

**BASELINE SURVEY FOR KU SAURARA PROJECT – PHASE 3: REPORT
OF MAIN FINDINGS.**

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Background

The *Ku Saurara* Project has started a third phase of evidence-based interventions targeted towards young people in northern Nigeria. Research conducted during the previous two phases has demonstrated that exposure to project activities is associated with positive outcomes, including increased knowledge about family planning and other reproductive health issues, increased attitudes favorable to contraceptive use, increased perceived self-efficacy for contraceptive use and HIV prevention, and (for Phase 2 only) increased contraceptive use. The goals for Phase III of the project are similar to those of the preceding phases, viz.: to foster positive health seeking behaviors among youth and increase the utilization of select Packard-sponsored clinics in Northern Nigeria. The objectives of the third phase also remain similar to those of the previous two phases and include the following:

- Support and expand FP/RH services and post-abortion care (PAC)
- Support youth programs and services
- Activate demand for FP/RH and PAC among adult and youth populations
- Support advocacy through grantees and high level meetings
- Develop institutional capacity.

As in previous phases, project strategy for Phase III will combine edutainment with the development and strengthening of youth-friendly clinics. Project activities are designed to build on and reinforce the achievements of the two previous phases. To motivate youth to adopt positive health-seeking behaviors and to increase the use of existing services, the demand creation activities started under Phases I and II will be continued. In this respect, project activities will include the production and broadcast (and rebroadcast) of the popular radio variety show *Ku*

Saurara; wider distribution of the *Akwai Mafita* home video; and continued collaboration with selected YSOs and their members as future users of RH services.

In addition, a component aimed at improving the quality of interpersonal communication and promoting selected clinics in four implementation states will be introduced. The quality improvement component will emphasize building clinic provider capacity in IPC/C; developing, branding and promoting clinics with successfully trained service providers as “Friendly Clinics”; and developing and producing client and provider materials that will improve the quality of the client-provider interactions.

An important component of Phase III is a comprehensive evaluation strategy that allows us to assess the impact of project activities, identify the pathways of influence and determine the factors facilitating or hindering change. The strategy makes provision for baseline and follow-up measurement of pertinent behavioral and ideational indicators among three categories of the intended audience: KS club members, non-members of KS clubs that live in a community with a KS club, and non-members that live in a community without a KS club. We expect that such a rigorous design will allow us to establish the relationship between levels of campaign exposure and relevant behavioral and ideational outcomes. Moreover, by evaluating the gains in pertinent indicators between baseline and follow-up, we will be able to assess how differently the campaign has affected each category. We expect that such a scientifically sound design coupled with state-of-the-art analytic procedures will help strengthen our understanding of the effects of program activities.

In this report, we present pertinent findings from the baseline survey. Note that the methodology and tools used in the baseline will be replicated for the follow-up survey for ease of comparison.

Methodology

The baseline survey was designed to provide additional input into the design and fine-tuning of project activities, and to provide baseline indicators against which to assess the impact of project activities. The survey was conducted in December 2006 in selected local government areas (LGAs) in Bauchi, Kano and Katsina States.

During the survey, trained interviewers collected data from a sample of members of selected *Ku Saurara* Listeners' Clubs, and a random sample of male and female youth in selected LGAs. The survey tool focused on reproductive health behaviors and the psychosocial (ideational) variables that have been empirically documented and theoretically posited to influence such behaviors.

We estimated the ideal sample size to be 400 respondents for listeners' club members and 2000 for non-members. Different sampling strategies were selected for club members and non-members as described below.

Listeners' club members: The number of listeners' club members to be selected from each state was determined based on the total number of functioning clubs in the state. The number of listeners' sampled was fourteen in Kano, thirteen in Bauchi and nine in Katsina. The initial plan was to randomly select ten members for interview from each club, making a total of 360 members. However, in some of the selected clubs, it was impossible to locate up to ten members. In all, 353 club members were successfully interviewed. However, during analysis, some of the club

members were found to be above 24 years old and were excluded from the analyses.

Non-members of *Ku Saurara* listeners' clubs: The respondents in this category were selected using a multi-stage random selection process. We started by selecting ten LGAs per state: five LGAs with at least one listeners' club and five LGAs without any listeners' club (see Annex1 for a list of the LGAs). Thereafter, we randomly selected three or four sectors in each LGA depending on the number of sectors in the LGA.

To select the respondents, the interviewers followed a multi-stage procedure that involved selecting a building or compound, listing all the households in the selected building or compound and randomly selecting one of the households. In the selected household, the interviewer listed all the eligible individuals, that is, aged between 15 and 24 years. One person in the list was then randomly selected for interview.

The respondents were interviewed using a structured survey tool that sought to obtain information on the following themes:

- Socio-demographic characteristics
- Knowledge about family planning methods;
- Behavioral beliefs (attitudes) about contraceptive methods;
- Normative beliefs about family planning;
- Use of contraceptive methods;
- Sex-related practices including sexual experimentation, use of condom, number of partners, etc.;
- Perceived self-efficacy about contraceptive use;
- Perceived response efficacy of contraceptive methods;
- Knowledge about sexually transmitted diseases, including HIV/AIDS;
- Perceived risk for HIV and STIs;
- Perceptions about abortion and post-abortion care;

- Experience with STDs;
- Knowledge and attitudes about condom and other HIV/STI prevention practices;
- Perceived social support for condom use;
- Use of services of youth-serving organizations (YSOS); and,
- Exposure to Ku Saurara activities.

The survey followed standard ethical procedures. The study was reviewed and approved by the Institutional Review Board at the Johns Hopkins University. Verbal consent was obtained from the respondents prior to interviewing them. For minors, parental consent was obtained in addition to the respondent's assent prior to the interview. In addition, respondents' confidentiality was protected by: face-to-face private interviews with no third party, appropriate training for interviewers, adequate field supervision, limited access to completed questionnaires, and no individual identifiers in the electronic data set.

Socio-demographic Characteristics of the Respondents

As earlier mentioned, we selected and interviewed respondents in three categories: members of a KS club, non-members of KS listeners' club but residing in a community with a KS club, and youth residing in a community with no KS club. We examine the similarities and the differences in the socio-demographic characteristics of these three categories of respondents in the following paragraphs.

The sample includes significantly more men than women. A closer look at the data reveals that the disproportionately high number of male respondents is due to Ku Saurara club members are considerably more likely to be male than non-members. Whereas there are approximately equal number of men and women among non-members, fewer than one-fifth of club members are women.

Table 1: Percent distribution of the respondents by selected background characteristics.				
Socio-demographic Characteristics	(1) KS Club members	(2) Non-members; KS Club in community	(3) Non-members; no KS Club in community	(4) All Respondents
Percent male ***	87.0	49.5	49.9	53.9
Education ***				
No education	6.7	16.3	21.6	18.5
Primary	9.1	33.7	28.2	27.5
Secondary	59.3	41.5	42.8	44.3
Post-secondary	24.9	8.5	7.4	9.7
Religion				
Moslem	90.9	91.7	88.7	89.8
Christian	9.1	8.3	11.3	10.2
State of Residence ***				
Bauchi	39.1	6.2	42.1	31.9
Katsina	22.1	23.2	34.4	29.9
Kano	38.8	70.6	23.5	38.2
Age group ***				
< 20 years	20.2	56.9	55.5	51.9
20 – 24	79.8	43.1	44.5	48.1
Marital Status ***				
Never married	92.5	84.8	78.3	81.7
Ever married	7.5	15.2	21.7	18.3
Type of Place of Residence ***				
Urban	83.4	61.8	11.7	33.6
Semi-urban	16.6	38.2	88.3	66.4
Current Employment Status ***				
Working	34.0	18.4	17.1	19.4
Not working	66.0	81.6	82.9	80.6
Ethnicity ***				
Hausa	80.6	81.5	72.7	76.0
Others	19.4	18.5	27.3	24.0
Socio-economic Status				
Low	6.7	18.4	45.5	33.7
Medium	24.5	32.9	32.9	32.0
High	68.8	48.7	21.6	34.3
Ever had a child ***	4.7	12.6	18.7	15.5
Can read English easily ***	75.5	50.2	41.7	47.8
Can read a local Nigerian language easily ***	88.9	63.7	58.2	63.2
Number of Respondents	253	626	1389	2268

Significance of differences among categories: * $p \leq 0.05$ ** $p \leq 0.01$; *** $p \leq 0.001$
Source: Ku Saurara 2006 Baseline Survey

Overall, more than half of the respondents have had at least secondary education. As Table 1 indicates, club members are, on average, better educated than others: about four-fifths of club members

have post-primary education compared to just about half of their non-member peers. As expected, the respondents are predominantly Moslem and single. It is pertinent, however, to note that club members are more likely than their non-member peers to be single.

In all, more respondents were selected from Kano than from Katsina or Bauchi. A noticeably higher proportion of non-members in communities with a KS listeners' club were selected from Kano (70.6%) than from Bauchi (6.2%) or Katsina (23.2%). In contrast, proportionally fewer of the non-members in communities with no KS club were selected from Kano.

Two-thirds of the respondents lived in a semi-urban community. Proportionally, fewer non-members from communities with no KS club lived in an urban community. In contrast, KS members are more likely than others to live in an urban community.

The majority of the respondents are unemployed although club members are more likely than others to be employed. Overall, more than three-quarters of the respondents are Hausa. It is pertinent to note that residents of communities with no KS clubs are less likely to be Hausa than the residents of communities with KS clubs.

The distribution by household socio-economic status (derived from occupation of head of household and household ownership of selected goods) indicates that club members tend to come from relatively wealthier households than non-club members. In addition, relatively few of the respondents have ever had a child and club members are the least likely to report having a child.

Significantly more people are literate in a local Nigerian language than in English. It is noteworthy that club members are more likely than others to report literacy in English or a local language.

