHS)</td>
<td>+3.6%</td>
</tr>
<tr>
<td></td>
<td>Knowledge that abstinence can reduce HIV risk (rural, NARHS)</td>
<td>+7.9%</td>
</tr>
<tr>
<td></td>
<td>Knowledge that abstinence can reduce HIV risk (urban, NARHS)</td>
<td>-0.9%</td>
</tr>
</tbody>
</table>

*Change over time ONLY (2 dimensional: red or green)
**Although numbers are increasing, these indicators are worsening (see indicator definition)
Changes in epidemiological, behavioral and knowledge indicators

National ANC data indicate a declining median HIV prevalence (see Figure 3). However, this may be due to the addition of lower prevalence rural sites in 2005. The next ANC surveillance will help verify the currently observed trend by providing a set of consistent sites, both urban and rural, across at least three time periods.

Figure 3: All ages HIV prevalence (ANC, NARHS)

![Figure 3: All ages HIV prevalence (ANC, NARHS)](image)

*2007 HIV prevalence data are from NARHS, other years show ANC data

Overall, self-reported sexually transmitted infections (STIs) have increased over time from 6.3% in 2003 to 6.9% in 2007 (see Figure 4). Females are more likely to report a history of STIs than males, as are those living in urban areas compared to rural areas.

Figure 4: All ages self-reported STIs (NARHS)

![Figure 4: All ages self-reported STIs (NARHS)](image)

Knowledge and behavioral indicators are presented in Figure 5.
Figure 5: National Behavior and Knowledge Indicators

*DHS data is presented in columns; NARHS data is presented in line charts
Figure 5 shows that while men are nine-times more likely to report two or more sexual partners in the last 12 months (27.3% vs. 2.9% in 2007), and twice as likely to report sex with a non-marital, non-cohabiting partner, they are more likely to report condom use during high-risk sex. *Condom use in non-marital relationships is still worryingly low*; with approximately one half of males and one-third of females reporting condom use in non-marital relationships. This said, condom use among females reporting non-marital partners is increasing at a greater rate than condom use among males reporting non-marital partners (absolute change of 10.2% among females, versus 6.2% among males, DHS). Proportions of the population reporting two or more sexual partners, and sex with a non-marital, non-cohabiting partner have increased\(^6\), although only slightly. Transactional sex appears to be less common now than it was in 2003; however, an unexplained peak in reported transactional sex among men in 2005 requires investigation in the next NARHS survey. Reported transactional sex is twice as high in males as females. *Median age of sexual debut has decreased*, particularly among men, with the most significant change occurring between 2005 and 2007. For both women and men, median age of sexual debut was higher in 2005 than either 2003 or 2007. Again, the next NARHS will help explain such findings.

Despite overall increases in the number of people testing for HIV (absolute change of 8.4% among females and 7.1% among males), *testing rates are still below 15%*. Generally equal proportions of men and women report testing. There is no clear relationship between HIV counseling and testing (HCT) uptake and HIV prevalence, by zone (see Figure 4, above). DHS and NARHS data on HCT uptake are similar (see Figure 6).

Knowledge of HIV prevention methods (limiting sex to one uninfected partner and using condoms) has increased among females and males, regardless of urban or rural residence. The greatest gains were notable in rural areas, both among females (absolute change of 6.7%) and males (absolute change of 9.4%). However, *reported knowledge is still worryingly low, especially among females living in rural areas*. Males are more likely than females to report knowledge of condoms, although this has increased over time, particularly among females (absolute change of 6.5%). National NARHS and DHS data show that the proportion of the population who believe that condoms offer protection against HIV has increased somewhat both among females and males; however, DHS data show that *reported knowledge of condoms has declined among urban dwelling females and males, and especially among urban females* (absolute change of -10.6%). The greatest gains have been made among rural-dwelling females (absolute change of 25.6%), followed by rural males (absolute change of 18.1%). Also, the proportion of the population (both females and males, rural and urban-dwelling) reporting that limiting sex to one uninfected partner can reduce HIV risk has increased, most significantly among rural-dwelling females (absolute change of 10.9%). The proportion of the population reporting that abstinence can reduce the risk of HIV infection has increased on the whole,\(^6\)

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\(^6\) DHS and NARHS data are conflicting here. While NARHS data shows that the proportion of females and males reporting sex with a non-marital, non-cohabiting partner in the last 12 months has increased slightly from 2003-2007 (although this had decreased from 2005-2007), DHS data shows that this has decreased substantially (absolute change of -1.1% among females and -10.0% among males). DHS data from 2003 and 2008 shows much higher rates of report sex with a non-marital partner than NARHS data from 2003 or 2007.
although this slightly decreased from 2005-2007 among urbanites (absolute change of -0.9%). The greatest gains were made in rural areas (absolute change of 7.9%); however, rural residents still report poorer knowledge than urban residents. Overall, progress between 2003-2005 was good, but these gains were offset by 2007. (This could be a methodological issue with NARHS.)

In Figures 7-9 below, available programmatic output data on numbers of facilities offering HCT, are compared to behavioral data (uptake of HCT) and HIV prevalence at the zonal and state levels. There appears to be no clear relationship between the number of health facilities offering HCT per capita (at the zonal level), and testing uptake or HIV prevalence at the zonal level.
Figure 7: Number of HCT sites, HCT uptake (DHS, 2008) and HIV prevalence (ANC, 2008), by zone
The relationship between HCT sites per capita, and HCT uptake and HIV prevalence are more complex at the state level, as apparent in Figure 8. Some states with relatively high HCT uptake such as Abia, and Imo States, also have high relatively high numbers of facilities offering HCT per capita. Other states with high HCT uptake have relatively low numbers of facilities offering HCT per capita, such as Cross River and Lagos States, and the Federal Capital Territory (FCT). Some states with very low HCT uptake, such as Kano and Katsina States have relatively high numbers of HCT sites per capita; states with the lowest HCT uptake generally have the fewest HCT sites per capita, e.g., Yobe, Kebbi, Sokoto and Zamfara States. Figure 8 also shows considerable differentials between uptake of HCT among females and males at the state level. In many states, females are far more likely to have ever tested for HIV (e.g., FCT, Anambra, Imo, Lagos States), while in others males are more likely to have tested (e.g., Benue, Kogi, Nasarawa,
Plateau, Osun States). There is no statistical relationship between HCT uptake and the number of HCT sites per capita. HIV prevalence and self-reported ever testing for HIV are weakly, positively correlated ($r^2=0.45$, $r^2=0.44$, female and male, respectively).
Map 1 below shows an alternate depiction of the same information presented in Figure 8 (HIV testing uptake) at the state level and change in HIV prevalence over time.

**Map 1: Number of HIV tests per 1,000 people and change in HIV prevalence (2008)**

Source: ANC prevalence 2003 to 2008 and number of HCT tests from NACA (Global Fund) and USG (PEPFAR, ICAP and Society for Family Health, only)

In Figure 9 another dimension is added – STI symptoms. From the Figure it is clear that HCT uptake has increased over time at the national level, both among females and males; however HCT uptake is far higher in urban areas than rural areas. There has been little change in HIV prevalence and self-reported STI symptoms over time.

Figure 10 reports trends in condom distribution by the Society for Family Health (SFH) over the period between 2002 and 2006. The data show a 20 percent increase in overall distribution of condoms during this period. However, there was a slight reduction between 2005 and 2006. Further, using the population 15-64 we see that on a per capita basis there was an increase between 2002 and 2005 and then a reduction between the 2005 and 2006. However, in real numbers it is clear that the distribution of condoms per capita is extremely low – with approximately two condoms per person per year distributed.
Figure 9: HIV prevalence (ANC), self-reported STI symptoms and HCT uptake, over time (NARHS)

*2007 HIV prevalence data are from NARHS

Figure 10: Condom Distribution per Capita in Nigeria from 2002-2006
### Evidence-based recommendations

<table>
<thead>
<tr>
<th>Issue</th>
<th>Recommendations</th>
</tr>
</thead>
</table>
| Condom use in non-marital relationships is still worryingly low     | Ensure universal access to sexual prevention programs.  
Intensify COP HIV prevention campaigns, targeting rural areas and females.  
Promote condom use as an effective contraceptive and method of protecting oneself in all relationships, including marital and co-habiting relationships. |
| Reported knowledge of HIV prevention methods is still worryingly low, especially among females living in rural areas |                                                                                                                                               |
| Reported knowledge of condoms has declined among urban dwelling females and males, and especially among urban females | Enhance AB programming among youth, highlighting the benefits of abstaining from sex outside of marriage.  
Ensure AB programming among youth is complemented with appropriate COP programming, even among married youth. |
| Median age of sexual debut has decreased                           | Increase geographic coverage and affordability of HCT services. There is a relationship between improving awareness of HCT and increasing HCT uptake in the North.  
HCT awareness-raising activities should be intensified and scaled-up where these efforts are already occurring. |
| HCT is low                                                          |                                                                                                                                               |
5.3 Zonal Level Results

The geographic pattern of the epidemic can be seen in Figure 11 below and Maps 2-4. Data analyses are presented by geopolitical zone in the sections that follow. We see in Figure 11 that the South-South and North Central\(^7\) regions have historically had the highest levels of infection. Rates in the South-South declined between 2001 and 2005 falling below those in the North Central region. However, the South-South rate began to increase again after 2005 and by 2008 was the highest in the country, as highlighted in Map 2 below.

Figure 11: HIV prevalence by zone (all ages)

Source: NACA, various ANC surveys

\(^7\) "North Central" and "Central" zones are used interchangeably.
Map 3 below shows HIV prevalence at the state level. HIV prevalence is not evenly high or low within zones, and is not evenly high or low within states (see Table A4). There are states in the South-South zone with relatively low prevalence and equally states in the Central zone with relatively high prevalence.

Map 4 shows HIV prevalence at the state level, as in Map 3, but also the number of people living with HIV (PLHIV), by state and the density of PLHIV, by state. Lagos State has the greatest number and highest density of PLHIV in Nigeria, followed by Akwa Ibom in the Delta area.

Map 4: HIV Distribution (ANC & Census projections, 2006)
5.3.1 North Central Zone

Snapshot
Table 2 and Figure 12 below present a “snapshot” of data from the North Central Zone. See Table A7 for a full list of indicators for this zone.

Table 2: North Central Zone Snapshot

<table>
<thead>
<tr>
<th></th>
<th>Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>HIV prevalence (ANC)</td>
</tr>
<tr>
<td>2</td>
<td>STI symptoms (NARHS)</td>
</tr>
<tr>
<td>3</td>
<td>Condom use with a non-marital partner (female, DHS)</td>
</tr>
<tr>
<td></td>
<td>Condom use with a non-marital partner (male, DHS)</td>
</tr>
<tr>
<td>4</td>
<td>HIV testing (female &amp; male, NARHS)</td>
</tr>
<tr>
<td>5</td>
<td>2+ partners (female, NARHS)</td>
</tr>
<tr>
<td></td>
<td>2+ partners (male, NARHS)</td>
</tr>
<tr>
<td>6</td>
<td>Sex with a non-marital partner (female, DHS)</td>
</tr>
<tr>
<td></td>
<td>Sex with a non-marital partner (male, DHS)</td>
</tr>
<tr>
<td>7</td>
<td>Transactional sex (female &amp; male, NARHS)</td>
</tr>
<tr>
<td>8</td>
<td>Median age at sexual debut (female &amp; male, NARHS)</td>
</tr>
<tr>
<td>9</td>
<td>Reported knowledge of condoms (NARHS)</td>
</tr>
<tr>
<td>10</td>
<td>Knowledge that condoms protect against HIV (female, DHS)</td>
</tr>
<tr>
<td></td>
<td>Knowledge that condoms protect against HIV (male, DHS)</td>
</tr>
<tr>
<td>11</td>
<td>Knowledge that being faithful can reduce HIV risk (female, DHS)</td>
</tr>
<tr>
<td></td>
<td>Knowledge that being faithful can reduce HIV risk (male, DHS)</td>
</tr>
<tr>
<td>12</td>
<td>Knowledge that abstinence can reduce risk of HIV infection (NARHS)</td>
</tr>
</tbody>
</table>

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See Table A4 for a breakdown of HIV prevalence by year and site.
Figure 12: North Central Zone Scatterplot
Changes in epidemiological, behavioral and knowledge indicators

The North Central zone has consistently had a relatively high HIV prevalence (ANC), with a slight decrease in trend similar to the national picture. The urban median trend is decreasing while the national urban median remains level; however, rural HIV prevalence is on the rise, unlike national trends. Furthermore, the proportion of the population reporting STI symptoms is higher than the national average (10.8% vs 6.9%), and is increasing. The North Central zone is the main transport corridor between the North and the South. High zonal prevalence may be due to high population mobility and proximity to the South-South zone. Please see Figure 13 below.

Figure 13: North Central Zone Epidemiological Indicators (ANC, NARHS)

Knowledge and behavioral indicators are presented in Figure 14.
Figure 14: North Central Zone Behavior and Knowledge Indicators

*DHS data is presented in columns; NARHS data is presented in line charts*
The proportion of females and males who report multiple partners in the last 12 months has decreased in North Central (2003-2007); however, the proportion of males reporting this is slightly higher than the national average and ten times higher than the proportion of females reporting this (29.7% vs 2.9%). Reported multiple partners appeared to decrease from 2003 to 2005 and increase from 2005 to 2007 among both females and males. This, again, could be a sampling/design issue of NARHS. DHS and NARHS data related to sex with non-marital, non-cohabiting partners is conflicting; NARHS data shows an increase from 2003-2007 among both females (absolute change of 1.3%) and males (absolute change of 5.2%) and DHS data shows a decrease among both females (absolute change of -2.5%) and males (absolute change of -16.9%) from 2003-2008. DHS data show far higher rates of non-marital sex (more than double); reported sex with non-marital partners among males is higher than the national average and should be addressed. DHS and NARHS data on condom use in non-marital partnerships is also differing, with NARHS painting a more positive picture than DHS data. For both datasets, condom use in non-marital partnerships is considerably lower among both females and males than the national average. DHS data shows that condom use among males is decreasing (absolute change of -3.6%). Transactional sex among females decreased from 2003-2007 (absolute change of -4.7%), but increased from 2005-2007 to 5.1%. Transactional sex among males increased from 2003-2007 (absolute change of 1.9%), but decreased from 2005-2007 to 7.7%. For females, this is higher than the national average, but for males this is lower. Age of sexual debut decreased both among females and males; the decrease among females was larger than national changes (-2.6 years among females in North Central compared to -0.9 years nationally.

HCT uptake has increased among both females (from 5.6% in 2003 16.6% in 2007) and males (from 7.6% in 2003 to 17.6% in 2007) and uptake is higher in North Central than the national average.

Knowledge of HIV prevention methods (limiting sex to one uninfected partner and using condoms) increased substantially from 2003-2008, particularly among females (absolute change of 11.6%); however scores are still worryingly low with less than half of females (compared to two-thirds of males) reporting HIV prevention knowledge. Knowledge is relatively on par with national indicators, slightly worse among females and slightly better among males. Reported knowledge of condoms increased from 2003-2007, especially among rural residents (absolute change of 21.1%). Overall, reported knowledge of condoms is higher in North Central than the national average (75.8% vs 71.3%), and is increasing much more quickly. The proportion of females and males reporting that condom use can reduce the risk of HIV infection has increased from 2003-2008 (to 53% and 71.1%, respectively). The change was greater among females (absolute change of 13.6%). The proportion of males in North Central reporting knowledge of condom efficacy at preventing HIV is slightly higher than the national average, although the reverse is true among females. The proportion of the population reporting that limiting sex to one uninfected partner can reduce HIV risk is also slightly lower than the national average (NARHS and DHS). NARHS data shows an increase from 2003-2007 to 83% (absolute change of 13.1%); whereas DHS data shows an increase among females to 62.1% (absolute change of 6.5%) and a decrease among males to 80.5% (-3.3% absolute change). Clearly, the
relatively low knowledge scores among females compared to males is cause for targeted programming. The proportion of the population reporting that abstinence can reduce HIV risk is similar, although slightly less than the national average, and has increased from 2003-2007 (although this decreased from 2005-2007).

**Evidence-based recommendations**

<table>
<thead>
<tr>
<th>Issues</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of the population reporting STI symptoms is higher than the national average</td>
<td>Train community health care workers to be able to better identify symptoms of STIs, and syndromically treat STIs. Extend and improve linkages and referral systems between STI services, reproductive health services and HCT clinics.</td>
</tr>
<tr>
<td>Sex with non-marital partners among males is higher than the national average</td>
<td>Intensify “Be Faithful” campaigns among males. Pilot programs in various settings including the community and workplace. Intensify COP programming alongside “Be Faithful” activities. Involving faith based organizations, Imams and clergymen and women, in promoting the benefits of condom use.</td>
</tr>
<tr>
<td>Condom use in non-marital partnerships is considerably lower among both females and males than the national average</td>
<td>Enhance AB programming among youth, highlighting the benefits of abstaining from sexual intercourse outside of marriage. Ensure AB programming among youth is complemented with appropriate COP programming, even among married youth, especially adolescent females.</td>
</tr>
<tr>
<td>Age of sexual debut decreased both among females and males; the decrease among females was larger than national changes</td>
<td></td>
</tr>
<tr>
<td>Relatively low knowledge scores among females compared to males</td>
<td></td>
</tr>
</tbody>
</table>
5.3.2 North East Zone

Snapshot

Table 3 and Figure 15 below present a "snapshot" of data from the North East Zone. See Table A8 for a full list of indicators for this zone.

Table 3: North East Zone Snapshot

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV prevalence (ANC)</td>
<td>8</td>
</tr>
<tr>
<td>STI symptoms (NARHS)</td>
<td>2</td>
</tr>
<tr>
<td>Condom use with a non-marital partner (female, DHS)</td>
<td>3</td>
</tr>
<tr>
<td>Condom use with a non-marital partner (male, DHS)</td>
<td></td>
</tr>
<tr>
<td>HIV testing (female &amp; male, NARHS)</td>
<td>4</td>
</tr>
<tr>
<td>2+ partners (female &amp; male, NARHS)</td>
<td>5</td>
</tr>
<tr>
<td>Sex with a non-marital partner (female &amp; male, DHS)</td>
<td>6</td>
</tr>
<tr>
<td>Transactional sex (female &amp; male, NARHS)</td>
<td>7</td>
</tr>
<tr>
<td>Median age at sexual debut (female, NARHS)</td>
<td>8</td>
</tr>
<tr>
<td>Median age at sexual debut (male, NARHS)</td>
<td></td>
</tr>
<tr>
<td>Reported knowledge of condoms (NARHS)</td>
<td>9</td>
</tr>
<tr>
<td>Knowledge that condoms protect against HIV (female, DHS)</td>
<td>10</td>
</tr>
<tr>
<td>Knowledge that condoms protect against HIV (male, DHS)</td>
<td></td>
</tr>
<tr>
<td>Knowledge that being faithful can reduce HIV risk (female &amp; male, DHS)</td>
<td>11</td>
</tr>
<tr>
<td>Knowledge that abstinence can reduce HIV risk (NARHS)</td>
<td>12</td>
</tr>
</tbody>
</table>
Figure 15: North East Zone Scatterplot
Changes in epidemiological, behavioral and knowledge indicators

The North East zone is showing a decreasing median HIV prevalence (absolute change of -1.9%), but a high magnitude as compared to national levels. Prevalence is higher in urban (4%) compared to rural regions (3.1%). Worryingly, the prevalence of self-reported sexually transmitted infections increased substantially from 2003-2007 to 6.1% (absolute change of 4.3%). Please see Figure 16 below.

Figure 16: North East Zone Epidemiological Indicators (ANC, NARHS)

Knowledge and behavioral indicators are presented in Figure 17.
Figure 17: North East Zone Behavioral and Knowledge Indicators

*DHS data is presented in columns; NARHS data is presented in line charts*
NARHS data shows that a decreasing proportion of the population in the North East report two or more partners in the last 12 months, although the proportion of men who report two or more partners is still extremely high at 26.7%, although this is slightly lower than the national average. The proportion of women reporting this reduced by 44.4% from 2003 to 2007 (absolute change of -0.8%). DHS and NARHS data regarding non-marital, non-cohabiting partners in the last 12 months is conflicting. DHS data shows a considerable decrease in the proportion of the female and male population reporting a non-marital partner, especially among males; however, NARHS data shows an increase. According to both data sets, the population of North East is considerably less likely to report a non-marital partner than the nation as a whole. Again, DHS and NARHS data with respect to condom use with last non-marital partner is divergent. NARHS data shows an increase in condom use among males to 47.4% (absolute change of 18.8%), whereas DHS data shows a small decrease in condom use to 33.5% (absolute change of -1.7%). There is no NARHS data for females in the North East for this indicator. DHS data shows a considerable increase in the proportion of females reporting condom use with a non-marital partner to 19.1% (absolutely change of 13.8%). For both data sets, condom use at last non-marital sex is far lower than the national average. Transactional sex has decreased among both sexes, and is lower than the national average. Median age of sexual debut has decreased, especially among females. Males in the North East have, on average, a later sexual debut than males in other zones.

An increasing proportion of females and males in the North East report HIV testing; however, testing rates are 50% lower than the national average among both sexes.

Knowledge of HIV prevention methods (limiting sex to one uninfected partner and using condoms) has increased among the populace of the North East, although the increase has been minimal among females with only one-in-three females reporting knowledge of HIV prevention methods. This is far less than the national average. Two-in-three males report HIV prevention knowledge, about the same as the national average. Knowledge of condoms has increased, and in urban areas is higher than the national average at 81.1% (versus 71.3%); however, knowledge of condoms in rural areas is low at 51%. The proportion of both females and males that believe that condom use can reduce the risk of HIV infection has increased, although the increase among females has been slight only. Just over one-third of females report knowledge of condom efficacy compared to 71.7% of males. Knowledge of condoms among males increased by 50.9% from 2003 to 2008 (absolute change of 24.2%). This is a greater change than for the nation as a whole, and indicates success of prevention programming in this zone. Both NARHS and DHS data show an increase in the proportion of the North East population reporting that limiting sex to one uninfected partner can reduce the risk of HIV infection; however NARHS data is more promising. DHS data shows that females are still far less likely to report this (62.3% versus 82.1%), although the change margin from 2003-2008 has been greater among females than males. The percent of the population reporting that abstinence can reduce HIV infection risk increased substantially from 2003 to 2007 to 78.8% (absolute change of 27.6%), which is higher than the national average of 74.6%. 
### Evidence-based recommendations

<table>
<thead>
<tr>
<th>Issues</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of men who report two or more partners is still extremely high</td>
<td>A considerable proportion of households in the North East are polygamous. Reorient HIV prevention campaigns to be sensitive to cultural norms. Promote condom use in polygamous unions.</td>
</tr>
<tr>
<td>Condom use at last non-marital sex is far lower than the national average</td>
<td>Intensify COP programming alongside “Be Faithful” activities. Involve local Imams in promoting the benefits of condom use. Target more resources to reaching females and rural areas.</td>
</tr>
<tr>
<td>HIV prevention knowledge among females is very low</td>
<td></td>
</tr>
<tr>
<td>Knowledge of condoms in rural areas is low</td>
<td>Enhance AB programming among youth, highlighting the benefits of abstaining from sexual intercourse outside of marriage. Ensure AB programming among youth is complemented with appropriate COP programming, even among married youth, especially adolescent females.</td>
</tr>
<tr>
<td>Median age of sexual debut has decreased, especially among females</td>
<td></td>
</tr>
<tr>
<td>HCT uptake is 50% lower than the national average among both sexes</td>
<td>Improve coverage of HCT services including use of mobile HCT clinics.</td>
</tr>
</tbody>
</table>
### 5.3.3 North West Zone

**Snapshot**

Table 4 and Figure 18 below present a “snapshot” of data from the North West Zone. See Table A9 for a full list of indicators for this zone.

