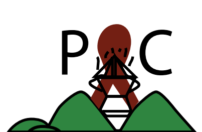
Youth Behavioural Survey Report: Somalia

IOM 2012



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This report was prepared by Saba Khan.

This publication was made possible through financial support from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM).

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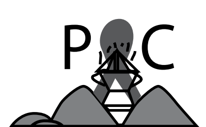

Acknowledgements and Contributions

IOM wishes to acknowledge and appreciate the work of the research team and Saba Khan, the lead consultant for this report. IOM is grateful for the support of UNICEF and to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) for their financial support to this study. IOM would like to recognize the contributions of the Somalia team to this study, in particular to Hussein Hassan, who dedicated much of his time and effort to support the implementation of this study, conduct translations and assist IOM's partner agencies with their participation in this study. Chiaki Ito, Ruth Mbugua, Tina Langdon and Mary-Sanyu Osire also provided their support in preparing the final publication.

IOM would like to thank and recognize the hard work of its partners, who supported the data collection of this study: Youth and HIV/AIDS Network (YAHAN), The General Assistance and Volunteer Organization (GAVO), and Somali Consultants for Organizational Development, Research and Empowerment (SCORE). IOM would also like to acknowledge the Somali AIDS Commissions – South Central AIDS Commission (SCAC), Puntland AIDS Commission (PAC) and the Somaliland AIDS Commission (SOLNAC) – all of which demonstrated significant leadership in supporting this study.

Finally, IOM would like to thank the youths who participated in this study; without them this work would not have been possible.

Table of Contents

List of Tables and Figures 9

Acronyms 11

Executive Summary 13
- BACKGROUND 15
- AIMS AND OBJECTIVES OF THE STUDY 16
- METHODOLOGY 16
- RESULTS 20
- RECOMMENDATIONS 33

References 35

Appendix A: Indicator Definitions (UNGASS-AIDS and Somali Strategic Framework) 37

Appendix B: Questionnaire 39

Appendix C: Ethical Approval 51

List of Tables and Figures

Table 1: Summary of key findings (Includes UNGASS-AIDS and Somali Strategic Framework Indicators) 12

Table 2: Sociodemographic characteristics of respondents 14

Table 3: Respondents' knowledge about HIV and AIDS..... 15

Table 4: Respondents' knowledge about the modes of HIV transmission 16

Table 5: Stigma and discrimination against persons living with HIV/AIDS (PLWHA)..... 18

Table 6: Male sexual behaviour 20

Table 7: Transactional sex..... 20

Table 8: Access to condoms (males only) 21

Table 9: Self-perceived HIV risk 22

Table 10: HIV testing..... 23

Table 11: Exposure to HIV programmes and information 24

Table 12: Change in sexual behaviour after exposure to HIV/AIDS programmes during the last 12 months 26

Figure 1: Knowledge of HIV prevention..... 18

Figure 2: Awareness of HIV status among respondents who have taken an HIV test 24

Acronyms

AIDS	acquired immune deficiency syndrome
BCC	behaviour change communication
GFATM or Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
FHI	Family Health International
HIV	human immunodeficiency virus
IDP	internally displaced person
IOM	International Organization for Migration
MENA	Middle East and North Africa
NGO	non-governmental organization
PLWHA	People living with HIV/AIDS
PRB	Population Reference Bureau
STI	sexually transmitted infection
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Programme
UNGASS-AIDS	United Nations General Assembly Special Session on HIV and AIDS
UNAIDS	Joint United Nations Programme on HIV/AIDS
VCT	voluntary counselling and testing

Executive Summary

Little is known about the extent and nature of the HIV epidemic in Somalia. Over the past few years, IOM, with its civil society and governmental partners, has worked tirelessly to explore the parameters of HIV and AIDS in Somalia through targeted studies to inform the country' existing HIV and AIDS prevention programmes. Through our programming and research, target populations and programmatic gaps have been identified.

This particular study takes a look at HIV-related vulnerabilities, knowledge and behaviour among Somali youth aged 15 to 24. This study revealed deep-seated misconceptions about the transmission and the science of HIV and AIDS among the youth, as well as significant variance among regions and between genders in terms of HIV prevention knowledge and practice.

As stated by Abdurahman Saeed Musa, Headmaster of Nawawi School, a key partner of IOM and the Puntland AIDS Commission's 2011 Youth & HIV Survey:

"People believe that Muslims cannot get HIV so they do not check themselves or their partner[s]. Having HIV is very shameful in this community, so only when people are bedridden do they go and see a doctor. IOM's study on HIV and young people is a groundbreaking start, but more intervention is needed."

This study shows that risk behaviour is not generalized among the Somali youth. Targeted male- and female-friendly services that combine biomedical interventions, behavioural change and activities that address the underlying determinants of risk behaviour and service access remain a priority going forward. HIV activities should focus on ensuring that the youth are provided with sufficient skills and knowledge to protect themselves when they become sexually active. The youth ought to receive information on where they can go to receive HIV tests and have access to condoms and integrated HIV treatment and care.

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BACKGROUND

Supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM or the Global Fund), the International Organization for Migration (IOM) implemented community-based and youth-focused HIV prevention programmes in Somalia. Little was known about the HIV vulnerability of Somali youth aged 15 to 24, and a baseline study was conducted on the sexual behaviours, knowledge and practices of the Somali youth to assess their HIV vulnerability. This study was based on a survey which collected quantitative and qualitative data and measured indicators from the United Nations General Assembly Special Session on HIV and AIDS (UNGASS-AIDS) and the Strategic Framework for the Somali AIDS Response (2009-2013).

CONTEXT

Existing data on the Somali HIV epidemic points towards a likely concentration in high-risk populations that has previously neither been properly identified or addressed programmatically in the national response. Antenatal clinic (ANC) data from 2004 showed an HIV prevalence of 0.5 per cent in South-Central; ANC data from 2007 indicated prevalence rates of 0.5 per cent in Puntland and 1.3 per cent in Somaliland (UNAIDS 2010). The relatively higher HIV prevalence currently found in Somaliland may be related to substantial trade-driven mobility and conflict-associated forced migration.

The prevalence of sexually transmitted infections (STIs) is also surprisingly high for a low-prevalence country, indicating that high-risk behaviours are taking place. Anecdotal accounts and the completion of three research studies by IOM[1] and its partners point towards the existence of certain high-HIV-risk populations, among which are sex workers, their clients and transport workers (truck drivers and port workers).

The Strategic Framework for the Somali AIDS Response (2009-2013) focuses on risk zones and groups at an increased risk of HIV rather than the general population. The focus of the strategic framework is to intensify integrated HIV prevention, treatment, care and support towards universal access for high-risk Somali populations.

1.1 RATIONALE

The Global Fund Round 8 HIV Grant principal recipient was United Nations Children's Fund (UNICEF), and after a request for proposals launched in September 2009, IOM was selected as the sub-recipient for two grants: 1) community-based HIV prevention and stigma reduction and 2) vulnerable and at-risk adolescents and youth. All activities were conducted in line with the Strategic Framework for the Somali AIDS Response.

Research to date on the youth behavioural risk correlates of HIV in Somalia is limited, and IOM undertook a baseline survey in Somaliland, Puntland and South Central to address this important information gap. The results of this study are meant to inform the national response and assess its impact by establishing baseline information for measuring trends in HIV-related behavioural risks over time.

[1] *HIV & syphilis integrated bio-behavioural surveillance (IBBS) survey among female transactional sex workers in Hargeisa, Somaliland* (2008); *Somali HIV hot-spot mapping: Exploring HIV vulnerability among populations at increased risk* (2008); and *Sexual and gender-based violence and HIV assessment among vulnerable and displaced women in No-Camp settings in Somaliland* (2010)

AIMS AND OBJECTIVES

AIMS

The Survey seeks to achieve the following goals:

1. Establish the baseline behavioural risk correlates of HIV among the youth in the Somaliland, Puntland and South Central zones;
3. Develop a body of evidence that will direct and strengthen the HIV response among the youth, including programming, service provision and policy.

OBJECTIVES

In order to fulfil the study aims, the Survey should be able to accomplish the following:

1. Provide baseline prevalence estimates of knowledge, beliefs and perceptions about HIV;
3. Determine the prevalence of key HIV-related risk and treatment-seeking behaviours, as well as the preferred sources of information on HIV/AIDS and STIs;
8. Appraise the content of behaviour change communication (BCC) packages and information, education and communication materials to be used in outreach programmes targeting the youth.

METHODOLOGY

TARGET POPULATIONS

The survey took place among unmarried male and female youth aged 15 to 24.

SELECTION OF SITES

The study focused on the following 'risk zones' in which IOM project activities are taking place as the primary geographic areas for targeting the youth. The primary risk zones selected for the survey are based on data from the IOM 2008 Somali HIV Hot-Spot Mapping report:

- Somaliland (2 risk zones): the Berbera-Hargeisa-Togwachale-Borama and the Berbera-Burao-Hargeisa corridors;
- Puntland (1 risk zone): the Bossasso-Garowe-Galkayo corridor;
- South Central (1 risk zone): the Baidoa-Merca-Kismayo corridor.

Within each of the risk zones, certain 'hotspots' were targeted based on the information below:

Risk Zone	Rationale behind selection
Somaliland	
Berbera	Highest HIV prevalence; port town and transport corridor engaging mobile populations
Hargeisa	Second highest HIV prevalence; commercial business area; transport corridor
Burao	Third highest HIV prevalence; transit point between Somaliland, Puntland and South Central
Borama	Fourth highest HIV prevalence; proximity to the Ethiopian and Djiboutian borders
Togwachale	No prevalence data; high-risk behaviours; transport corridor; proximity to the Ethiopian border
Puntland	
Bosaso	Highest HIV prevalence; high-risk behaviours; business centre, port and transport corridor; concentration of refugees and internally displaced persons (IDPs); transit point to Somaliland and Yemen
Galkayo	Second highest HIV prevalence; transport corridor; presence of IDPs; transit point to Puntland and Ethiopia
Garowe	Third highest HIV prevalence; transport corridor; presence of IDPs; transit point to Puntland and Ethiopia
South Central	
Mogadishu	Port and transport corridor engaging mobile populations; concentration of refugees and IDPs; concentration of conflict
Baidoa	Transport corridor engaging mobile populations; concentration of refugees and IDPs
Merka	Port and transport corridor engaging mobile populations
Jowhar	Transport corridor engaging mobile populations

STUDY TOOLS

Following a review of surveillance survey tools (IOM, 2008; FHI, 2000; UNICEF, 2004; HI, 2009; and UNDP, 2010) and expert advice from key agencies working in Somalia and the HIV/AIDS field and the AIDS Commissions, a structured questionnaire (Appendix B) was developed focusing on the following topic areas:

1. Demographic characteristics.
2. Migration and mobility.
3. Knowledge about HIV and AIDS.
4. Stigma and discrimination.
5. Sexual behaviour.
6. STIs and STI treatment-seeking behaviour.
8. Self-perceived HIV risk and access to and use of services.
10. Exposure to HIV programmes and information.