The foregoing has shown that there are significant differences in the background characteristics of the respondents in the three design

categories. Substantively, it appears that club members are more educated, more literate, older, more likely to be male and more likely to reside in an urban community than non-club members. These differences will be taken into account while comparing the attitudes and behaviors of the three categories in subsequent chapters.

Media Habits

Media exposure is remarkably high among the respondents (Table 2). The majority of the respondents regularly listens to radio (at least once a week) while many watch television on a regular basis. Both regular radio listening and regular television viewing are more common among club members compared to the other categories of respondents.

Exposure to health-related messages is remarkably high although some health issues appear to have been more popular than others. Exposure to HIV prevention information is particularly high across board with 80.0% of the respondents reporting that they heard something about HIV prevention on the media during the three months preceding the survey. Similarly, the majority of the respondent had heard messages about child immunization while many were reportedly exposed to information on adolescent health and child spacing during the last three months. In contrast, just about one-quarter and less than one-third of the respondents recalled exposure to information on exclusive breastfeeding and maternal health, respectively.

Most of the respondents were exposed to messages on multiple health topics while almost half were exposed to at least three health topics. Club members were consistently more likely to be exposed to information on specific health topics than non-members in or outside of KS communities. In addition, exposure to health messages was consistently

Table 2: Percent reporting selected media habits by category of respondents				
Indicator	(1) KS Club members	(2) Non- members; KS Club in community	(3) Non-members; no KS Club in community	(4) All
Watches television at least once a week ***	93.7	79.8	58.5	68.3
Listens to the radio at least once a week ***	96.4	90.6	85.8	88.3
Heard anything about child spacing on the media during last 3 months ***	74.7	46.8	37.6	44.3
Heard anything about HIV prevention on the media during last 3 months ***	97.6	82.6	75.7	80.0
Heard anything about STIs on the media during last 3 months ***	69.9	35.9	32.9	37.9
Heard anything about child immunization on the media during last 3 months ***	85.4	73.3	65.7	70.0
Heard anything about maternal health on the media during last 3 months ***	48.6	39.0	23.5	30.5
Heard anything about exclusive breastfeeding on the media during last 3 months ***	46.2	28.1	19.1	24.6
Heard anything about adolescent health on the media during last 3 months ***	75.9	44.7	35.5	42.5
Exposed to messages on at least three health issues	78.7	50.3	36.5	45.0
Number of Respondents	253	626	1389	2268

Significance of differences among categories: ** $p \leq 0.01$; *** $p \leq 0.001$
Source: Ku Saurara 2006 Baseline Survey

higher among non-members in communities with a KS club than among their peers in communities with no KS clubs.

After controlling for socio-demographic differences among the three design categories, results of a logistic regression indicate that compared to KS club members, the odds of reporting a high level of exposure to health information was about 70% lower among non-members in communities without a KS club and about 60% lower among non-members living in communities with a KS club.

Pregnancy-related Attitudes

Most of the respondents believed in an ideal age at sexual debut that is lower for girls than for boys. On average, the ideal age at first sex for a girl was 17.1 years whereas for a boy it was 21.1 years. There does not seem to be any differences between men and women in perceptions about the timing of sexual debut for a girl. In contrast, women tend to believe that boys should experience sexual debut at a slightly later age than men believe: 21.2 years compared to 20.9 years, on average.

Regarding age at first marriage for girls, very few respondents (8.6% of men and 8.9% of women) believe in child marriages (marriage prior to age 15 years). Nonetheless, about a third of the respondents were of the opinion that a girl should ideally be married before the statutory age of 18 years. The average ideal age at first marriage for a girl is about the same among men (18.2 years) and women (18.3 years).

The majority of the respondents (94.3% of men and 96.6% of women) believed that boys should not marry before 20 years old. The average

Table 3: Percent reporting specific sex-related attitudes, by gender.

Attitudinal Indicator	Percent	
	Male	Female
Believed that friends will mock if known that respondent is not yet sexually experienced.	32.7	19.1
Believed that it is okay to have sex before marriage.	12.1	9.6
Believed that most single people of the respondent's age are already sexually experienced.	61.7	50.5
Believed that most friends are already sexually experienced	50.8	35.0
Believed that a girl who loves her boyfriend should agree to have sex with him.	31.9	22.2

Source: Ku Saurara 2006 Baseline Survey

ideal age at first marriage for a boy was 24.5 years among men and 25.2 years among women. Women (20.1%) are more likely than men (14.7%) to believe that a boy should not contemplate marriage until he is in his 30's.

Comparing ideal age at sexual debut and ideal age at first marriage reveals a gap (sexual debut to marriage) of 3.9 years for boys

and 1.4 years for girls. These findings reveal that sexual debut is believed by many young people to occur ideally outside of marriage. The findings also have important implication for family planning promotion that we will discuss later.

We now turn to specific sex-related attitudes (Table 3). The questions reported on Table 3 were asked of never-married respondents and sought to assess beliefs about premarital sex. The data show that whereas few respondents outright believed that premarital sex is acceptable, sex outside of marriage is largely perceived to be common and even expected of young people by their peers. For example, more than half of the respondents believed that most unmarried people of their age had already experienced sex. Similarly, about half of unmarried men and more than one third of unmarried women believed that most of their unmarried friends were already sexually experienced. It is also noteworthy that almost one third of the young men and more than one fifth of the women believed that sex is a way for a girl to show her love towards her boyfriend.

Attitudes toward premarital sex are generally more favorable among young men than among their female counterparts. Favorable attitudes towards premarital sex also vary by age being, as expected, more common among young adults than among adolescents. For example, whereas 69.6% of young adults believed that most of their unmarried friends were already sexually experienced, 48.6% of adolescents did. Similarly, while 37.5% of young adults believed sex to be a way of showing love, only 21.1% of adolescents did.

Favorable attitudes towards premarital sex tend to increase by education. For example, the percentage that believed that most of their friends were sexually active increased steadily from 28.3% among

illiterates to almost 60% among the respondents with secondary education or more.

Finally, the data also show that there are significant differences in pregnancy-related attitudes by state of residence (Table 4). Specifically,

Table 4: Percent reporting specific sex-related attitudes, by gender.

Attitudinal Indicator	Percent		
	Bauchi	Kano	Katsina
Believed that friends will mock if known that respondent is not yet sexually experienced.	32.9	18.8	33.6
Believed that it is okay to have sex before marriage.	15.7	7.3	11.3
Believed that most single people of the respondent's age are already sexually experienced.	70.6	49.7	53.2
Believed that most friends are already sexually experienced	55.8	35.2	45.6
Believed that a girl who loves her boyfriend should agree to have sex with him.	32.1	25.9	26.5
Number of Respondents	598	506	748

Source: Ku Saurara 2006 Baseline Survey

attitudes favorable towards premarital sex appear less widespread in Kano than in the other two study states. Most of the indicators of attitudes towards premarital sex are highest in Bauchi.

Attitudes favoring early sexual debut for girls are most prevalent in Katsina State. The average ideal age at sexual debut for girls was 16.3 years in Katsina State compared to 17.3 years in Bauchi and 17.7 years in Kano. Nonetheless, the gap between ideal age at sexual debut and first marriage for a girl is lowest in Katsina: 0.6 year, compared to 1.8 years in Bauchi and 1.6 years in Kano. In other words, young people in Katsina are more likely to view sexual debut for girls as ideally occurring within the context of, or very close to marriage than their peers in the other two states.

On average, the ideal age at sexual debut for boys is surprisingly higher in Katsina (21.9 years) than in Kano (21.2 years) or Bauchi (20.1 years). Nonetheless, the ideal age at marriage for boys is lower in Katsina than elsewhere such that the ideal delay from sexual debut to first

marriage is again shortest in Katsina: 2.3 years compared to 4.7 years in Bauchi and 4.4 years in Kano.

Table 5: Percent reporting specific sex-related attitudes, by category of respondents.

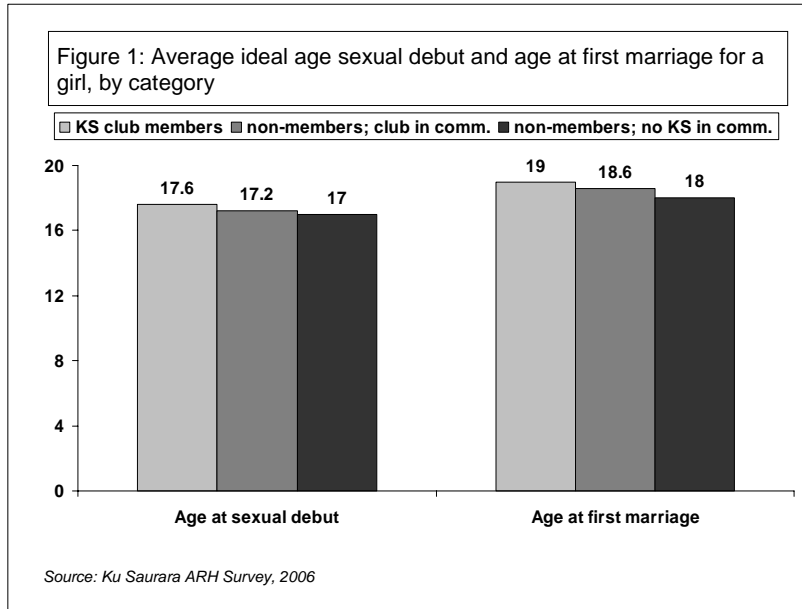
Attitudinal Indicator	Percent		
	KS club members	Non-members; KS club in community	Non-members; no KS club in community
Believed that friends will mock if known that respondent is not yet sexually experienced.	33.7	26.4	26.6
Believed that it is okay to have sex before marriage.	13.7	9.2	11.5
Believed that most single people of the respondent's age are already sexually experienced.	77.3	58.7	52.4
Believed that most friends are already sexually experienced	64.1	44.2	40.7
Believed that a girl who loves her boyfriend should agree to have sex with him.	41.9	29.9	24.2
Number of Respondents	231	531	1087

Source: Ku Saurara 2006 Baseline Survey

Comparing sexual attitudes by design category reveals some additional interesting results (Table 5). The data show that KS club members tend to display more favorable attitudes towards premarital sex, or at least are more likely to be vocal about such attitudes than their non-member peers. Compared to non-members in communities with or without a KS club, KS club members appear more likely to believe that their peers expect them to be sexually experienced. They also appear more likely to believe that most of their peers are sexually experienced and that consenting to sex is an acceptable way for a girl to show that she loves her boyfriend.