<table>
<thead>
<tr>
<th></th>
<th>North West Zone Snapshot</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>HIV prevalence (ANC)</td>
</tr>
<tr>
<td>2</td>
<td>STI symptoms (NARHS)</td>
</tr>
<tr>
<td>3</td>
<td>Condom use with a non-marital partner (female, DHS)</td>
</tr>
<tr>
<td></td>
<td>Condom use with a non-marital partner (male, DHS)</td>
</tr>
<tr>
<td>4</td>
<td>HIV testing (female &amp; male, NARHS)</td>
</tr>
<tr>
<td>5</td>
<td>2+ partners (female, NARHS)</td>
</tr>
<tr>
<td></td>
<td>2+ partners (male, NARHS)</td>
</tr>
<tr>
<td>6</td>
<td>Sex with a non-marital partner (female &amp; male, DHS)</td>
</tr>
<tr>
<td>7</td>
<td>Transactional sex (female, NARHS)</td>
</tr>
<tr>
<td></td>
<td>Transactional sex (male, NARHS)</td>
</tr>
<tr>
<td>8</td>
<td>Median age at sexual debut (female, NARHS)</td>
</tr>
<tr>
<td></td>
<td>Median age at sexual debut (male, NARHS)</td>
</tr>
<tr>
<td>9</td>
<td>Reported knowledge of condoms (NARHS)</td>
</tr>
<tr>
<td>10</td>
<td>Knowledge that condoms protect against HIV (female &amp; male, DHS)</td>
</tr>
<tr>
<td>11</td>
<td>Knowledge that being faithful can reduce HIV risk (female, DHS)</td>
</tr>
<tr>
<td></td>
<td>Knowledge that being faithful can reduce HIV risk (male, DHS)</td>
</tr>
<tr>
<td>12</td>
<td>Knowledge that abstinence can reduce HIV risk (NARHS)</td>
</tr>
</tbody>
</table>
Figure 18: North West Zone Scatterplot

North West

Better than National

Casual sex males (DHS)
Casual sex males (NAHRS)
Casual sex females (DHS)
Casual sex females (NAHRS)
Transactional sex females
HIV Prev.

Deteriorating

Multiple Partners females
HIV Knowledge female
Condom use females (DHS)

Worse than National

Age @ sex males
Multiple Partners males
HIV Knowledge male
HIV testing males

Condom use males (DHS)

Improving

Condom use males (NAHRS)

Report STIs
HIV Knowledge male
HIV testing females
Changes in epidemiological, behavioral and knowledge indicators

In the North West zone there appears to be a downward trend in HIV prevalence among all States with the exception of Sokoto State, which appears to be experiencing high and rising prevalence. HIV prevalence in the North West is lower than the national average (2.3% versus 3.4%). The prevalence of self-reported sexually transmitted infections also decreased from 2003 to 2007 (absolute change of -0.8%), and is lower than the national average (6.5% versus 6.9%). Please see Figure 19.

Figure 19: North West Zone Epidemiological Indicators (ANC, NARHS)

Knowledge and behavioral indicators are presented in Figure 20.
Figure 20: North West Zone Behavioral and Knowledge Indicators

*DHS data is presented in columns; NARHS data is presented in line charts*
The percent of both females and males reporting two or more partners in the last 12 months increased from 2003 to 2007, although not substantially, particularly among females. Females in the North West are less likely to report this than females in the nation as a whole, although males are slightly more likely to report two or more partners (30.9% versus 27.3%). DHS and NARHS data agree that the proportion of females and males reporting a non-marital partner over the last 12 months has decreased. Less than 1% of females report this, and less than 5% of males report this. This is substantially lower than the national average among both sexes and is likely evidence of cultural differences between zones. Condom use at last sex with a non-marital partner among males has increased substantially, according to both DHS and NARHS datasets, although NARHS data is more optimistic (68.1% versus 51.4%). DHS data for females shows almost no change from 2003 to 2008 (slight decrease), and very low rates of condom use (23.4%). According to NARHS data, condom use among males in the North West is higher than the national average, and has increased more substantially over time (the high rate of increase holds in the DHS dataset too). This may be evidence of successful prevention programming in the region. Reported transactional sex has increased among males in the North West, although this has decreased among females. Both sexes report far lower levels of transactional sex than the national average. Transactional sex appeared to peak among males in 2005, and decrease again in 2007, which may highlight a problem of survey design. Median age of sexual debut decreased in the North West, particularly among males. Age of sexual debut among North West females is lower than the national average.

The proportion of both males and females reporting HIV testing increased from 2003 to 2007, although testing rates are only 50% of the national average for both sexes.

The proportion of females reporting HIV prevention knowledge (limiting sex to one uninfected partner and using condoms) in the North West has decreased slightly, is lower than the national average, and is much lower than the proportion of males reporting this. The proportion of males reporting HIV prevention knowledge has stayed about the same over time and is slightly lower than the national average. Reported knowledge of condoms is very low in the North West (45.4%) compared to the national average (71.3%), and has decreased slightly since 2003. As expected knowledge of condoms in rural areas is about half of what it is in urban areas (37.4% versus 69.9%). The percent of the North West population reporting that condom use can reduce the risk of HIV infection decreased slightly from 2003 to 2008, unlike the national average which increased. Females are far less likely to report that condom use can reduce the risk of HIV infection (46.4% versus 65.5%). NARHS and DHS data regarding the percent of the population that report limiting sex to one uninfected partner can reduce HIV risk is divergent. NARHS data reports a small increase from 2003 to 2007 (with a peak in 2005), whereas DHS data reports a small increase among females (absolute change of 6.4%) and a considerable decrease among males reporting the benefits of limiting sex to one uninfected partner (absolute change of -20.1%). NARHS data paints a more optimistic picture, although both datasets reveal that the North West population is less likely than the nation as a whole to report that limiting sex to one uninfected partner can decrease HIV risk. The percent of the population in the North West reporting abstinence as a method to reduce HIV risk increased from 2003 to 2005, but decreased substantially from 2005 to 2007 indicating a potential survey design problem.
Regardless, the population of the North West is far less likely to report that abstinence can reduce HIV risk than the general population.

### Evidence-based recommendations

<table>
<thead>
<tr>
<th>Issues</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of men who report two or more partners is still extremely high</td>
<td>A considerable proportion of households in the North West are polygamous. Reorient HIV prevention campaigns to be sensitive to cultural norms. Promote condom use in polygamous unions. Address multiple concurrent partnerships among mobile populations in border areas (stakeholder recommendation).</td>
</tr>
<tr>
<td>Both sexes report very low rates of condom use</td>
<td>Intensify COP programming alongside “Be Faithful” activities. Involve local Imams in promoting the benefits of condom use.</td>
</tr>
<tr>
<td>Both sexes report a relatively early age of sexual debut</td>
<td>Enhance AB programming among youth, highlighting the benefits of abstaining from sexual intercourse outside of marriage. Ensure AB programming among youth is complemented with appropriate COP programming, even among married youth, especially adolescent females.</td>
</tr>
<tr>
<td>Relatively low HCT uptake</td>
<td>Improve coverage of HCT services including use of mobile HCT clinics.</td>
</tr>
<tr>
<td>Knowledge is relatively low and decreasing for some indicators</td>
<td>Launch widespread HIV prevention awareness campaigns that are gender sensitive. Awareness-raising activities should focus on abstinence, being faithful, and the benefits of condom use.</td>
</tr>
</tbody>
</table>
5.3.4 South East Zone

Snapshot
Table 5 and Figure 21 below present a "snapshot" of data from the South East Zone. See Table A10 for a full list of indicators for this zone.

Table 5: South East Zone Snapshot

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>HIV prevalence (ANC)</td>
</tr>
<tr>
<td>2</td>
<td>STI symptoms (NARHS)</td>
</tr>
<tr>
<td>3</td>
<td>Condom use with a non-marital partner (female, DHS)</td>
</tr>
<tr>
<td></td>
<td>Condom use with a non-marital partner (male, DHS)</td>
</tr>
<tr>
<td>4</td>
<td>HIV testing (female &amp; male, NARHS)</td>
</tr>
<tr>
<td>5</td>
<td>2+ partners (female, NARHS)</td>
</tr>
<tr>
<td></td>
<td>2+ partners (male, NARHS)</td>
</tr>
<tr>
<td>6</td>
<td>Sex with a non-marital partner (female &amp; male, DHS)</td>
</tr>
<tr>
<td>7</td>
<td>Transactional sex (female, NARHS)</td>
</tr>
<tr>
<td></td>
<td>Transactional sex (male, NARHS)</td>
</tr>
<tr>
<td>8</td>
<td>Median age at sexual debut (female &amp; male, NARHS)</td>
</tr>
<tr>
<td>9</td>
<td>Reported knowledge of condoms (NARHS)</td>
</tr>
<tr>
<td>10</td>
<td>Knowledge that condoms protect against HIV (female, DHS)</td>
</tr>
<tr>
<td></td>
<td>Knowledge that condoms protect against HIV (male, DHS)</td>
</tr>
<tr>
<td>11</td>
<td>Knowledge that being faithful can reduce HIV risk (female &amp; male, DHS)</td>
</tr>
<tr>
<td>12</td>
<td>Knowledge that abstinence can reduce HIV risk (NARHS)</td>
</tr>
</tbody>
</table>
Figure 21: South East Zone Scatterplot

Better than National

Condom use males (DHS)

HIV Knowledge male

Age @ sex females

Multiple Partners males

Deteriorating

Transactual sex males

Casual sex females (NAHRS)

Worse than National

Casual sex females (DHS)

Condom use females (NAHRS)

HIV testing males

HIV testing females

Condom use females (DHS)

Transactual sex females

Casual sex males (NAHRS)

Multiple Partners females

Improving

HIV Prev.
Changes in epidemiological, behavioral and knowledge indicators

The South East zone appears to be an area of lower prevalence compared to neighbouring zones, though magnitude is high overall among both urban and rural sites and three of the five states have increasing trends and high magnitude prevalence (Abia, Anambra, and Imo States). Urban prevalence is 5.4%, whereas rural prevalence is 3.4%. Reported prevalence of sexually transmitted infections has increased to 5.2% (absolute change of 1.4%); although, this is lower than the national average. Please see Figure 22.

Figure 22: South East Zone Epidemiological Indicators (ANC, NARHS)

Knowledge and behavioral indicators are presented in Figure 23.
Figure 23: South East Zone Behavioral and Knowledge Indicators

*DHS data is presented in columns; NARHS data is presented in line charts*
The proportion of both females and males reporting sex with more than one partner over the last 12 months is slightly lower than the national average, and has decreased among females over time (absolute change of -2.3%). The proportion of males reporting sex with more than one partner increased to 26.2% (absolute change of 9.5%) from 2003 to 2007 (although decreased from 2003 to 2005). With respect to the proportion of the population reporting non-marital, non-cohabiting partners, NARHS and DHS data are conflicting. DHS data shows a decrease in the proportion of both females and males reporting this; NARHS data shows a decrease among males but an increase among females. NARHS data is more promising; DHS data indicates that a far larger proportion (nearly double) of the population have non-marital partners (both males and females). In general, both datasets agree that the population of the South East are more likely than the nation as a whole to report a non-marital partner in the last 12 months. Again, NARHS and DHS trend data are divergent with respect to condom use with last non-marital partner, although most recent statistics (NARHS 2007 and DHS 2008) show that the South East population is more likely to report condom use than the general population as a whole. Reported transactional sex decreased among females from 2003 to 2007, but increased from 2005 to 2007. Transactional sex among males increased over time (although decreased from 2005 to 2007). Rates of transactional sex in the South East are considerably higher than national averages. Median age of sexual debut has decreased among both females and males, although more so among females. Age of sexual debut in this zone is still higher than the national average.

Optimistically, rates of HIV testing in the South East far exceed the national averages for both females and males (almost double) and have increased over time. This may be an indication of HIV prevention programming success as the South East does have a relatively favourable number of HCT sites/10,000 people.

Knowledge of HIV prevention methods (limiting sex to one uninfected partner and using condoms) decreased slightly among males (absolute change of -3.1%) and increased substantially among females (absolute change of 12.9%). Knowledge in the South East is higher than the national average for both males and females. Percent reporting knowledge of condoms is high and has increased in the South East, particularly in rural areas – although urbanites are still more likely to report this knowledge. Almost all urbanites in the South East (91.5%) report knowledge of condoms compared to 84.2% of rural-dwellers – although this is still high compared to other zones. The proportion of females and males reporting that condom use can reduce the risk of HIV infection in the South East is higher than the national average, although there was some decrease in knowledge among males from 2003 to 2008 (absolute change of -3.4%). Gains among females have been considerable (absolute change of 17.3%). NARHS and DHS data show a high level of knowledge that limiting sex to one uninfected partner can reduce HIV infection risk, although NARHS data shows a slight decrease in knowledge from 2005 to 2007. DHS data shows very small gains, and both studies show higher rates of knowledge in the South East than in the nation as a whole. Equally, the proportion of the South East population that believe that abstinence can reduce the risk of infection is very high (nine of ten people believe this); however there was a small decrease from 2005 to 2007.
Knowledge of the benefits of abstinence is higher in the South East than in the country as a whole.

**Evidence-based recommendations**

<table>
<thead>
<tr>
<th>Issues</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increasing levels of reported multiple sexual partnerships</td>
<td>Intensify &quot;abstinence and be faithful&quot; programming in the South East among both sexes.</td>
</tr>
<tr>
<td>Relatively high levels of reported casual / high-risk sexual partnerships</td>
<td>Research drivers of high levels of transactional sex in this zone (e.g., mobility, wide income gaps) and enhance both AB and COP programming in border areas, regions of high mobility, and on transport routes.</td>
</tr>
<tr>
<td>Relatively high prevalence of transactional sex</td>
<td>Launch widespread HIV prevention awareness campaigns that are gender sensitive and involve males. Awareness-raising activities should focus on abstinence, being faithful, and the benefits of condom use.</td>
</tr>
<tr>
<td>Decrease in HIV prevention knowledge among males from 2003 to 2008</td>
<td></td>
</tr>
</tbody>
</table>
### 5.3.5 South West Zone

#### Snapshot

Table 6 and Figure 24 below present a “snapshot” of data from the South West Zone. See Table A11 for a full list of indicators for this zone.

#### Table 6: South West Zone Snapshot

<table>
<thead>
<tr>
<th></th>
<th>Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>HIV prevalence (ANC)</td>
</tr>
<tr>
<td>2</td>
<td>STI symptoms (NARHS)</td>
</tr>
<tr>
<td>3</td>
<td>Condom use with a non-marital partner (female, DHS)</td>
</tr>
<tr>
<td></td>
<td>Condom use with a non-marital partner (male, DHS)</td>
</tr>
<tr>
<td>4</td>
<td>HIV testing (female &amp; male, NARHS)</td>
</tr>
<tr>
<td>5</td>
<td>2+ partners (female &amp; male, NARHS)</td>
</tr>
<tr>
<td>6</td>
<td>Sex with a non-marital partner (female &amp; male, DHS)</td>
</tr>
<tr>
<td>7</td>
<td>Transactional sex (female, NARHS)</td>
</tr>
<tr>
<td></td>
<td>Transactional sex (male, NARHS)</td>
</tr>
<tr>
<td>8</td>
<td>Median age at sexual debut (female &amp; male, NARHS)</td>
</tr>
<tr>
<td>9</td>
<td>Reported knowledge of condoms (NARHS)</td>
</tr>
<tr>
<td>10</td>
<td>Knowledge that condoms protect against HIV (female, DHS)</td>
</tr>
<tr>
<td></td>
<td>Knowledge that condoms protect against HIV (male, DHS)</td>
</tr>
<tr>
<td>11</td>
<td>Knowledge that being faithful can reduce HIV risk (female &amp; male, DHS)</td>
</tr>
<tr>
<td>12</td>
<td>Knowledge that abstinence can reduce HIV risk (NARHS)</td>
</tr>
</tbody>
</table>
Figure 24: South West Zone Scatterplot

South West

- Condom use males (DHS)
- Condom use males (NAHRS)
- Transact sex males
- HIV testing females
- HIV knowledge males
- Report STIs HIV Prev.
- Condom use females (NAHRS)
- Transact sex females
- HIV testing males
- Casual sex females (DHS)
- Casual sex males (NAHRS)
- Casual sex males (DHS)
- Age @ sex females
- Multiple Partners males
- Multiple Partners females
- HIV Knowledge male
- HIV Knowledge female
- Condom use females (DHS)
Changes in epidemiological, behavioral and knowledge indicators
The South West zone has a stable, low magnitude HIV epidemic, which has been consistently lower than the national prevalence over time. The South West hosts a larger number of HIV positive individuals per square kilometer than any other zone. The prevalence of self-reported sexually transmitted infections has also decreased over time (although there was an increase from 2003 to 2005), and is lower than the national average. Please see Figure 25 below.

Figure 25: South West Zone Epidemiological Indicators (ANC, NARHS)

Knowledge and behavioral indicators are presented in Figure 26.
Figure 26: South West Zone Behavioral and Knowledge Indicators

*DHS data is presented in columns; NARHS data is presented in line charts
The percent of females and males reporting sex with more than one partner in the last 12 months has increased from 2003 to 2007, and is higher than the national average among both sexes. NARHS data shows a decrease in the percent of the South West population reporting sex with a non-marital, non-cohabiting partner in the last 12 months, however NARHS data shows an increase among females (and a slight decrease among males). NARHS data indicates a lower proportion of the population reporting non-marital sexual relationships in 2007 as does 2008 DHS data. Both datasets indicate that the South West population is more likely to report a non-marital partner than the nation as a whole. Recent DHS and NARHS data show similar rates of condom use at last sex with a non-marital partner among females (just over one-third) and males (nearly two-thirds), and these rates are slightly higher than national averages. DHS data for males shows a slight decrease over time, whereas NARHS data shows a slight increase (with a peak in 2005). Both datasets show an increase among females, although NARHS data shows a more substantial change over time (again with a peak in 2005). Reported transactional sex has decreased among both females and males (2003 to 2007), although more substantially among females. Rates of transactional sex among females in the South West are higher than the national average and rates of transactional sex among males are lower than the national average. Higher incomes on Lagos Island may be driving the high rate of multiple sexual partners, and particularly the prevalence of transactional sex, and intergenerational sex (13.2% among women in 2007 (Multiple Indicator Cluster Survey (MICS) 2007). Median age of sexual debut has decreased over time among both sexes; sexual debut among females is higher than the national average.

Rates of HIV testing in the South West are on par with the national average and there are no differences between genders.

Reported knowledge of HIV prevention methods (limiting sex to one uninfected partner and using condoms) has decreased slightly from 2003 to 2008 among both sexes in South West zone. Knowledge is relatively on par with the national averages for both sexes. Reported knowledge of condoms has also decreased slightly from 2003 to 2007, although there were small gains in rural areas. Knowledge of condoms is very high in urban areas at 92.1%, although this has decreased from 95.2% in 2003. The proportion of females and males in the South West that believe that condoms can reduce the risk of HIV infection is slightly higher than national averages. Modest gains can be seen among females from 2003 to 2008 (absolute change of 2.6%), with almost no change among males (absolute change of -0.7%). DHS data indicate small losses in the proportion of the population who report that limiting sex to one uninfected partner can reduce HIV risk, with the South West population showing scores similar to national averages for both sexes. NARHS data show small gains (absolute change of 3.8%) and a slightly higher level of knowledge (88.8% versus 67.3% among females and 81.5% among males). A smaller proportion of the population reported that abstinence can reduce HIV infection risk in 2007 as compared to 2003, although the population in the South West was slightly more likely to report this than the nation as a whole.
### Evidence-based recommendations

<table>
<thead>
<tr>
<th>Issue</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>High and increasing levels of multiple sexual partnerships</td>
<td>Intensify “abstinence and be faithful” programming in the South West among both sexes.</td>
</tr>
<tr>
<td>Relatively high levels of reported casual / high-risk sex</td>
<td>Research drivers of high levels of transactional sex in this zone (e.g., mobility, wide income gaps) and enhance both AB and COP programming in border areas, regions of high mobility, and on transport routes.</td>
</tr>
<tr>
<td>High prevalence of transactional sex among females</td>
<td>Launch widespread HIV prevention awareness campaigns that are gender sensitive. Awareness-raising activities should focus on abstinence, being faithful, and the benefits of condom use.</td>
</tr>
<tr>
<td>Reported knowledge of HIV prevention methods (limiting sex to one uninfected partner and using condoms) has decreased slightly from 2003 to 2008 among both sexes</td>
<td></td>
</tr>
</tbody>
</table>
5.3.6 South South Zone

Snapshot

Table 7 and Figure 27 below present a “snapshot” of data from the South South Zone. See Table A12 for a full list of indicators for this zone.

Table 7: South South Zone Snapshot

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>HIV prevalence (ANC)</td>
</tr>
<tr>
<td>2</td>
<td>STI symptoms (NARHS)</td>
</tr>
<tr>
<td>3</td>
<td>Condom use with a non-marital partner (female &amp; male, DHS)</td>
</tr>
<tr>
<td>4</td>
<td>HIV testing (female &amp; male, NARHS)</td>
</tr>
<tr>
<td>5</td>
<td>2+ partners (female, NARHS)</td>
</tr>
<tr>
<td></td>
<td>2+ partners (male, NARHS)</td>
</tr>
<tr>
<td>6</td>
<td>Sex with a non-marital partner (female &amp; male, DHS)</td>
</tr>
<tr>
<td>7</td>
<td>Transactional sex (female &amp; male, NARHS)</td>
</tr>
<tr>
<td>8</td>
<td>Median age at sexual debut (female, NARHS)</td>
</tr>
<tr>
<td></td>
<td>Median age at sexual debut (male, NARHS)</td>
</tr>
<tr>
<td>9</td>
<td>Reported knowledge of condoms (NARHS)</td>
</tr>
<tr>
<td>10</td>
<td>Knowledge that condoms protect against HIV (female &amp; male, DHS)</td>
</tr>
<tr>
<td>11</td>
<td>Knowledge that being faithful can reduce HIV risk (female, DHS)</td>
</tr>
<tr>
<td></td>
<td>Knowledge that being faithful can reduce HIV risk (male, DHS)</td>
</tr>
<tr>
<td>12</td>
<td>Knowledge that abstinence can reduce HIV risk (NARHS)</td>
</tr>
</tbody>
</table>
Figure 27: South South Zone Scatterplot
Changes in epidemiological, behavioral and knowledge indicators

The South-South zone has the highest HIV prevalence in Nigeria (7.0%), in both urban (7.1%) and rural strata (4.0%). Level and increasing trends are seen across all States. The dangerous reputation of South-South may be may be contributing to a reduction in HIV prevention resources allocated to the zone, which may be resulting in higher than average prevalence. However, the prevalence of self-reported sexually transmitted infections decreased from 2003 to 2007 (although increased slightly from 2005 to 2007). Rates of STIs are higher in the South-South than in the general population of Nigeria. See Figure 28.