The questionnaires were translated into the Somali language and pre-tested by conducting approximately 20 interviews with youths in one location. These youths were excluded from participation in the actual study. The pre-test evaluated the respondents' comprehension of the questions and the procedures for conducting the interviews. The findings from the pre-test were used to revise the questionnaire based on the following points: ease with which respondents stated their responses, comprehension of the questions by the respondent, the respondent's confidence in their responses, level of the respondents' discomfort with the questions and social acceptability.

Informed consent was obtained from each respondent prior to conducting the interview.

SAMPLE SIZE

The sample size calculations were based on the key outcome indicators listed in Appendix A. However, as there were no baseline values (except for indicator 3), the sample size calculations were based on assigning P_1 a value of 0.50, because the variances of indicators measured as proportions are maximized as they approach 0.50. Thus, using a value of 0.50 provides a measure of insurance that the sample size chosen is sufficient to satisfy the measurement objectives of the survey (Pathfinder, 2000).

Sample Size Calculation

$$n = \frac{deff \times \left[Z_{1-\alpha}\sqrt{2P(1-P)} + Z_{1-\beta}\sqrt{P_1(1-P_1)+P_2(1-P_2)} \right]^2}{(P_2 - P_1)^2}$$

P_1	hypothesized value of the indicator at year X (time 1) = 0.50
P_2	expected value of the indicator at the second instance (time 2). A 15 per cent-difference will be detected
P	= $(P_1 + P_2)/2$
$Z_{1-\alpha}$	= 1.96 (5% significance), the standard normal deviate value for an α (type I) error
$Z_{1-\beta}$	= 0.84 (80% power), the standard normal deviate value for a β (type II)
error *Deff*	estimated at 2.

Using a P_1 of 0.50, a P_2 of 0.15, a 95 per cent confidence interval, ±5% precision and a design effect of 2, a sample of n=266 respondents was required in each of the 3 zones.

It was estimated that 35 per cent of students in secondary schools are female. Taking this into account, the sample size was increased to 365 respondents per zone.

SAMPLING STRATEGY

Respondents were randomly selected from a sampling frame of secondary schools and youth centres in the study sites. The sampling steps are detailed below:

1. A list of all the schools and youth centres in each project site was obtained. Based on a sample size of 365 per zone and the number of project sites in each zone, the sample size per project site was calculated as follows:

Zone	Project sites	Sample size per project site	Number of youths interviewed per school/ youth centre per project site	Number of schools/ youth centres per site
Somaliland	5	73	25	3
Puntland	3	122	25	5
South Central	4	92	25	4

2. On each project site a fixed number of youth centres and schools were randomly selected in each zone.
3. On each project site, an equal number of youths were surveyed. This method results in a self-weighted sample (FHI, 2000).
4. Respondents were selected from each school/youth centre using simple random sampling (lottery method). To select youths for the interview, interviewers first had to identify the total number of youths in each school/youth centre and then compute for a skip pattern based on the total number of youths in each school.
5. Once respondents were identified and asked for their consent, field researchers then proceeded to administer the interview.

DATA COLLECTION

Prior to data collection, a training workshop on the tools and methodology for the Youth Survey was held with representatives from the implementing partners, AIDS Commission monitoring and evaluation officers, national consultants and IOM field staff.

Data collection took place from February to March 2011. In each zone an implementing partner was contracted to manage fieldwork, reporting and data collection. Research activities in each zone were supervised by locally recruited national consultants and IOM national staff who routinely reported to the Lead Researcher based in Nairobi. Additional support to the study was provided through the AIDS Commission's regional monitoring and evaluation staff in each project site, to ensure that the study had met its objectives and that ethical standards were adhered to.

DATA MANAGEMENT AND ANALYSIS

At the end of each day, all questionnaires were compiled, signed and stamped by the regional monitoring and evaluation officers from the three AIDS Commissions and placed inside envelopes. On completion of data collection at each project site, the questionnaires were sent to the IOM National Office. From there the questionnaires were couriered to the IOM office in Nairobi for data capture.

Data were entered into a Microsoft Excel spreadsheet and subsequently imported into Statistical Package for the Social Sciences (SPSS). Data editing consisted of checking for duplicate records and inconsistencies within records.

Exploratory data analysis included basic frequency distributions for all variables. Analysis was conducted using cross tabulations by zone and sex for each of the key indicators and variables. Due to the small number of youths who were sexually active, it was not possible to conduct multiple regression to explore the determinants and risk factors associated with sexual behaviour.

ETHICAL APPROVAL

The study protocol and questionnaire were reviewed and received ethical approval from the AIDS Commissions and other relevant government partners.

RESULTS

Table 1 below presents key findings and baseline levels for indicators from UNGASS-AIDS and the Somali Strategic Framework (indicator definitions are attached in Appendix A).

Table 1: Summary of key findings (includes UNGASS-AIDS and Somali Strategic Framework indicators)

NATIONAL PROGRAMME INDICATORS[1]	Somaliland		Puntland		South Central		Total	
Gender (male or female), (N)	M (241)	F (103)	M (242)	F (102)	M (278)	F (117)	M (761)	F (322)
Percentage of youth aged 15-24 who received an HIV test in the last 12 months and who know their results (modified from 'general population' to 'youth') (%)	9.1	7.8	12.4	20.6	1.1	1.7	7.2	9.6
Percentage of youth reached by HIV prevention programmes (%)	4.6	3.9	3.7	6.9	0.4	0.0	2.8	3.4
Knowledge and behaviour[1]								
Percentage of youth aged 15-24 who can correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (%)	14.1	16.5	6.6	20.6	5.4	4.3	8.7	13.4
Percentage of youth aged 15-24 who have ever had sex[3], %	17.9	0.0	5.8	0.0	9.0	0.0	10.8	0.0
Percentage of youth aged 15-24 who have had sexual intercourse before the age of 15 (%)	4.2	0.0	0.0	0.0	0.0	0.0	1.3	0.0
Percentage of youth aged 15-24 who have had sexual intercourse with more than one partner in the last 12 months (modified from 'general population' to 'youth')[2] (%)	3.7	0.0	2.9	0.0	1.4	0.0	2.6	0.0
Percentage of youth aged 15-24 who have had sexual intercourse with more than one partner in the previous 12 months reporting condom use during their last intercourse (modified from 'general population' to 'youth')[2], (n/N)	33.3 (3/9)	0.0	62.5 (3/8)	0.0	0.0 (0/5)	0.0	35.0 (14/22)	0.0
Attitudes and risk perception[3]								
Percentage of youth aged 15-24 who believe HIV is a punishment from God (%)	96.7	100.0	91.3	76.0	95.8	94.3	94.8	90.2
Percentage of youth aged 15-24 who consider themselves at risk of contracting HIV (%)	7.9	2.0	45.2	22.5	11.9	3.5	21.2	9.2

[1] Denominator is the number of all youth aged 15-24.
[2] Denominator is the number of all youth who have had sexual intercourse with more than one partner.
[3] Not a UNGASS-AIDS or Somali Strategic Framework indicator.

NATIONAL PROGRAMME INDICATORS

The proportion of youths who have had an HIV test and know their result is less than 10% for both males and females. However, there are zonal differences, with a higher proportion of both male (12.4%) and female (20.6%) youths in Puntland reporting they have been tested for HIV and knew the result of the test.

The proportion of youths reached by HIV prevention programmes is very low, with almost no youth being reached in South Central.

KNOWLEDGE AND BEHAVIOUR INDICATORS

Knowledge of the correct ways of preventing sexual transmission of HIV and the rejection of major misconceptions about HIV transmission is strikingly low, and female youth are less informed than male youth. Males in South Central seem to be better informed, with 6.5 per cent providing correct answers to all the items that comprise this indicator.

Only 10 per cent of male youth admitted to ever having had sex. There are zonal variations, however, with a higher proportion of male youth in Somaliland (17.9%) compared to Puntland and South Central who have had sex. Of male youth in Somaliland who had ever had sex, almost 6 per cent stated that they had sexual intercourse before the age of 15.

Only 2.6 per cent of male youth admitted to having had more than one sexual partner, and of these, only 35 per cent reported using a condom during their last intercourse. A higher proportion of male youth in Puntland reported using a condom compared to Somaliland, with none in South Central reporting condom use during their last intercourse .

ATTITUDES AND SELF-PERCEIVED HIV RISK

More than 90 per cent of both male and female youth believe that HIV is a punishment from God. The findings in Puntland are remarkable, as only 76 per cent of female youth agreedd with this statement.

More male than female youth consider themselves at risk of contracting HIV/AIDS, with 21.2 per cent and 9.2 per cent, respectively, agreeing with this statement. The perceived risk of contracting HIV is much higher in Puntland compared to Somaliland and South Central.