Looking at perceptions about the ideal timing of sexual debut and first marriage, the data show that club members are less likely to favor early sexual debut and early marriage (Figure 1).

None of these differences in sex-related attitudes persists after controlling for the socio-demographic characteristics along which the



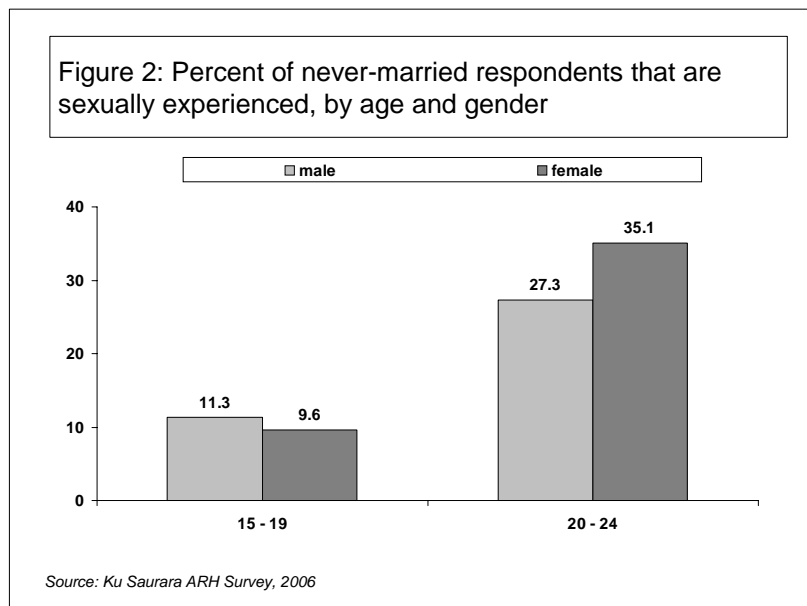
three categories are significantly different. In other words, the data suggest that any differences in sexual attitudes among the three design categories are

Sexual Behaviors

Percent sexually experienced

About one-third of the respondents (33.2%) have reportedly had sex.

Consistent with previous research findings in this part of Nigeria, women (41.7%) are more likely than men (25.9%) to report sexual experience. Among the never-married respondents, only



19.8% of men and 15.6% of women have reportedly had sex. Interestingly, whereas premarital sex appears significant more common among young adult women than among their male counterparts, there are no gender differences among adolescents (see Figure 2). This finding would suggest some underreporting of sexual activity, especially among adolescent women.

Timing of sexual debut

The median age at sexual debut is 19.4 years for women and above 25 years for men. The data further suggest that sexual debut is largely within the context of marriage: by the 18th birthday, 92.4% of single men and 85.4% of single women are yet to experience sex. These

Table 6: Life table proportion yet to experience sexual debut by 18th birthday, by gender and other characteristics.

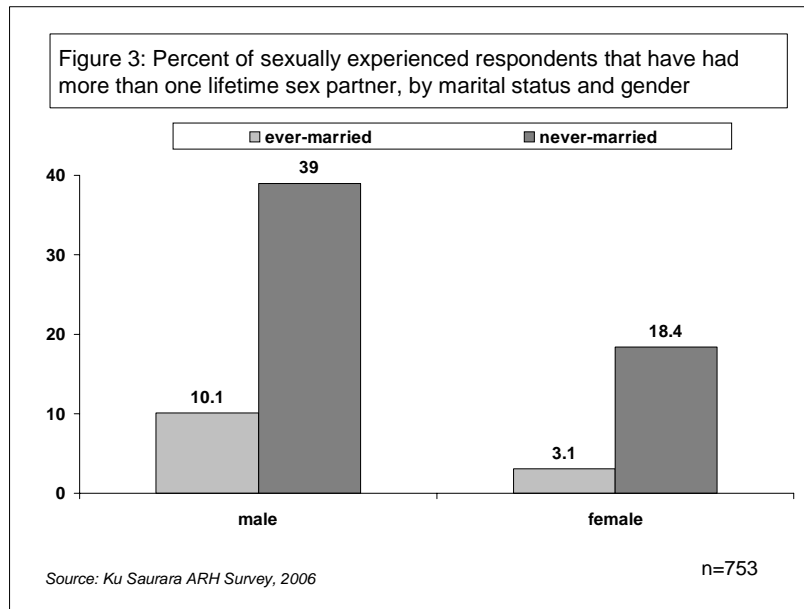
Characteristics	Male	Female
Design Category		
KS Cub member	0.912	0.643
Non-member, KS club in community	0.923	0.732
Non-member, no KS club in community	0.916	0.631
State		
Bauchi	0.861	0.651
Kano	0.951	0.746
Katsina	0.936	0.564
Socio-economic Status		
Low	0.908	0.584
Medium	0.931	0.659
High	0.915	0.757
School enrollment		
In-school	0.927	0.843
Out-of-school	0.905	0.549
All Respondents	0.917	0.661

Source: Ku Saurara 2006 Baseline Survey

exceptionally high indicators of late sexual debut may be further indication of underreporting of sexual activity among unmarried respondents. Assuming that the degree of

underreporting of sexual activity is the same across the various socio-demographic groups, there are some interesting variations in the timing of sexual debut that are worth noting.

As Table 6 shows, the life table proportion still virgin at the 18th birthday varies more significantly among women than among men. Among women, KS club members appear more likely to delay sexual



debut than their non-member peers living in the same communities. Also among women, sexual debut appears to occur much later in Kano than in the other two states. Katsina women are the

most likely to experience early sexual debut.

Low socio-economic status appears to be positively associated with early sexual debut for women but not for men. Similarly, school enrollment appears to offer significant advantage for women regarding the timing of first sex. For men, the advantage is not as pronounced

Lifetime sex partners

A significant number (29.3% of men and 6.1% of women) of sexually experienced respondents have had more than one sex partner. Single respondents were more likely than their ever-married peers to report multiple sexual partnerships (see Figure 3). On average, the number of lifetime partners was 3.3 for sexually experienced never-married men and 1.6 for their female peers, indicating that once sex is initiated outside of marriage, a young person tends not to stay with a single partner for long.

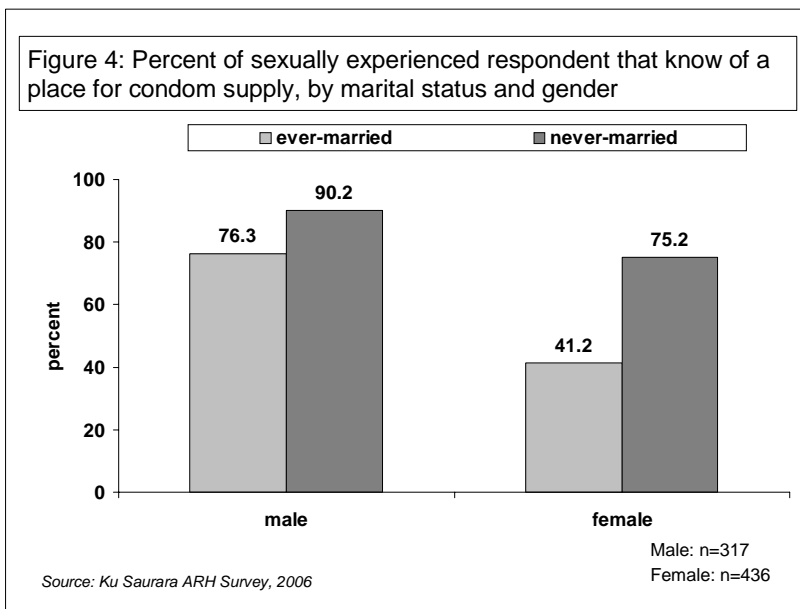
Whereas the prevalence of multiple sexual partnerships does not vary by design category for women, there are significant differences among men. For example among never-married men, the average number of lifetime sex partners was 4.7 for club members compared to 3.5 and 2.2 among non-members in communities with or without KS club, respectively.

Condom-related knowledge and attitudes

Over half (56.1%) of the respondents stated that they knew of a place where they could obtain condoms. As expected, men (69.1%) were considerably more likely than women (40.9%) to report awareness of a place for condom supply. The proportion that knows of a place for condom supply increases to about two-thirds (65.2%) for sexually experienced respondents. Among this category of respondents, married men and women are significantly less likely than their never-married peers to report awareness of a source for condoms (see Figure 4). The data further show that 97.0% of sexually experienced KS club members

compared to about 60.0% of the non-members knew of a place to obtain condoms.

Only 28.0% of the respondents were confident that they would be able to obtain a condom should they need one; even among



the sexually experienced, less than one third (31.0%) reported that they would be able to obtain condoms if needed. The respondents from Bauchi (43.7%) were significantly more likely than their peers from Kano (25.7%) or Katsina (16.0%) to believe that they could obtain condoms if needed. Equally expected is the finding that this indicator is significantly higher for KS club members (58.9%) than for non-members: 22.8% in communities with a KS club and 25.5% in communities with no KS clubs.

Less than one quarter (23.4%) of the sample reported knowledge about how to use a condom. Among sexually experienced respondents, only 25.2% stated that they knew how to use a condom. Interestingly, not all who had ever used a condom believed that they knew how to use the device: only 65.8% of male who had ever used a condom and 29.2% of their female peers reported knowledge about how to use condoms.