Figure 28: South South Zone Epidemiological Indicators (ANC, NARHS)

Knowledge and behavioral indicators are presented in Figure 29.
**Figure 29: South South Zone Behavioral and Knowledge Indicators**

* DHS data is presented in columns; NARHS data is presented in line charts.
The proportion of the South-South population reporting two or more sexual partners in the last 12 months decreased from 2005 to 2007, particularly among males (absolute change of -10.4). While males in the South-South are about half as likely to report two or more partners in the last 12 months than males in Nigeria as an entirety, females are twice as likely to report multiple sexual partners. Regarding sex with a non-marital, non-cohabiting partner, NARHS and DHS data is divergent. NARHS data indicates an increase in the proportion of males and females reporting this, but lower rates of partnership. DHS data indicates a decrease and considerably higher rates of partnership. Both datasets show that the South-South population is far more likely to report sex with a non-marital partner than the general population. Most recent data on condom use with non-marital partners is similar (2007 NARHS and 2008 DHS) for both females and males, with condom use among both sexes lower than national averages. NARHS data shows a decrease in condom use over time, while DHS data shows an increase over time. Reported transactional sex decreased both among females and males, although rates of transactional sex in South-South are very high and much higher than national averages for both sexes. This could be a result of employment migration from the South East and South West to the South-South for work at oil companies. Also, the Nigeria Delta crisis has affected the social protection of youth, and may have led to increases in coercive sexual practices involving young women. Median age of sexual debut decreased among both females and males from 2003 to 2007, and is approximate to national averages (lower among males).

Rates of HIV testing in South-South are higher than national averages for both sexes; females are slightly more likely to report HIV testing than males and change over time has been better among females. This may indicate successful prevention programming.

Knowledge of HIV prevention methods (limiting sex to one uninfected partner and using condoms) has increased among females and is considerably higher than the national average; there are no zonal data for males. Reported knowledge of condoms is high in the South-South compared to national levels, and expectedly higher in urban areas (92.5%) than rural areas (86%). Knowledge has increased over time (absolute change of 9.6%). Both females and males in the South-South are more likely to report that condom use can reduce the risk of HIV infection than Nigerians generally (especially females), and rates of knowledge in the South-South have increased over time. According to DHS data, knowledge that limiting sex to one uninfected partner has increased over time, particularly among females. Knowledge among females is higher than the national average, although knowledge among males is lower than the national average. NARHS reports higher levels of knowledge (86.0%) but a slight decrease from 2003 to 2007 (absolute change of -6.9%). This indicates some prevention programming success especially among females. Knowledge of abstinence as a method of reducing the risk of HIV infection have decreased slightly over time in the South-South but are higher than national levels at 80.6% (absolute change of -0.8%).
<table>
<thead>
<tr>
<th>Issue</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>High prevalence of multiple sexual partnerships and casual/high-risk sex, including transactional sex. Females in the South-South are far more likely to report this than Nigerians generally.</td>
<td>Intensify “abstinence and be faithful” programming in the South West among both sexes. Research drivers of high levels of transactional sex in this zone (e.g., mobility, wide income gaps) and enhance both AB and COP programming in border areas, transport routes, tourist zones, military camps and, hard-to-reach areas, e.g. river communities (<em>stakeholder recommendation</em>).</td>
</tr>
<tr>
<td>Low levels of reported condom use</td>
<td>Intensify COP programming alongside “Be Faithful” activities.</td>
</tr>
<tr>
<td>South-South receives comparatively limited HIV prevention support due to political situation. However, the amnesty granted to militants and intensified efforts of oil companies in the region, is leading to higher rates of transactional sex.</td>
<td>Scale up COP interventions in this zones, slowly and safely (<em>stakeholder recommendation</em>).</td>
</tr>
</tbody>
</table>
5.4 Youth

Snapshot
Table 8 presents a snapshot of youth data. These data were scored on a red, yellow and green scale, as explained above. First youth data were scored as improving or worsening over time, and second, youth data were compared to national indicators (all ages) to see if they were better or worse. See Table A13 for a full list of indicators for this zone.

<table>
<thead>
<tr>
<th></th>
<th>Youth Snapshot⁹</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>HIV prevalence</td>
</tr>
<tr>
<td>2</td>
<td>Self-reported STI symptoms, NARHS (15-19)</td>
</tr>
<tr>
<td>3</td>
<td>Self-reported STI symptoms, NARHS (20-24)</td>
</tr>
<tr>
<td>4</td>
<td>Youth reporting condom use at last high-risk sex (female, DHS)</td>
</tr>
<tr>
<td>5</td>
<td>Ever HIV testing (15-19, NARHS)</td>
</tr>
<tr>
<td>6</td>
<td>Ever HIV testing (20-24, male, NARHS)</td>
</tr>
<tr>
<td>7</td>
<td>Ever HIV testing (20-24, female, NARHS)</td>
</tr>
<tr>
<td>8</td>
<td>High risk sex in last 12 months (female, DHS)</td>
</tr>
<tr>
<td>9</td>
<td>High risk sex in last 12 months (male, DHS)</td>
</tr>
<tr>
<td>10</td>
<td>2+ partners in last 12 months (15-19, DHS)</td>
</tr>
<tr>
<td>11</td>
<td>2+ partners in last 12 months (20-24, male, DHS)</td>
</tr>
<tr>
<td>12</td>
<td>Knowledge of condoms (15-19, NARHS)</td>
</tr>
<tr>
<td>13</td>
<td>Knowledge of condoms (20-24, NARHS)</td>
</tr>
<tr>
<td>14</td>
<td>Knowledge that condom use can reduce HIV risk (15-19, DHS)</td>
</tr>
<tr>
<td>15</td>
<td>Knowledge that condom use can reduce HIV risk (20-24, DHS)</td>
</tr>
<tr>
<td>16</td>
<td>Knowledge that abstinence can reduce HIV risk (15-19, NARHS)</td>
</tr>
<tr>
<td>17</td>
<td>Knowledge that abstinence can reduce HIV risk (20-24, NARHS)</td>
</tr>
</tbody>
</table>

Compared to all ages/national data, or all ages/regional data where available

Changes in epidemiological, behavioral and knowledge indicators
HIV prevalence among youth appears to have declined slightly over time to 3.1% in 2008 (ANC), although South-South is showing increases in HIV prevalence over time (absolute change of 0.7%): see Figures 30 and 31. Urban prevalence is higher at 3.5%; and prevalence in the South-South is the highest regionally at 7.3%. Prevalence among youth is lowest in the South West at 1.0%.

Figure 30:

⁹ See Table A5 for more indicators.
The prevalence of self-reported STIs has increased among youth aged 20-24 (absolute change of 1.5%), but has decreased slightly among youth aged 15-19 (absolute change of -0.3%). **Self-reported STIs are higher among youth than the general populace.**
“Abstinence and Be faithful” (AB) behavior and knowledge indicators are presented in Figure 32 below; “Condoms and Other Prevention” (COP) behavior and knowledge indicators are presented in Figure 33.
Figure 32: Youth “AB” Behavioral and Knowledge Indicators

*DHS data is presented in columns; NARHS data is presented in line charts*
Figure 33: Youth “COP” Behavioral and Knowledge Indicators

*DHS data is presented in columns; NARHS data is presented in line charts*
Male youth are far more likely to report sex with a non-marital, non-cohabiting partner in the last 12 months (78.7% versus 28.9%); change over time has been minimal. Equally, male youth are far more likely than female youth to report two or more sexual partners in the last 12 months, with males aged 20-24 most likely to report this (18.2% versus 2.0% of females of the same age) although data among females in the South is not available. The proportion of 15-19 year olds reporting multiple sexual partnerships increased substantially from 2003 to 2008 among both females (absolute change of 1.4%) and males (absolute change of 9.6). The proportion of 20-24 year old females reporting multiple sexual partnerships has decreased over time (absolute change of -1.8%), though for males, the opposite is true (absolute change of 6.0%).

DHS and NARHS report on multiple condom use indicators. DHS data on the percent of young never-married people who report condom use at last sex shows an increase from 2003 to 2008, although condom use is still low, especially among females at 35.5% (absolute change of 11.5%). Condom use at last sex with a non-marital partner appears to be similar among youth and adults reporting non-marital partners in the last 12 months (female youth are slightly more likely to report condom use than Nigerians generally, and male youth are slightly less likely to report this), and changes over time are in line with national all-ages values. 2007 NARHS data shows similar levels of condom use among female and male youth as DHS data, but indicate a drop in reported condom use among females and males aged 20-24 (with reported condom use peaking in all youth age groups in 2005). The most substantial gains have been among females aged 15-19. Trend data on intergenerational sex is not available; however, the 2007 Multiple Indicator Cluster Survey found that between 13.2% (South West) and 60.6% (North West) of female youth aged 15-19 reported sex with a man 10 years or more their senior in the last 12 months, as compared to the national average of 33.3%.

HIV testing increased considerably from 2003 to 2007, especially among females. Youth aged 20-24 are twice as likely to report HIV testing than youth aged 15-19 (approximately 14% versus 7%).

DHS and NARHS HIV prevention knowledge data are similar. DHS data shows an increase in knowledge of HIV prevention methods (limiting sex to one uninfected partner and using condoms) among youth over time, with the most substantial gains among youth aged 15-19. Females generally report poor knowledge than males (with less than 50% reporting knowledge compared to 60-70% of males, depending on age). Youth aged 15-19 are less likely to hold HIV prevention knowledge than Nigerians generally, although youth aged 20-24 report better knowledge. The percent of youth reporting knowledge of condoms has increased overall, although only slightly, and a decrease in knowledge is apparent from 2005-2007. Urban youth are better off than rural youth, with 89.9% of 20-24 urbanites reporting knowledge of condoms. DHS data regarding the percent of youth reporting that condom use can reduce the risk of HIV infection are more positive, and show positive gains among all age groups over time, with the largest gains among females. The percent of youth reporting knowledge that limiting sex to one uninfected partner can reduce HIV risk has increased among female and male youth, according to both DHS and NARHS datasets. NARHS data shows slightly higher levels of knowledge than DHS data. From 2003 to 2007, the proportion of youth reporting that abstinence can reduce the
risk of HIV infection has increased, although to a lesser extent than it has among the general (all ages) population.

Limited and incomplete programmatic data were made available for youth, and therefore very limited impact analyses are possible. The PEPFAR-specific triangulation question focused on the impact of PEPFAR AB programming among youth. Data on the number of youth reached with community outreach promoting AB is presented in Figure 34. Data should be interpreted with caution as they are likely to be incomplete; however, it appears that the number of youth reached in the Southern zones (South East, South West and South South) have decreased substantially since 2007. Still, programs in the South West zone appear to be reaching the largest number of youth which has the second largest population relative to other zones.\(^1\)

![Figure 34: Number of youth reached with PEPFAR-funded community outreach HIV/AIDS programs that promote abstinence and/or being faithful, by zone and year](image)

Unfortunately, there are no comparable zonal-level behavioral or knowledge data for this timeframe, so it not possible to look at programmatic outputs at the zonal level against outcome variables. Figure 35 below show the total number of youth reached by AB programs, and the most recently available AB youth data.

\(^{10}\) According to the 2006 census, the South West region’s population was the second highest at 27.5 million. The North West population was the highest at 32.5 million.
Figure 35: Number of youth reached by PEPFAR-funded AB outreach programs and related 2008 DHS knowledge and behavior indicators

Despite the lack of data, stakeholders made several insightful comments, highlighting the paucity of interventions for youth in the South-South as well as a lack of programming in the rural areas of the South East. Additionally, stakeholders suggested that there was overlap of programming in the South West, particularly in Lagos.

Evidence-based recommendations

<table>
<thead>
<tr>
<th>Issues</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>High levels of STIs</td>
<td>Train community health care workers to be able to better identify symptoms of STIs, and syndromically treat STIs.</td>
</tr>
<tr>
<td></td>
<td>Extend and improve linkages and referral systems between STI services, reproductive health services and HCT clinics.</td>
</tr>
<tr>
<td></td>
<td>Build STI awareness among youth.</td>
</tr>
<tr>
<td>High levels of multiple sexual partnerships among male youth, and increasing multiple sexual partnerships among youth aged 15-19</td>
<td>Intensify “abstinence and be faithful” programming in the South West among both sexes. Better sensitize and involve male youth in reproductive health interventions.</td>
</tr>
<tr>
<td>Low condom use, especially among females</td>
<td>Intensify COP programming alongside “Be Faithful” activities.</td>
</tr>
<tr>
<td>High reported intergenerational sex and early sexual debut</td>
<td>Pilot awareness-raising campaigns highlighting the dangers of underage sex / early sexual debut, and inter-generational sex, on sexual and reproductive health functioning.</td>
</tr>
<tr>
<td><strong>Issues (continued)</strong></td>
<td><strong>Recommendations (continued)</strong></td>
</tr>
<tr>
<td>------------------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>HCT uptake is low among youth aged 15-19</td>
<td>Improve awareness of the benefits of HIV testing among school-aged youth. Improve coverage of HCT services including use of mobile HCT clinics.</td>
</tr>
<tr>
<td>HIV prevention knowledge is low among females and those aged 15-19, comparatively</td>
<td>Launch widespread HIV prevention awareness campaigns in schools and in the community that are gender sensitive. Awareness-raising activities should focus on abstinence, being faithful, and the benefits of condom use.</td>
</tr>
</tbody>
</table>
5.5 Most-at-risk populations

The DATE triangulation question aims to unravel the impact of HIV prevention activity in Nigeria among the general population and among most-at-risk populations (MARPs), including female sex workers, transport workers, uniformed service personnel (armed forces and police) and men who have sex with men.

Few and incomplete programmatic data were received from PEPFAR implementing partners regarding coverage of services to MARPs. Figure 36 below shows available data regarding the number of MARPs (overall) reached by individual or small group interventions. Caution should be taken in interpreting findings as data are likely to be incomplete.

**Figure 36: Number of MARP reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards required, by zone* (2005-2009)**

Few epidemiological, behavioral and knowledge data exist for each of these populations, especially among transport workers, uniformed service personnel and men who have sex with men. Data from behavioral surveillance studies (BSS) is prioritized in the discussion below. Data in the “snapshot” sections, like above, is not comprehensive. More comprehensive data is presented in Table A14.
5.5.1 Female sex workers

Snapshot
Table 9 below presents a “snapshot” of data among female sex workers (FSWs).

Table 9: FSW snapshot

<table>
<thead>
<tr>
<th></th>
<th>HIV prevalence among FSWs (brothel-based)</th>
<th>37.4</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HIV prevalence among FSWs (non brothel-based)</td>
<td>30.2</td>
<td>2007</td>
</tr>
<tr>
<td>1</td>
<td>Self reported STIs among FSWs (brothel-based)</td>
<td>+13.0%</td>
<td>2005-07</td>
</tr>
<tr>
<td></td>
<td>Self reported STIs among FSWs (non brothel-based)</td>
<td>+13.6%</td>
<td>2005-07</td>
</tr>
<tr>
<td>2</td>
<td>FSWs reporting condom use with most recent client (brothel-based)</td>
<td>+18.5%</td>
<td>2000-2007</td>
</tr>
<tr>
<td></td>
<td>FSWs reporting condom use with most recent client (non brothel-based)</td>
<td>+4.7%</td>
<td>2005-07</td>
</tr>
<tr>
<td>3</td>
<td>FSWs reporting HIV testing (brothel-based)</td>
<td>+17.8%</td>
<td>2000-2007</td>
</tr>
<tr>
<td></td>
<td>FSWs reporting HIV testing (non brothel-based)</td>
<td>-19.6%</td>
<td>2000-2007</td>
</tr>
</tbody>
</table>

*Change over time ONLY (2 dimensional: red or green)
**Although numbers are increasing, these indicators are worsening (see indicator definition)

Changes in epidemiological, behavioral and knowledge indicators

Key epidemiological, behavioral and knowledge indicators are presented in Figure 37. *HIV prevalence among FSWs is about ten times that of the general population* and this is fairly consistent across various studies, states, and regions whether brothel or non-brothel based. However, HIV prevalence appears to be higher among brothel-based sex workers in Nigeria (p<0.001).

Figure 37: Key indicators for brothel-based female sex workers

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11 In the snapshot box, percentages in the shaded red and green boxes indicate change over time. Where no trend data are available (i.e. HIV prevalence), the statistic from the 2007 bio-BSS is given.
The 2007 national bio-behavioral surveillance survey shows relatively low syphilis prevalence (1.3% among brothel-based FSWs and 0.5% among non-brothel-based FSWs) but relatively high and increasing rates of STIs. A smaller study among Lagos-based FSWs has shown much higher syphilis prevalence and very high rates of self-reported STIs (21.2% and 51.6%, respectively, Oyefara et al, 2007). Reported condom use with most recent client is high (>95%) and increasing, showing substantial gains in knowledge among this group; however condom use at last sex with a regular sexual partner is only 32.2% among brothel-based FSWs and 24.9% among non-brothel-based FSWs. Importantly, regular partners may be previous clients or pimps. Brothel-based FSWs are more than three times higher than those in the general population to report HIV testing indicating HIV prevention intervention success. HIV testing among brothel-based FSWs increased from 31.2% in 2000 to 49.0% in 2007; however, there was a decrease among this group from 2005-2007. HIV testing among non-brothel based FSWs is lower at 33.2% and appears to be decreasing. Non-brothel-based FSWs are a very hard to reach group although HIV testing among this population is still twice as high as in the general population.

Stakeholders noted the following program challenges:

- FSWs are extremely mobile, making mapping of this population, and programming challenging;
- Some clients offer more money for unprotected sex which makes adherence to safe sex rules difficult among women with little or no other income;
- Despite international best practice, there are few examples of sustainable income generating activities for FSWs;
- Poor funding impairs program sustainability.

### Evidence-based recommendations

<table>
<thead>
<tr>
<th>Issue</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>High and increasing rates of self-reported STIs</td>
<td>Improve STI services for sex workers and ensure adequate referral systems are in place in brothels where feasible. Pilot, monitor, document and disseminate novel approaches of working with community gate-keepers. Client-centered interventions are also recommended. Pilot income-generating activities for FSWs who desire to leave the trade but are unable to do so (stakeholder recommendation).</td>
</tr>
<tr>
<td>Low condom use with non-commercial partners</td>
<td>Target COP programming for FSWs to condom use with all partners, regardless of whether they are “clients”, regular casual partner, boyfriends or husbands.</td>
</tr>
<tr>
<td>HIV testing among non-brothel based FSWs appears to be decreasing</td>
<td>Ensure sex workers have access to HCT services, including mobile HCT services, and BCC materials in HCT clinics (stakeholder recommendation). Link HCT services with STI services and general reproductive healthcare.</td>
</tr>
</tbody>
</table>
5.5.2 Transport Workers

Snapshot
Table 10 below presents a “snapshot” of data among transport workers (TWs).

Table 10: TW snapshot

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Percentage</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>HIV prevalence among TWs</td>
<td>3.7%</td>
<td>2007</td>
</tr>
<tr>
<td>2</td>
<td>Self-reported STIs among TWs</td>
<td>5.7%</td>
<td>2007</td>
</tr>
<tr>
<td>3</td>
<td>2+ sexual partners in last 12 months</td>
<td>37.9%</td>
<td>2007</td>
</tr>
<tr>
<td>4</td>
<td>Condom use at last sex with a casual sex partner</td>
<td>58.4%</td>
<td>2007</td>
</tr>
<tr>
<td>5</td>
<td>Sex with a FSW</td>
<td>3.8%</td>
<td>2007</td>
</tr>
<tr>
<td></td>
<td>Sex with a FSW (long-distance TWs)</td>
<td>+3.8%**</td>
<td>2000-05</td>
</tr>
<tr>
<td>6</td>
<td>HIV testing</td>
<td>25%</td>
<td>2007</td>
</tr>
<tr>
<td></td>
<td>HIV testing (long-distance TWs)</td>
<td>16.4%</td>
<td>2000-05</td>
</tr>
</tbody>
</table>

*Change over time ONLY (2 dimensional: red or green)
**Although numbers are increasing, these indicators are worsening (see indicator definition)

Epidemiological, behavioral and knowledge indicators

According to the most recent bio-BSS data, HIV prevalence among transport workers is roughly the same as in the general population; however, a smaller study among motorcycle drivers found prevalence to be 16.4% (Villalba-Diebold et al, 2008). Syphilis prevalence is relatively high among this group at 1.7%, although prevalence of self-reported STIs is slightly lower than the national average (but increasing). Over one-third of transport workers report multiple sexual partners in the last 12 months, which is higher than among Nigerian males generally (27.3%). 2007 BSS data indicates that only 3.8% of transport workers report sex with a FSW, a considerable improvement from 2005. Condom use at last casual sex is on par with national level indicators. One-quarter of transport workers report HIV testing, but there was no improvement in testing uptake among this group between 2005 and 2007. Stakeholders noted a research gap among long-distance transport workers.

Evidence-based recommendations

<table>
<thead>
<tr>
<th>Issues</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>High prevalence of multiple concurrent partnerships</td>
<td>Develop BCC materials addressing the risks of multiple concurrent partnerships.</td>
</tr>
<tr>
<td></td>
<td>Continue/expand COP programming for transport workers in high-density corridors.</td>
</tr>
<tr>
<td>No improvement in HCT uptake over time among TWs</td>
<td>Improve awareness of the benefits of HCT and available services along transport corridors.</td>
</tr>
</tbody>
</table>
5.5.3 Uniformed Service Personnel

Snapshot
Table 11 below presents a “snapshot” of data among uniformed service personnel (USP).

Table 11: USP Snapshot

<table>
<thead>
<tr>
<th></th>
<th>HIV prevalence among USP (armed forces)</th>
<th></th>
<th>HIV prevalence among USP (police)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3.1%</td>
<td>2007</td>
<td>3.5%</td>
<td>2007</td>
</tr>
<tr>
<td>2</td>
<td>Self-reported STIs among USP (armed forces)</td>
<td>6.0%</td>
<td>2007</td>
<td>Self-reported STIs among USP (police)</td>
</tr>
<tr>
<td>3</td>
<td>2+ partners in last 12 months (armed forces)</td>
<td>37.3%</td>
<td>2007</td>
<td>2+ partners in last 12 months (police)</td>
</tr>
<tr>
<td>4</td>
<td>Sex with a FSW (armed forces)</td>
<td>4.7%</td>
<td>2007</td>
<td>Sex with a FSW (police)</td>
</tr>
<tr>
<td>5</td>
<td>Condom use at last sex with a non-marital partner (armed forces)</td>
<td>81.8%</td>
<td>2007</td>
<td>Condom use at last sex with a non-marital partner (police)</td>
</tr>
<tr>
<td>6</td>
<td>HIV testing among USP (armed forces)</td>
<td>+4.2%</td>
<td>2005-07</td>
<td>HIV testing among USP (police)</td>
</tr>
</tbody>
</table>

*Change over time ONLY (2 dimensional: red or green)
**Although numbers are increasing, these indicators are worsening (see indicator definition)

Epidemiological, behavioral and knowledge indicators
HIV prevalence among uniformed service personnel is similar to the national median. HIV prevalence is slightly higher among police. Syphilis prevalence is low, but is also higher among police than the armed forces (1.0% versus 0.5%). The prevalence of self-reported STIs is slightly below the national average, although again, slightly higher among police than the armed forces. Reported multiple sexual partnerships in the last 12 months is high among all uniformed service personnel although, it is higher among members of the armed forces than the police. Also, male armed forces personnel are more likely than policemen to report sex with a FSW in the last 12 months. However, members of the armed forces are more likely to report condom use at last sex with a non-marital partner than both Nigerians generally, and policemen and police women. Condom use among uniformed service personnel appears to have increased over time, especially among members of the armed forces. Female uniformed service personnel are less likely to report condom use than male uniformed service personnel. HCT uptake is very high among members of the armed services at 76.1% - and this is increasing over time. HIV testing uptake among police appears to be decreasing, but is still more than twice that of the general population at 38%. Data indicate stronger prevention efforts among the armed forces than the police.