Table 2: Sociodemographic characteristics of respondents

BACKGROUND CHARACTERISTICS	Somaliland		Puntland		South Central		Total	
Gender (male or female), (N)	**M (241)**	**F (103)**	**M (242)**	**F (102)**	**M (278)**	**F (117)**	**M (761)**	**F (322)**
Sex (%)	70.1	29.9	70.3	29.7	70.3	29.7	70.9	29.7
Age (%)								
15-19	50.6	68.0	57.0	68.9	63.9	70.1	57.5	68.9
20-24	49.4	32.0	43.0	31.4	36.1	29.9	42.5	31.1
Respondent recruited from: (%)								
school	71.0	72.8	72.7	71.6	85.3	80.3	76.7	75.2
youth centre	29.0	27.2	27.3	28.4	14.7	19.7	23.3	24.8
Ever attended school (%)	93.4	88.3	97.1	99.0	97.8	97.4	96.2	95.0
Highest level of schooling completed (%)								
Qur'anic school	0.4	2.2	0.4	0.0	2.2	3.7	1.1	2.0
primary	16.1	9.9	6.8	5.0	11.9	11.0	11.5	8.6
secondary	83.5	86.8	84.3	88.1	83.7	88.5	83.8	86.7
college/university/tertiary	0.0	1.1	8.5	6.9	2.2	0.0	3.6	2.7
Nationality (%)								
Somali	100	99.0	99.2	100	99.3	99.1	99.5	99.4
others	-	1.0	0.8	-	0.7	0.9	0.5	0.6
MIGRATION AND MOBILITY								
Migrant?								
Yes, <4 years	11.2	12.6	7.7	17.9	9.8	5.2	9.6	11.6
Yes, 4-15 years	43.5	39.8	43.7	50.5	15.3	12.1	33.2	33.2
Born in place of interview	45.3	47.6	48.6	31.6	74.9	82.7	57.2	55.2
Lives with:								
family	100.0	99.0	94.6	99.0	94.6	92.3	96.3	96.6
others (peers/friends/co-workers/ classmates)	0.0	1.0	5.4	1.0	5.4	7.7	3.7	3.4

Two thirds of the study sample was drawn from males and a third from females aged 15 to 24 years. There is a higher number of youth aged 15 to 19 than youth aged 20 to 24. This had already been expected, as the majority of the respondents were sampled from secondary schools (76%) compared to youth centres, which often provide older youth with training in vocational skills.

Almost 100 per cent of both male and female youth were Somali nationals. However, there was considerable mobility reported within the zones, with only 57.2 per cent of male and 55.2 per cent of female youth reporting that they were born in the city in which the interviews took place.

Table 3: Respondents' knowledge about HIV and AIDS

	Somaliland		Puntland		South Central		Total	
Gender (male or female), (N)	**M (241)**	**F (103)**	**M (242)**	**F (102)**	**M (277)**	**F (117)**	**M (760)**	**F (322)**
Ever heard of HIV or AIDS (%)	87.1	99.0	99.2	98.0	94.2	89.7	93.6	95.3
Heard about HIV or AIDS through*								
TV	12.9	33.7	9.6	23.0	10.7	26.0	11.0	27.5
radio	28.1	26.7	54.0	64.6	64.9	81.7	50.4	57.9
friends	1.4	8.9	4.6	4.0	8.4	15.4	5.1	9.5
family member	1.4	2.0	4.6	0.0	0.4	3.8	5.6	2.0
health worker	6.7	12.9	2.9	9.0	7.3	6.7	1.7	9.5
religious leaders	1.9	4.0	1.3	0.0	1.9	1.0	21.2	1.6
agencies/NGOs	36.7	34.7	3.8	20.0	24.8	10.6	2.8	21.6
posters	1.4	5.9	0.8	2.0	5.7	1.9	4.1	3.3
;leaflets	2.9	2.0	4.2	7.0	5.0	3.8	1.7	4.3
billboards	0.5	1.0	0.4	1.0	3.8	6.7	10.8	3.0
others (school/HIV awareness days)	13.8	24.8	19.2	30.0	0.8	1.9		18.7
Knows someone who is infected with HIV or who has died of AIDS	33.8	34.3	36.8	38.	11.2	3.8	26.4	25.0

More than 90 per cent of the youths interviewed have heard about HIV or AIDS.

Radio was reported as the most common channel for hearing about HIV or AIDS, except in Somaliland, where 36.7 per cent of males and 34.7 per cent of females mentioned agencies or NGO's working in HIV as their main source of information. It is interesting to note that only 3.8 per cent of males in Puntland mentioned agencies or NGOs, compared to 20 per cent of females. A sizeable proportion of the youths interviewed mentioned they had heard of HIV at school and/or through HIV/AIDS awareness days.

Just over a quarter of male and female respondents stated that they knew someone infected with HIV or who had died of AIDS. This is much lower in South Central, with only 11.2 per cent of males and only 3.8 per cent of females reporting so.

Table 4: Respondents' knowledge about the modes of HIV transmission

Knowledge Point	Somaliland		Puntland		South Central		Total	
Gender (male or female), (N)	M (210)	F (103)	M (239)	F (102)	M (262)	F (117)	M (711)	F (322)
Knows that a pregnant woman infected with HIV or who has AIDS can transmit the virus to her unborn child (%)	73.3	67.0	71.7	69.0	64.2	44.2	69.4	60.0
Knows that a pregnant woman can reduce the risk of transmitting the virus to her unborn child by: (%)								
taking medication	27.5	26.5	49.3	17.0	43.4	41.0	40.5	28.3
not breastfeeding	15.9	25.5	21.3	14.0	7.2	2.9	14.3	20.2
others	10.1	4.9	12.2	36.0	2.6	0.0	7.9	6.2
don't know/no response	46.4	43.1	16.3		46.8	56.2	37.2	45.2
Knows that a person can reduce the risk of HIV transmission by having sex with only one faithful, uninfected partner who has no other partner* (%)	66.5	84.3	35.4	80.4	65.4	65.7	55.6	76.3
Knows that a person can protect him/herself from HIV infection by using a condom correctly every time he/she has sex* (%)	50.5	31.7	12.1	35.9	31.1	22.6	30.4	29.8
Believes a person can get infected with HIV through a mosquito bite* (%)	24.8	29.4	36.5	37.0	21.3	13.2	27.4	26.3
Believes a person can get infected with HIV by sharing food with someone who is infected* (%)	11.5	12.0	24.2	5.1	19.1	20.2	18.6	12.5
Knows that it is possible for a healthy-looking person to have HIV* (%)	79.3	82.4	85.9	89.9	55.3	50.9	72.6	73.9
Knows that a person can protect him/herself from HIV infection by abstaining from sex (%)	67.6	71.6	63.9	43.0	23.6	15.1	50.0	42.9
Knows that a mother may pass HIV on to her baby through breastfeeding (%)	64.8	64.7	70.5	74.5	34.5	47.2	55.4	61.8
Believes a person can get HIV by sharing cutlery, plates and cups with someone who is infected (%)	21.5	21.8	18.7	14.0	21.4	21.7	20.5	19.2
Knows that a person can get HIV by getting injections with a needle that was already used by someone else (%)	93.3	89.2	85.9	98.0	65.9	61.3	80.6	82.5

Believes female circumcision can reduce transmission of HIV (%)	43.3	73.5	38.2	42.0	15.0	6.6	31.1	40.3
Knows that male circumcision can reduce female-to-male transmission of HIV (%)	31.9	63.4	36.8	39.0	14.6	4.8	27.1	35.3
Believes a traditional healer can cure HIV (%)	15.8	16.3	20.0	19.0	9.4	2.8	14.8	12.5
Believes a person can get HIV because of witchcraft or other supernatural means (%)	7.6	7.8	5.0	3.0	5.6	1.9	6.0	4.2
Believes that drinking camel/sheep urine can cure HIV (%)	19.5	27.5	33.2	29.0	6.7	1.9	19.4	19.2
Believes that eating camel/sheep fat can cure HIV (%)	10.0	15.7	29.5	17.0	6.7	3.8	15.3	12.0

* These items are included in the UNGASS-AIDS indicator "percentage of youth who can correctly identify ways of preventing sexual transmission of HIV and who reject major misconceptions about HIV transmission."

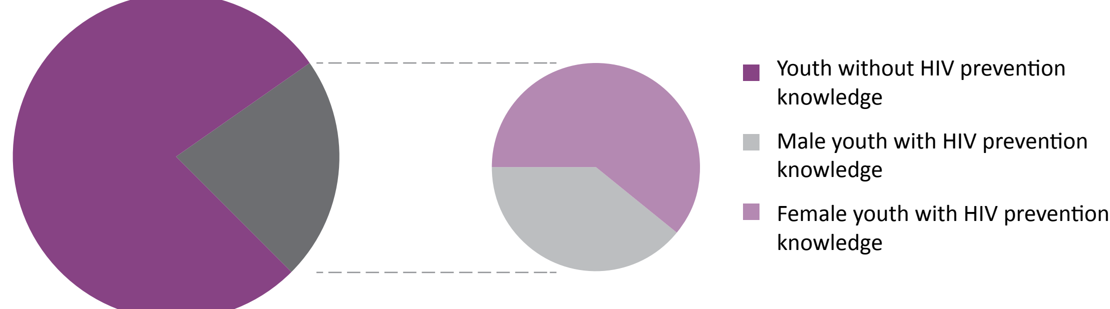
On average, **70 per cent of males and 60 per cent of females knew that a pregnant woman could transmit HIV to her unborn child**. This was much lower among females in South Central (44.2%), compared to Somaliland and Puntland.

Just under half of the youth surveyed seemed to know that a pregnant woman could reduce the risk of transmitting the AIDS virus to her child by taking medications. The exceptions are both male and female youth in Somaliland and female youth in Puntland, who possess significantly less knowledge than other youth.

The youth are generally misinformed about the modes of HIV transmission and prevention, with a few exceptions:

- More than 80 per cent of male and female youth know that a person can get HIV through injections with used needles.
- Almost two thirds of respondents agreed that a healthy-looking person can have HIV. However, this was much lower in South Central than in Somaliland and Puntland, with just over 50 per cent agreeing with this statement.

Figure 1: Knowledge of HIV prevention



However, knowledge of HIV-preventive behaviours is much lower among the youth. Just over half of males (55.6%) and three-quarters of females (76.3%) interviewed know that a person can reduce the risk of HIV transmission by having sex with one faithful, uninfected partner. Male youth in Puntland are less informed, with only 35.4 per cent agreeing with this statement.

Knowledge that correct condom use can protect a person is very low, with less than a third of respondents agreeing with this statement. Male youth in Puntland revealed an exceptionally lower level of knowledge of correct condom usage as a method of protecting oneself from HIV, at 12.1 per cent.

Surprisingly, only 50 per cent of males and 43 per cent of females know that abstaining from sex can protect against HIV infection. Again, youth in South Central are much less informed, with only 23.6 per cent of males and 15.1 per cent of females agreeing with this statement.

A sizeable proportion of youth hold beliefs that are potentially harmful, the most common being that female circumcision can reduce the risk of HIV transmission. This was highest among female youth in Somaliland, with 73.5 per cent agreeing with this statement.

Other major misconceptions include: 1) that HIV can be transmitted through mosquito bites or by sharing cutlery or food; and 2) that HIV can be cured by a traditional healer or by drinking camel/sheep urine or eating camel/sheep fat.