It appears that unavailability of condoms and lack of how-to knowledge are not the only factors hindering condom use in this population. Readiness for condom use is considerably low: only 23.5% of the respondents admitted that they would be willing to use a condom if they had one. On average, readiness for condom use was twice as high among men (30.7%) as among women (15.1%). This indicator is also twice as high among KS club members (44.3%) as among non-members (20.9%).

Interpersonal communication around condom use for HIV/STI prevention is moderately common: 40.3% of sexually experienced respondents reported that they discussed condom use with someone during the last 12 months. Ever-married respondents (23.5%) were significantly less likely than the never-married (61.1%) to have discussed condom use with anyone. Similarly, the majority (76.2%) of KS club members had discussed condom use compared with only about a third (34.8%) of non-members.

Personal advocacy in favor of condom use (that is, encouraging someone to use condoms) for HIV/STI prevention was reported by about one-fifth (19.4%) of all respondents and one third of the sexually experienced ones. Men (25.5%) are twice as likely as women (12.3%) to report this attitude. In addition, this attitude increases steadily with socio-economic status and is significantly higher among the respondents with post-primary education than among their peers with lower education. In the same vein, the respondents from Bauchi (28.7%) were more likely to report this attitude than their peers from the other states (16.5% in Katsina and 14.0% in Kano) and KS club members (48.2%) more than non-members (15.8%).

Condom use at first sex

Relatively few (16.3%) sexually experienced respondents reportedly used a condom at first sex. Consistent with previous findings in Nigeria and other African countries, men (24.0%) were significantly more likely than women (10.7%) to use a condom at first sex. Although the marital status at first sex is unknown, it is pertinent to note that single respondents are significantly more likely to report condom use at first sex. Only 11.1 percent of currently married men and 5.7 percent of currently married women reported condom use at first sex compared with 29.3% of single men and 24.8% of single women. This result is as expected and suggests that condom use at first sex tends to occur primarily outside of marriage.

For men and women, there is a positive relationship between age at first sex and condom use at first sex. Results of logistic regression of use of condom at first sex on selected socio-demographic variables indicate that, for men, an increase of one year in the timing of first sex is associated with a significant 36 percent increase in the odds of using a condom at first sex (Table not shown). For women, delaying sexual debut by one year

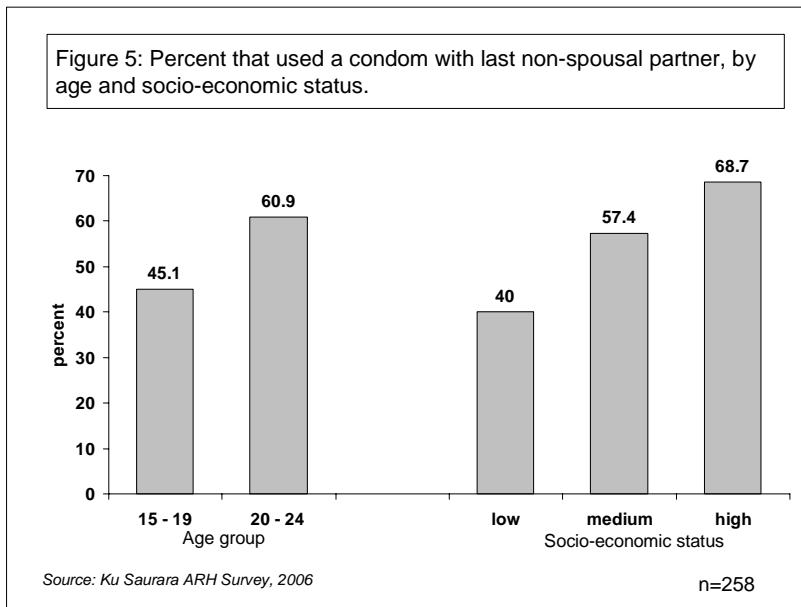
results in a 16 percent increase in the odds of condom use at first sex. Another characteristic associated with differences in condom use at first sex is state of residence: men and women resident in Bauchi State were significantly more likely to report condom use at first sex compared to their peers resident in Kano. Use of condom at first sex appears more widespread among educated respondents than among the illiterates. In contrast, while KS club members were more likely than others to report condom use at first sex, the difference was not statistically significant.

Condom use at last sex

Condom use at last sex was reported by about one-quarter (26.3%) of sexually experienced respondents. As expected, condom use occurs essentially outside of marriage. Only 5.2% of the respondents whose last sex partner was a spouse reported condom use compared to 59.5% of those whose last sex partner was a non-spouse.

Among the respondents that last had sex with a non-spouse, women (43.2%) are significantly less likely than men (62.7%) to report condom use. The data further show that KS club members (76.9%) are more likely to use condom with non-spousal partners than non-members in communities with a KS club (58.5%) or without such a club (46.4%).

Use of condoms during sex with a non-



spousal partner is least common in Katsina: 44.9% compared with 51.6% in Kano and 62.6% in Bauchi. In addition, condom use with a non-spousal increased with education, from 30.4% among illiterates to 72.7% among those with post-secondary education. Similarly, this indicator appears to be a function of household socio-economic status and current age (see Figure 5).

Knowledge about Family Planning

Awareness about modern contraceptive methods is moderate among the study population: 57.6% of the respondents could

Table 7: Percent that demonstrated spontaneous awareness of specific modern contraceptive methods, by gender.

Method	Male	Female
Male Condom	49.8	31.2
Injectables	34.1	32.0
Pill	29.9	26.2
Emergency Contraceptive	15.2	11.4
Female sterilization	13.6	12.2
Female Condom	12.1	7.4
Male sterilization	9.7	5.8
IUD	8.2	8.0
Implant	4.5	4.5
Diaph./Foam/Jelly	4.4	3.8

Source: Ku Saurara 2006 Baseline Survey

spontaneously name at least one modern contraceptive method. As Table 7 shows, the best known methods among men and women include male condom, injectables and the

pill. It is rather surprising that men demonstrated a higher level of awareness about the various methods than women did.

On average, men (1.8) recalled a higher number of methods than women (1.4) did. Married respondents appear better aware about contraceptive methods than their non-married peers (see Table 8). Awareness about contraceptive methods is higher in Katsina than in any other state. For both men and women, Kano presents the lowest level of contraceptive awareness.

The data further show that contraceptive awareness increases steadily with education and socio-economic status. In addition, young

Table 8: Average number of contraceptive methods spontaneously recalled, by gender and selected characteristics.

Characteristics	Male	Female
Marital Status		
Never Married	1.74	1.20
Ever Married	2.68	1.94
State of Residence		
Bauchi	1.60	1.48
Kano	1.53	1.13
Katsina	2.42	1.73
Education		
None	1.06	1.07
Primary	1.37	1.35
Secondary	1.87	1.57
Post-secondary	3.18	2.43
Socio-economic Status		
Low	1.25	1.25
Medium	1.70	1.33
High	2.37	1.74
Type of Place of Residence		
Urban	2.07	1.59
Semi-urban	1.66	1.36
Age Group		
15 – 19	1.15	1.11
20 – 24	2.34	1.92
Design Category		
KS Cub member	2.80	2.78
Non-member, KS club in community	1.57	1.49
Non-member, no KS club in community	1.61	1.33
All Respondents	1.82	1.42
Source:	Ku Saurara 2006 Baseline Survey	

adults are more likely than adolescents to report awareness of multiple contraceptive methods and employed youth more than the unemployed.

Finally, KS club members appear more knowledgeable about contraceptive methods than their non-member peers. Among men and women, there does not appear to be any significant difference in contraceptive knowledge between non-members in communities with a KS club and their peers in communities without a KS club.

Contraceptive Use

More than two-fifths (46.7%) of sexually experienced respondents reported ever using a modern method. Men (63.1%) were almost twice as likely as women (34.9%) to report ever using a modern method. The majority of sexually experienced single men (76.7%) and women (72.6%) reported ever using a modern method. In contrast, relatively few married respondents (30.1% of men and 21.7% of women) had reportedly ever used a modern method. Condom is by far the most popular method: 43.3% of sexually experienced men and 15.8% of their female peers have reportedly ever used this method.

Currently, 20.1% of the sexually experienced respondents are using a modern contraceptive method. As expected, the most popularly used method is the male condom, reportedly used by 63.6% of the

contracepting respondents. The pill is reported by 45.4% and injectables by 18.2% of contracepting respondents.

There are wide variations in current contraceptive use by gender, marital status and state of residence (see Table 9). Men are about twice as likely as

Table 9: Percent currently using a modern contraceptive method, by gender and selected characteristics.

Characteristics	Male	Female
Marital Status		
Never Married	33.0	28.3
Ever Married	17.2	9.0
State of Residence		
Bauchi	50.7	28.8
Kano	12.6	9.2
Katsina	10.6	3.8
Education		
None	15.7	8.0
Primary	20.0	7.7
Secondary	32.7	23.0
Post-secondary	31.7	20.7
Current Employment Status		
Working	30.7	23.4
Not working	26.5	12.4
Design Category		
KS Cub member	32.1	29.4
Non-member, KS club in community	13.1	9.5
Non-member, no KS club in community	32.0	14.8
All Respondents	28.4	14.0
Source: Ku Saurara 2006 Baseline Survey		

women to report current use of a modern method. For both men and women, contraceptive use is significantly more common among never-married respondents than among their ever-married peers. Similarly, the residents of Bauchi State are more likely to report current use than their peers in the other two states. Indeed, contraceptive prevalence is more than four times as high in Bauchi State as in Kano or Katsina. For both men and women, the higher prevalence among the respondents with post-primary education compared with their peers with lower educational level is distinctly obvious. In addition, whereas household socio-economic status does not appear to be associated with contraceptive use, prevalence is significantly higher for employed female respondents than for unemployed ones. Finally, the positive link between KS club membership and contraceptive use is only visible for women; for men, the relationship is not so clear cut.