Stakeholders noted that there are no epidemiological, behavioral or programmatic data on para-military, including customs and border patrol officers, the Civil Defense Corps, etc., and that research should be carried out to explore HIV risk among these groups.
## Evidence-based recommendations

<table>
<thead>
<tr>
<th>Issues</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple concurrent partnerships</td>
<td>Develop BCC materials targeting members of the armed forces (and police) highlighting the risks of multiple concurrent partnerships, and high-risk sexual partnerships.</td>
</tr>
<tr>
<td>Decreasing HCT uptake among police</td>
<td>Catalogue and utilize “best practice” in HIV prevention among the armed forces and re-orient this for police.</td>
</tr>
<tr>
<td>HIV prevention gains are higher among members of the armed forces than among policemen and policewomen</td>
<td></td>
</tr>
<tr>
<td>USP operate in a distinct environment where females and males work and live in close proximity, and where gender sensitivity is stereotypically, less than in the general environment</td>
<td>Address gender issues in AB and COP programming for USP. Ensure that messages are relevant to males and females and consider the power dynamics in the workplace. AB prevention programs, particularly among the military, should also address issues of mobility and distance from loved ones.</td>
</tr>
</tbody>
</table>
5.5.4 Men who have sex with men

Snapshot
Table 12 presents a snapshot of data among men who have sex with men (MSM). There are no trend data for MSM; all data in “snapshot table” are from the 2007 bio-BSS. A more complete set of data is in the Appendix to this report.

Table 12: MSM Snapshot

<table>
<thead>
<tr>
<th></th>
<th>HIV prevalence among MSM</th>
<th>13.5%</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Self-reported STIs among MSM</td>
<td>6.9%</td>
</tr>
<tr>
<td>3</td>
<td>Sold sex to a man in last 6 months</td>
<td>32.7%</td>
</tr>
<tr>
<td></td>
<td>Bought sex from a man in last 6 months</td>
<td>14.3%</td>
</tr>
<tr>
<td></td>
<td>Bought sex from a woman in last 12 months</td>
<td>5.6%</td>
</tr>
<tr>
<td>4</td>
<td>Condom use at last sex with a commercial partner</td>
<td>47.1%-58.0%</td>
</tr>
<tr>
<td></td>
<td>Condom use at last sex with a non-commercial partner</td>
<td>52.8%</td>
</tr>
<tr>
<td>5</td>
<td>HIV testing among MSM</td>
<td>34.0%</td>
</tr>
</tbody>
</table>

*Change over time ONLY (2 dimensional: red or green)
**Although numbers are increasing, these indicators are worsening (see indicator definition)

Epidemiological, behavioral and knowledge indicators

HIV prevalence among MSM is more than four times that of the general population. In Lagos, one in four MSM are HIV-positive. Syphilis prevalence is low; the prevalence of self-reported STIs is the same as the national average. MSM report complex sexual networks; selling and buying sex is relatively common. Approximately half of men report condom use at last sex, regardless of whether or not the sexual partnership was commercial in nature. Unsurprisingly, MSM are slightly more likely to report condom use when selling sex and less likely when buying sex. One-third of MSM report HIV testing, which is twice the national average.

Stakeholders identified the following programmatic issues:
- HIV prevention for MSM is poorly funded: coverage and intensity of programming is lacking;
- There exists high stigma and discrimination against MSM in Nigeria and the creation of an enabling environment to allow programming for MSM had not been adequately addressed;
- MSM are not adequately engaged in program design, development and implementation; and
- Monitoring and evaluation (M&E) of programs targeting MSM in Nigeria is weak: there are no specific national indicators or M&E tools.

Evidence-based recommendations

<table>
<thead>
<tr>
<th>Issues</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>High levels of reported high-risk sex (including commercial sex)</td>
<td>Increase significantly COP programming for MSM in urban centers. Develop BCC materials focusing on condom use in commercial,</td>
</tr>
</tbody>
</table>
Low reported condom use with non-commercial partners

transactional and non-transactional sexual partnerships with both men and women.

5.5.5 People Living with HIV

Prevention with people living with HIV (PLHIV), or secondary prevention, is an important part of sexual prevention strategies. As of 2009, UNAIDS estimated that there were nearly three million PLHIV in Nigeria. We did not collect behavioral data among PLHIV, but we did aim to capture the PEPFAR indicator on number of PLHIV reached with a minimum package of Prevention with PLHIV (PwP) interventions. Our data may not be complete (as discussed in the methods section); however it appears that in 2009, 28,465 PLHIV were reached with a minimum package of PwP interventions, up three-fold since 2007. However, only 1% of PLHIV have been reached by the minimum package of PwP interventions, as shown in Figure 37 below.

**Figure 38: Number of PLHIV reached by a minimum package of prevention interventions, compared to estimated number of PLHIV in Nigeria**
6. **DATA LIMITATIONS**

The work presented here is limited by two major factors: (1) we were not able to obtain all relevant data, and particularly programmatic data; and (2) the data that were/are being collected by program implementers and researchers are inadequate for program planning purposes. The first factor was addressed in the methods section of this report.

With respect to the second factor, there are considerable gaps in data among most-at-risk populations including FSW, USP, TW and MSM, including the sizes of these populations, where they are located geographically (and where they can be most easily reached with HIV prevention activities), what their behaviors are, and the prevalence of HIV and STIs among them. Recent bio-behavioral surveillance studies have provided much needed data, but we will need to wait for the next survey to determine if there have been any changes over time in epidemiological or behavioral variables. It is also important to note that these groups are not uniform behaviorally or with respect to their identities – the first three groups (FSW, USP and TW) are based on employment, and the last (MSM) on recent sexual behavior. Qualitative work will need to explore the sub-populations within these groups, and how to reach those most at risk. We would recommend questions in the next DHS on same-sex sexual behavior.

Additional data gaps noted by stakeholders include out-of-school youth, people living in hard-to-reach terrains, and border patrol personnel. Data on prevalence of both transactional and intergenerational sex are also weak, and DHS commercial and transactional sex indicators do not differentiate between “buying” and “selling”.

Furthermore, available data is often not disaggregated to state, sex and age-group, which limits its usability. The latter is true for both epidemiological and behavioral data, as well as PEPFAR reporting data.

Studies from the literature have supported our recommendations among most-at-risk populations. However, differences in indicators and modes of analysis applied in small studies limits comparisons and both to other geographic areas and over time.

### 6.1 PROPOSED NEW INDICATORS

Based on the above analysis if data gaps in terms of what areas of information are missing, a number of possible additional indicators were identified. These are listed in the Box 2 below.

<table>
<thead>
<tr>
<th>Box 2: Preliminary additional indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biological Indicators</td>
</tr>
<tr>
<td>• Syphilis (and other STI) prevalence (biological)</td>
</tr>
<tr>
<td>• Self-reported STI/STI symptoms in last 12 months</td>
</tr>
</tbody>
</table>

Behavioral Indicators
In April, 2010, DATE organized a meeting of stakeholders from 13 IPs. After reviewing some of the DATE results, participants discussed the merits of the above list of indicators and selected three as priority. These are presented in Table 13 below.
<table>
<thead>
<tr>
<th>S/N</th>
<th>Indicator</th>
<th>Type</th>
<th>Definition of numerator</th>
<th>Definition of denominator</th>
<th>Disaggregation</th>
<th>Proposed data collection methodology</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Syphilis and other STI prevalence</td>
<td>Biological</td>
<td>Number of people testing positive for at least one STI in a health facility</td>
<td>Number of people tested for an STI in facilities offering STI testing</td>
<td>Sex, 15-19, 20-24, 25-49 national then same age groups for zones, MARPS, type of STI</td>
<td>Special survey, case reporting from health facilities</td>
</tr>
<tr>
<td>3</td>
<td>Percent of women and men aged 15-49 who report ever being tested for HIV and who have received their results</td>
<td>Behavioral (COP)</td>
<td>Number of women and men aged 15-24 who report ever being tested for HIV and receiving the results of their last test</td>
<td>Number of people surveyed (respondents)</td>
<td>Sex, 15-19, 20-24, 2549, national, then same age groups for zones, transport workers, uniformed service, MARPS</td>
<td>Special survey, health facility data (counseling component of HCT)</td>
</tr>
<tr>
<td>9</td>
<td>Percent of women and men aged 15-49 who report giving or receiving money, gifts or favors in return for sex in the last 12 months</td>
<td>Behavioral (AB)</td>
<td>Number of women and men aged 15-49 who report giving or receiving money, gifts or favors in return for sex at least once in the last 12 months</td>
<td>Number of people surveyed (respondents)</td>
<td>zones</td>
<td>Special surveys</td>
</tr>
</tbody>
</table>
6 Conclusions

Before PEPFAR, HIV prevalence in Nigeria was 5.3% (2001). By 2008 it was down to 3.4%. Efforts to reduce prevalence in rural areas have been more successful than in urban areas and some zones have seen much larger reductions in prevalence than others. For instance, HIV prevalence in South West has reduced by 50% since 2001, but prevalence in South-South has only reduced by 9%. Prevalence in the South East (urban) and South-South may be on the rise again.

HIV testing has increased substantially and equally among both males and females, but again is still to low at less than 15%. In the North, HIV testing is particularly low. We did not find a correlation between the number of HIV counseling and testing sites and HIV testing behavior; however HIV testing uptake is higher is areas of higher HIV prevalence.

Reported sex with non-marital partners appears to be decreasing (DHS data), and reported transactional sex is down from pre-PEPFAR levels. Also, reported condom use in non-marital relationships has increased overall, though is still too low, especially among females. Importantly, these findings are not universal, reported condom use in non-marital relationships has decreased among males in the South East. The number of condoms distributed per capita is much to low at two per person, per annum.

Knowledge of HIV prevention methods has increased, with the largest gains among rural females. However, rates of knowledge are still abysmally low, especially among rural females (with <50% reporting knowledge of HIV prevention methods). Importantly, the proportion of the population that believes that condoms can protect against HIV is still too low, with very little change since PEPFAR nationally. In urban areas, there appears to be a decrease in the percent of males and females especially who believe that condom use can reduce the risk of HIV infection. In the North West, fewer males now than in 2003 believe that being faithful can reduce HIV risk.

There are few data among MARPs. HIV prevalence among FSWs in is ten times that of the general population and the prevalence of self-reported STIs is high and increasing. Reported condom use with clients is high and increasing; however condom use with regular sexual partners is much lower and should be addressed in HIV prevention efforts. Efforts to promote HIV testing among brothel-based FSWs have been much more successful than those to promote testing among non-brothel based FSWs.

HIV prevalence among TWs and USP is similar to that in the general population. However, a disproportionate percent of TWs and USP report multiple sexual partnerships. TWs and USP are more likely to have been tested for HIV than males in the general population. The armed forces particularly have benefited from HIV prevention campaigns; HIV testing uptake and condom use is high in this population.
HIV prevalence among MSM is more than four times that of the general population. Commercial sex is relatively common; condoms promotion efforts need to be intensified.

HIV prevalence among youth has decreased since 2003 in all zones except the South East, where there has been a small increase in prevalence. The most substantial reduction in prevalence has been in the North Central zone. Rural areas have had larger reductions in prevalence than urban areas and are lower prevalence areas generally. Condom use at last sex has increased, though is still low, especially among females. 15-19 year old females are least likely to report condom use at last non-marital sex compared to all youth. HIV testing uptake has increased substantially among both 15-19 year olds and 20-24 year olds, but is still much too low. Knowledge is increasing among all youth, though is higher, as expected in the 20-24 age group than the 15-19 year old age group. Considering the high prevalence of reported intergenerational sex (60% in the North West) and declining age of sexual debut, more needs to be done to educate young girls about how to protect themselves.
APPENDIX

Figures, Maps & Data Tables
Table A1. Programmatic data captured from PEPFAR Implementing Partners

<table>
<thead>
<tr>
<th>USG Partner</th>
<th>Data obtained</th>
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<tr>
<td>Africare</td>
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</tr>
<tr>
<td>CEDPA</td>
<td>Number of mass media HIV/AIDS prevention programs that promote AB</td>
</tr>
<tr>
<td></td>
<td>Number of individuals reached with community outreach HIV/AIDS prevention programs that promote AB</td>
</tr>
<tr>
<td></td>
<td>Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote AB (all ages)</td>
</tr>
<tr>
<td></td>
<td>Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote AB (ages 15-24)</td>
</tr>
<tr>
<td></td>
<td>Number of individuals trained to provide HIV/AIDS prevention programs that promote AB</td>
</tr>
<tr>
<td></td>
<td>Number of community outreach HIV/AIDS prevention programs that are NOT focused on abstinence and/or being faithful</td>
</tr>
<tr>
<td>CRS</td>
<td>Number of individuals reached with community outreach HIV/AIDS prevention programs that promote AB – male / female (national total only)</td>
</tr>
<tr>
<td>CSN</td>
<td>None</td>
</tr>
<tr>
<td>ECEWS</td>
<td>South South data only</td>
</tr>
<tr>
<td>ICAP</td>
<td>HCT date only</td>
</tr>
<tr>
<td>IFESH</td>
<td>Rivers State only</td>
</tr>
<tr>
<td>FHI</td>
<td>Number of individuals reached with community outreach HIV/AIDS prevention programs that promote AB – male / female (national total only)</td>
</tr>
<tr>
<td></td>
<td>Number of individuals who received HIV counseling and testing (all ages) (national total only)</td>
</tr>
<tr>
<td>Food for Hungry</td>
<td>None</td>
</tr>
<tr>
<td>GECHAAN</td>
<td>Taraba State only</td>
</tr>
<tr>
<td>Harvard</td>
<td>None</td>
</tr>
<tr>
<td>HOPE</td>
<td>Lagos State only</td>
</tr>
<tr>
<td>JSI</td>
<td>None</td>
</tr>
<tr>
<td>MSH</td>
<td>Number of sites providing HIV testing and counseling</td>
</tr>
<tr>
<td></td>
<td>Number of individuals who received HIV counseling and testing (all ages)</td>
</tr>
<tr>
<td>NELA</td>
<td>Number of individuals reached with community outreach HIV/AIDS prevention programs that promote AB – male / female</td>
</tr>
<tr>
<td></td>
<td>Number of individuals trained to provide HIV/AIDS prevention programs that promote AB</td>
</tr>
<tr>
<td>Population Council</td>
<td>None</td>
</tr>
<tr>
<td>Pro Health</td>
<td>Number of sites providing HIV testing and counseling (North Central only)</td>
</tr>
<tr>
<td></td>
<td>Number of individuals who received HCT, all ages (North Central only)</td>
</tr>
<tr>
<td></td>
<td>Number of individuals who received HCT, ages 15-24 (North Central only)</td>
</tr>
<tr>
<td></td>
<td>Number of individuals trained in HCT (North Central only)</td>
</tr>
<tr>
<td></td>
<td>Number of individuals reached with community outreach HIV/AIDS prevention programs that promote AB – male / female (South South only)</td>
</tr>
<tr>
<td>SFH</td>
<td>Number of sites providing HIV testing and counseling</td>
</tr>
<tr>
<td></td>
<td>Number of individuals who received HIV counseling and testing (all ages)</td>
</tr>
<tr>
<td></td>
<td>Number of condoms sold/distributed through social marketing campaigns (national total only)</td>
</tr>
<tr>
<td></td>
<td>Number of service outlets providing counseling and testing (national total only)</td>
</tr>
<tr>
<td>UMD Action</td>
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</tr>
<tr>
<td>Winrock</td>
<td>Number of individuals reached with community outreach HIV/AIDS prevention programs that promote AB – male / female</td>
</tr>
<tr>
<td></td>
<td>Number of individuals trained to provide HIV/AIDS prevention programs that promote AB</td>
</tr>
<tr>
<td></td>
<td>Number of individuals reached with community outreach HIV/AIDS prevention programs that are NOT focused on abstinence and/or being faithful (all ages)</td>
</tr>
<tr>
<td></td>
<td>Number of individuals trained to provide HIV/AIDS prevention programs that are NOT focused on abstinence and/or being faithful</td>
</tr>
<tr>
<td></td>
<td>Number of targeted condom service outlets</td>
</tr>
<tr>
<td>YWCA</td>
<td>Lagos State only</td>
</tr>
</tbody>
</table>
Table A2. Snapshot of key national level indicators

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>HIV prevalence (ANC)</td>
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<tr>
<td>STI symptoms (female, NARHS)</td>
<td></td>
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<tr>
<td>STI symptoms (male, NARHS)</td>
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<tr>
<td>STI symptoms (rural, NARHS)</td>
<td></td>
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<tr>
<td>STI symptoms (urban, NARHS)</td>
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<tr>
<td>Condom use with a non-marital partner (female, NARHS)</td>
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<tr>
<td>Condom use with a non-marital partner (male, NARHS)</td>
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<tr>
<td>Condom use with a non-marital partner (female, DHS)</td>
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<tr>
<td>Condom use with a non-marital partner (male, DHS)</td>
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<tr>
<td>HIV testing (female, NARHS)</td>
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<tr>
<td>HIV testing (male, NARHS)</td>
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<tr>
<td>2+ partners (female, NARHS)</td>
<td></td>
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<tr>
<td>2+ partners (male, NARHS)</td>
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<tr>
<td>Sex with a non-marital partner (female, NARHS)</td>
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<tr>
<td>Sex with a non-marital partner (male, NARHS)</td>
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<tr>
<td>Sex with a non-marital partner (female, DHS)</td>
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<tr>
<td>Sex with a non-marital partner (male, DHS)</td>
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<tr>
<td>Transactional sex (female, NARHS)</td>
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<tr>
<td>Transactional sex (male, NARHS)</td>
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<tr>
<td>Median age at sexual debut (female, NARHS)</td>
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<tr>
<td>Median age at sexual debut (male, NARHS)</td>
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<tr>
<td>Knowledge of HIV prevention methods (female)</td>
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<td>Knowledge of HIV prevention methods (male)</td>
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<tr>
<td>Knowledge of HIV prevention methods (rural)</td>
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<td>Knowledge of HIV prevention methods (urban)</td>
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<tr>
<td>Reported knowledge of condoms (female, NARHS)</td>
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<td>Reported knowledge of condoms (male, NARHS)</td>
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<tr>
<td>Knowledge that condoms protect against HIV (female, NARHS)</td>
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<td>Knowledge that condoms protect against HIV (male, NARHS)</td>
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<td>Knowledge that condoms protect against HIV (female, DHS)</td>
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<tr>
<td>Knowledge that condoms protect against HIV (female, rural, DHS)</td>
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<td>Knowledge that condoms protect against HIV (male, rural, DHS)</td>
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<td>Knowledge that condoms protect against HIV (female, urban, DHS)</td>
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<td>Knowledge that condoms protect against HIV (male, urban, DHS)</td>
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<tr>
<td>Knowledge that being faithful can reduce HIV risk (female, NARHS)</td>
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<tr>
<td>Knowledge that being faithful can reduce HIV risk (male, NARHS)</td>
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<tr>
<td>Knowledge that being faithful can reduce HIV risk (female, DHS)</td>
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<td>Knowledge that being faithful can reduce HIV risk (male, DHS)</td>
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<tr>
<td>Knowledge that being faithful can reduce HIV risk (female, rural, DHS)</td>
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<td>Knowledge that being faithful can reduce HIV risk (male, rural, DHS)</td>
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<td>Knowledge that being faithful can reduce HIV risk (female, urban, DHS)</td>
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<td>Knowledge that being faithful can reduce HIV risk (male, urban, DHS)</td>
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<tr>
<td>Knowledge that abstinence can reduce HIV risk (female, NARHS)</td>
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<td>Knowledge that abstinence can reduce HIV risk (male, NARHS)</td>
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<td>Knowledge that abstinence can reduce HIV risk (female, rural, NARHS)</td>
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<td>Knowledge that abstinence can reduce HIV risk (male, rural, NARHS)</td>
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<td>Knowledge that abstinence can reduce HIV risk (male, urban, NARHS)</td>
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Table A3. Snapshot of key zonal level indicators, change over time and comparison to national average

<table>
<thead>
<tr>
<th>Indicator</th>
<th>NC</th>
<th>NE</th>
<th>NW</th>
<th>SE</th>
<th>SW</th>
<th>SS</th>
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<tbody>
<tr>
<td>HIV prevalence (ANC)</td>
<td></td>
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<td></td>
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<tr>
<td>STI symptoms (NARHS)</td>
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<tr>
<td>Condom use with a non-marital partner (female, NARHS)</td>
<td></td>
<td></td>
<td>N/A</td>
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<tr>
<td>Condom use with a non-marital partner (male, NARHS)</td>
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<tr>
<td>Condom use with a non-marital partner (female, DHS)</td>
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<tr>
<td>Condom use with a non-marital partner (male, DHS)</td>
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<td></td>
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<td>Ever HIV testing (20-24, female, NARHS)</td>
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<tr>
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<tr>
<td>2+ partners in last 12 months (20-24, male, DHS)</td>
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<td>Knowledge of HIV prevention methods (15-19, male, DHS)</td>
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<tr>
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<tr>
<td>Knowledge that condom use can reduce HIV risk (15-19, male, DHS)</td>
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<td>Knowledge that condom use can reduce HIV risk (20-24, female, DHS)</td>
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<td>Knowledge that condom use can reduce HIV risk (20-24, male, DHS)</td>
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<td>Knowledge that condom use can reduce HIV risk (15-19, NARHS)</td>
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<td>Knowledge that condom use can reduce HIV risk (20-24, NARHS)</td>
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<tr>
<td>Knowledge that being faithful can reduce HIV risk (15-19, male, DHS)</td>
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<tr>
<td>Knowledge that being faithful can reduce HIV risk (15-19, female, DHS)</td>
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<td>Knowledge that being faithful can reduce HIV risk (20-24, female, DHS)</td>
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<tr>
<td>Knowledge that being faithful can reduce HIV risk (20-24, male, DHS)</td>
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<tr>
<td>Knowledge that being faithful can reduce HIV risk (20-24, NARHS)</td>
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<tr>
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<tr>
<td>Knowledge that abstinence can reduce HIV risk (20-24, NARHS)</td>
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*Compared to all ages/national data, or all ages/regional data where available*
### DATA TABLES