Table 5: Stigma and discrimination against persons living with HIV/AIDS

	Somaliland		Puntland		South Central		Total	
Gender (male or female), (N)	M (210)	F (101)	M (239)	F (99)	M (267)	F (106)	M (716)	F (306)
Groups responsible for spreading HIV/ AIDS:* (%)								
sex workers	37.1	41.6	56.9	49.5	85.8	58.5	61.9	50.0
men	4.8	12.9	11.3	12.1	22.8	56.6	13.7	27.8
women	6.7	5.9	18.3	10.2	24.7	50.9	17.3	23.0
unmarried youth	14.8	30.7	33.8	25.3	44.2	19.8	32.1	25.2
foreigners	8.6	17.8	30.4	7.1	44.9	25.5	29.4	17.0
others[1]	14.8	19.8	29.6	25.1	77.8	35.7	43.2	27.2
Attitudes* (%)								
"I would be willing to share a meal with a person who has HIV/AIDS."	78.1	52.9	67.9	73.0	55.5	57.1	66.3	60.9
"If a male or female relative became ill with HIV, the virus that causes AIDS, I would be willing to care for them in my house."	83.8	91.2	70.5	85.0	76.2	68.3	76.5	81.4
"If a member of my family became ill with HIV, the virus that causes AIDS, I would want to keep it a secret."	21.1	29.4	44.0	30.0	51.7	62.9	40.1	41.0
"If a student has HIV but is not sick, he or she should be allowed to continue attending school."	80.5	86.1	79.6	80.0	67.9	68.6	75.5	78.1
"If I knew a shopkeeper or food vendor had HIV/AIDS, I would continue to buy food from them."	54.8	59.8	70.5	35.0	40.4	61.0	54.7	58.6
"If a teacher has HIV but is not sick he or she should be allowed to continue teaching in school."	80.0	85.3	77.6	76.0	67.2	68.6	74.4	76.5
"If a work colleague told me that he or she had HIV, I would support them."	76.7	89.2	84.9	84.0	68.3	67.6	76.3	80.1

* Because multiple responses are possible, totals do not add up to 100 per cent.

[1] "Others" includes military, truck drivers and khat sellers. This response is highest among South Central respondents.

Most respondents stated that sex workers are responsible for spreading HIV. Other key groups mentioned were men, women, unmarried youth and foreigners. In South Central, truck drivers, military and khat sellers were additionally mentioned as key groups.

In most cases, youths seem to be accepting of teachers and students and colleagues who are HIV-positive, stating that they should be allowed to continue to work or study. However, there is more stigma towards shopkeepers or food vendors, with only half of respondents stating that they would continue to buy food from someone if they had HIV or AIDS. About 40 per cent of respondents stated that if a family member had HIV, they would want to keep it a secret. The percentage of youth who had this sentiment was much higher in South Central compared to Somaliland or Puntland.

Table 6: Male sexual behaviour

Gender (male or female), (N)	Somaliland (240)	Puntland (240)	South Central (277)	Total (757)
Ever had sex (%)	17.9	5.8	9.0	10.8
Mean age of respondent at first sex (years)	14.5	17.9	18.2	15.9
Mean age of first sexual partner (years)	14.8	17.5	18.2	15.8
Condom used at first sex (%) (n/N)	7.1 (3/43)	21.4 (3/14)	0.0 (0/25)	7.4 (6/82)
Had sex in the last 12 months (%) (n/N)	34.9 (15/43)	50.0 (7/14)	36.0 (9/25)	37.8 (31/82)
Mean number of sexual partners in the last 12 months	2.9	3.2	1.9	2.7
Condom used at last sex (n/N)	21.4 (3/14)	57.1 (4/7)	0.0 (0/10)	22.6 (7/31)

The mean age at first sex is lower in Somaliland (14.8 years) compared to almost 18 years in Puntland and South Central. It is interesting to note that the mean age of the first sexual partner is similar to that of the respondents, implying that male youth are having sex with their peers and not older women, as is sometimes the case in conservative segregated societies. Only 10 per cent of male youth reported ever having had sex. There are zonal variations, with a higher proportion of male youth in Somaliland reporting ever having sex at 17.9 per cent.

Condom use at either first and last sex is low. Nevertheless, results have to be taken with caution due to the limited number of respondents reporting this behaviour. The mean number of sexual partners in the last 12 months is approximately three in Somaliland and Puntland, but lower in South Central, with a mean of barely two sexual partners reported.

Table 7: Transactional sex

Gender (male or female), (N)	**Somaliland (43)**	**Puntland (14)**	**South Central (25)**	**Total (82)**
Ever gave or received money, gifts or other favours in exchange for sex (%)	9.3	50.0	24.0	20.7
Mean number of transactional encounters per month	2.5	4.0	1.2	2.7
Mean number of transactional partners per month	2.5	4.3	1.2	2.9

Fifty per cent of males in Puntland who had ever had sex reported to having had transactional sexual encounters. Again, the number of respondents is very small, so results have to be interpreted with caution. The mean number of transactional encounters and partners is very similar, at approximately three per month, with male youth in Puntland reporting higher numbers compared to Somaliland and South Central.

Table 8: Access to condoms (males only)

Gender (male or female), (N)	Somaliland 43	Puntland 14	South Central 25	Total 82
Knows a source from which to obtain condoms:* (%)				
private sector (shop/pharmacy/market)	60.5	53.8	56.0	58.0
health facility (clinic, hospital, CHW)	2.3	23.1	12.0	8.6
friends/guest house/hotel	0.0	0.0	4.0	1.2
doesn´t know/no response	41.0	30.8	32.0	36.3
Time to obtain condom:				
<10 minutes	18.6	0.0	12.0	13.4
<30 minutes	25.6	14.3	12.0	19.5
up to 1 hour	14.0	0.0	16.0	12.2
longer	27.9	50.0	8.0	25.6
don´t know/no response	14.0	35.7	52.0	29.3
Can obtain condom every time needed	51.2	7.7	28.0	37.0

* Because multiple responses are possible, totals do not add up to 100 per cent.

The most common source of condoms that male youth know of is the private sector, which includes pharmacies or drug stores, with almost 60 per cent of male youth reporting that they knew they could obtain condoms from this source. **More than a third of male youth stated that they did not know where to obtain a condom from.** The number of such youth was highest in Somaliland and lower in Puntland and South Central.

The time it would take a male youth to obtain a condom is quite long – an average of more than 30 minutes across all zones. This implies that most youths would not be able to quickly obtain a condom if they had an unplanned sexual encounter. This finding also corroborates with the fact that only 37 per cent of youth stated that they could find a condom each time they needed one.

Table 9: Self-perceived HIV risk

	Somaliland		Puntland		South Central		Total	
	M	F	M	F	M	F	M	F
Considers self at risk of contracting HIV (%)	7.9	2.0	45.2	22.5	11.9	3.5	21.2	9.2
(N)	(239)	(99)	(241)	(102)	(278)	(115)	(758)	(316)
Reason for being at risk: (%)								
having many sex partners	5.6	0.0	3.7	4.5	2.9	0.0	3.8	3.4
practising unsafe sex	11.1	0.0	14.0	0.0	29.4	0.0	17.0	0.0
taking illicit drugs	11.1	0.0	3.7	4.5	20.6	20.0	8.2	6.9
undergoing a blood transfusion	16.7	50.0	14.0	4.5	17.6	20.0	15.1	10.3
others (“There are many PLWHAs,” “Anyone can get HIV,” etc.)	55.6	50.0	62.6	77.3|	14.7	0.0%	51.6	62.1
no response	0.0	0.0	1.9	9.1	14.7	60.0	4.4	17.2
(N)	(18)	(2)	(107)	(22)	(34)	(5)	(159)	(29)
Reason for not being at risk: (%)								
abstaining from sex	66.2	66.0	21.6	13.9	30.5	7.4	41.8	29.6
being faithful to partner	3.2	3.1	3.7	1.4	3.0	0.9	3.2	1.8
always using condoms	1.4	0.0	0.7	4.2	0.0	0.0	0.7	1.1
fear of Allah	12.8	26.8	66.4	38.9	61.9	80.6	44.7	50.9
not sharing sharp objects	6.8	6.2	12.7	47.2	13.6	31.5	10.9	26.7
never getting a blood transfusion	2.3	0.0	0.7	8.3	2.5	6.5	2.0	4.7
don’t know/no response	4.5	0.0	0.7	3.5	2.1	3.8	2.7	2.1
(N)	(219)	(97)	(134)	(72)	(236)	(108)	(589)	(277)

More male (21.2%) than female youth (9.2%) consider themselves to be at risk of contracting HIV. The main reasons reported in Somaliland and Puntland for being at risk of HIV are that: 1) there are many PLWHA; and that 2) anyone can contract HIV, primarily through blood transfusions. These given reasons imply that risk is outside of the respondent's direct control and reveal a fatalistic view of the disease, as the respondent is able to do little to prevent transmission, particularly during blood transfusions.

Amongst youth who report that they are not at risk of contracting HIV/AIDS, the majority stated that this is because they feared Allah and abstained from sex; others stated they avoided HIV by not sharing sharp objects, for example, needles and razors.