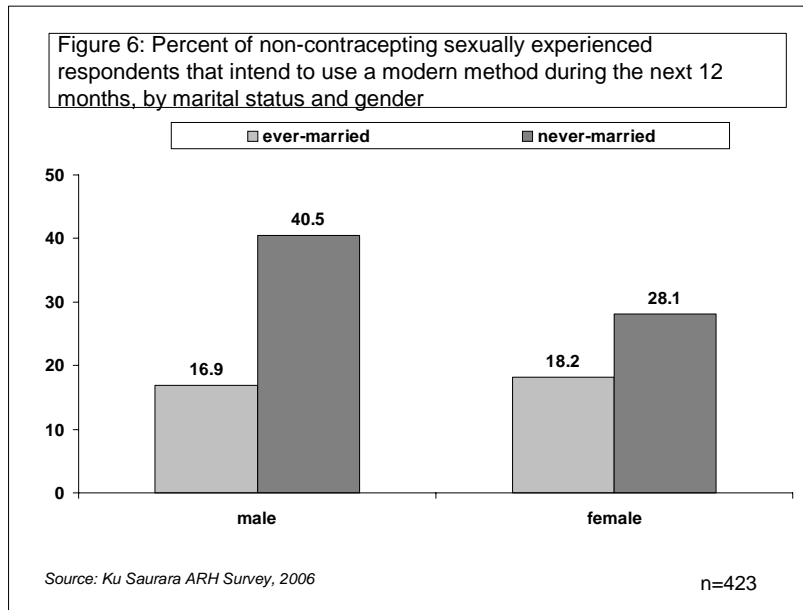
Since the most common method is the condom, it is not surprising that the main source for contraceptive supply is the pharmacy or chemist. This source was reported by 61.6% of the respondents currently using a modern method. Even among those not currently using condoms, 52.7% reportedly got their last supply from a pharmacy or chemist.

The main reasons advanced for not using a contraceptive method include not married (33.4%), desire for additional children (27.2%), religious reasons (11.5%) and infrequent sex (8.1%).

About one quarter (25.8%) of the sexually experienced respondents who were not currently using a modern method intend to use one during the next 12 months while 36.9% intend to use one some time in the future.

Intention for contraceptive use during the next 12 months is more commonly expressed by men (33.0%) than women (20.2%). Among both men and women, ever-married respondents are significantly less likely than the never-married to report the intention to use (see Figure 6).

Non-contracepting KS club members (50.5%) were significantly more likely than their non-member peers (16.4% in communities with a KS club and 14.7% in communities with no KS club) to report intention for contraceptive use. Similarly, contraceptive intention is a function of



contraceptive awareness: whereas only 11.1% of non-contracepting men and women with low level of contraceptive awareness reported the intention to use a modern method during the next 12

months, respectively 14.9% and 24.8% of those with a medium and high level of awareness did. In addition, urban residents (26.2%) are more likely than their semi-urban peers (16.6%) to report contraceptive intention.

Family Planning Ideation

In this section, we will discuss some attitudinal indicators that have been theoretically posited and empirically demonstrated to influence contraceptive use. These indicators include desired family size, communication around family planning, perceived social approval for family planning, personal approval of family planning, personal advocacy for family, and perceived social norm about family planning.

Desired family size

Table 10: Average desired family size, by gender and other characteristics.

Characteristics	Male	Female
Marital Status		
Never Married	8.1	7.7
Ever Married	8.3	7.4
State of Residence		
Bauchi	7.3	5.9
Kano	9.2	8.8
Katsina	8.4	7.6
Education		
None	9.2	7.9
Primary	8.8	8.3
Secondary	7.8	6.9
Post-secondary	8.2	5.1
Current Enrollment Status		
Enrolled	8.3	7.5
Not enrolled	8.3	7.4
Design Category		
KS Cub member	7.0	5.1
Non-member, KS club in community	9.4	7.8
Non-member, no KS club in community	8.2	7.4
Socio-economic Status		
Low	8.5	7.7
Medium	8.1	7.7
High	8.4	6.9
Type of place of residence		
Urban	8.0	6.9
Semi-urban	8.5	7.7
Religion		
Moslem	8.5	7.8
Christian	5.5	4.9
Attitudes towards early marriage for girls		
Favorable	9.1	8.5
Not favorable	7.8	6.9
All Respondents	8.3	7.5

Source: Ku Saurara 2006 Baseline Survey

In general, the respondents desire a large family size: the desired family size ranges between 0 and 20 with an average of 7.9 children and a median of 7. On average, men (8.3 children) desire larger family sizes than women (7.5). There are no noticeable differences in desired family size by marital status or school enrollment. In contrast, this indicator varies significantly by design category, socio-economic status, urban residence, education, state of residence, religion, and attitudes towards early marriage.

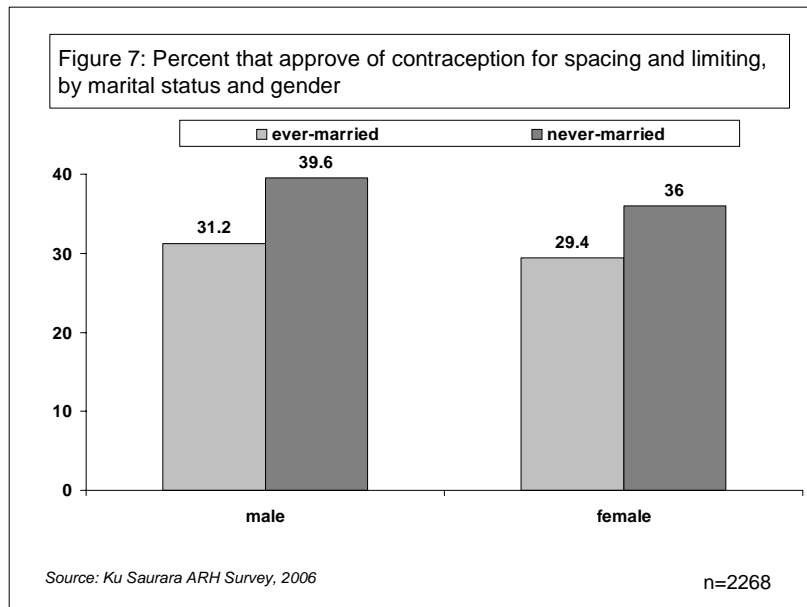
Men and women who are members of a KS listeners' club report significantly lower desired family size than others (see Table 10). On average, desired family size is largest in Kano and smallest in Bauchi; urban men and women tend to desire smaller family sizes than their semi-urban peers; and the indicator is significantly higher among Moslems compared to Christians. Whereas desired family size does not vary significantly by socio-economic status among men, women with high socio-economic status tend to desire smaller family sizes than their lower status peers.

The distinction between the respondents that favor early marriage (occurring before the 18th birthday) and their peers who do not favor such a practice is very clear. Among both men and women, favorable attitudes towards early marriage are associated with larger family size desires. The data further show that the negative relationship between education and desired family size is more pronounced for women than for men. With an average desired size of 5.1 children, women with post-secondary education are among the least pronatalist groups.

Personal approval of family planning

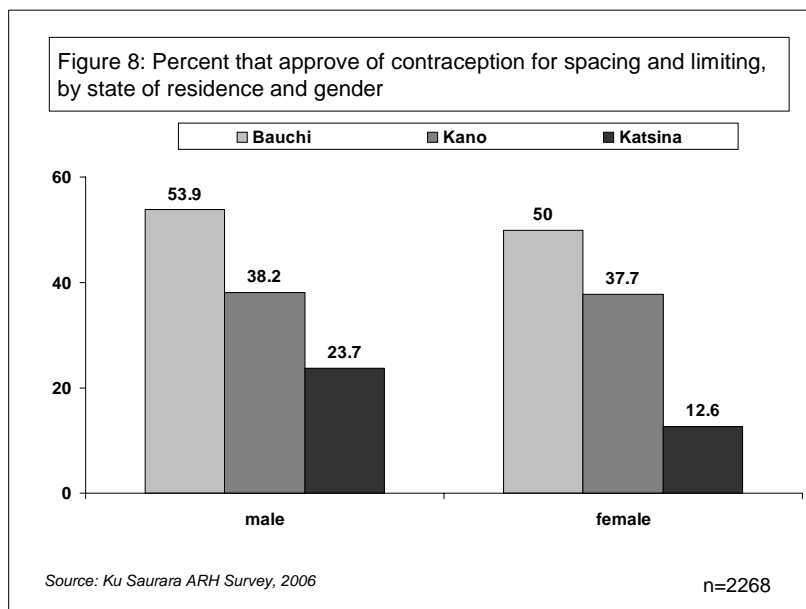
Close to half of the respondents (46.9%; 50.0% of men and 43.2% of women) approved of the use of modern contraceptive methods for the purpose of spacing births while less than two-fifths (38.0%; 40.5% of men and 35.1% of women) express approval for the purpose of limiting the number of births. In other words, more people are in favor of spacing births than are in favor of limiting the number of births. Only 39.0% of men and 34.0% of women approved of using a contraceptive method both for limiting and spacing. Surprisingly, married men and women were less likely to approve of contraception than their never-married peers (Figure 7). Contraceptive approval is considerably higher among KS club members

(62.4%) than among non-members either in communities with a KS club (38.5%) or in communities without a KS club (31.2%). Approval is also a function of media exposure. For example, 44.8%



of men and 38.8% of women who watch the television regularly approved of contraception, compared to 24.5% of men and 25.0% of women who

are non-regular television viewers.



Approval of contraception also varies by state of residence. Specifically, approval is least common in Katsina and most widespread in Bauchi (see Figure

8). Similarly, approval increases monotonically with socio-economic status: from 26.2% among the respondents in the low socio-economic stratum to 46.2% among their peers with high socio-economic status. In addition, urban respondents (48.5%) are significantly more likely than their semi-

urban peers (30.7%) to report contraceptive approval. This attitude is also significantly less prevalent among adolescents (30.3%) than among young adults (43.7%).