#### Table A6. National

#### A. BIOLOGICAL DATA

**Change in HIV prevalence among the general population (ANC)**

<table>
<thead>
<tr>
<th></th>
<th>2001</th>
<th>2003</th>
<th>2005</th>
<th>2008</th>
<th>% Change</th>
<th>Absolute Change</th>
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<td>4.3</td>
<td>4</td>
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<td>4.0</td>
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<td>4.0</td>
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<td>-2.0</td>
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<td>7.0</td>
<td>-9.1</td>
<td>-0.7</td>
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**Self-reported STI symptoms among those reporting previous sex (NARHS)**

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>6.3</td>
<td>7.1</td>
<td>6.9</td>
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<tr>
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<td>8.3</td>
<td>10.3</td>
<td>10.6</td>
<td>27.7</td>
<td>2.3</td>
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<tr>
<td>National (male)</td>
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<td>3.9</td>
<td>3.4</td>
<td>-15.0</td>
<td>-0.6</td>
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<tr>
<td>National (rural)</td>
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<td>6.2</td>
<td>6.3</td>
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<tr>
<td>National (urban)</td>
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<td>8.7</td>
<td>8.2</td>
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</table>
## B. BEHAVIORAL DATA

### Condoms & Other Prevention

Percent of women and men aged 15–49 who say they used a condom the last time they had sex with a non-marital, non-cohabiting partner, of those who have had sex with such a partner in the last 12 months (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>32.2</td>
<td>43.8</td>
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<tr>
<td>National (male)</td>
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<td>61.3</td>
<td>54.2</td>
<td>8.2</td>
<td>4.1</td>
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</table>

Percent of women and men aged 15–49 who say they used a condom the last time they had sex with a non-marital, non-cohabiting partner, of those who have had sex with such a partner in the last 12 months (DHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2008</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>23.2</td>
<td>33.4</td>
<td>44.0</td>
<td>10.2</td>
</tr>
<tr>
<td>National (male)</td>
<td>46.9</td>
<td>53.1</td>
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Percentage of women and men aged 15-49 who report ever HIV testing (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>6</td>
<td>10.8</td>
<td>14.4</td>
<td>140</td>
<td>8.4</td>
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<tr>
<td>National (male)</td>
<td>7.6</td>
<td>11.5</td>
<td>14.7</td>
<td>93.4</td>
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</table>
### Abstinence & Be Faithful

#### Percent of women and men aged 15–49 who report sex with 2+ partners in the last 12 months (NARHS)

<table>
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<tr>
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<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>2.7</td>
<td>2.1</td>
<td>2.9</td>
<td>7.4</td>
<td>0.2</td>
</tr>
<tr>
<td>National (male)</td>
<td>26.2</td>
<td>25.9</td>
<td>27.3</td>
<td>4.2</td>
<td>1.1</td>
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</tbody>
</table>

#### Percent of men and women aged 15-49 who report sex with a non-marital, non-cohabiting partner in the last 12 months (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>8.9</td>
<td>10.7</td>
<td>9.4</td>
<td>5.6</td>
<td>0.5</td>
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<tr>
<td>National (male)</td>
<td>19.4</td>
<td>20.7</td>
<td>19.8</td>
<td>2.1</td>
<td>0.4</td>
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</tbody>
</table>

#### Percent of men and women aged 15-49 who report sex with a non-marital, non-cohabiting partner in the last 12 months (DHS)

<table>
<thead>
<tr>
<th></th>
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<th>2008</th>
<th>% Change</th>
<th>Absolute Change</th>
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</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>14.2</td>
<td>13.1</td>
<td>-7.7</td>
<td>-1.1</td>
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<tr>
<td>National (male)</td>
<td>39.1</td>
<td>29.1</td>
<td>-25.6</td>
<td>-10</td>
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#### Percent reporting ever transactional sex (NARHS)

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<th>% Change</th>
<th>Absolute Change</th>
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<tbody>
<tr>
<td>National (female)</td>
<td>6.9</td>
<td>4.1</td>
<td>4.5</td>
<td>-34.8</td>
<td>-2.4</td>
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<tr>
<td>National (male)</td>
<td>8.7</td>
<td>10.8</td>
<td>8.2</td>
<td>-5.7</td>
<td>-0.5</td>
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</table>
### Median age at sexual debut (NARHS)

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<th>2007</th>
<th>Absolute Change</th>
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<td>National (female)</td>
<td>16.9</td>
<td>17.4</td>
<td>16</td>
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<td>National (male)</td>
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### C. KNOWLEDGE DATA

#### Percent reporting knowledge of HIV prevention methods (DHS)

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<th>% Change</th>
<th>Absolute Change</th>
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</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>42.3</td>
<td>48</td>
<td>13.5</td>
<td>5.7</td>
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<tr>
<td>National (male)</td>
<td>59.8</td>
<td>67.4</td>
<td>12.7</td>
<td>7.6</td>
</tr>
<tr>
<td>Rural (female)</td>
<td>35.9</td>
<td>42.6</td>
<td>18.7</td>
<td>6.7</td>
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<tr>
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<td>65.8</td>
<td>16.7</td>
<td>9.4</td>
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<td>2.7</td>
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<td>Urban (male)</td>
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<td>72.7</td>
<td>11.3</td>
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</table>

*Limiting sex to one uninfected partner and condom use

#### Percent reporting knowledge of condoms (NARHS)

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<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
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<td>71.3</td>
<td>9.2</td>
<td>6</td>
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<tr>
<td>National (female)</td>
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<td>55</td>
<td>61.5</td>
<td>11.8</td>
<td>6.5</td>
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<tr>
<td>National (male)</td>
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<td>75.9</td>
<td>79.9</td>
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</table>
Percent who believe that condoms can protect against HIV (NARHS)

<table>
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<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>49.9</td>
<td>54.6</td>
<td>54.5</td>
<td>9.2</td>
<td>4.6</td>
</tr>
<tr>
<td>National (female)</td>
<td>39.7</td>
<td>44.5</td>
<td>42.7</td>
<td>7.6</td>
<td>3</td>
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<tr>
<td>National (male)</td>
<td>60.4</td>
<td>63.4</td>
<td>64.7</td>
<td>7.1</td>
<td>4.3</td>
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</table>

Percent reporting that condom use can reduce the risk of HIV infection (DHS)

<table>
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<th>2008</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>44.6</td>
<td>53</td>
<td>18.8</td>
<td>8.4</td>
</tr>
<tr>
<td>National (male)</td>
<td>63.4</td>
<td>71.1</td>
<td>12.1</td>
<td>7.7</td>
</tr>
<tr>
<td>Rural (female)</td>
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<td>63.4</td>
<td>67.7</td>
<td>25.6</td>
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<td>30.7</td>
<td>18.1</td>
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<td>-10.6</td>
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<td>-1.3</td>
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Percent reporting that limiting sex to one uninfected partner can reduce the risk of HIV infection (NARHS)

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<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
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<td>86.9</td>
<td>84.6</td>
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<td>National (female)</td>
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<td>82.3</td>
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<td>7.3</td>
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<td>National (male)</td>
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<td>89.5</td>
<td>86.6</td>
<td>0.2</td>
<td>0.2</td>
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</table>
Percent reporting that limiting sex to one uninfected partner can reduce the risk of HIV infection (DHS)

<table>
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<th></th>
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<th>2008</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>59.9</td>
<td>67.9</td>
<td>13.4</td>
<td>8.0</td>
</tr>
<tr>
<td>National (male)</td>
<td>80.2</td>
<td>82.5</td>
<td>2.9</td>
<td>2.3</td>
</tr>
<tr>
<td>Rural (female)</td>
<td>53</td>
<td>63.9</td>
<td>20.6</td>
<td>10.9</td>
</tr>
<tr>
<td>Rural (male)</td>
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<td>80.6</td>
<td>2.8</td>
<td>2.2</td>
</tr>
<tr>
<td>Urban (female)</td>
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<td>74.8</td>
<td>2.5</td>
<td>1.8</td>
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<tr>
<td>Urban (male)</td>
<td>83.1</td>
<td>86.7</td>
<td>4.3</td>
<td>3.6</td>
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</tbody>
</table>

Percent reporting that abstinence can reduce the risk of HIV infection (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>69.9</td>
<td>78</td>
<td>74.6</td>
<td>6.7</td>
<td>4.7</td>
</tr>
<tr>
<td>National (female)</td>
<td>65</td>
<td>71.3</td>
<td>70.1</td>
<td>7.8</td>
<td>5.1</td>
</tr>
<tr>
<td>National (male)</td>
<td>74.9</td>
<td>83.8</td>
<td>78.5</td>
<td>4.8</td>
<td>3.6</td>
</tr>
<tr>
<td>National (rural)</td>
<td>63.1</td>
<td>74.4</td>
<td>71</td>
<td>12.5</td>
<td>7.9</td>
</tr>
<tr>
<td>National (urban)</td>
<td>82.4</td>
<td>84.2</td>
<td>81.5</td>
<td>-1.1</td>
<td>-0.9</td>
</tr>
</tbody>
</table>
Table A7. North Central

A. BIOLOGICAL DATA

Median HIV prevalence among the general population (ANC)

<table>
<thead>
<tr>
<th></th>
<th>2001</th>
<th>2003</th>
<th>2005</th>
<th>2008</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North Central</td>
<td>6.7</td>
<td>7.4</td>
<td>4.9</td>
<td>5.4</td>
<td>-19.4</td>
<td>-1.3</td>
</tr>
<tr>
<td>North Central (rural)</td>
<td>N/A</td>
<td>N/A</td>
<td>3.7</td>
<td>4.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>North Central (urban)</td>
<td>6.7</td>
<td>7.4</td>
<td>6.7</td>
<td>6.2</td>
<td>-7.5</td>
<td>-0.5</td>
</tr>
</tbody>
</table>

Self-reported experience of STI symptoms among those who have ever had sex (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North Central</td>
<td>7.1</td>
<td>6.5</td>
<td>10.8</td>
<td>52.1</td>
<td>3.7</td>
</tr>
</tbody>
</table>

98
B. BEHAVIORAL DATA
Condoms & Other Prevention

Percent of women and men aged 15–49 who say they used a condom the last time they had sex with a non-marital, non-cohabiting partner, of those who have had sex with such a partner in the last 12 months, by zone and sex (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>32.2</td>
<td>43.8</td>
<td>35.3</td>
<td>9.6</td>
<td>3.1</td>
</tr>
<tr>
<td>National (male)</td>
<td>50.1</td>
<td>61.3</td>
<td>54.2</td>
<td>8.2</td>
<td>4.1</td>
</tr>
<tr>
<td>North Central (female)</td>
<td></td>
<td>43.9</td>
<td>42.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>North Central (male)</td>
<td>38</td>
<td>58.1</td>
<td>51.6</td>
<td>35.8</td>
<td>13.6</td>
</tr>
</tbody>
</table>

Percent of women and men aged 15–49 who say they used a condom the last time they had sex with a non-marital, non-cohabiting partner, of those who have had sex with such a partner in the last 12 months, by zone and sex (DHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2008</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>23.2</td>
<td>33.4</td>
<td>44.0</td>
<td>10.2</td>
</tr>
<tr>
<td>National (male)</td>
<td>46.9</td>
<td>53.1</td>
<td>13.2</td>
<td>6.2</td>
</tr>
<tr>
<td>North Central (female)</td>
<td></td>
<td>23.8</td>
<td>25.8</td>
<td>8.4</td>
</tr>
<tr>
<td>North Central (male)</td>
<td>43</td>
<td>39.4</td>
<td>-8.4</td>
<td>-3.6</td>
</tr>
</tbody>
</table>

Percentage of women and men aged 15-49 who report ever being tested for HIV, by zone (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>6</td>
<td>10.8</td>
<td>14.4</td>
<td>140.0</td>
<td>8.4</td>
</tr>
<tr>
<td>National (male)</td>
<td>7.6</td>
<td>11.5</td>
<td>14.7</td>
<td>93.4</td>
<td>7.1</td>
</tr>
<tr>
<td>North Central (female)</td>
<td>5.6</td>
<td>11.5</td>
<td>16.6</td>
<td>196.4</td>
<td>11</td>
</tr>
<tr>
<td>North Central (male)</td>
<td>7.6</td>
<td>8.2</td>
<td>17.6</td>
<td>131.6</td>
<td>10</td>
</tr>
</tbody>
</table>
## Abstinence & Be Faithful

### Percent of women and men aged 15–49 who had sex with more than one partner in the last 12 months (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>2.7</td>
<td>2.1</td>
<td>2.9</td>
<td>7.4</td>
<td>0.2</td>
</tr>
<tr>
<td>National (male)</td>
<td>26.2</td>
<td>25.9</td>
<td>27.3</td>
<td>4.2</td>
<td>1.1</td>
</tr>
<tr>
<td>North Central (female)</td>
<td>3.2</td>
<td>1.8</td>
<td>2.9</td>
<td>-9.4</td>
<td>-0.3</td>
</tr>
<tr>
<td>North Central (male)</td>
<td>32.6</td>
<td>26.3</td>
<td>29.7</td>
<td>-8.9</td>
<td>-2.9</td>
</tr>
</tbody>
</table>

### Percent of men and women aged 15-49 who report sex with a non-marital, non-cohabiting partner in the last 12 months (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>8.9</td>
<td>10.7</td>
<td>9.4</td>
<td>5.6</td>
<td>0.5</td>
</tr>
<tr>
<td>National (male)</td>
<td>19.4</td>
<td>20.7</td>
<td>19.8</td>
<td>2.1</td>
<td>0.4</td>
</tr>
<tr>
<td>North Central (female)</td>
<td>6.9</td>
<td>5.9</td>
<td>8.2</td>
<td>18.8</td>
<td>1.3</td>
</tr>
<tr>
<td>North Central (male)</td>
<td>20</td>
<td>25.2</td>
<td>25.2</td>
<td>26.0</td>
<td>5.2</td>
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</table>

### Percent of men and women aged 15-49 who report sex with a non-marital, non-cohabiting partner in the last 12 months (DHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2008</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>14.2</td>
<td>13.1</td>
<td>-7.7</td>
<td>-1.1</td>
</tr>
<tr>
<td>National (male)</td>
<td>39.1</td>
<td>29.1</td>
<td>-25.6</td>
<td>-10</td>
</tr>
<tr>
<td>North Central (female)</td>
<td>15.3</td>
<td>12.8</td>
<td>-16.3</td>
<td>-2.5</td>
</tr>
<tr>
<td>North Central (male)</td>
<td>52.9</td>
<td>36</td>
<td>-31.9</td>
<td>-16.9</td>
</tr>
</tbody>
</table>
Percent reporting ever transactional sex (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>6.9</td>
<td>4.1</td>
<td>4.5</td>
<td>-34.8</td>
<td>-2.4</td>
</tr>
<tr>
<td>National (male)</td>
<td>8.7</td>
<td>10.8</td>
<td>8.2</td>
<td>-5.7</td>
<td>-0.5</td>
</tr>
<tr>
<td>North Central (female)</td>
<td>9.8</td>
<td>1.8</td>
<td>5.1</td>
<td>-48.0</td>
<td>-4.7</td>
</tr>
<tr>
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<td>7.7</td>
<td>32.8</td>
<td>1.9</td>
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</table>

Median age at sexual debut (NARHS)

<table>
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<tr>
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<th>2005</th>
<th>2007</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>16.9</td>
<td>17.4</td>
<td>16</td>
<td>-0.9</td>
</tr>
<tr>
<td>National (male)</td>
<td>19.8</td>
<td>20.1</td>
<td>17</td>
<td>-2.8</td>
</tr>
<tr>
<td>North Central (female)</td>
<td>18.6</td>
<td>17.55</td>
<td>16</td>
<td>-2.6</td>
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<tr>
<td>North Central (male)</td>
<td>18.6</td>
<td>19</td>
<td>17</td>
<td>-1.6</td>
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</tbody>
</table>

C. KNOWLEDGE DATA

Percent reporting knowledge of HIV prevention methods (DHS)

<table>
<thead>
<tr>
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<th>2003</th>
<th>2008</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>42.3</td>
<td>48</td>
<td>13.5</td>
<td>5.7</td>
</tr>
<tr>
<td>National (male)</td>
<td>59.8</td>
<td>67.4</td>
<td>12.7</td>
<td>7.6</td>
</tr>
<tr>
<td>North Central (female)</td>
<td>33.8</td>
<td>45.4</td>
<td>34.3</td>
<td>11.6</td>
</tr>
<tr>
<td>North Central (male)</td>
<td>66.6</td>
<td>69.6</td>
<td>4.5</td>
<td>3</td>
</tr>
</tbody>
</table>

*Limiting sex to one uninfected partner and condom use*
### Percent reporting knowledge of condoms (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (all)</td>
<td>65.3</td>
<td>73</td>
<td>71.3</td>
<td>9.2</td>
<td>6</td>
</tr>
<tr>
<td>North Central (all)</td>
<td>56.5</td>
<td>74.2</td>
<td>75.8</td>
<td>34.2</td>
<td>19.3</td>
</tr>
<tr>
<td>North Central (rural)</td>
<td>49</td>
<td>67.8</td>
<td>70.1</td>
<td>43.1</td>
<td>21.1</td>
</tr>
<tr>
<td>North Central (urban)</td>
<td>81</td>
<td>89.9</td>
<td>89.4</td>
<td>10.4</td>
<td>8.4</td>
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### Percent reporting that condom use can reduce the risk of HIV infection (DHS)

<table>
<thead>
<tr>
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<th>2008</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>44.6</td>
<td>53</td>
<td>18.8</td>
<td>8.4</td>
</tr>
<tr>
<td>National (male)</td>
<td>63.4</td>
<td>71.1</td>
<td>12.1</td>
<td>7.7</td>
</tr>
<tr>
<td>North Central (female)</td>
<td>34.7</td>
<td>48.3</td>
<td>39.2</td>
<td>13.6</td>
</tr>
<tr>
<td>North Central (male)</td>
<td>68.1</td>
<td>74.3</td>
<td>9.1</td>
<td>6.2</td>
</tr>
</tbody>
</table>

### Percent reporting that limiting sex to one uninfected partner can reduce the risk of HIV infection (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (all)</td>
<td>80.6</td>
<td>86.9</td>
<td>84.6</td>
<td>5.0</td>
<td>4</td>
</tr>
<tr>
<td>North Central (all)</td>
<td>69.9</td>
<td>83.8</td>
<td>83</td>
<td>18.7</td>
<td>13.1</td>
</tr>
</tbody>
</table>
Percent reporting that limiting sex to one uninfected partner can reduce the risk of HIV infection (DHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2008</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>59.9</td>
<td>67.9</td>
<td>13.4</td>
<td>8</td>
</tr>
<tr>
<td>National (male)</td>
<td>80.2</td>
<td>82.5</td>
<td>2.9</td>
<td>2.3</td>
</tr>
<tr>
<td>North Central (female)</td>
<td>55.6</td>
<td>62.1</td>
<td>11.7</td>
<td>6.5</td>
</tr>
<tr>
<td>North Central (male)</td>
<td>83.8</td>
<td>80.5</td>
<td>-3.9</td>
<td>-3.3</td>
</tr>
</tbody>
</table>

Percent reporting that abstinence can reduce the risk of HIV infection (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (all)</td>
<td>69.9</td>
<td>78</td>
<td>74.6</td>
<td>6.7</td>
<td>4.7</td>
</tr>
<tr>
<td>North Central (all)</td>
<td>63.1</td>
<td>75.9</td>
<td>74.4</td>
<td>17.9</td>
<td>11.3</td>
</tr>
</tbody>
</table>
Table A8. North East

A. BIOLOGICAL DATA

Median HIV prevalence among the general population (ANC)

<table>
<thead>
<tr>
<th></th>
<th>2001</th>
<th>2003</th>
<th>2005</th>
<th>2008</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (all)</td>
<td>5.3</td>
<td>4.3</td>
<td>4</td>
<td>3.4</td>
<td>-35.8</td>
<td>-1.9</td>
</tr>
<tr>
<td>North East (all)</td>
<td>5.4</td>
<td>5.8</td>
<td>4</td>
<td>4</td>
<td>-25.9</td>
<td>-1.4</td>
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<tr>
<td>North East (rural)</td>
<td>N/A</td>
<td>N/A</td>
<td>3.7</td>
<td>3.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>North East (urban)</td>
<td>5.4</td>
<td>5.8</td>
<td>4.7</td>
<td>4</td>
<td>-25.9</td>
<td>-1.4</td>
</tr>
</tbody>
</table>

Self-reported experience of STI symptoms among those who have ever had sex (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (all)</td>
<td>6.3</td>
<td>7.1</td>
<td>6.9</td>
<td>9.5</td>
<td>0.6</td>
</tr>
<tr>
<td>North East (all)</td>
<td>1.8</td>
<td>6.5</td>
<td>6.1</td>
<td>238.9</td>
<td>4.3</td>
</tr>
</tbody>
</table>
B. BEHAVIORAL DATA
Condoms & Other Prevention

Percent of women and men aged 15–49 who say they used a condom the last time they had sex with a non-marital, non-cohabiting partner, of those who have had sex with such a partner in the last 12 months, by zone and sex (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>32.2</td>
<td>43.8</td>
<td>35.3</td>
<td>9.6</td>
<td>3.1</td>
</tr>
<tr>
<td>National (male)</td>
<td>50.1</td>
<td>61.3</td>
<td>54.2</td>
<td>8.2</td>
<td>4.1</td>
</tr>
<tr>
<td>North East (female)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>North East (male)</td>
<td>28.6</td>
<td>47.4</td>
<td>65.7</td>
<td>31.8</td>
<td>18.8</td>
</tr>
</tbody>
</table>

Percent of women and men aged 15–49 who say they used a condom the last time they had sex with a non-marital, non-cohabiting partner, of those who have had sex with such a partner in the last 12 months, by zone and sex (DHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2008</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>23.2</td>
<td>33.4</td>
<td>44.0</td>
<td>10.2</td>
</tr>
<tr>
<td>National (male)</td>
<td>46.9</td>
<td>53.1</td>
<td>13.2</td>
<td>6.2</td>
</tr>
<tr>
<td>North East (female)</td>
<td>5.3</td>
<td>19.1</td>
<td>260.4</td>
<td>13.8</td>
</tr>
<tr>
<td>North East (male)</td>
<td>35.2</td>
<td>33.5</td>
<td>-4.8</td>
<td>-1.7</td>
</tr>
</tbody>
</table>

Percentage of women and men aged 15-49 who report ever being tested for HIV, by zone (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>6</td>
<td>10.8</td>
<td>14.4</td>
<td>140.0</td>
<td>8.4</td>
</tr>
<tr>
<td>National (male)</td>
<td>7.6</td>
<td>11.5</td>
<td>14.7</td>
<td>93.4</td>
<td>7.1</td>
</tr>
<tr>
<td>North East (female)</td>
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</tr>
<tr>
<td>North East (male)</td>
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<td>5.2</td>
<td>8.7</td>
<td>314.3</td>
<td>6.6</td>
</tr>
</tbody>
</table>
### Abstinence & Be Faithful

#### Percent of women and men aged 15–49 who had sex with more than one partner in the last 12 months (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>2.7</td>
<td>2.1</td>
<td>2.9</td>
<td>7.4</td>
<td>0.2</td>
</tr>
<tr>
<td>National (male)</td>
<td>26.2</td>
<td>25.9</td>
<td>27.3</td>
<td>4.2</td>
<td>1.1</td>
</tr>
<tr>
<td>North East (female)</td>
<td>1.8</td>
<td>2.2</td>
<td>1</td>
<td>-44.4</td>
<td>-0.8</td>
</tr>
<tr>
<td>North East (male)</td>
<td>29.8</td>
<td>29.9</td>
<td>26.7</td>
<td>-10.4</td>
<td>-3.1</td>
</tr>
</tbody>
</table>