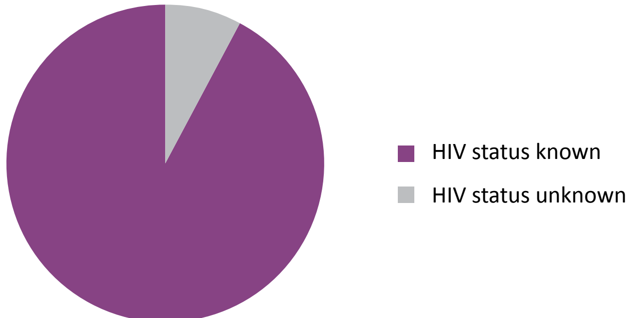
Table 10: HIV testing

	Somaliland		Puntland		South Central		Total	
Gender (male or female), (N)	M (234)	F (99)	M (241)	F (102)	M (278)	F (115)	M (758)	F (316)
Knows where to receive a confidential HIV test (%)	64.5	78.2	52.7	64.4	28.0	11.5	47.2	49.8
Knows of a place to receive counselling and support for HIV (%)	60.2	73.3	55.8	66.3	25.7	11.3	45.9	48.6
Has been tested for HIV in the last 12 months and knows the result (UNGASS-AIDS indicator reported in table 1) (%)	9.1	7.8	12.4	20.6	1.1	1.7	7.2	9.6
HIV test was taken voluntarily (%) (n/N)	100 (23/23)	87.5 (7/8)	64.7 (23/34)	72.0 (18/25)	40.0 (2/5)	50.0 (1/2)	75.8 (47/62)	74.3 (26/35)
Last test taken (%) < one year ago > one year ago don't know/no response	 78.3 17.4 4.3	 75.0 25.0 0.0	 78.1 21.9 0.0	 60.0 40.0 0.0	 66.7 33.3 0.0	 0.0 0.0 100 (N=2)	 77.6 20.7 1.7	 60.0 34.3 5.7
Received counselling after last HIV test (%)	60.9	62.5	84.4	44.0	25.0	0.0	71.2	45.7
Reason for not getting an HIV test (%) don't want to know no risk behaviour not sexually active no access to voluntary counselling and testing (VCT) not sick others no response (N)	 1.9 32.4 9.3 11.6 38.4 8.3 - (216)	 0.0 87.8 3.3 1.1 4.4 3.4 - (90)	 9.7 41.1 16.9 4.3 16.4 11.6 - (207)	 2.7 36.5 5.4 4.1 12.2 13.4 25.7 (74)	 15.1 36.2 15.5 7.9 15.8 9.5 - (265)	 0.0 54.0 16.8 0.0 22.1 0.9 6.2 (113)	 9.3 36.5 14.0 8.0 23.1 9.1 - (688)	 0.7 60.3 9.4 0.4 13.5 4.3 9.7 (277)

Less than 10 per cent of respondents had ever had an HIV test and know their results. Just under half of all the respondents surveyed knew where to go to obtain a confidential HIV test or of a place to receive HIV counselling and support. There are zonal variations, as youth in South Central are less likely to know where to obtain these services.

Of those who were tested for HIV, two thirds took the test voluntarily. The number is much lower in South Central, where more than half of the respondents stated that they were 'required' to take the test. In Somaliland 100 per cent of males and 87.5 per cent of females reported that they took the test voluntarily.

Figure 2: Awareness of HIV status of respondents who have taken an HIV test



The majority of both male and female youth in all zones that had had an HIV test reported having had that test less than a year ago.

When asked if they had received counselling after their last HIV test, approximately 60 per cent of both males and females in Somaliland and 84.4 per cent of males in Puntland reported that they had received counselling. Only 44 per cent of females in Puntland reported they had. South Central has markedly low figures, with 0 per cent of females and 25 per cent of males stating that they had received counselling.

SELF-PERCEIVED HIV RISK

The majority of youth have a low self-perceived risk for contracting HIV/AIDS. Among youth who have not been tested for HIV, the main reason given is that they do not have any risk behaviour or are not sick.

Table 11: Exposure to HIV programmes and information

	Somaliland		Puntland		South Central		Total	
(N)	M (234)	F (103)	M (242)	F (102)	M (278)	F (116)	M (754)	F (321)
Preferred source of HIV prevention information* (%)								
clinic/hospital	32.9	42.7	4.5	15.7	25.9	46.6	21.2	35.5
TV	24.7	25.2	49.2	45.1	30.6	56.0	34.7	42.7
radio	15.4	29.1	75.6	53.9	60.4	69.8	51.0	51.7
newspaper	14.9	17.5	21.1	15.7	11.5	21.6	15.6	18.4
peer educator/outreach worker	2.1	14.6	4.5	4.9	10.1	0.0	5.8	6.2
others	22.4	33.9	33.4	13.7	27.3	6.9	27.7	17.7
Person they would prefer to receive HIV information from* (%)								
friend	3.0	3.9	21.3	13.7	6.9	16.4	10.2	11.5
family member	0.4	6.8	3.3	8.8	5.1	30.2	3.0	15.9
health worker	54.0	77.7	50.8	67.6	56.4	75.0	53.8	73.5
religious leader	2.9	1.0	14.9	9.8	27.3	10.3	15.6	7.2
NGO	2.9	11.7	10.8	7.8	22.2	6.0	12.5	8.4
peer educator	1.7	1.9	0.4	2.0	10.9	6.0	4.6	3.4
don't know/no response	6.3	0.0	0.0	0.0	0.7	1.8	2.3	0.6
others	21.8	8.7	19.9	3.9	1.1	3.4	13.6	5.3
Heard of any agencies/organizations addressing the HIV/AIDS needs of the community	62.0	77.8	81.9	67.0	4.9	11.3	64.2	52.4

Has done any of the following during the last 12 months *:								
attended a meeting or function about HIV/AIDS	39.4	40.8	33.1	26.5	22.7	6.0	31.3	23.7
received information in the form of leaflets or booklets about HIV/AIDS	75.1	70.9	50.8	67.6	34.7	11.2	52.6	48.3
obtained free condoms	4.6	1.0	2.5	4.2	2.2	1.7	3.0	2.2
talked with a peer educator/ outreach worker	15.1	48.1	9.5	27.5	8.7	5.2	9.8	24.3
Has taken HIV/AIDS more seriously after doing any of the following during the last 12 months*:								
read a leaflet, booklet or poster	74.7	74.5	42.3	37.3	31.2	21.4	48.5	44.4
attended an HIV/AIDS activity in the community	52.3	73.8	46.3	31.4	24.8	6.0	40.3	35.7
knew or talked to someone with HIV	20.3	15.5	38.8	6.9	6.9	2.6	21.3	8.1
knew someone who has died of AIDS	44.8	61.8	31.7	19.6	9.4	2.6	27.2	26.9
came across AIDS statistics	27.8	48.5	16.7	23.8	6.5	0.9	16.5	23.3
talked to a health worker/nurse/ doctor	35.8	46.1	21.3	21.6	11.6	11.2	22.4	25.6
had an HIV test	17.4	11.7	11.3	8.8	5.1	5.2	11.0	8.4
talked to friends about HIV/AIDS	45.0	65.0	49.8	26.5	22.5	18.1	38.3	35.8
talked to family members about HIV/ AIDS	32.2	53.4	35.3	30.4	23.6	22.4	30.0	34.9
talked to a peer educator about HIV/ AIDS	10.0	38.8	7.5	22.5	9.8	1.7	9.1	20.2

* Because multiple responses are possible, totals do not add up to 100 per cent.

Respondents were asked for their preferred source of information on HIV prevention. It is interesting to note that the most preferred information channels are traditional media such as TV, radio and newspapers. Clinics/hospitals were also frequently mentioned and more commonly so by females than males.

When asked whom they would like to receive HIV information from, the majority of both male and female respondents in all three zones mentioned health workers, with females (73.5%) mentioning it more frequently than males (53.8%). More females (24.3%) than males (9.8%) also reported talking to a peer educator or outreach worker about AIDS. However, more males (31.3%) reported attending an HV meeting or function than females (23.7%).

Just over 50 per cent of females and 64 per cent of males had knowledge of agencies or organizations addressing the HIV/AIDS needs of the community. Approximately half of all youth had received information on HIV/AIDS in the form of leaflets or booklets. Youth were also asked if exposure to specific

HIV/AIDS information or programmes had made them take the issue more seriously. More than half of youth reported that they started to take HIV/AIDS more seriously after reading leaflets or booklets on HIV/ AIDS or after talking to friends or family members.

Table 12: Change in sexual behaviour after exposure to HIV/AIDS programmes during the last 12 months

	Somaliland		Puntland		South Central		Total	
Gender (male or female), (N)	M (228)	F (103)	M (183)	F (54)	M (153)	F (45)	M (564)	F (202)
Has done anything to change behaviour since taking HIV/AIDS more seriously	77.6	55.3	77.0	53.7	45.0	44.4	68.6	52.5
Changed behaviour by*:								
abstaining from sex	61.2	35.1	33.3	23.3	44.3	5.0	48.1	26.2
being faithful to partner	0.0	1.8	2.1	0.0	7.1	0.0	2.1	0.9
always using condoms	0.0	0.0	2.1	0.0	0.0	0.0	0.8	0.9
not sharing sharp objects	28.1	71.9	69.5	30.5	42.9	57.1	45.8	54.0
never getting a blood transfusion	4.5	5.3	27.7	13.3	7.1	40.0	13.4	14.0
others	12.4	14.0	8.5	50.0	12.9	0.0	11.1	21.5
(N)	(178)	(57)	(141)	(30)	(70)	(20)	(389)	(107)

* Because multiple responses are possible, the totals do not add up to 100 per cent.

More males than females reported that they had changed their behaviour after being exposed to HIV/AIDS programmes in the last 12 months (68.6% and 52.5%, respectively)**.** The proportion of youth who had done something to change their behaviour was higher in Somaliland and Puntland, with the difference more pronounced among male youth.

When asked what they had done to change their behaviour, the majority of both male and female respondents said that they stopped sharing sharp objects. Nevertheless, **almost half of male respondents and a quarter of female respondents stated that they abstained from sex.**

RECOMMENDATIONS

KNOWLEDGE OF HIV, MODES OF TRANSMISSION, MISCONCEPTIONS AND STIGMA

Although the majority of the youth have heard of HIV, there are still many misconceptions about HIV transmission. There is a general fatalistic attitude towards contracting HIV, with the majority of the youth believing that HIV is a 'punishment from God.' This corresponds with the belief that certain risk behaviours lie outside of the individual's direct control. For example, since there are many PLWHA in the community, there is a prevailing belief that anyone can just get HIV. More than half of respondents who believe they are not at risk believe so because they fear Allah. The youth need to be made aware that majority of HIV transmission is through unprotected sexual activity and, as such, they can act more proactively towards the prevention of HIV by abstaining from sex, having one exclusive sexual partner and using condoms correctly and consistently with all sexual partners, among other methods.

School education programmes should design BCC messages to specifically address misconceptions surrounding the transmission and treatment of HIV. For example, beliefs around female circumcision, mosquito bites and sharing cutlery or food, as well as more traditional beliefs, such as eating sheep or camel fat and drinking sheep or camel urine can cure HIV, ought to be raised in educational prevention programmes. Addressing how HIV is transmitted should also help counter levels of stigmatizing attitudes among youth.

SEXUAL BEHAVIOUR

Reported sexual activity among youth in Somalia is still quite low, with just close to 11 per cent of male youth reporting being sexually active in this study. The 2010 *Report on HIV in Middle East and North African Countries* by the World Bank presented data from a WHO presentation on Somalia in 2000, in which 7 per cent of youth admitted to engaging in sexual activity in the previous year; 17.8 per cent reported that they had ever had sex, and only 6.5 per cent used a condom during their most recent sexual activity.