Discussions about family planning

There seems to be a noticeable level of discourse around family planning in the study states: more than half (51.2%) of sexually experienced respondents and 29.2% of those who are yet to experience sexual debut reportedly discussed family planning with a significant other during the last 12 months. Among the sexually experienced, ever-married respondents (45.7%) are less likely than the never-married (58.2%) to report discussing family planning.

In addition, among sexually experienced men and women, discussion about family planning is most widespread among the following groups: those with post-primary education, urban residents, KS club members, those with a high level of contraceptive awareness, Bauchi residents, Christians, regular radio listeners, and regular television viewers. In contrast, the respondents least likely to have discussed family planning with a significant other include the residents of Katsina, non-regular radio listeners, illiterates, and those with low contraceptive awareness.

Spousal communication about family planning is not widespread: only 28.4% of the ever-married reportedly discussed family planning with their spouse during the last 12 months. It is noteworthy that men (40.9%) are more likely than women (24.7%) to report spousal communication about family planning. This situation is due to the fact that women (39.3%) are more likely than men (15.0%) to be in a polygynous union. On average, polygynously married individuals (18.1%) are significantly less likely to report spousal communication than those in a monogamous union (29.1%).

The data further show that Bauchi residents (51.2%) are more likely to report spousal communication than their peers from Kano (24.7%) or Katsina (14.4%). In addition, spousal communication increases consistently with education (from 17.9% among illiterates to 43.3% among those with post-secondary education) and is about twice as common among regular radio listeners (30.9%) than among others (15.7%).

Perceived social approval of family planning

The questionnaire included relevant questions to assess respondents' perceptions about the position of specific significant others vis-à-vis family planning. Less than half of the respondents (46.7%) perceived that at least one person among their significant others would approve of their use of contraceptive methods while about one third (31.2%) recognized potential approval from at least two significant others.

On average, the respondents most likely to perceive social approval for family planning are Christians (76.2%), KS club members (66.8%), Bauchi residents (63.6%), individuals with post-secondary education (63.5%) respondents from rich households (55.7%) and urban residents (54.9%). In contrast, low perceived social approval is associated with preference for early marriage for girls, poverty, residence in Katsina State and low media exposure.

Personal advocacy in favor of family planning

Encouraging other people to practice family has been repeatedly found to be a strong predictor of contraceptive behavior. Evidence from behavior change literature has consistently shown that people who report personal advocacy in favor of a specific behavior are more likely to practice the behavior than others. In our sample, less than one fifth (18.2%) reported ever encouraging someone to practice family planning. There is

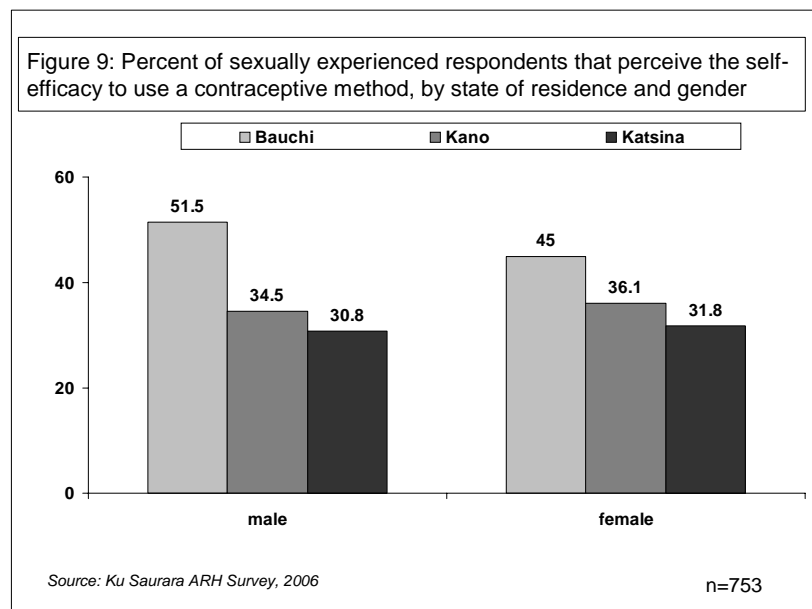
some significant difference between men (19.8%) and women (16.3%), and between the ever-married (24.7%) and the never-married (16.7%).

By and large, personal advocacy in favor of family planning is more prominent among KS club members (47.8% compared to 14.5% among non-members), post-secondary educated respondents (39.2% compared to 11.0% among illiterates, for example) and individuals from rich household (27.3% compared to their peers from poor households).

Perceived self-efficacy

Two measures of family planning-related perceived self-efficacy were assessed during the survey: perceived self-efficacy to obtain a contraceptive method and perceived self-efficacy to use a contraceptive

method for pregnancy prevention. Less than half (42.0%) of the sexually experienced respondents were confident that they could obtain a contraceptive



method if they needed one. The relationships between this measure of perceived self-efficacy and the various socio-demographic characteristics are in the expected direction. For example, 62.3% of KS club members compared to 39.5% of non-members in the same community stated that they would be able to obtain a contraceptive

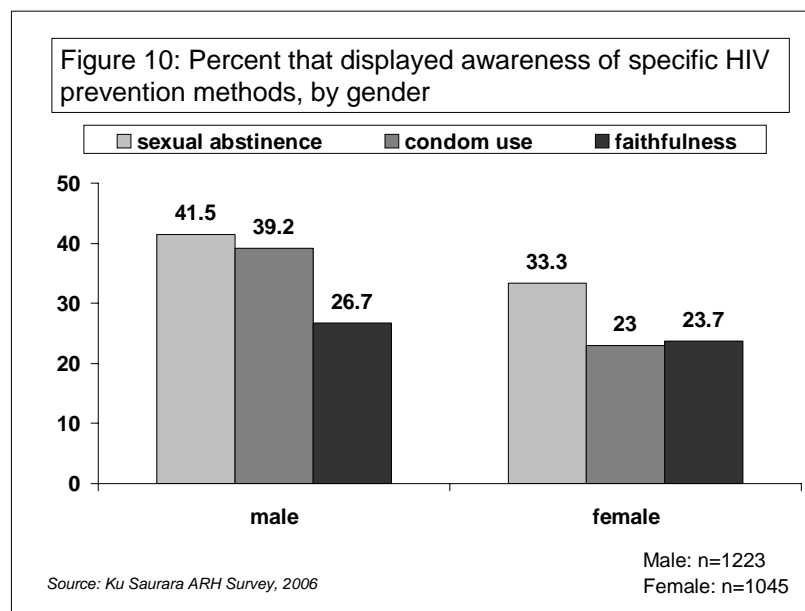
method if needed. Similarly, the indicator is higher in Bauchi than in the other two states: 60.7% compared to 32.3% Katsina, for example.

Only about two-fifths (38.9%) of sexually experienced respondents were reportedly confident that they would be able to use a contraceptive method if they wanted to prevent a pregnancy. Again, never-married (45.4%) respondents were more likely than the ever-married (33.6%) to express self-efficacy for contraceptive use. As far as this indicator is concerned, there are no significant differences between men and women but it is considerably higher among KS club members (52.5%) than among non-members (36.8%). Finally, Bauchi stands out clearly from the other two states as can be seen from Figure 9.

KNOWLEDGE AND ATTITUDES REGARDING HIV/AIDS

Knowledge

The majority (88.4%) of the respondents knew that HIV is preventable although only a little over half (52.5%) could spontaneously name at least one of the three main prevention methods: sexual abstinence, condom use and faithful to one faithful sexual partner. As shown on Figure 10, the respondents tended to mention sexual abstinence more



frequently that they did the other two main methods. Very few (12.0%) could name all the three methods.

Men appear more knowledgeable about HIV prevention than women: 14.4% of men compared with 9.1% of women mentioned all the three main prevention methods. As with the other outcome variables previously discussed in this report, among men and women, KS members are the most knowledgeable about HIV prevention methods. In addition, the level of awareness is higher in Bauchi than in the other states. It is also noteworthy that awareness about HIV prevention methods is particularly low in Katsina.

The relationship with education is also in the expected direction

Table 11: Percent that know all the three HIV prevention methods, by gender and other characteristics.

Characteristics	Male	Female
Design Category		
KS Cub member	24.1	36.4
Non-member, KS club in community	10.0	6.9
Non-member, no KS club in community	13.3	8.9
State		
Bauchi	22.2	18.9
Kano	15.9	8.2
Katsina	3.8	2.5
Socio-economic Status		
Low	10.6	5.9
Medium	13.5	7.6
High	18.2	14.7
Education		
None	7.2	5.1
Primary	7.4	4.2
Secondary	18.4	15.7
Post-secondary	19.6	8.9
Religion		
Moslem	13.9	8.1
Christian	20.0	16.0
Exposure to HIV prevention information during previous 3 months		
Exposed	15.6	10.8
Not exposed	7.6	4.4
Number of respondents	1223	1045

Source: Ku Saurara 2006 Baseline Survey

with the respondents with post-primary education demonstrating a higher level of awareness than their lowly educated peers. Also consistent with previously discussed outcome variables, awareness is higher among Christians than

Moslems. Finally, it is not surprising that those who were exposed HIV

prevention information during the last three months were more than twice as likely as others to demonstrate awareness of the three prevention methods.

Most of the respondents (81.4% of men and 73.4% of women) knew that a healthy-looking individual could be HIV infected. This basic indicator is significantly higher in Bauchi (88.0%) than in Kano (78.6%) or Katsina (65.5%).

Many of the respondents (51.1% of men and 34.3%) reportedly personally knew someone infected with HIV. Again, the respondents from Bauchi (50.9%) were more likely than their peers from Katsina (46.7%) or Kano (34.4%) to report personal knowledge of a PLWA. The data further show that less than half (43.1%) of the respondents knew that HIV could be transmitted from mother to child. Whereas marital status does not appear to make any difference for this knowledge indicator among men, ever-married women (51.1%) were more likely than their never-married peers (37.0%) to report awareness about mother-to-child transmission.