#### Percent of men and women aged 15-49 who report sex with a non-marital, non-cohabiting partner in the last 12 months (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>8.9</td>
<td>10.7</td>
<td>9.4</td>
<td>5.6</td>
<td>0.5</td>
</tr>
<tr>
<td>National (male)</td>
<td>19.4</td>
<td>20.7</td>
<td>19.8</td>
<td>2.1</td>
<td>0.4</td>
</tr>
<tr>
<td>North East (female)</td>
<td>2.5</td>
<td>4.1</td>
<td>2.9</td>
<td>16.0</td>
<td>0.4</td>
</tr>
<tr>
<td>North East (male)</td>
<td>8.2</td>
<td>10.7</td>
<td>9.3</td>
<td>13.4</td>
<td>1.1</td>
</tr>
</tbody>
</table>

#### Percent of men and women aged 15-49 who report sex with a non-marital, non-cohabiting partner in the last 12 months (DHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2008</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>14.2</td>
<td>13.1</td>
<td>-7.7</td>
<td>-1.1</td>
</tr>
<tr>
<td>National (male)</td>
<td>39.1</td>
<td>29.1</td>
<td>-25.6</td>
<td>-10</td>
</tr>
<tr>
<td>North East (female)</td>
<td>4.3</td>
<td>3.7</td>
<td>-14.0</td>
<td>-0.6</td>
</tr>
<tr>
<td>North East (male)</td>
<td>31.3</td>
<td>12.5</td>
<td>-60.1</td>
<td>-18.8</td>
</tr>
</tbody>
</table>
### Percent reporting ever transactional sex (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>6.9</td>
<td>4.1</td>
<td>4.5</td>
<td>-34.8</td>
<td>-2.4</td>
</tr>
<tr>
<td>National (male)</td>
<td>8.7</td>
<td>10.8</td>
<td>8.2</td>
<td>-5.7</td>
<td>-0.5</td>
</tr>
<tr>
<td>North East (female)</td>
<td>2.8</td>
<td>4.4</td>
<td>2</td>
<td>-28.6</td>
<td>-0.8</td>
</tr>
<tr>
<td>North East (male)</td>
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<td>11.5</td>
<td>6.8</td>
<td>-32.0</td>
<td>-3.2</td>
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</table>

### Median age at sexual debut (NARHS)

<table>
<thead>
<tr>
<th></th>
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<th>2005</th>
<th>2007</th>
<th>Absolute Change</th>
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</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>16.9</td>
<td>17.4</td>
<td>16</td>
<td>-0.9</td>
</tr>
<tr>
<td>National (male)</td>
<td>19.8</td>
<td>20.1</td>
<td>17</td>
<td>-2.8</td>
</tr>
<tr>
<td>North East (female)</td>
<td>16.4</td>
<td>17.55</td>
<td>15</td>
<td>-1.4</td>
</tr>
<tr>
<td>North East (male)</td>
<td>20.4</td>
<td>22.7</td>
<td>18</td>
<td>-2.4</td>
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</tbody>
</table>

### C. KNOWLEDGE DATA

### Percent reporting knowledge of HIV prevention methods (DHS)

<table>
<thead>
<tr>
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<th>2003</th>
<th>2008</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>42.3</td>
<td>48</td>
<td>13.5</td>
<td>5.7</td>
</tr>
<tr>
<td>National (male)</td>
<td>59.8</td>
<td>67.4</td>
<td>12.7</td>
<td>7.6</td>
</tr>
<tr>
<td>North East (female)</td>
<td>34</td>
<td>34.7</td>
<td>2.1</td>
<td>0.7</td>
</tr>
<tr>
<td>North East (male)</td>
<td>45.7</td>
<td>68.6</td>
<td>50.1</td>
<td>22.9</td>
</tr>
</tbody>
</table>

*Limiting sex to one uninfected partner and condom use*
### Percent reporting knowledge of condoms (NARHS)

<table>
<thead>
<tr>
<th>North East</th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (all)</td>
<td>65.3</td>
<td>73</td>
<td>71.3</td>
<td>9.2</td>
<td>6</td>
</tr>
<tr>
<td>North East (all)</td>
<td>41.8</td>
<td>54.7</td>
<td>59</td>
<td>41.1</td>
<td>17.2</td>
</tr>
<tr>
<td>North East (rural)</td>
<td>36</td>
<td>46.3</td>
<td>51</td>
<td>41.7</td>
<td>15</td>
</tr>
<tr>
<td>North East (urban)</td>
<td>64.9</td>
<td>76.5</td>
<td>81.1</td>
<td>25.0</td>
<td>16.2</td>
</tr>
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</table>

### Percent reporting that condom use can reduce the risk of HIV infection (DHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2008</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>44.6</td>
<td>53</td>
<td>18.8</td>
<td>8.4</td>
</tr>
<tr>
<td>National (male)</td>
<td>63.4</td>
<td>71.1</td>
<td>12.1</td>
<td>7.7</td>
</tr>
<tr>
<td>North East (female)</td>
<td>34.7</td>
<td>38.6</td>
<td>11.2</td>
<td>3.9</td>
</tr>
<tr>
<td>North East (male)</td>
<td>47.5</td>
<td>71.7</td>
<td>50.9</td>
<td>24.2</td>
</tr>
</tbody>
</table>

### Percent reporting that limiting sex to one uninfected partner can reduce the risk of HIV infection (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (all)</td>
<td>80.6</td>
<td>86.9</td>
<td>84.6</td>
<td>5.0</td>
<td>4</td>
</tr>
<tr>
<td>North East (all)</td>
<td>69.8</td>
<td>81.1</td>
<td>87.3</td>
<td>25.1</td>
<td>17.5</td>
</tr>
</tbody>
</table>
Percent reporting that limiting sex to one uninfected partner can reduce the risk of HIV infection (DHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2008</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>59.9</td>
<td>67.9</td>
<td>13.4</td>
<td>8</td>
</tr>
<tr>
<td>National (male)</td>
<td>80.2</td>
<td>82.5</td>
<td>2.9</td>
<td>2.3</td>
</tr>
<tr>
<td>North East (female)</td>
<td>50.6</td>
<td>62.3</td>
<td>23.1</td>
<td>11.7</td>
</tr>
<tr>
<td>North East (male)</td>
<td>80.2</td>
<td>82.1</td>
<td>2.4</td>
<td>1.9</td>
</tr>
</tbody>
</table>

Percent reporting that abstinence can reduce the risk of HIV infection (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (all)</td>
<td>69.9</td>
<td>78</td>
<td>74.6</td>
<td>6.7</td>
<td>4.7</td>
</tr>
<tr>
<td>North East (all)</td>
<td>51.2</td>
<td>69.9</td>
<td>78.8</td>
<td>53.9</td>
<td>27.6</td>
</tr>
</tbody>
</table>
Table A9. North West

A. BIOLOGICAL DATA

Median HIV prevalence among the general population (ANC)

<table>
<thead>
<tr>
<th></th>
<th>2001</th>
<th>2003</th>
<th>2005</th>
<th>2008</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (all)</td>
<td>5.3</td>
<td>4.3</td>
<td>4.0</td>
<td>3.4</td>
<td>-35.8</td>
<td>-1.9</td>
</tr>
<tr>
<td>North West (all)</td>
<td>3.3</td>
<td>2.9</td>
<td>3.0</td>
<td>2.3</td>
<td>-30.3</td>
<td>-1.0</td>
</tr>
<tr>
<td>North West (rural)</td>
<td>4.5</td>
<td>2.5</td>
<td>3.0</td>
<td>2.0</td>
<td>-55.6</td>
<td>-2.5</td>
</tr>
<tr>
<td>North West (urban)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Self-reported experience of STI symptoms among those who have ever had sex (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (all)</td>
<td>6.3</td>
<td>7.1</td>
<td>6.9</td>
<td>9.5</td>
<td>0.6</td>
</tr>
<tr>
<td>North West (all)</td>
<td>7.3</td>
<td>7.7</td>
<td>6.5</td>
<td>-11.0</td>
<td>-0.8</td>
</tr>
</tbody>
</table>
B. BEHAVIORAL DATA
Condoms & Other Prevention

Percent of women and men aged 15–49 who say they used a condom the last time they had sex with a non-marital, non-cohabiting partner, of those who have had sex with such a partner in the last 12 months, by zone and sex (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>32.2</td>
<td>43.8</td>
<td>35.3</td>
<td>9.6</td>
<td>3.1</td>
</tr>
<tr>
<td>National (male)</td>
<td>50.1</td>
<td>61.3</td>
<td>54.2</td>
<td>8.2</td>
<td>4.1</td>
</tr>
<tr>
<td>North West (female)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>North West (male)</td>
<td>38</td>
<td>68.1</td>
<td>79.2</td>
<td>30.1</td>
<td></td>
</tr>
</tbody>
</table>

Percent of women and men aged 15–49 who say they used a condom the last time they had sex with a non-marital, non-cohabiting partner, of those who have had sex with such a partner in the last 12 months, by zone and sex (DHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2008</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>23.2</td>
<td>33.4</td>
<td>44.0</td>
<td>10.2</td>
</tr>
<tr>
<td>National (male)</td>
<td>46.9</td>
<td>53.1</td>
<td>13.2</td>
<td>6.2</td>
</tr>
<tr>
<td>North West (female)</td>
<td>24.3</td>
<td>23.8</td>
<td>-2.1</td>
<td>-0.5</td>
</tr>
<tr>
<td>North West (male)</td>
<td>29.6</td>
<td>51.4</td>
<td>73.6</td>
<td>21.8</td>
</tr>
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</table>

Percentage of women and men aged 15-49 who report ever being tested for HIV, by zone (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>6</td>
<td>10.8</td>
<td>14.4</td>
<td>140.0</td>
<td>8.4</td>
</tr>
<tr>
<td>National (male)</td>
<td>7.6</td>
<td>11.5</td>
<td>14.7</td>
<td>93.4</td>
<td>7.1</td>
</tr>
<tr>
<td>North West (female)</td>
<td>1.3</td>
<td>4.5</td>
<td>6.9</td>
<td>430.8</td>
<td>5.6</td>
</tr>
<tr>
<td>North West (male)</td>
<td>3</td>
<td>2.9</td>
<td>7.9</td>
<td>163.3</td>
<td>4.9</td>
</tr>
</tbody>
</table>
### Abstinence & Be Faithful

#### Percent of women and men aged 15–49 who had sex with more than one partner in the last 12 months (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>2.7</td>
<td>2.1</td>
<td>2.9</td>
<td>7.4</td>
<td>0.2</td>
</tr>
<tr>
<td>National (male)</td>
<td>26.2</td>
<td>25.9</td>
<td>27.3</td>
<td>4.2</td>
<td>1.1</td>
</tr>
<tr>
<td>North West (female)</td>
<td>1.1</td>
<td>0.3</td>
<td>1.5</td>
<td>36.4</td>
<td>0.4</td>
</tr>
<tr>
<td>North West (male)</td>
<td>29.3</td>
<td>30.1</td>
<td>30.9</td>
<td>5.5</td>
<td>1.6</td>
</tr>
</tbody>
</table>

#### Percent of men and women aged 15-49 who report sex with a non-marital, non-cohabiting partner in the last 12 months (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>8.9</td>
<td>10.7</td>
<td>9.4</td>
<td>5.6</td>
<td>0.5</td>
</tr>
<tr>
<td>National (male)</td>
<td>19.4</td>
<td>20.7</td>
<td>19.8</td>
<td>2.1</td>
<td>0.4</td>
</tr>
<tr>
<td>North West (female)</td>
<td>1.8</td>
<td>0.5</td>
<td>0.9</td>
<td>-50.0</td>
<td>-0.9</td>
</tr>
<tr>
<td>North West (male)</td>
<td>5.8</td>
<td>3</td>
<td>3.1</td>
<td>-46.6</td>
<td>-2.7</td>
</tr>
</tbody>
</table>

#### Percent of men and women aged 15-49 who report sex with a non-marital, non-cohabiting partner in the last 12 months (DHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2008</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>14.2</td>
<td>13.1</td>
<td>-7.7</td>
<td>-1.1</td>
</tr>
<tr>
<td>National (male)</td>
<td>39.1</td>
<td>29.1</td>
<td>-25.6</td>
<td>-10.0</td>
</tr>
<tr>
<td>North West (female)</td>
<td>1.7</td>
<td>0.8</td>
<td>-52.9</td>
<td>-0.9</td>
</tr>
<tr>
<td>North West (male)</td>
<td>6.5</td>
<td>4.8</td>
<td>-26.2</td>
<td>-1.7</td>
</tr>
</tbody>
</table>
## Percent reporting ever transactional sex (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>6.9</td>
<td>4.1</td>
<td>4.5</td>
<td>-34.8</td>
<td>-2.4</td>
</tr>
<tr>
<td>National (male)</td>
<td>8.7</td>
<td>10.8</td>
<td>8.2</td>
<td>-5.7</td>
<td>-0.5</td>
</tr>
<tr>
<td>North West (female)</td>
<td>2.8</td>
<td>0.4</td>
<td>0.9</td>
<td>-67.9</td>
<td>-1.9</td>
</tr>
<tr>
<td>North West (male)</td>
<td>2.9</td>
<td>6.8</td>
<td>3.8</td>
<td>31.0</td>
<td>0.9</td>
</tr>
</tbody>
</table>

## Median age at sexual debut (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>16.9</td>
<td>17.4</td>
<td>16.0</td>
<td>-0.9</td>
</tr>
<tr>
<td>National (male)</td>
<td>19.8</td>
<td>20.1</td>
<td>17.0</td>
<td>-2.8</td>
</tr>
<tr>
<td>North West (female)</td>
<td>N/A</td>
<td>15.5</td>
<td>15.0</td>
<td>-0.5*</td>
</tr>
<tr>
<td>North West (male)</td>
<td>21.6</td>
<td>23.8</td>
<td>18.0</td>
<td>-3.6</td>
</tr>
</tbody>
</table>

## C. KNOWLEDGE DATA

## Percent reporting knowledge of HIV prevention methods (DHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2008</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>42.3</td>
<td>48</td>
<td>13.5</td>
<td>5.7</td>
</tr>
<tr>
<td>National (male)</td>
<td>59.8</td>
<td>67.4</td>
<td>12.7</td>
<td>7.6</td>
</tr>
<tr>
<td>North West (female)</td>
<td>44.7</td>
<td>43</td>
<td>-3.8</td>
<td>-1.7</td>
</tr>
<tr>
<td>North West (male)</td>
<td>62</td>
<td>63</td>
<td>1.6</td>
<td>1.0</td>
</tr>
</tbody>
</table>

*Limiting sex to one uninfected partner and condom use
### Percent reporting knowledge of condoms (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (all)</td>
<td>65.3</td>
<td>73</td>
<td>71.3</td>
<td>9.2</td>
<td>6.0</td>
</tr>
<tr>
<td>North West (all)</td>
<td>47.4</td>
<td>51.2</td>
<td>45.4</td>
<td>-4.2</td>
<td>-2.0</td>
</tr>
<tr>
<td>North West (rural)</td>
<td>36.3</td>
<td>41</td>
<td>37.4</td>
<td>3.0</td>
<td>1.1</td>
</tr>
<tr>
<td>North West (urban)</td>
<td>78.2</td>
<td>80.2</td>
<td>69.9</td>
<td>-10.6</td>
<td>-8.3</td>
</tr>
</tbody>
</table>

### Percent reporting that condom use can reduce the risk of HIV infection (DHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2008</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>44.6</td>
<td>53</td>
<td>18.8</td>
<td>8.4</td>
</tr>
<tr>
<td>National (male)</td>
<td>63.4</td>
<td>71.1</td>
<td>12.1</td>
<td>7.7</td>
</tr>
<tr>
<td>North West (female)</td>
<td>48.8</td>
<td>46.4</td>
<td>-4.9</td>
<td>-2.4</td>
</tr>
<tr>
<td>North West (male)</td>
<td>69.8</td>
<td>65.5</td>
<td>-6.2</td>
<td>-4.3</td>
</tr>
</tbody>
</table>

### Percent reporting that limiting sex to one uninfected partner can reduce the risk of HIV infection (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (all)</td>
<td>80.6</td>
<td>86.9</td>
<td>84.6</td>
<td>5.0</td>
<td>4.0</td>
</tr>
<tr>
<td>North West (all)</td>
<td>74.1</td>
<td>85.7</td>
<td>79.6</td>
<td>7.4</td>
<td>5.5</td>
</tr>
</tbody>
</table>
Percent reporting that limiting sex to one uninfected partner can reduce the risk of HIV infection (DHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2008</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>59.9</td>
<td>67.9</td>
<td>13.4</td>
<td>8.0</td>
</tr>
<tr>
<td>National (male)</td>
<td>80.2</td>
<td>82.5</td>
<td>2.9</td>
<td>2.3</td>
</tr>
<tr>
<td>North West (female)</td>
<td>59.8</td>
<td>66.2</td>
<td>10.7</td>
<td>6.4</td>
</tr>
<tr>
<td>North West (male)</td>
<td>83.1</td>
<td>63</td>
<td>-24.2</td>
<td>-20.1</td>
</tr>
</tbody>
</table>

Percent reporting that abstinence can reduce the risk of HIV infection (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (all)</td>
<td>69.9</td>
<td>78</td>
<td>74.6</td>
<td>6.7</td>
<td>4.7</td>
</tr>
<tr>
<td>North West (all)</td>
<td>57.2</td>
<td>70.6</td>
<td>59.7</td>
<td>4.4</td>
<td>2.5</td>
</tr>
</tbody>
</table>
Table A10. South East

A. BIOLOGICAL DATA

Median HIV prevalence among the general population (ANC)

<table>
<thead>
<tr>
<th></th>
<th>2001</th>
<th>2003</th>
<th>2005</th>
<th>2008</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (all)</td>
<td>5.3</td>
<td>4.3</td>
<td>4.0</td>
<td>3.6</td>
<td>-32.1</td>
<td>-1.7</td>
</tr>
<tr>
<td>South East (all)</td>
<td>5.2</td>
<td>4.1</td>
<td>4.0</td>
<td>3.7</td>
<td>-28.8</td>
<td>-1.5</td>
</tr>
<tr>
<td>South East (rural)</td>
<td>N/A</td>
<td>N/A</td>
<td>4.4</td>
<td>3.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>South East (urban)</td>
<td>5.2</td>
<td>4.1</td>
<td>4.0</td>
<td>5.4</td>
<td>3.8</td>
<td>0.2</td>
</tr>
</tbody>
</table>

Self-reported experience of STI symptoms among those who have ever had sex (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (all)</td>
<td>6.3</td>
<td>7.1</td>
<td>6.9</td>
<td>9.5</td>
<td>0.6</td>
</tr>
<tr>
<td>South East (all)</td>
<td>3.8</td>
<td>4.6</td>
<td>5.2</td>
<td>36.8</td>
<td>1.4</td>
</tr>
</tbody>
</table>
### B. BEHAVIORAL DATA

#### Condoms & Other Prevention

Percent of women and men aged 15–49 who say they used a condom the last time they had sex with a non-marital, non-cohabiting partner, of those who have had sex with such a partner in the last 12 months, by zone and sex (NARHS)

<table>
<thead>
<tr>
<th>Zone</th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>32.2</td>
<td>43.8</td>
<td>35.3</td>
<td>9.6</td>
<td>3.1</td>
</tr>
<tr>
<td>National (male)</td>
<td>50.1</td>
<td>61.3</td>
<td>54.2</td>
<td>8.2</td>
<td>4.1</td>
</tr>
<tr>
<td>South East (female)</td>
<td>40.6</td>
<td>54.2</td>
<td>39.8</td>
<td>-2.0</td>
<td>-0.8</td>
</tr>
<tr>
<td>South East (male)</td>
<td>64.9</td>
<td>77.2</td>
<td>69.9</td>
<td>7.7</td>
<td>5.0</td>
</tr>
</tbody>
</table>

Percent of women and men aged 15–49 who say they used a condom the last time they had sex with a non-marital, non-cohabiting partner, of those who have had sex with such a partner in the last 12 months, by zone and sex (DHS)

<table>
<thead>
<tr>
<th>Zone</th>
<th>2003</th>
<th>2008</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>23.2</td>
<td>33.4</td>
<td>44.0</td>
<td>10.2</td>
</tr>
<tr>
<td>National (male)</td>
<td>46.9</td>
<td>53.1</td>
<td>13.2</td>
<td>6.2</td>
</tr>
<tr>
<td>South East (female)</td>
<td>21.9</td>
<td>40.7</td>
<td>85.8</td>
<td>18.8</td>
</tr>
<tr>
<td>South East (male)</td>
<td>75.6</td>
<td>65.7</td>
<td>-13.1</td>
<td>-9.9</td>
</tr>
</tbody>
</table>

Percentage of women and men aged 15–49 who report ever being tested for HIV, by zone (NARHS)

<table>
<thead>
<tr>
<th>Zone</th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>6</td>
<td>10.8</td>
<td>14.4</td>
<td>140.0</td>
<td>8.4</td>
</tr>
<tr>
<td>National (male)</td>
<td>7.6</td>
<td>11.5</td>
<td>14.7</td>
<td>93.4</td>
<td>7.1</td>
</tr>
<tr>
<td>South East (female)</td>
<td>18.1</td>
<td>19.2</td>
<td>28.5</td>
<td>57.5</td>
<td>10.4</td>
</tr>
<tr>
<td>South East (male)</td>
<td>18.8</td>
<td>22.1</td>
<td>27.0</td>
<td>43.6</td>
<td>8.2</td>
</tr>
</tbody>
</table>
Abstinence & Be Faithful

Percent of women and men aged 15–49 who had sex with more than one partner in the last 12 months (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>2.7</td>
<td>2.1</td>
<td>2.9</td>
<td>7.4</td>
<td>0.2</td>
</tr>
<tr>
<td>National (male)</td>
<td>26.2</td>
<td>25.9</td>
<td>27.3</td>
<td>4.2</td>
<td>1.1</td>
</tr>
<tr>
<td>South East (female)</td>
<td>5.1</td>
<td>1.5</td>
<td>2.8</td>
<td>-45.1</td>
<td>-2.3</td>
</tr>
<tr>
<td>South East (male)</td>
<td>16.7</td>
<td>12.8</td>
<td>26.2</td>
<td>56.9</td>
<td>9.5</td>
</tr>
</tbody>
</table>

Percent of men and women aged 15–49 who report sex with a non-marital, non-cohabiting partner in the last 12 months (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>8.9</td>
<td>10.7</td>
<td>9.4</td>
<td>5.6</td>
<td>0.5</td>
</tr>
<tr>
<td>National (male)</td>
<td>19.4</td>
<td>20.7</td>
<td>19.8</td>
<td>2.1</td>
<td>0.4</td>
</tr>
<tr>
<td>South East (female)</td>
<td>11.4</td>
<td>13.9</td>
<td>13.8</td>
<td>21.1</td>
<td>2.4</td>
</tr>
<tr>
<td>South East (male)</td>
<td>26.3</td>
<td>22</td>
<td>21.8</td>
<td>-17.1</td>
<td>-4.5</td>
</tr>
</tbody>
</table>