There is little information or data available on youth sexual activity in MENA (Middle East and North African) countries for comparison, especially among youth in schools, as such a topic is often considered culturally sensitive. However, In Djibouti, 22 per cent of high school students reported being sexually active (40.8% of males and 2.7% of females). Another study in Djibouti reported that 71 per cent of young males and females reported sexual relations without defining the nature of the relations, and 39 per cent reported ever using condoms (PRB, 2011).

Most studies on youth sexual behaviour in the MENA region have found higher levels of sexual activity among university students (PRB, 2011). A 2005 study of more than 1,400 unmarried students from campuses across the country in Lebanon found that almost half of men but less than 20 per cent of women reported a previous sexual relationship. There is, of course, a difference between secondary (high school) and university students, as sexual activity often increases with age and exposure to changing socioeconomic factors.

Even though sexual behaviour reported in this study is still low, considering that there is increasing mobility within Somalia and anecdotal evidence that youth in high-risk areas may be visiting IDP camps for sexual activity,[3] the youth still need to be informed about ways to protect themselves, especially given the low levels of awareness that HIV can be prevented by abstinence and consistent condom use. Less than 10 per cent of youth who were sexually active had used a condom at first sex.

In addition, as the samples in this study were drawn from schools and youth centres, further studies should be conducted on youth in non-school settings. This is based on the assumption that the youth in non-school settings may have different socioeconomic statuses and grew up in different social

environments from those who go to school; these factors may influence their sexual behaviour. In fact, the data in this study implies that the school-based programmatic focus needs to be re-examined.

The findings of this survey provide an important programming entry point as evidence (although numbers are small) shows that risk behaviours are not generalized among the youth at large, and, as such, HIV activities should continue to focus on education to ensure that the youth are provided with sufficient skills and knowledge to protect themselves when they become sexually active.

SELF-PERCEIVED HIV RISK AND VCT

Although risk perception for HIV is low among the youth, they should be encouraged to get tested for HIV. In Puntland, radio programmes often encourage the youth to get tested before marriage to ensure that both partners are safe. Due to the stigma still associated with HIV testing, making VCT services more accessible to youth through mobile testing, as is common in Puntland, may encourage more youths to get tested and determine their HIV status.

PREVENTION PROGRAMMES

Less than half of the youths surveyed knew where to get an HIV test and only 3 per cent of males and 2.2 per cent of females had ever received free condoms through an outreach service, drop-in centre or sexual health clinic. It is vital that more youth are reached by HIV prevention programmes, which should provide information on where they can go to receive HIV tests and obtain condoms from.

Most youths would prefer to get information from health workers or at clinics, so a good starting point for school education programmes is to establish links with health services. For example, health workers could be invited to visit schools, discuss HIV/AIDS and provide the youth with information on where and how to get tested.

Additionally, because radio and TV are preferred channels for disseminating information, it would be useful to determine what information is currently being given through these media to discuss with the AIDS Commissions what additional information can be included in broadcasts.

RESEARCH RECOMMENDATIONS

In order to gather further information on the sexual behaviour of the youth in Somalia, the following recommendations should be considered:

- Conduct a similar study on youth in non-school settings.
- Conduct a second round of behavioural surveys to measure changes in behaviour. This will be especially useful one year after the school BCC programme implementation.
- Conduct qualitative research among sexually active male youth to explore barriers to condom use and to better understand their self-perceived risk for HIV infection.

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Appendix A: Indicator Definitions (UNGASS-AIDS and Somali Strategic Framework):

NATIONAL PROGRAMME INDICATORS:

1. Percentage of youth aged 15 to 24 who received an HIV test in the last 12 months and who know their results

METHOD OF MEASUREMENT: Respondents are asked:

1. I don't want to know the results, but have you been tested for HIV in the last 12 months?
2. If YES: I don't want to know the results, but did you get the results of that test?

Numerator: Number of respondents aged 15 to 24 who have been tested for HIV during the last 12 months and who know their results

Denominator: Number of all respondents aged 15 to 24 (The denominator includes respondents who have never heard of HIV.)

2. Percentage of Youth reached with HIV prevention programmes

METHOD OF MEASUREMENT: Respondents are asked the following questions:

1. Do you know where you can go if you wish to receive an HIV test?
2. In the last twelve months, have you been given condoms (e.g., through an outreach service, drop-in centre or sexual health clinic)?

Numerator: Number of youth respondents who replied YES to both

Denominator: Total number of respondents surveyed

KNOWLEDGE AND BEHAVIOUR INDICATORS:

3. Percentage of young women and men aged 15 to 24 who correctly identify ways of preventing sexual transmission of HIV and who reject major misconceptions about HIV transmission

METHOD OF MEASUREMENT: This indicator is constructed from responses to the following set of prompted questions:

1. Can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other partners?
2. Can a person reduce the risk of getting HIV by using a condom every time they have sex?
3. Can a healthy-looking person have HIV?
4. Can a person get HIV from mosquito bites?
5. Can a person get HIV by sharing food with someone who is infected?

Numerator: Number of respondents aged 15 to 24 years who gave the correct answer to all five questions

Denominator: Number of all respondents aged 15 to 24

4. Percentage of young women and men aged 15 to 24 who have had sexual intercourse before the age of 15

METHOD OF MEASUREMENT: Respondents are asked:

Whether or not they have ever had sexual intercourse and,
If YES, they are asked: How old were you when you first had sexual intercourse for the first time?

Numerator: Number of respondents aged 15 to 24 years who report the age at which they first had sexual intercourse as under 15 years

Denominator: Number of all respondents aged 15 to 24 years

5. Percentage of youth who have had sexual intercourse with more than one partner in the last 12 months

METHOD OF MEASUREMENT: Respondents are asked:

Whether or not they have ever had sexual intercourse and,
If YES, they are asked: In the last 12 months, how many different people have you had sexual intercourse with?

Numerator: Number of respondents aged 15 to 24 who have had sexual intercourse with more than one partner in the last 12 months

Denominator: Number of all respondents aged 15 to 24

6. Percentage of youth aged 15 to 24 who have had sexual intercourse with more than one partner in the last 12 months reporting use of condom during their last intercourse

METHOD OF MEASUREMENT: Respondents are asked:

Whether or not they have ever had sexual intercourse and,
If YES, they are asked:

1. In the last 12 months, how many different people have you had sexual intercourse with? If more than one, the respondent is asked:
2. Did you or your partner use a condom the last time you had sexual intercourse?

Numerator: Number of respondents aged 15 to 24 who reported having had more than one sexual partner in the last 12 months who also reported that a condom was used the last time they had sex

Denominator: Number of respondents aged 15to 24 who reported having had more than one sexual partner in the last 12 months

Appendix B: Questionnaire

IOM Youth Survey
Consent Form

Hello,

My name is _________________ I am an interviewer working with the AIDS Commission. We're interviewing people youth like yourself to help develop better health services.
The results of these interviews will help us to better understand health and HIV risks. By agreeing to participate in this study, you'll contribute to youth like yourself having a voice about provision of health services in Somaliland/Puntland/South Central.
Your participation is:

- **Voluntary** – it's your choice whether or not to take part, which questions to answer and you can change your mind and stop the interview at any time.
- **Confidential** – Some of the questions are sensitive but we will not share your information with your friends, family or anyone else. We don't need your name for you to be interviewed.

The interview will take 30-40 minutes. We would really appreciate your participation. May I have your permission to be interviewed?
1. Yes
2. No ------------▶ [**Interviewer: Please, end interview].**

Signature of interviewer to confirm verbal consent has been obtained

Name of interviewer _______________________________
Signature of interviewer _______________________________

N⁰	Questions and filters	Codes
	Questionnaire number	[__|__][__|__]
	Zone 1= Somaliland 2= Puntland 3= South Central	[__|__]
	Site 1 = Hargeysa 2 = Berbera 3 = Burco 4 = Boorame 5 = Togwajaale 6 = Garoowe 7 = Galkacyo 8 = Boosaaso 9 = Mogadishu 10 = Jowhar 11 = Baidabo 12 = Marka	[__]
	Type of place 1 = School 2 = Youth Center 3 = Other	[__]
	Respondent's number	[__|__]__]

INTERVIEWER'S VISITS				
	Visit 1	Visit 2	Visit 3	FINAL Visit
Date Interviewer's Name **Result***	[__ [__|__|__|__|__] ______________ [__]	[__ [__|__|__|__|__] ______________ [__]	[__ [__|__|__|__|__] ______________ [__]	[__ [__|__|__|__|__] ______________ [__]
Date next visit	[__ [__|__|__|__|__]	[__ [__|__|__|__|__]	[__ [__|__|__|__|__]	

*** Codes Result** 1=Questionnaire completed 2=Refusal 3=Deferred 4=Incomplete	5=Other (specify) ________________________

Supervisor	**Data Editor**	**Keyed in by**
Name ________________________ Date ________________________	Name ____________________ Date ____________________	Name ____________________ Date ____________________

1. Sociodemographic Questions

This survey only interviews youth aged 15-24 who have never been married or lived with a sexual partner for 12 months or more. If the respondent is younger than 15 or older than 24, or has ever been married, or lived with a sexual partner, do not interview this person

100	**Sex of respondent**	Male Female	1 2	
101	**In what month and year were you born?**	Month [_____________] Don't know No response Year [______] Don't know No response	 98 99 98 99	
102	**How old are you?**	Age [____] Don't know No response	 98 99	
103	**Have you ever attended school?**	Yes No	1 2	**If NO skip to Q105**
104	**What is the highest level of schooling you have completed?**	None Qur'anic school Primary Secondary College University Other tertiary	1 2 3 4 5 6 7	
105	**What is your nationality?**	Somali Ethiopian Yemeni Djiboutian Other [specify] ________________	1 2 3 4	
106	**Do you work to earn money for yourself?**	Yes No No response	1 2 99	**If NO or No response skip to Q109**
107	**What do you do to earn money?**	Truck driver Port worker Khat trader Tea seller Trader Farming Casual labourer Other [specify]______________	1 2 3 4 5 6 7	
108	**What do you do with this money? Do you keep most for yourself, give it to your family or use it for other purposes?**	Keep for self Family Some for self and some to family Other [specify] ______________ Don't know No response	1 2 3 98 99	
109	**How often do you listen to the radio?**	Never Daily At least once a week At least 2-6 day a week	1 2 3 4	