Communication around HIV

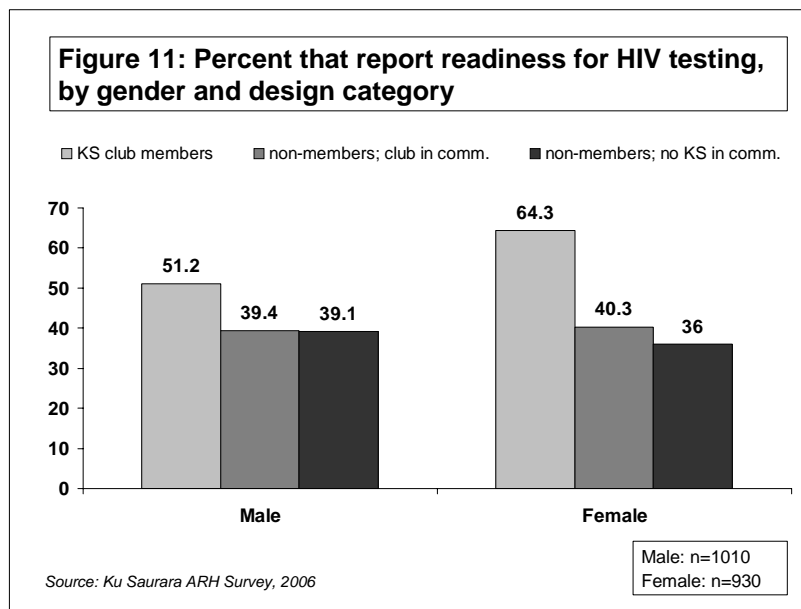
The survey tool included only one question about communication around HIV: whether the respondent ever discussed HIV or AIDS with spouse or regular partner. Less than half (42.7%) of the sexually experienced respondents reported that they ever discussed HIV/AIDS with their spouse or sex partner. Not surprisingly, married respondents (46.4%) were significantly more likely to report communication around HIV than did their sexually experienced never-married peers (38.3%). The more generally knowledgeable about HIV a respondent is, the more likely it is that he/she would have discussed HIV with a spouse or regular partner: the indicator increases steadily from 36.3% for the respondents with low

general knowledge about HIV to 50.4% for their peers with a high level of knowledge.

HIV Testing

Many (62.0%) of the respondents knew of a place where they could go for HIV testing. Men (68.1%) were significantly more likely than women (54.9%) to report this knowledge indicator. There are noticeable differences in this indicator by state: whereas about three-quarters (74.3%) of the respondents from Bauchi compared to 64.6% in Katsina and 49.8% in Kano reportedly knew of a location for HIV testing.

A significant few (14.4%) of the respondents had reportedly ever been tested for HIV. The proportion that reported HIV testing is only slightly higher among the sexually experienced (17.3%) than among their peers yet to experience sexual debut (13.1%). On average, men (17.4%) were more likely than women (11.0%) to have ever been tested for HIV). The indicator does not vary by state but increases consistently by education and socio-economic status. For example, 10.3% of illiterates compared to



26.9% of those with post-secondary have reportedly ever been tested.

Among the respondents yet to be tested, 39.7% expressed readiness for HIV testing. Readiness for HIV testing does not vary by sex but it is more common among the never-married respondents (41.6%) than among their

Table 12: Percent exposed to the Ku Saurara campaign, by gender and other characteristics.

Characteristics	Male	Female
State		
Bauchi	62.4	47.5
Kano	50.5	36.2
Katsina	35.8	17.1
Marital Status		
Ever-married	50.5	29.4
Never-married	50.0	36.0
Socio-economic Status		
Low	33.7	22.7
Medium	49.6	31.5
High	63.8	50.3
Education		
None	38.2	19.7
Primary	33.4	31.3
Secondary	55.7	42.8
Post-secondary	71.2	50.0
Type of Place of Residence		
Urban	67.3	48.6
Semi-urban	39.6	28.0
School enrollment status		
Enrolled	48.4	42.1
Not enrolled	51.9	28.0
Current Age		
15 – 19	34.2	33.5
20 – 24	62.3	34.7
All respondents	50.0	34.0
Number of respondents	1223	1045

Source: Ku Saurara 2006 Baseline Survey

ever-married peers (31.2%). This attitude is equally more common in Bauchi (53.4%) than in either Katsina (35.2%) or Kano (32.2%). Finally, as shown on Figure 11, male and female KS club members are significantly more likely to report readiness for HIV testing than their non-member peers.

The main reason for not wanting to be tested for HIV was personal conviction about not being infected: 88.7% of the never-tested respondents offered this reason. Among those who have had more than one sex partner, about two-thirds gave this reason while

15.6% adduced fear of other people's reaction should they turn out to be sero-positive.

Exposure to Program Activities

The Ku Saurara project has been on-going since 2001. Activities such as Ku Saurara radio variety show, production and distribution of print

and promotional materials, educational video, and Ku Saurara listeners' club meetings have been implemented intermittently for at least four years. Although the radio program had not been aired for about three months prior to the baseline survey and new project activities were yet to fully start, many (42.6%) of the respondents recalled seeing, hearing or participating in a project activity. Almost all (95.3%) of KS club members reported that they had attended at least a meeting during the three months preceding the survey.

Exposure to the KS radio program, as evidenced by correct recall of the themes covered in the episodes, stood at 41.3%. In addition, about one-tenth (9.5%) of the respondents recalled that they had seen the Akwai Mafita educational video. Overall, more than one-third (34.4%) of the respondents were exposed to either the radio program or the video while 8.2% were exposed to both of these materials.

Almost all (98.0%) of KS club members were exposed to KS program activities; more than half (57.3%) were exposed to both the radio program and the video. As expected, exposure is lower among non-members, standing at 35.7% (39.3% in communities with a KS club and 34.0% in communities without KS clubs).

There are significant socio-demographic differences in campaign exposure as Table 12 shows. On average, exposure is significantly higher for men than for women. The residents of Bauchi displayed the highest exposure level whereas the residents of Katsina appear to have been at a comparative disadvantage in terms of exposure to the campaign.

Whereas exposure does not appear to vary by marital status among men, ever-married women are less likely to report exposure than their never-married peers. Similarly, whereas there is no significant difference between in-school and out-of-school men, school enrollment appears to provide a definite exposure advantage for women.

Furthermore, exposure appears to be a function of education: for men and women, the percent exposed increases monotonically with education. In addition, on average, urban men and women reported a higher level of exposure than their semi-urban peers while young adults were more likely to be exposed than adolescents.

By and large, ever-married women, illiterate women, out-of-school women and women residing in Katsina appear to have been particularly difficult to reach. In contrast, urban men, post-secondary educated men, men from rich households and young adult men are the most likely to be exposed.

Campaign exposure and selected ideational and behavioral outcomes

In this section, we will discuss the relationships between KS campaign exposure and selected key outcomes. For illustrative purposes, we will focus on five ideational outcomes: awareness about contraceptive methods, approval of family planning, personal advocacy for contraceptive use, knowledge about the ABC methods of HIV prevention and readiness for HIV testing. In addition, we will examine one behavioral outcome: use of condom with a non-spousal partner. We will examine the relevant relationships using logistic regression models that control for the confounding influences of age, education state of residence, socio-economic status, school enrollment, marital status and other pertinent background variables. We will estimate separate models for men and women separately.

Table 13: Results of logistic regression models¹ relating campaign exposure to selected dependent variables, by gender.

Dependent Variable	Male		Female	
	Odds Ratio	Std. Error	Odds Ratio	Std. Error
Spontaneous recall of at least three contraceptive methods	1.80***	0.276	1.71**	0.310
Approved of family planning for spacing and limiting births	2.11***	0.310	1.85***	0.297
Personal advocacy for contraceptive use	2.75***	0.526	1.41 [§]	0.285
Knew the three main methods (ABC) of HIV prevention	1.46 [§]	0.292	2.43***	0.615
Readiness for HIV testing (individuals with no prior HIV testing experience)	1.48**	0.226	1.56**	0.258

Source: Ku Saurara 2006 Baseline Survey

Notes

¹ Models control for education, state of residence, enrollment status, current age, radio listening habits, television viewing habits, religion, and socio-economic status.

*** p<0.001; ** p<0.01; * p<.05; [§] p<.1

The results shown on Tables 13 and 14 clearly indicate that campaign exposure is associated with improved ideational and behavioral outcomes. For men, campaign exposure is associated with 80 percent increase in the odds of recalling at least three contraceptive methods; for women the comparative increase is 71 percent (Table 13). Campaign exposure is also associated with increased odds of approval of family planning for both men and women.

In addition, whereas for men the campaign appears to have strongly increased the odds of reporting personal advocacy in favor of

Table 14: Results of logistic regression model¹ relating condom use with last non-spousal partner to campaign exposure and other predictors, male respondents only.

Dependent Variable	Odds Ratio	Std. Error	z	Pseudo-R ²
Campaign exposure				
Not Exposed (RC)	1.00	--	--	20.0%
Exposed	2.30*	0.972	1.97	

Source: Ku Saurara 2006 Baseline Survey

Notes

¹ Model controls for education, state of residence, enrollment status, radio listening habits, television viewing habits, religion, and socio-economic status.

* p<.05

family planning, for women the associated increase is only marginal. In contrast, while campaign exposure only marginally increases the odds of

demonstrating a high level of awareness about HIV prevention methods for men, it does so significantly for women. The data also show that for men and women with no prior experience of HIV testing, exposure to the campaign increases the odds of willingness to be tested by 48 percent for men and 56 percent for women.

Due to the relatively small number of women (72 in all) that reported that they last had sex with a non-spousal partner, it was not meaningful to analyze the relationship between condom use and campaign exposure independently for men and women. We therefore limit our analysis to men who last had sex with a non-spouse. The results, presented on Table 14, reveal that campaign exposure is associated with increased condom use for high-risk sexual encounters.