Percent of men and women aged 15–49 who report sex with a non-marital, non-cohabiting partner in the last 12 months (DHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2008</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>14.2</td>
<td>13.1</td>
<td>-7.7</td>
<td>-1.1</td>
</tr>
<tr>
<td>National (male)</td>
<td>39.1</td>
<td>29.1</td>
<td>-25.6</td>
<td>-10.0</td>
</tr>
<tr>
<td>South East (female)</td>
<td>30.3</td>
<td>21.9</td>
<td>-27.7</td>
<td>-8.4</td>
</tr>
<tr>
<td>South East (male)</td>
<td>44.5</td>
<td>39.7</td>
<td>-10.8</td>
<td>-4.8</td>
</tr>
</tbody>
</table>
### Percent reporting ever transactional sex (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>6.9</td>
<td>4.1</td>
<td>4.5</td>
<td>-34.8</td>
<td>-2.4</td>
</tr>
<tr>
<td>National (male)</td>
<td>8.7</td>
<td>10.8</td>
<td>8.2</td>
<td>-5.7</td>
<td>-0.5</td>
</tr>
<tr>
<td>South East (female)</td>
<td>8.3</td>
<td>3.9</td>
<td>6.1</td>
<td>-26.5</td>
<td>-2.2</td>
</tr>
<tr>
<td>South East (male)</td>
<td>9.3</td>
<td>15</td>
<td>11.1</td>
<td>19.4</td>
<td>1.8</td>
</tr>
</tbody>
</table>

### Median age at sexual debut (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>16.9</td>
<td>17.4</td>
<td>16.0</td>
<td>-0.9</td>
</tr>
<tr>
<td>National (male)</td>
<td>19.8</td>
<td>20.1</td>
<td>17.0</td>
<td>-2.8</td>
</tr>
<tr>
<td>South East (female)</td>
<td>20.5</td>
<td>20.7</td>
<td>17.0</td>
<td>-3.5</td>
</tr>
<tr>
<td>South East (male)</td>
<td>19.3</td>
<td>19.6</td>
<td>18.0</td>
<td>-1.3</td>
</tr>
</tbody>
</table>

### C. KNOWLEDGE DATA

### Percent reporting knowledge of HIV prevention methods (DHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2008</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>42.3</td>
<td>48</td>
<td>13.5</td>
<td>5.7</td>
</tr>
<tr>
<td>National (male)</td>
<td>59.8</td>
<td>67.4</td>
<td>12.7</td>
<td>7.6</td>
</tr>
<tr>
<td>South East (female)</td>
<td>42.2</td>
<td>55.1</td>
<td>30.6</td>
<td>12.9</td>
</tr>
<tr>
<td>South East (male)</td>
<td>75.5</td>
<td>72.4</td>
<td>-4.1</td>
<td>-3.1</td>
</tr>
</tbody>
</table>

*Limiting sex to one uninfected partner and condom use*
## Percent reporting knowledge of condoms (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (all)</td>
<td>65.3</td>
<td>73</td>
<td>71.3</td>
<td>9.2</td>
<td>6.0</td>
</tr>
<tr>
<td>South East (all)</td>
<td>76.7</td>
<td>88.8</td>
<td>85.9</td>
<td>12.0</td>
<td>9.2</td>
</tr>
<tr>
<td>South East (rural)</td>
<td>70.6</td>
<td>86.6</td>
<td>84.2</td>
<td>19.3</td>
<td>13.6</td>
</tr>
<tr>
<td>South East (urban)</td>
<td>86.5</td>
<td>92.6</td>
<td>91.5</td>
<td>5.8</td>
<td>5.0</td>
</tr>
</tbody>
</table>

## Percent reporting that condom use can reduce the risk of HIV infection (DHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2008</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
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<td>18.8</td>
<td>8.4</td>
</tr>
<tr>
<td>National (male)</td>
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<td>71.1</td>
<td>12.1</td>
<td>7.7</td>
</tr>
<tr>
<td>South East (female)</td>
<td>43.6</td>
<td>60.9</td>
<td>39.7</td>
<td>17.3</td>
</tr>
<tr>
<td>South East (male)</td>
<td>79.4</td>
<td>76</td>
<td>-4.3</td>
<td>-3.4</td>
</tr>
</tbody>
</table>

## Percent reporting that limiting sex to one uninfected partner can reduce the risk of HIV infection (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (all)</td>
<td>80.6</td>
<td>86.9</td>
<td>84.6</td>
<td>5.0</td>
<td>4.0</td>
</tr>
<tr>
<td>South East (all)</td>
<td>90.7</td>
<td>92.7</td>
<td>86.5</td>
<td>-4.6</td>
<td>-4.2</td>
</tr>
</tbody>
</table>
### Percent reporting that limiting sex to one uninfected partner can reduce the risk of HIV infection (DHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2008</th>
<th>% Change</th>
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</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>59.9</td>
<td>67.9</td>
<td>13.4</td>
<td>8.0</td>
</tr>
<tr>
<td>National (male)</td>
<td>80.2</td>
<td>82.5</td>
<td>2.9</td>
<td>2.3</td>
</tr>
<tr>
<td>South East (female)</td>
<td>77.3</td>
<td>77.8</td>
<td>0.6</td>
<td>0.5</td>
</tr>
<tr>
<td>South East (male)</td>
<td>85.1</td>
<td>87.6</td>
<td>2.9</td>
<td>2.5</td>
</tr>
</tbody>
</table>

### Percent reporting that abstinence can reduce the risk of HIV infection (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (all)</td>
<td>69.9</td>
<td>78</td>
<td>74.6</td>
<td>6.7</td>
<td>4.7</td>
</tr>
<tr>
<td>South East (all)</td>
<td>91.2</td>
<td>94.6</td>
<td>90.7</td>
<td>-0.5</td>
<td>-0.5</td>
</tr>
</tbody>
</table>
Table A11. South West

A. BIOLOGICAL DATA

Median HIV prevalence among the general population (ANC)

<table>
<thead>
<tr>
<th></th>
<th>2001</th>
<th>2003</th>
<th>2005</th>
<th>2008</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (all)</td>
<td>5.3</td>
<td>4.3</td>
<td>4.0</td>
<td>3.4</td>
<td>-35.8</td>
<td>-1.9</td>
</tr>
<tr>
<td>South West (all)</td>
<td>4</td>
<td>2.3</td>
<td>1.3</td>
<td>2.0</td>
<td>-50.0</td>
<td>-2.0</td>
</tr>
<tr>
<td>South West (rural)</td>
<td>6.9</td>
<td>4.2</td>
<td>1.3</td>
<td>2.0</td>
<td>-71.0</td>
<td>-4.9</td>
</tr>
<tr>
<td>South West (urban)</td>
<td>4</td>
<td>2.3</td>
<td>2.3</td>
<td>2.0</td>
<td>-50.0</td>
<td>-2.0</td>
</tr>
</tbody>
</table>

Self-reported experience of STI symptoms among those who have ever had sex (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (all)</td>
<td>6.3</td>
<td>7.1</td>
<td>6.9</td>
<td>9.5</td>
<td>0.6</td>
</tr>
<tr>
<td>South West (all)</td>
<td>6.1</td>
<td>8.6</td>
<td>4.9</td>
<td>-19.7</td>
<td>-1.2</td>
</tr>
</tbody>
</table>
B. BEHAVIORAL DATA
Condoms & Other Prevention

Percent of women and men aged 15–49 who say they used a condom the last time they had sex with a non-marital, non-cohabiting partner, of those who have had sex with such a partner in the last 12 months, by zone and sex (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>32.2</td>
<td>43.8</td>
<td>35.3</td>
<td>9.6</td>
<td>3.1</td>
</tr>
<tr>
<td>National (male)</td>
<td>50.1</td>
<td>61.3</td>
<td>54.2</td>
<td>8.2</td>
<td>4.1</td>
</tr>
<tr>
<td>South West (female)</td>
<td>33.6</td>
<td>50</td>
<td>36.2</td>
<td>7.7</td>
<td>2.6</td>
</tr>
<tr>
<td>South West (male)</td>
<td>50.2</td>
<td>68.1</td>
<td>64.7</td>
<td>28.9</td>
<td>14.5</td>
</tr>
</tbody>
</table>

Percent of women and men aged 15–49 who say they used a condom the last time they had sex with a non-marital, non-cohabiting partner, of those who have had sex with such a partner in the last 12 months, by zone and sex (DHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2008</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>23.2</td>
<td>33.4</td>
<td>44.0</td>
<td>10.2</td>
</tr>
<tr>
<td>National (male)</td>
<td>46.9</td>
<td>53.1</td>
<td>13.2</td>
<td>6.2</td>
</tr>
<tr>
<td>South West (female)</td>
<td>40.9</td>
<td>39.5</td>
<td>-3.4</td>
<td>-1.4</td>
</tr>
<tr>
<td>South West (male)</td>
<td>63</td>
<td>65.1</td>
<td>3.3</td>
<td>2.1</td>
</tr>
</tbody>
</table>

Percentage of women and men aged 15-49 who report ever being tested for HIV, by zone (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>6</td>
<td>10.8</td>
<td>14.4</td>
<td>140.0</td>
<td>8.4</td>
</tr>
<tr>
<td>National (male)</td>
<td>7.6</td>
<td>11.5</td>
<td>14.7</td>
<td>93.4</td>
<td>7.1</td>
</tr>
<tr>
<td>South West (female)</td>
<td>7</td>
<td>14.3</td>
<td>14.7</td>
<td>110.0</td>
<td>7.7</td>
</tr>
<tr>
<td>South West (male)</td>
<td>9.3</td>
<td>13.4</td>
<td>14.9</td>
<td>60.2</td>
<td>5.6</td>
</tr>
</tbody>
</table>
### Abstinence & Be Faithful

#### Percent of women and men aged 15–49 who had sex with more than one partner in the last 12 months (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>2.7</td>
<td>2.1</td>
<td>2.9</td>
<td>7.4</td>
<td>0.2</td>
</tr>
<tr>
<td>National (male)</td>
<td>26.2</td>
<td>25.9</td>
<td>27.3</td>
<td>4.2</td>
<td>1.1</td>
</tr>
<tr>
<td>South West (female)</td>
<td>2</td>
<td>1.6</td>
<td>4.3</td>
<td>115.0</td>
<td>2.3</td>
</tr>
<tr>
<td>South West (male)</td>
<td>22.9</td>
<td>25.3</td>
<td>29.7</td>
<td>29.7</td>
<td>6.8</td>
</tr>
</tbody>
</table>

#### Percent of men and women aged 15-49 who report sex with a non-marital, non-cohabiting partner in the last 12 months (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>8.9</td>
<td>10.7</td>
<td>9.4</td>
<td>5.6</td>
<td>0.5</td>
</tr>
<tr>
<td>National (male)</td>
<td>19.4</td>
<td>20.7</td>
<td>19.8</td>
<td>2.1</td>
<td>0.4</td>
</tr>
<tr>
<td>South West (female)</td>
<td>13.3</td>
<td>16</td>
<td>14.2</td>
<td>6.8</td>
<td>0.9</td>
</tr>
<tr>
<td>South West (male)</td>
<td>27.2</td>
<td>31.6</td>
<td>26.7</td>
<td>-1.8</td>
<td>-0.5</td>
</tr>
</tbody>
</table>

#### Percent of men and women aged 15-49 who report sex with a non-marital, non-cohabiting partner in the last 12 months (DHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2008</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>14.2</td>
<td>13.1</td>
<td>-7.7</td>
<td>-1.1</td>
</tr>
<tr>
<td>National (male)</td>
<td>39.1</td>
<td>29.1</td>
<td>-25.6</td>
<td>-10.0</td>
</tr>
<tr>
<td>South West (female)</td>
<td>21.1</td>
<td>17.2</td>
<td>-18.5</td>
<td>-3.9</td>
</tr>
<tr>
<td>South West (male)</td>
<td>58</td>
<td>44.2</td>
<td>-23.8</td>
<td>-13.8</td>
</tr>
</tbody>
</table>
### Percent reporting ever transactional sex (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>6.9</td>
<td>4.1</td>
<td>4.5</td>
<td>-34.8</td>
<td>-2.4</td>
</tr>
<tr>
<td>National (male)</td>
<td>8.7</td>
<td>10.8</td>
<td>8.2</td>
<td>-5.7</td>
<td>-0.5</td>
</tr>
<tr>
<td>South West (female)</td>
<td>6.7</td>
<td>4.8</td>
<td>5.3</td>
<td>-20.9</td>
<td>-1.4</td>
</tr>
<tr>
<td>South West (male)</td>
<td>7</td>
<td>9.1</td>
<td>6.9</td>
<td>-1.4</td>
<td>-0.1</td>
</tr>
</tbody>
</table>

### Median age at sexual debut (NARHS)

<table>
<thead>
<tr>
<th></th>
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<th>2005</th>
<th>2007</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>16.9</td>
<td>17.4</td>
<td>16.0</td>
<td>-0.9</td>
</tr>
<tr>
<td>National (male)</td>
<td>19.8</td>
<td>20.1</td>
<td>17.0</td>
<td>-2.8</td>
</tr>
<tr>
<td>South West (female)</td>
<td>18.4</td>
<td>17.75</td>
<td>18.0</td>
<td>-0.4</td>
</tr>
<tr>
<td>South West (male)</td>
<td>18.6</td>
<td>19.3</td>
<td>17.0</td>
<td>-1.6</td>
</tr>
</tbody>
</table>

### C. KNOWLEDGE DATA

### Percent reporting knowledge of HIV prevention methods (DHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2008</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>42.3</td>
<td>48</td>
<td>13.5</td>
<td>5.7</td>
</tr>
<tr>
<td>National (male)</td>
<td>59.8</td>
<td>67.4</td>
<td>12.7</td>
<td>7.6</td>
</tr>
<tr>
<td>South West (female)</td>
<td>52.4</td>
<td>50.2</td>
<td>-4.2</td>
<td>-2.2</td>
</tr>
<tr>
<td>South West (male)</td>
<td>69</td>
<td>66.9</td>
<td>-3.0</td>
<td>-2.1</td>
</tr>
</tbody>
</table>

*Limiting sex to one uninfected partner and condom use*
### Percent reporting knowledge of condoms (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (all)</td>
<td>65.3</td>
<td>73</td>
<td>71.3</td>
<td>9.2</td>
<td>6.0</td>
</tr>
<tr>
<td>South West (all)</td>
<td>90.2</td>
<td>89.8</td>
<td>88.8</td>
<td>-1.6</td>
<td>-1.4</td>
</tr>
<tr>
<td>South West (rural)</td>
<td>81</td>
<td>82.3</td>
<td>84.2</td>
<td>4.0</td>
<td>3.2</td>
</tr>
<tr>
<td>South West (urban)</td>
<td>95.2</td>
<td>94.5</td>
<td>92.1</td>
<td>-3.3</td>
<td>-3.1</td>
</tr>
</tbody>
</table>

### Percent reporting that condom use can reduce the risk of HIV infection (DHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2008</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>44.6</td>
<td>53</td>
<td>18.8</td>
<td>8.4</td>
</tr>
<tr>
<td>National (male)</td>
<td>63.4</td>
<td>71.1</td>
<td>12.1</td>
<td>7.7</td>
</tr>
<tr>
<td>South West (female)</td>
<td>56.3</td>
<td>58.9</td>
<td>4.6</td>
<td>2.6</td>
</tr>
<tr>
<td>South West (male)</td>
<td>73.5</td>
<td>72.8</td>
<td>-1.0</td>
<td>-0.7</td>
</tr>
</tbody>
</table>

### Percent reporting that limiting sex to one uninfected partner can reduce the risk of HIV infection (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (all)</td>
<td>80.6</td>
<td>86.9</td>
<td>84.6</td>
<td>5.0</td>
<td>4.0</td>
</tr>
<tr>
<td>South West (all)</td>
<td>85</td>
<td>86.4</td>
<td>88.8</td>
<td>4.5</td>
<td>3.8</td>
</tr>
</tbody>
</table>
### Percent reporting that limiting sex to one uninfected partner can reduce the risk of HIV infection (DHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2008</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>59.9</td>
<td>67.9</td>
<td>13.4</td>
<td>8.0</td>
</tr>
<tr>
<td>National (male)</td>
<td>80.2</td>
<td>82.5</td>
<td>2.9</td>
<td>2.3</td>
</tr>
<tr>
<td>South West (female)</td>
<td>67.4</td>
<td>67.3</td>
<td>-0.1</td>
<td>-0.1</td>
</tr>
<tr>
<td>South West (male)</td>
<td>83.4</td>
<td>81.5</td>
<td>-2.3</td>
<td>-1.9</td>
</tr>
</tbody>
</table>

### Percent reporting that abstinence can reduce the risk of HIV infection (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (all)</td>
<td>69.9</td>
<td>78</td>
<td>74.6</td>
<td>6.7</td>
<td>4.7</td>
</tr>
<tr>
<td>South West (all)</td>
<td>80.1</td>
<td>80.6</td>
<td>77.0</td>
<td>-3.9</td>
<td>-3.1</td>
</tr>
</tbody>
</table>
Table A12. South South

A. BIOLOGICAL DATA

Median HIV prevalence among the general population (ANC)

<table>
<thead>
<tr>
<th></th>
<th>2001</th>
<th>2003</th>
<th>2005</th>
<th>2008</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (all)</td>
<td>5.3</td>
<td>4.3</td>
<td>4.0</td>
<td>3.4</td>
<td>-35.8</td>
<td>-1.9</td>
</tr>
<tr>
<td>South South (all)</td>
<td>7.7</td>
<td>6</td>
<td>5.0</td>
<td>7.0</td>
<td>-9.1</td>
<td>-0.7</td>
</tr>
<tr>
<td>South South (rural)</td>
<td>N/A</td>
<td>N/A</td>
<td>4.0</td>
<td>4.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>South South (urban)</td>
<td>7.7</td>
<td>6</td>
<td>5.7</td>
<td>7.1</td>
<td>-7.8</td>
<td>-0.6</td>
</tr>
</tbody>
</table>

Self-reported experience of STI symptoms among those who have ever had sex (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (all)</td>
<td>6.3</td>
<td>7.1</td>
<td>6.9</td>
<td>9.5</td>
<td>0.6</td>
</tr>
<tr>
<td>South South (all)</td>
<td>9.7</td>
<td>6.5</td>
<td>7.2</td>
<td>-25.8</td>
<td>-2.5</td>
</tr>
</tbody>
</table>
### B. BEHAVIORAL DATA

#### Condoms & Other Prevention

Percent of women and men aged 15–49 who say they used a condom the last time they had sex with a non-marital, non-cohabiting partner, of those who have had sex with such a partner in the last 12 months, by zone and sex (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>32.2</td>
<td>43.8</td>
<td>35.3</td>
<td>9.6</td>
<td>3.1</td>
</tr>
<tr>
<td>National (male)</td>
<td>50.1</td>
<td>61.3</td>
<td>54.2</td>
<td>8.2</td>
<td>4.1</td>
</tr>
<tr>
<td>South South (female)</td>
<td>32.9</td>
<td>33</td>
<td>31.6</td>
<td>-4.0</td>
<td>-1.3</td>
</tr>
<tr>
<td>South South (male)</td>
<td>49.8</td>
<td>53</td>
<td>41.5</td>
<td>-16.7</td>
<td>-8.3</td>
</tr>
</tbody>
</table>

Percent of women and men aged 15–49 who say they used a condom the last time they had sex with a non-marital, non-cohabiting partner, of those who have had sex with such a partner in the last 12 months, by zone and sex (DHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2008</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>23.2</td>
<td>33.4</td>
<td>44.0</td>
<td>10.2</td>
</tr>
<tr>
<td>National (male)</td>
<td>46.9</td>
<td>53.1</td>
<td>13.2</td>
<td>6.2</td>
</tr>
<tr>
<td>South South (female)</td>
<td>19.6</td>
<td>30.9</td>
<td>57.7</td>
<td>11.3</td>
</tr>
<tr>
<td>South South (male)</td>
<td>37.8</td>
<td>49.3</td>
<td>30.4</td>
<td>11.5</td>
</tr>
</tbody>
</table>

Percentage of women and men aged 15-49 who report ever being tested for HIV, by zone (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>6</td>
<td>10.8</td>
<td>14.4</td>
<td>140.0</td>
<td>8.4</td>
</tr>
<tr>
<td>National (male)</td>
<td>7.6</td>
<td>11.5</td>
<td>14.7</td>
<td>93.4</td>
<td>7.1</td>
</tr>
<tr>
<td>South South (female)</td>
<td>6.1</td>
<td>15.9</td>
<td>19.4</td>
<td>218.0</td>
<td>13.3</td>
</tr>
<tr>
<td>South South (male)</td>
<td>8.6</td>
<td>16.9</td>
<td>18.8</td>
<td>118.6</td>
<td>10.2</td>
</tr>
</tbody>
</table>
### Abstinence & Be Faithful

#### Percent of women and men aged 15–49 who had sex with more than one partner in the last 12 months (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>2.7</td>
<td>2.1</td>
<td>2.9</td>
<td>7.4</td>
<td>0.2</td>
</tr>
<tr>
<td>National (male)</td>
<td>26.2</td>
<td>25.9</td>
<td>27.3</td>
<td>4.2</td>
<td>1.1</td>
</tr>
<tr>
<td>South South (female)</td>
<td>5.9</td>
<td>6.5</td>
<td>5.5</td>
<td>-6.8</td>
<td>-0.4</td>
</tr>
<tr>
<td>South South (male)</td>
<td>25.5</td>
<td>26.9</td>
<td>15.1</td>
<td>-40.8</td>
<td>-10.4</td>
</tr>
</tbody>
</table>

#### Percent of men and women aged 15-49 who report sex with a non-marital, non-cohabiting partner in the last 12 months (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>8.9</td>
<td>10.7</td>
<td>9.4</td>
<td>5.6</td>
<td>0.5</td>
</tr>
<tr>
<td>National (male)</td>
<td>19.4</td>
<td>20.7</td>
<td>19.8</td>
<td>2.1</td>
<td>0.4</td>
</tr>
<tr>
<td>South South (female)</td>
<td>20.9</td>
<td>28.7</td>
<td>21.5</td>
<td>2.9</td>
<td>0.6</td>
</tr>
<tr>
<td>South South (male)</td>
<td>34.2</td>
<td>37</td>
<td>39.2</td>
<td>14.6</td>
<td>5.0</td>
</tr>
</tbody>
</table>

#### Percent of men and women aged 15-49 who report sex with a non-marital, non-cohabiting partner in the last 12 months (DHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2008</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>14.2</td>
<td>13.1</td>
<td>-7.7</td>
<td>-1.1</td>
</tr>
<tr>
<td>National (male)</td>
<td>39.1</td>
<td>29.1</td>
<td>-25.6</td>
<td>-10.0</td>
</tr>
<tr>
<td>South South (female)</td>
<td>36.9</td>
<td>32.7</td>
<td>-11.4</td>
<td>-4.2</td>
</tr>
<tr>
<td>South South (male)</td>
<td>60.4</td>
<td>56.4</td>
<td>-6.6</td>
<td>-4.0</td>
</tr>
</tbody>
</table>
Percent reporting ever transactional sex (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>6.9</td>
<td>4.1</td>
<td>4.5</td>
<td>-34.8</td>
<td>-2.4</td>
</tr>
<tr>
<td>National (male)</td>
<td>8.7</td>
<td>10.8</td>
<td>8.2</td>
<td>-5.7</td>
<td>-0.5</td>
</tr>
<tr>
<td>South South (female)</td>
<td>15.3</td>
<td>12.1</td>
<td>10.4</td>
<td>-32.0</td>
<td>-4.9</td>
</tr>
<tr>
<td>South South (male)</td>
<td>21.4</td>
<td>14.6</td>
<td>14.4</td>
<td>-32.7</td>
<td>-7.0</td>
</tr>
</tbody>
</table>