110	**How often do you watch television?**	Never 1 Daily 2 At least once a week 3 At least 2-6 day a week 4	
111	**How often do you read a newspaper/ magazine?**	Never 1 Daily 2 At least once a week 3 At least 2-6 day a week 4	

2. Migration and Mobility Questions

201	**How long have you lived here (name town/city)?**	Less than one year 1 Between 1 and 3 years 2 Between 4 and 10 years 3 Between 11 and 15 years 4 All my life (Born here) 5	**If 5 (Born here) skip to Q203**
202	**Why did you move here?**	To find work 1 To study 2 Returnee to Somalia 3 Refugee 4 Asylum-seeker 5 Forced/trafficked 6 IDP 7 Other [specify] ___________________	
203	Who do you live with?	Alone 1 With family (relatives) 2 With employer 3 With peers/friends/co-workers/ students 4 Other [specify] _________________ No response 99	

3. Knowledge about HIV and AIDS

Now, I would like to ask you questions regarding your knowledge and perceptions about HIV/AIDS

301	**Have you ever heard of HIV or AIDS?**	Yes 1 No 2 Don’t know 98 No response 99	**If NO, or No response skip to Q501**
302	**How did you hear about HIV/AIDS?**	TV 1 Radio 2 Friends 3 Family member 4 Health workers 5 Religious leaders 6 Agencies/NGO 7 Posters 8 Leaflets 9 Billboards 10 Other [specify] ________________	

303	**Do you know of anybody who is infected with HIV or who has died of AIDS?**	Yes 1 No 2 Don't know 98 No response 99	
304	**Can a pregnant woman infected with HIV or AIDS transmit the virus to her unborn child?**	Yes 1 No 2 Don't know 98 No response 99	
305	**What can a pregnant woman do to reduce the risk of transmitting the virus to her unborn child?**	Take medication 1 Don't breastfeed 2 Other [specify] ______________ Don't know 98 No response 99	

306	**Please tell me whether you agree or disagree with the following statements:**	Agree (1)	Disagree (2)	Don't know / No response (98)
a)	Can having sex with only one faithful, uninfected partner who has no other partner reduce the risk of HIV transmission?	O	O	O
b)	Can people protect themselves from HIV infection by using a condom correctly every time they have sex?	O	O	O
c)	Can people get infected with HIV through a mosquito bite?	O	O	O
d)	Can people get infected with HIV by sharing food with someone who is infected?	O	O	O
e)	Is it possible for a healthy-looking person to have HIV, the virus that causes AIDS?	O	O	O
f)	Can people protect themselves from HIV infection by abstaining from sex?	O	O	O
g)	Can a mother pass HIV on to her baby through breastfeeding?	O	O	O
h)	Can a person get HIV by sharing cutlery, plates and cups with someone who is infected?	O	O	O
i)	Can a person get HIV by getting injections with a needle that was already used by someone else?	O	O	O
j)	Can circumcising girls reduce the transmission of HIV?	O	O	O
k)	Can male circumcision reduce the transmission of HIV?	O	O	O
l)	Can a traditional healer cure HIV?	O	O	O
m)	Can people get the AIDS virus because of witchcraft or other supernatural means?	O	O	O
n)	Can drinking camel/sheep urine cure HIV?	O	O	O
o)	Can eating camel/sheep fat cure HIV?	O	O	O

4. Stigma and Discrimination:

401	**What groups of people do you think are responsible for spreading HIV/AIDS? (multiple responses)**	Sex workers O Men O Women O Unmarried youth O Military/uniformed services O Married people O Truck drivers O Foreigners O Khat sellers O Don't know 98 No response 99 Other [specify]________________	

402	**Please tell me whether you agree or disagree with the following statements:**	Agree (1)	Disagree (2)	Don't know / No response (98)
a)	HIV is a punishment from God.	O	O	O
b)	I would be willing to share a meal with a person who has HIV/AIDS.	O	O	O
c)	If a male or female relative became ill with HIV, the virus that causes AIDS, I would be willing to care for them in my household.	O	O	O
d)	If a member of my family became ill with HIV, the virus that causes AIDS, I would want to keep it a secret.	O	O	O
e)	If a student has HIV but is not sick he or she should be allowed to continue attending school.	O	O	O
f)	If I knew a shopkeeper or food vendor had HIV/AIDS I would continue to buy food from them.	O	O	O
g)	If a teacher has HIV but is not sick he or she should be allowed to continue teaching in school.	O	O	O
h)	If a work colleague told me that he /she had HIV I would support them.	O	O	O

5. Sexual behavior

Now I would like to ask you some personal questions. Some of the topics we'll be discussing are sensitive. You are free not to answer any question that you feel uncomfortable with. I would like to remind you that everything we discuss is confidential.

501	**Have you ever had sexual intercourse? (UNGASS)** [For the purposes of this survey, 'sexual intercourse' is defined as vaginal or anal sex'.	Yes 1 No 2 No response 99	**If NO or No response skip to Q701**
502	**How old were you when you had sexual intercourse for the first time? (UNGASS)**	Age in years [____] Don't know 98 No response 99	

503	**Was a condom used the first time you had sexual intercourse?**	Yes 1 No 2 Don't know 98 No response 99	
504	**What was the age of the person with whom you first had sexual intercourse?**	Age in years [____] Don't know 98 No response 99	
505	**Have you had sexual intercourse in the last 12 months? (UNGASS)**	Yes 1 No 2 No response 99	**If NO or No response skip to Q511**
506	**In the last 12 months, how many different people have you had sexual intercourse with? (UNGASS)**	No of partners [___] Don't know 98 No response 99	**If 0 partners skip to Q511**
507	**Did you or your partner use a condom the last time you had sexual intercourse? (UNGASS)**	Yes 1 No 2 Never seen/heard of condoms 3 Don't know 98 No response 99	**If YES or Never seen condom) skip to Q509**
508	**Why didn't you and your partner use a condom the last time you had sexual intercourse?**	Not available 1 Too expensive 2 Partner objected 3 Embarrassed to buy 4 Don't like them 5 Used other contraceptive 6 Didn't think it was necessary 7 Other [specify]__________________ Don't know 98 No response 99	**ANY ANSWER Skip to Q511**
509	**Which one of you suggested condom use the last time you had sexual intercourse?**	Myself 1 My partner 2 Joint decision 3 Don't know 98 No response 99	
510	**With what frequency did you and all of your partner(s) use a condom during the past one month?**	Every time 1 Almost every time 2 Sometimes 3 Never 4 Don't know 98 No response 99	
511	**Which places or persons do you know where you can obtain condoms?**	Shop 1 Pharmacy/drug store 2 Market 3 Clinic 4 Health centre /hospital 5 Community Health Worker 6 Friends 7 Guest house / hotel 8 Other [specify__________________ Don't know 98 No response 99	

512	**How long would it take you to obtain a condom close to your house or to where you work?**	10 minutes 1 Under 30 minutes 2 Up to one hour 3 Longer 4 Don't know 98 No response 99		
513	**Can you obtain a condom every time you need one?**	Yes 1 No 2 Don't know 98 No response 99		
514	**In the past month have you had sexual intercourse while you were drunk or after using any other substances such as khat, drugs?**	Yes 1 No 2 Don't know 98 No response 99	**If NO or No response skip to Q516**	
515	**What substances did you use while having sexual intercourse? (multiple responses possible)**	Substances used	Yes (1)	No (2)
		Alcohol	O	O
		Khat	O	O
		Hashish	O	O
		Injecting drugs	O	O
		(LIST OTHER APP CATEGORIES)		
		Other [specify] ______________________		

Transactional Sex:

All the questions in this section are about transactional sex only – that is, sex where you gave or received a gift, money or a favour to someone in exchange for sex. Examples of gifts include food, khat, etc.

516	**Have you ever given or received money, gifts or other favours in exchange for sex?**	Yes 1 No 2 Don't know 98 No response 99	**If NO or No response skip to Q521**
517	**On average, how often do you exchange sex, for money, gifts or favours, per month?**	No of times [___] Don't know 98 No response 99	
518	**On average, how many different partners do you exchange sex for money, gifts, favours with, per month?**	No of partners [___] Don't know 98 No response 99	
519	**Did you or your most recent partner with whom you exchanged sex for money, gifts, favours use a condom the last time you had sexual intercourse?**	Yes 1 No 2 Never seen/heard of condoms 3 Don't know 98 No response 99	
520	**During the last 12 months did you ever have sexual intercourse without using a condom with any partner with whom who exchange sex for money, gifts, favours?**	Yes 1 No 2 Don't know 98 No response 99	

Social Norms:

521	**Do you agree or disagree with the following statements?**	No response (99)	Strongly agree (5)	Agree (4)	Unsure (3)	Disagree (2)	Strongly disagree (1)
a)	I believe that my most recent sexual partner has had other sexual partners in the past month	O	O	O	O	O	O
b)	I sometimes give/ receive money or gifts in exchange for sex	O	O	O	O	O	O
c)	Many of my friends currently have more than one sexual partner	O	O	O	O	O	O

6. STI Symptoms and Treatment Seeking Behavior:

601	**In the past THREE MONTHS, have you experienced any of these symptoms? (multiple responses possible)**	**Symptoms**	Yes (1)	No (2)	
		Sore on genitals	O	O	**If NO to all answers skip to Q701**
		Unusual discharge from genitals	O	O	
		Painful urination	O	O	
602	**Did you seek treatment for these symptoms?**	Yes 1 No 2 No response 99			**If YES Skip to Q604**
603	**Why did you not seek treatment?**	Embarrassed 1 Expensive 2 Health worker unfriendly 3 Treatment not available 4 Treatment too far 5 Other [specify] ____________ Don't know 98 No response 99			**ANY ANSWER SKIP TO Q701**

604	The last time you had genital discharge AND/OR a genital ulcer did you do any of the following? **(READ OUT OPTIONS. MORE THAN ONE ANSWER IS POSSIBLE.)**	Yes (1)	No (2)	DK (98)
	Sought advice/medicine from a general hospital?	O	O	O
	Sought advice/medicine from a maternal and child health clinic?	O	O	O
	Sought advice/medicine from a private clinic or hospital?	O	O	O
	Sought advice/medicine from a private pharmacy?	O	O	O
	Sought advice/medicine from a traditional healer?	O	O	O
	Took medicine you had at home?	O	O	O
	Told your sexual partner about the discharge/ulcer?	O	O	O
	Stopped having sexual intercourse when you had the symptoms?	O	O	O
	Used a condom when having sexual intercourse during the time you had the symptoms?	O	O	O