Median age at sexual debut (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>16.9</td>
<td>17.4</td>
<td>16.0</td>
<td>-0.9</td>
</tr>
<tr>
<td>National (male)</td>
<td>19.8</td>
<td>20.1</td>
<td>17.0</td>
<td>-2.8</td>
</tr>
<tr>
<td>South South (female)</td>
<td>16.7</td>
<td>17.75</td>
<td>16.0</td>
<td>-0.7</td>
</tr>
<tr>
<td>South South (male)</td>
<td>18.2</td>
<td>19.2</td>
<td>16.0</td>
<td>-2.2</td>
</tr>
</tbody>
</table>

C. KNOWLEDGE DATA

Percent reporting knowledge of HIV prevention methods (DHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2008</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>42.3</td>
<td>48</td>
<td>13.5</td>
<td>5.7</td>
</tr>
<tr>
<td>National (male)</td>
<td>59.8</td>
<td>67.4</td>
<td>12.7</td>
<td>7.6</td>
</tr>
<tr>
<td>South South (female)</td>
<td>47.1</td>
<td>59.8</td>
<td>27.0</td>
<td>12.7</td>
</tr>
<tr>
<td>South South (male)</td>
<td>49.8</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Limiting sex to one uninfected partner and condom use
### Percent reporting knowledge of condoms (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (all)</td>
<td>65.3</td>
<td>73</td>
<td>71.3</td>
<td>9.2</td>
<td>6.0</td>
</tr>
<tr>
<td>South South (all)</td>
<td>78.5</td>
<td>86.7</td>
<td>88.1</td>
<td>12.2</td>
<td>9.6</td>
</tr>
<tr>
<td>South South (rural)</td>
<td>74.9</td>
<td>82.9</td>
<td>86.0</td>
<td>14.8</td>
<td>11.1</td>
</tr>
<tr>
<td>South South (urban)</td>
<td>88.5</td>
<td>95.2</td>
<td>92.5</td>
<td>4.5</td>
<td>4.0</td>
</tr>
</tbody>
</table>

### Percent reporting that condom use can reduce the risk of HIV infection (DHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2008</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>44.6</td>
<td>53</td>
<td>18.8</td>
<td>8.4</td>
</tr>
<tr>
<td>National (male)</td>
<td>63.4</td>
<td>71.1</td>
<td>12.1</td>
<td>7.7</td>
</tr>
<tr>
<td>South South (female)</td>
<td>48.8</td>
<td>64.6</td>
<td>32.4</td>
<td>15.8</td>
</tr>
<tr>
<td>South South (male)</td>
<td>50.4</td>
<td>77.6</td>
<td>54.0</td>
<td>27.2</td>
</tr>
</tbody>
</table>

### Percent reporting that limiting sex to one uninfected partner can reduce the risk of HIV infection (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (all)</td>
<td>80.6</td>
<td>86.9</td>
<td>84.6</td>
<td>5.0</td>
<td>4.0</td>
</tr>
<tr>
<td>South South (all)</td>
<td>92.9</td>
<td>90.7</td>
<td>86.0</td>
<td>-7.4</td>
<td>-6.9</td>
</tr>
</tbody>
</table>
Percent reporting that limiting sex to one uninfected partner can reduce the risk of HIV infection (DHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2008</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>59.9</td>
<td>67.9</td>
<td>13.4</td>
<td>8.0</td>
</tr>
<tr>
<td>National (male)</td>
<td>80.2</td>
<td>82.5</td>
<td>2.9</td>
<td>2.3</td>
</tr>
<tr>
<td>South South (female)</td>
<td>58</td>
<td>73.2</td>
<td>26.2</td>
<td>15.2</td>
</tr>
<tr>
<td>South South (male)</td>
<td>68.2</td>
<td>74.9</td>
<td>9.8</td>
<td>6.7</td>
</tr>
</tbody>
</table>

Percent reporting that abstinence can reduce the risk of HIV infection (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (all)</td>
<td>69.9</td>
<td>78</td>
<td>74.6</td>
<td>6.7</td>
<td>4.7</td>
</tr>
<tr>
<td>South South (all)</td>
<td>81.4</td>
<td>81.4</td>
<td>80.6</td>
<td>-1.0</td>
<td>-0.8</td>
</tr>
</tbody>
</table>
### Table A13. Youth

#### A. BIOLOGICAL DATA

**Change in HIV prevalence among women aged 15-24 (ANC)**

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2008</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (youth)</td>
<td>3.9</td>
<td>3.5</td>
<td>3.1</td>
<td>-20.5</td>
<td>-0.8</td>
</tr>
<tr>
<td>Rural (youth)</td>
<td>3.5</td>
<td>3.2</td>
<td>2.1</td>
<td>-40.0</td>
<td>-1.4</td>
</tr>
<tr>
<td>Urban (youth)</td>
<td>4.2</td>
<td>3.8</td>
<td>3.5</td>
<td>-16.7</td>
<td>-0.7</td>
</tr>
<tr>
<td>North Central</td>
<td>7.8</td>
<td>4.5</td>
<td>4.6</td>
<td>-41.0</td>
<td>-3.2</td>
</tr>
<tr>
<td>North East</td>
<td>4</td>
<td>4.1</td>
<td>3.4</td>
<td>-15.0</td>
<td>-0.6</td>
</tr>
<tr>
<td>North West</td>
<td>2.5</td>
<td>2.8</td>
<td>1.6</td>
<td>-36.0</td>
<td>-0.9</td>
</tr>
<tr>
<td>South East</td>
<td>3.9</td>
<td>4</td>
<td>4.1</td>
<td>5.1</td>
<td>0.2</td>
</tr>
<tr>
<td>South West</td>
<td>1.7</td>
<td>2</td>
<td>1</td>
<td>-41.2</td>
<td>-0.7</td>
</tr>
<tr>
<td>South South</td>
<td>6.6</td>
<td>4.8</td>
<td>7.3</td>
<td>10.6</td>
<td>0.7</td>
</tr>
</tbody>
</table>

**Self-reported STI symptoms among youth aged 15-24 reporting previous sex (NARHS)**

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>All ages</td>
<td>6.3</td>
<td>7.1</td>
<td>6.9</td>
<td>9.5</td>
<td>0.6</td>
</tr>
<tr>
<td>15-19</td>
<td>9.7</td>
<td>8.1</td>
<td>9.4</td>
<td>-3.1</td>
<td>-0.3</td>
</tr>
<tr>
<td>20-24</td>
<td>8.9</td>
<td>10</td>
<td>10.4</td>
<td>16.9</td>
<td>1.5</td>
</tr>
</tbody>
</table>
B. BEHAVIORAL DATA
Condoms & Other Prevention

Percentage of young never married people (aged 15-24) who used a condom at last sex, of all young single sexually active people surveyed (DHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2008</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>24</td>
<td>35.5</td>
<td>47.9</td>
<td>11.5</td>
</tr>
<tr>
<td>Male</td>
<td>46.3</td>
<td>49.5</td>
<td>6.9</td>
<td>3.2</td>
</tr>
</tbody>
</table>

Percentage of youth aged 15-24 reporting condom use at last sex (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>31.9</td>
<td>58.3</td>
<td>34.3</td>
<td>7.5</td>
<td>2.4</td>
</tr>
<tr>
<td>Male</td>
<td>51.3</td>
<td>76.8</td>
<td>52.2</td>
<td>1.8</td>
<td>0.9</td>
</tr>
</tbody>
</table>

Percent of youth aged 15–24 who say they used a condom the last time they had sex with a non-marital, non-cohabiting partner, of those who have had sex with such a partner in the last 12 months (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>All ages (female)</td>
<td>32.2</td>
<td>43.8</td>
<td>35.3</td>
<td>9.6</td>
<td>3.1</td>
</tr>
<tr>
<td>All ages (male)</td>
<td>50.1</td>
<td>61.3</td>
<td>54.2</td>
<td>8.2</td>
<td>4.1</td>
</tr>
<tr>
<td>15-19 (female)</td>
<td>23.3</td>
<td>39.5</td>
<td>28.7</td>
<td>23.2</td>
<td>5.4</td>
</tr>
<tr>
<td>15-19 (male)</td>
<td>47.9</td>
<td>49.7</td>
<td>47.8</td>
<td>-0.2</td>
<td>-0.1</td>
</tr>
<tr>
<td>20-24 (female)</td>
<td>39.8</td>
<td>40.8</td>
<td>38.7</td>
<td>-2.8</td>
<td>-1.1</td>
</tr>
<tr>
<td>20-24 (male)</td>
<td>52.9</td>
<td>64.1</td>
<td>47.5</td>
<td>-10.2</td>
<td>-5.4</td>
</tr>
</tbody>
</table>
Percent of youth aged 15–24 who say they used a condom the last time they had sex with a non-marital, non-cohabiting partner, of those who have had sex with such a partner in the last 12 months (DHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2008</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>All ages (female)</td>
<td>23.2</td>
<td>33.4</td>
<td>44.0</td>
<td>10.2</td>
</tr>
<tr>
<td>All ages (male)</td>
<td>46.9</td>
<td>53.1</td>
<td>13.2</td>
<td>6.2</td>
</tr>
<tr>
<td>15-19 (female)</td>
<td>22</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15-19 (male)</td>
<td>32.8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-24 (female)</td>
<td>26</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-24 (male)</td>
<td>53</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15-24 (female)</td>
<td>24</td>
<td>35.5</td>
<td>47.9</td>
<td>11.5</td>
</tr>
<tr>
<td>15-24 (male)</td>
<td>46.3</td>
<td>49.5</td>
<td>6.9</td>
<td>3.2</td>
</tr>
</tbody>
</table>

Percentage of youth who report ever being tested for HIV (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>All ages (female)</td>
<td>6</td>
<td>10.8</td>
<td>14.4</td>
<td>140.0</td>
<td>8.4</td>
</tr>
<tr>
<td>All ages (male)</td>
<td>7.6</td>
<td>11.5</td>
<td>14.7</td>
<td>93.4</td>
<td>7.1</td>
</tr>
<tr>
<td>15-19 (female)</td>
<td>2.6</td>
<td>3.6</td>
<td>7.1</td>
<td>173.1</td>
<td>4.5</td>
</tr>
<tr>
<td>15-19 (male)</td>
<td>3.8</td>
<td>5.8</td>
<td>7</td>
<td>84.2</td>
<td>3.2</td>
</tr>
<tr>
<td>20-24 (female)</td>
<td>6.5</td>
<td>11.5</td>
<td>15.3</td>
<td>135.4</td>
<td>8.8</td>
</tr>
<tr>
<td>20-24 (male)</td>
<td>7.6</td>
<td>11</td>
<td>13.2</td>
<td>73.7</td>
<td>5.6</td>
</tr>
</tbody>
</table>
### Abstinence & Be Faithful

Percent of youth aged 15-24 reporting sex with a non-marital, non-cohabiting partner in the last 12 months (all sources)

<table>
<thead>
<tr>
<th>Region</th>
<th>2000 (BSS)</th>
<th>2003 (DHS)</th>
<th>2007 (MICS)</th>
<th>2008 (DHS)</th>
<th>% Change 03-08</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (female)</td>
<td>8.5</td>
<td>29.4</td>
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<tr>
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<td>72.7</td>
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Percent of youth aged 15-24 who report sex with 2+ partners in the last 12 months (all sources)

<table>
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<th>2007 (MICS)</th>
<th>2008 (DHS)</th>
<th>% Change</th>
<th>Absolute Change</th>
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<tbody>
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<td>2.5</td>
<td>2.1</td>
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<td>-0.1</td>
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<tr>
<td>National (male)</td>
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<td>13.3, 13.3</td>
<td>17.2</td>
<td>2.1</td>
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</tr>
<tr>
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<td>1.1</td>
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<td>1.2</td>
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<tr>
<td>North West (male)</td>
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<td></td>
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<td></td>
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<tr>
<td>South East (female)</td>
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<tr>
<td>South East (male)</td>
<td>6.7</td>
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</tr>
<tr>
<td>South West (female)</td>
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<tr>
<td>South West (male)</td>
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<td></td>
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<tr>
<td>South South (female)</td>
<td>7.2</td>
<td>6.4</td>
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</tr>
<tr>
<td>South South (male)</td>
<td>9.9</td>
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</tbody>
</table>

Percent of youth aged 15-24 reporting sex with 2+ partners in the last 12 months (DHS)

<table>
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<tr>
<th></th>
<th>2003</th>
<th>2008</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19 (female)</td>
<td>0.9</td>
<td>2.3</td>
<td>155.6</td>
<td>1.4</td>
</tr>
<tr>
<td>15-19 (male)</td>
<td>4.9</td>
<td>14.5</td>
<td>195.9</td>
<td>9.6</td>
</tr>
<tr>
<td>20-24 (female)</td>
<td>3.8</td>
<td>2</td>
<td>-47.4</td>
<td>-1.8</td>
</tr>
<tr>
<td>20-24 (male)</td>
<td>12.2</td>
<td>18.2</td>
<td>49.2</td>
<td>6</td>
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</tbody>
</table>
C. KNOWLEDGE DATA
Condoms & Other Prevention

Percent of youth reporting knowledge of HIV prevention methods (DHS)

<table>
<thead>
<tr>
<th>Category</th>
<th>2003</th>
<th>2008</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>All ages (female)</td>
<td>42.3</td>
<td>48</td>
<td>13.5</td>
<td>5.7</td>
</tr>
<tr>
<td>All ages (male)</td>
<td>59.8</td>
<td>67.4</td>
<td>12.7</td>
<td>7.6</td>
</tr>
<tr>
<td>15-19 (female)</td>
<td>36.5</td>
<td>42.9</td>
<td>17.5</td>
<td>6.4</td>
</tr>
<tr>
<td>15-19 (male)</td>
<td>52</td>
<td>60.6</td>
<td>16.5</td>
<td>8.6</td>
</tr>
<tr>
<td>20-24 (female)</td>
<td>44.9</td>
<td>50.6</td>
<td>12.7</td>
<td>5.7</td>
</tr>
<tr>
<td>20-24 (male)</td>
<td>65.1</td>
<td>71.5</td>
<td>9.8</td>
<td>6.4</td>
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</tbody>
</table>

Knowledge = limiting sex to one uninfected partner + condom use
### Percent of youth reporting knowledge of HIV prevention methods (NARHS)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>All ages (female)</td>
<td>42.2</td>
<td>44.6</td>
<td>43.5</td>
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<td>1.3</td>
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<tr>
<td>All ages (male)</td>
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<td>59.4</td>
<td>60.4</td>
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<td>0.5</td>
</tr>
<tr>
<td>15-19 (all)</td>
<td>48.6</td>
<td>47.7</td>
<td>46.2</td>
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<td>-2.4</td>
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<tr>
<td>20-24 (all)</td>
<td>56.9</td>
<td>58.8</td>
<td>57.1</td>
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</table>

Knowledge = limiting sex to one uninfected partner + condom use

### Percent of youth reporting knowledge of condoms (NARHS)

<table>
<thead>
<tr>
<th></th>
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<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>All ages (national)</td>
<td>65.3</td>
<td>73</td>
<td>71.3</td>
<td>9.2</td>
<td>6</td>
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<tr>
<td>15-19 (all)</td>
<td>59.4</td>
<td>65.8</td>
<td>61</td>
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<td>1.6</td>
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<tr>
<td>15-19 (rural)</td>
<td>47.7</td>
<td>56</td>
<td>53.5</td>
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<td>5.8</td>
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<tr>
<td>15-19 (urban)</td>
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<td>85</td>
<td>76</td>
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<td>-5.1</td>
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<tr>
<td>20-24 (all)</td>
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<td>79.4</td>
<td>75.5</td>
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<td>4.7</td>
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<tr>
<td>20-24 (rural)</td>
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<td>71.3</td>
<td>67.6</td>
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<td>7.6</td>
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<td>20-24 (urban)</td>
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### Percent of youth reporting that condom use can reduce the risk of HIV infection (DHS)

<table>
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<th>2008</th>
<th>% Change</th>
<th>Absolute Change</th>
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<td>53</td>
<td>18.8</td>
<td>8.4</td>
</tr>
<tr>
<td>All ages (male)</td>
<td>63.4</td>
<td>71.1</td>
<td>12.1</td>
<td>7.7</td>
</tr>
<tr>
<td>15-19 (female)</td>
<td>38.6</td>
<td>48.3</td>
<td>25.1</td>
<td>9.7</td>
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<tr>
<td>15-19 (male)</td>
<td>58.2</td>
<td>64.6</td>
<td>11.0</td>
<td>6.4</td>
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<tr>
<td>20-24 (female)</td>
<td>47.8</td>
<td>55.9</td>
<td>16.9</td>
<td>8.1</td>
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<tr>
<td>20-24 (male)</td>
<td>67.8</td>
<td>75</td>
<td>10.6</td>
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### Percent who believe that condoms can protect against HIV (NARHS)

<table>
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<tr>
<th>Age Group</th>
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<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>All ages</td>
<td>49.9</td>
<td>54.6</td>
<td>54.5</td>
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<td>4.6</td>
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<td>15-19</td>
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<td>46.8</td>
<td>44</td>
<td>-3.3</td>
<td>-1.5</td>
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<tr>
<td>20-24</td>
<td>56.3</td>
<td>61.5</td>
<td>59.4</td>
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<td>3.1</td>
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### Percent of youth reporting knowledge of where to buy a condom

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<td>24</td>
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<td>58.1</td>
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<tr>
<td>North Central (male)</td>
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</tr>
<tr>
<td>North East (male)</td>
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<tr>
<td>North West (female)</td>
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<tr>
<td>South East (male)</td>
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<td>South West (female)</td>
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<tr>
<td>South West (male)</td>
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<td>South South (female)</td>
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</table>

### Percent reporting that limiting sex to one uninfected partner can reduce HIV risk (NARHS)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
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</thead>
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<tr>
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<td>84.6</td>
<td>5</td>
<td>4</td>
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<td>82.8</td>
<td>77.7</td>
<td>2.8</td>
<td>2.1</td>
</tr>
<tr>
<td>20-24</td>
<td>82.4</td>
<td>88.6</td>
<td>87</td>
<td>5.6</td>
<td>4.6</td>
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</table>
### Percent reporting that limiting sex to one uninfected partner can reduce HIV risk (DHS)

<table>
<thead>
<tr>
<th></th>
<th>2003 (DHS)</th>
<th>2008 (DHS)</th>
<th>% Change</th>
<th>Absolute Change</th>
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</thead>
<tbody>
<tr>
<td>All ages (female)</td>
<td>59.9</td>
<td>67.9</td>
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<td>8</td>
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<tr>
<td>All ages (male)</td>
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<td>82.5</td>
<td>2.9</td>
<td>2.3</td>
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<td>63.2</td>
<td>18.6</td>
<td>9.9</td>
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<tr>
<td>15-19 (male)</td>
<td>64.8</td>
<td>75.5</td>
<td>16.5</td>
<td>10.7</td>
</tr>
<tr>
<td>20-24 (female)</td>
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<td>69.5</td>
<td>10.3</td>
<td>6.5</td>
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<tr>
<td>20-24 (male)</td>
<td>80.6</td>
<td>85.3</td>
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### Percent of youth reporting that abstinence can reduce the risk of HIV infection (NARHS)

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<th>2007</th>
<th>% Change</th>
<th>Absolute Change</th>
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</thead>
<tbody>
<tr>
<td>All ages</td>
<td>69.9</td>
<td>78</td>
<td>74.6</td>
<td>6.7</td>
<td>4.7</td>
</tr>
<tr>
<td>15-19</td>
<td>70.3</td>
<td>79.2</td>
<td>73</td>
<td>3.8</td>
<td>2.7</td>
</tr>
<tr>
<td>20-24</td>
<td>73.2</td>
<td>79.5</td>
<td>76.6</td>
<td>4.6</td>
<td>3.4</td>
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</table>
Table A.14 Most-at-risk populations

### BIOLOGICAL DATA


<table>
<thead>
<tr>
<th>Category</th>
<th>2007 (BioBSS)</th>
<th>2006 (Oyo)*</th>
<th>2008 (Plateau)*</th>
<th>2008 (NE)*</th>
<th>2008 (national)*</th>
<th>2008*</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSW (any type)</td>
<td></td>
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<td>48.2</td>
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</tr>
<tr>
<td>FSW (brothel)</td>
<td>37.4</td>
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<td>49</td>
</tr>
<tr>
<td>FSW (non-brothel)</td>
<td>30.2</td>
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<td></td>
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</tr>
<tr>
<td>MSM</td>
<td>13.5</td>
<td></td>
<td>13.4</td>
<td>12.7</td>
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<td></td>
</tr>
<tr>
<td>Transport workers</td>
<td>3.7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>16.4</td>
</tr>
<tr>
<td>Police</td>
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<td></td>
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<tr>
<td>Armed forces</td>
<td>3.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Fayemiwo et al; Imade et al; Dutse et al; Adebajo et al; Villaba-Diebold et al

**Syphilis Prevalence, by MARP (2004-2009)**

<table>
<thead>
<tr>
<th>Category</th>
<th>2007 (BioBSS)</th>
<th>2007 (Lagos)*</th>
<th>2008 (national)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSW (any type)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FSW (brothel)</td>
<td>1.3</td>
<td>21.1</td>
<td></td>
</tr>
<tr>
<td>FSW (non-brothel)</td>
<td>0.5</td>
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</tr>
<tr>
<td>MSM</td>
<td>0</td>
<td>0.3</td>
<td></td>
</tr>
<tr>
<td>Transport workers</td>
<td>1.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Police</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Armed forces</td>
<td>0.5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Oyefara et al, 200X; Adebajo et al, 2008
### Self-reported STI, by MARP (BSS)

<table>
<thead>
<tr>
<th>MARP</th>
<th>2005</th>
<th>2007</th>
<th>2007 (Lagos)*</th>
<th>% Change</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSW (any type)</td>
<td></td>
<td></td>
<td></td>
<td>51.6</td>
<td></td>
</tr>
<tr>
<td>FSW (brothel)</td>
<td>3.1</td>
<td>16.1</td>
<td></td>
<td>419.4</td>
<td>13</td>
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Oyefara et al

### Percent of FSWs reporting the use of a condom with their most recent client (BSS)

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<th>Absolute Change</th>
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### Percent of MARPs who report using a condom the last time they had sex with a non-marital, non-cohabiting partner, of those who have had sex with such a partner in the last 12 months (BSS)

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Percent of male respondents aged 15-49 reporting sex with a female sex worker (BSS)

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Percentage of MARPs who report ever being tested for HIV (BSS)

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*2005-2007 only; **2000-2005 only
Percent of MARPs reporting sex with more than one partner in the last 12 months (BSS, 2007)

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