7. HIV Risk Perception, Access to and Use of HIV Services:

701	**Do you consider yourself at risk of contracting HIV?**	Yes 1 No 2 Don't know 98 No response 99	**If NO or No response skip to Q703**
702	**Why do you consider yourself at risk?**	Many partners 1 Practise unsafe sex 2 Engage in risky behaviour – drugs 3 Blood transfusion 4 Other [specify] ________________ No response 99	**ANY ANSWER Skip to Q704**
703	**Why do you not consider yourself at risk?**	Abstain from sex 1 Faithful to partner 2 Always use condoms 3 Fear Allah 4 Don't share sharp objects 5 Never got blood transfusion 6 Other [specify]________________ Don't know 98 No response 99	
704	**Do you know where you can to receive a confidential HIV test?**	Yes 1 No 2 Don't know 98 No response 99	
705	**Do you know of a place where people in this area can go to receive counselling and support for HIV?**	Yes 1 No 2 Don't know 98 No response 99	
706	**In the last 12 months, have you been given condoms (for example, through an outreach service or clinic)?**	Yes 1 No 2 Don't know 98 No response 99	
707	**In the last months Have you ever been tested for HIV? (UNGASS)**	Yes 1 No 2 Don't know 98 No response 99	**If YES skip to Q709**
708	**Why have you not had a HIV test?**	Don't want to know 1 No risk behaviour 2 Not sexually active 3 No cure 4 No access to VCT 5 Not sick Other [specify] ________________	**ANY ANSWER Skip to Q713**
709	**Did you voluntarily have the HIV test, or were you required to take it?**	Voluntary 1 Required 2 Other [specify]________________ No response 99	
710	**Please do not tell me the result, but did you find out the result of the test? (UNGASS)**	Yes 1 No 2 No response 99	

711	**When did you have your most recent HIV test?**	Less than one month 1 1-3 months 2 3-6 months 3 6-12 months 4 More than 12 months 5 Don't know 98 No response 99	
712	**After you were tested did you receive any counselling?**	Yes 1 No 2 Don't know 98 No response 99	
713	**If you discovered you were HIV positive where would you seek treatment?**	Traditional hjealer 1 Government clinic 2 Private doctor 3 Herbalist 4 Home-based caregiver 5 Does not know location of facility 6 Don't know/Not sure 98 No response 99 Other [specify]__________________	**If 6, 98, 99 skip to Q801**
714	**Why would you seek treatment at this place?**	Cheap 1 Close to home/work 2 Provide confidential services 3 Don't know 98 No response 99 Other [specify] __________________	

8. Exposure to HIV Programmes and Information:

801	**How would you prefer to hear about HIV and how to prevent it? (Multiple responses)**	Clinic/hospital 1 TV 2 Radio 3 Newspapers 4 Leaflets 5 Peer educators/outreach workers 6 Counselling as part of HIV/STI testing 7 Mosque sermons 8 Drama/music/circus shows 9 Don't know 98 No response 99 Other [specify] _____________________
802	**What sort of person would you prefer to receive information from about HIV?**	Friend 1 Family member 2 Health workers 3 Elders 4 Religious leaders 5 NGO 6 Peer educators 7 Colleague/someone I work with 8 Don't know 98 No response 99 Other [specify] _____________________

803	**Have you heard of any agencies / organizations addressing the needs of the community in this area in relation to HIV/AIDS?**	Yes No Don't know No response	1 2 98 99

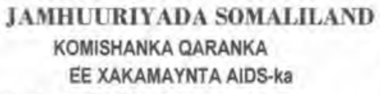
804	**During the PAST 12 MONTHS, have you...?**	Yes (1)	No (2)
a)	Attended a meeting or function about HIV/AIDS	O	O
b)	Received information in the form of leaflets or booklets about HIV/AIDS	O	O
c)	Obtained free condoms	O	O
d)	Talked with a peer educator/outreach worker	O	O
e)	Talked with a peer educator from LIST NGOs WORKING	O	O
805	**In the PAST 12 MONTHS have any of the following made you take the issue of HIV and AIDS more seriously?**	Yes (1)	No (2)
a)	Leaflets or booklets or posters	O	O
b)	HIV/AIDS activities in the community	O	O
c)	Knowing or talking to someone with HIV	O	O
d)	Knowing someone who has died of AIDS	O	O
e)	AIDS statistics	O	O
f)	Talking to a health worker/nurse /doctor	O	O
g)	Having an HIV test	O	O
h)	Talking to friends	O	O
i)	Talking to family members	O	O
j)	Talking to a peer educator from LIST NGOs WORKING	O	O

If respondent answers YES to any items in Q 805 ask the following questions. If NOT, end the interview.

806	**Have you done anything to change to your behaviour since taking HIV/AIDS more seriously?**	Yes No Don't know No response	1 2 98 99	**If NO or No response end interview**
807	**What have you done to change your behaviour ?**	Abstain from sex Faithful to partner Always use condoms Don't share sharp objects Never got blood transfusion Others [specify] ______________ Don't know No response	1 2 3 4 5 98 99	

THANK YOU FOR PARTICIPATING IN THIS SURVEY

Appendix C: Ethical Approval



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SOMALILAND NATIONAL
AIDS COMMISSION
Tel: 9722160 or 9722161

Ref .No SOLNAC/15/2010

Date: 28/ 03/2011

Ito Chiaki,
Health Programme Officer-Somalia
Migration Health Department
International Organisation of Migration,

<u>RE: APPROVAL FOR ETHICAL CLEARANCE FOR A STUDY TITLE "YOUTH BEHAVIOURAL SURVEY IN SOMALILAND"</u>

Reference is made to the above heading.

I am pleased to inform you that the Director has on behalf of the Somaliland National AIDS Commission, approved ethical clearance of the above mentioned study based on the request submitted to this office by IOM on 3rd of February 2011.

The validity of this ethical clearance is three months effective from 1st April 2011 [illegible]

You will be required to apply for renewal of ethical clearance on quarterly basis if the study is not completed at the end of this clearance. You will be expected to provide monthly progress and final report for Somaliland upon completion of your study.

Best Regards

Mohamed Dahir Khaire

Executive Director

Somaliland National AIDS Commission (SOLNAC)

SOMALILAND NATIONAL AIDS COMMISSION ★ SOLNAC

GUDDIGA LA-DAGAALANKA AYDHISKA EE KOONFURTA & BARTAMAHA SOOMAALIYA

اللجنة الإقليميه لمكافحة الأيدز فى جنوب و وسط الصومال

South & Central Somalia Aids Commission

252-061-5593820, **E-mail**: sc_aidscommission@yahoo.com

REF.: SCAC/SEC/09/11 — Mogadishu, 15/03/2011

To: Mr. Ali Abtidon Halane,
SCORE Executive Director,
Mogadishu,
Somalia

Sub: ***Assessment on MARPS and Behavioral Survey on Youth in SC Somalia***

Dear Mr. Halane,

In reference with your email dated on December 14, 2010, regarding about request of conducting the above subject assessments.

As far as we know, you are the one of our partners that has the capacity to conduct this assessment on MARPs and Behavioral Survey on Youth in South-Central Somalia. Therefore we have the pleasure to give you our go ahead and we fully support conducting the both assessment surveys.

We hope from you to share with us all the results for the both assessments after you finished.

Looking forward to strengthening our partnership.

Best Regards

Mr. Ahmed Mohammed Jimale,
SCAC Executive Director

Reference: ~~ED/PAC/20~~11/ PAC/PL/02/2011 **Date: Wednesday, January 26, 2011**

TO: International Organization for Migration (IOM) Puntland, Somalia

CC: HIV Focal Point; Ministry of Education Puntland, Somalia

Dear International Organization for Migration;

Subject: Approval Letter for the IOM youth behavioral survey

Thank you very much for the two days discussion and briefing meeting and the submission of the IOM youth behavioral survey draft protocols and draft questionnaires as well as focus group discussion guidelines to the secretariat office of Puntland AIDS Commission for review, analysis and approval.

The secretariat office of PAC has discussed with the technical advisor and the respective directors as well as the HIV focal person of the Ministry of Education to review and assess the objectives of the draft protocols, draft questionnaires and draft focus group discussion guidelines.

The purpose of this letter is to highlight that Puntland AIDS Commission is pleased with the documents submitted by IOM and that our two days discussion on the subject of the study was very productive to assure the involvement of PAC and Ministry of Education in this survey.

Please be informed that your request to carryout youth behavioral survey has been approved and that IOM can undertake the youth behavioral survey as planned with the collaboration of Puntland AIDS Commission and Puntland Ministry of Education.

Best Regards;

Mohamed Abdikader Barre

Acting Executive Director; PAC Secretariat Office

JAMHUURIYADDA SOMALILAND
WASAARADDA WAXBARASHADA
& TACLIINTA SARE

REPUBLIC OF SOMALILAND
MINISTRY OF EDUCATION
&HIGHER EDUCATION

Director General

Tell: Land 528140, 304063, Mobile: 4240121 Email: dg.moe@hotmail.com

Ref: moe/D.G/04/249 Date: 2/4/2011

Ku: Dhamaan Dugsiyada Hoos ku xusan
Og: Wasiirka Wasaarada Waxbarshada **& Tacliinta Sare**

Ujeedo: Cilmi Baadhis

Wasaaradda Waxbarashadda & tacliinta sare waxay idinku faraysaa dugsiyada hoos ku xusan in aad gacan ku siisaan ururka wadaniga ee magacagiisu yahay **Somaliland National Aids Commission** oo aad la shaqayn doontaan xog ururinta uu ubaahan yahay.

1. **Bursade**
2. **Cabdi Salaam**
3. **Sh.Bashiir**
4. **Candle light**
5. **Adan isaq**
6. **Ubaya binu Kacab**
7. **Gacan Libaax**
8. **Nuuradiin**
9. **Hassan yoonis**
10. **Gavo Youth Center**
11. **Soydavo**
12. **Ayoda**
13. **Gargaar**

Sidaas dardeed, waxa la idin farayaa in fulin doontaa howshaasi.

Allaa.....Mahad.....Leh

Cali Maxamed Cali
Agaasimaha Guud ee
W/Waxbarashada & Tacliinta Sare

International Organization for Migration (IOM)