Summary and Conclusions

The foregoing has described pertinent indicators regarding reproductive health knowledge, attitudes and behaviors among young people in three northern Nigeria states based on data from a sample survey. The research design identifies three categories of respondents: KS listeners' club members, non-members residing in communities with a listeners' club, and non-members residing in communities with no listeners' clubs. The following are the main findings from the survey.

- There are basic socio-demographic differences among the three design categories. On average, compared to non-members, club members are more likely to be male, better educated, older and more likely to reside in an urban area. In addition, club members are more likely than non-members to be employed, literate in English and never-married. **These differences should be taken into consideration when assessing**

the differential gains in pertinent indicators between baseline and follow-up among the three design categories.

- More than two-thirds of the respondents watch television regularly while almost nine-tenths are regular radio listeners. Almost half of the respondents had been exposed to information on one or more health topics through the media during the last six months. These results indicate a relatively high level of exposure to the media, in general, and to health-related messages, in particular. Nonetheless, on average, men are more likely than women to report media exposure. **It is particularly important to explore cost-effective non-electronic channels of communicating health messages to women, especially to married women.**
- Attitudes favoring early marriage are still relatively common among the respondents. Many respondents still believed that a girl should be married prior to the statutory age of 18 years. **The negative health and social implications of early marriage have been well documented in medical and social science literature. Nonetheless, early marriage is often portrayed as a religious obligation. Campaigning against early marriage might be risky and counter-productive if it is perceived as an attack against the local culture. There is therefore need for innovative and culturally appropriate ways of discouraging early marriage. Portraying the negative effects of early marriage is not likely to be effective. It is better to focus on the attributes that help to delay marriage such as completion of secondary and post-secondary education, and acquisition of professional skills for girls prior to marriage.**
- Many of the respondents believed that sexual debut should occur prior to marriage. On average, the perceived ideal

interval between sexual debut and marriage was 3.9 years for a boy and 1.4 years for a girl. **Obviously, this finding shows that efforts aimed at promoting primary sexual abstinence are not out of place. More important, the finding underscores the need for programs aimed at increasing knowledge about contraceptives and other safe sex practices among unmarried youth. There is also an obvious need for increasing access to condoms and other contraceptive devices among unmarried youth.**

- Less than one fifth of never-married respondents have reportedly had sex. The data suggest that sexual debut outside of marriage is rare during adolescence but relatively common during young adulthood. **Considering that more than half of single men and more than one third of their female peers believed that most of their friends are sexually experienced, the data on sexual debut suggest that sexual activities are underreported in the study population.**
- A significant number of the sexually experienced respondents (29.3% of men and 6.1% of women) have had more than one lifetime sex partner. Never-married respondents were considerably more likely than their married peers to report multiple sexual partnerships. **Considering the general reticence about discussing issues related to sex among the intended audience, it is possible that these findings grossly understate the prevalence of multiple sexual partnerships. Messages and activities designed to promote mutual faithfulness and empower young people to stick with one faithful partner are strongly indicated.**
- Whereas the majority of men reportedly knew of a place to obtain condoms, only two-fifths of the women did. Most of the

respondents were not confident that they would be able to obtain a condom should they need one. Moreover, relatively few (about one quarter of sexually experienced respondents) reportedly knew how to use a condom. In addition, readiness for condom use, evidenced by reported willingness to use a condom if available, is rather low. **Program activities should seek to increase knowledge about condom including its attributes and sources. Promoting how-to knowledge about the condom among youth outside of a clinic setting can be problematic. It is therefore important to encourage sexually active youth to visit youth-friendly clinics where they can obtain scientifically sound information about the role of condoms in HIV and pregnancy prevention.**

- Interpersonal communication around the condom is relatively common, especially among unmarried youth: about three-fifths of sexually experienced unmarried respondents reportedly discussed condom with someone during the last 12 months. In contrast, personal advocacy in favor of condom use is limited: less than one fifth of the respondents reportedly advised someone to use condoms. **Interpersonal communication and personal advocacy are important prerequisites for changing norms. Appropriately designed messages should encourage young people to discuss condom use with their peers and advocate in favor of condom use.**
- Condom use at first sex was reported by only about a quarter of single sexually experienced men and women, and less than one tenth of their married peers. Among single respondents, condom use at first sex was a positive function of age at first sex such that the older the respondent was at first sex, the greater the odds of

reporting condom use. **This finding is another justification for encouraging young people to delay sexual debut.**

- Awareness about contraceptive methods, as evidenced by the spontaneous recall of modern methods, is only moderate. Only 57.6% of the respondents recalled at least one modern contraceptive method. Surprisingly, men displayed a higher level of awareness than women. Contraceptive awareness was also higher among married respondents than among their non-married peers, and increased consistently with education for both men and women. **These findings call for continued efforts to increase contraceptive knowledge, particularly among women.**
- The respondents were surprisingly pronatalist. The average desired family size was 7.5 children for women and 8.3 for men. Personal approval of family planning is relatively low. Although the respondents tended to be more in favor of family planning for the purpose of birth spacing than for the purpose of limiting the number of births, still less than half approved of family planning for either purpose. **These findings underscore the need for promoting the small family size ideal, increasing audience understanding about family planning, and encouraging couples to use family planning for spacing and for limiting births.**
- Although there appears to be some level of discourse around family planning among the study population, perceived social approval is limited and relatively few respondents had encouraged someone to use a family planning method. Various theories of behavior change have posited, and empirical evidence has consistently shown that social interaction around a health behavior is a strong predictor of the behavior.

Appropriately designed messages should promote interpersonal

communication around family planning and encourage individuals to advocate in favor of family planning among their relations, friends and acquaintances.

- Contraceptive use is more common outside of marriage than within marital unions. For example, only 9.0% of married women compared to 28.3% of their never-married peers reported current use of a modern method. In general, men were more likely to report contraceptive use than women and the most popularly used method was the condom. The main reasons that young married women advanced for not using a contraceptive method included desire for additional children and the belief that contraception was against religious teachings. **Reaching young married women with accurate information about family planning is of utmost importance. Research has shown that women are more likely to adopt family planning methods if they are presented with the required information immediately after a birth, an induced abortion or a miscarriage. The reality in most parts of the north is that most women do not use health facilities for antenatal care, child delivery or postnatal care. Most births are attended by traditional birth attendants (TBA). TBAs have the confidence of the couples that they serve and are well respected in their communities. The KS project should seriously consider allying with TBAs and training them to provide rudimentary information about family planning and referring their clients to appropriate health facilities for family planning services. In addition, the project should intensify its work with Islamiyya schools as a forum for reaching married women with accurate information and for debunking erroneous beliefs about family planning. This strategy is particularly relevant considering that**

many married women are not using a family planning method because of the erroneous belief that religion opposes family planning.

- There is some noticeable level of demand for modern contraception among the people not currently using a modern method: about a quarter of them indicated the intention to use a method during the next 12 months. Men were more likely than women to express the intention for contraceptive use; this indicator was also higher among never-married youth were compared to their married peers. **Turning these potential users to actual users should be a priority for the current and subsequent phases of the project. Looking at how current non-users who indicate the intention to use a method in the next 12 months differ from current users allows us to determine the strategies for turning the demand to reality. The data show that compared to current users, potential users are more likely to believe that family planning is against the teachings of their religion. The potential users are also more likely to desire a large family size (51% desire a family size of at least seven children compared 31% for users), and less likely to perceive the self-efficacy to obtain a family planning method if they needed one (55% compared to 75% for users). In other words, the data suggest that the first line of messages and activities should clarify the compatibility of modern family planning with religion, promote small family size ideals, and strengthen audience understanding about the availability and the ease of obtaining modern contraceptive methods.**
- Compared to their peers who did not report intention for contraceptive use, potential users have a better understanding

of contraceptive safety and effectiveness, and were more likely to believe that practicing family planning has definite advantages for the couple and their children. They were also less likely to believe that the locus of control for family size is external to the couple and less likely to believe that family planning conflicts with religious teachings. **These findings indicate that to promote demand for family planning, messages and activities should emphasize safety and effectiveness of modern methods, stress the social and health benefits of family planning, emphasize the appropriateness of taking actions to improve one's life and clarify the position of religion on family planning.**

- Knowledge about HIV and AIDS is still at a low level among the study population: less than one-eighth of the respondents could name the three main methods (abstinence, mutual faithfulness and condom use) of preventing HIV infection. Some of the respondents did not know that a healthy-looking person could be infected with HIV and the majority did not personally know a person living with HIV/AIDS. **There is an obvious need for messages and activities that seek to increase audience understanding about HIV. Such messages and activities should clearly explain how HIV can be prevented, model a typical young person living with HIV and emphasize the fact that HIV status cannot be determined through physical appearance.**
- A little over one-tenth of the respondents have ever been tested for HIV while about two-fifths of those yet to be tested indicate a readiness to undergo the test. **There is therefore a significant salient demand for HIV testing that needs to be translated to reality. Comparing the respondents who had been tested with their untested peers shows that those who had been tested were**

more knowledgeable about HIV prevention (58.2% versus 51.6% knew at least one of the three main prevention methods) and were more likely to know a person living with HIV (58.5% versus 40.8%). They also more likely to know that HIV status cannot be determined through physical appearance (86.0% compared to 76.3%) and more likely to have advocated in favor of condom use (35.6% versus 16.7%). In essence, translating existing readiness for HIV testing into reality requires messages that seek to increase audience knowledge about HIV prevention and symptoms, emphasize the role of condom use in HIV prevention and encourage personal advocacy in favor of condom use.

- In general, the ideational and behavioral indicators examined in this study were significant better among KS listeners' club members than among non-members. **Considering these baseline differences, the appropriate strategy for assessing the impact of project activities is to compare the relative change in pertinent indicators between baseline and follow-up among the three design categories. This should be done taking into consideration the differences in the socio-demographic composition of the three design categories.**
- There is already a noticeable level of exposure to KS campaign messages and activities among the study population. The data also clearly indicate the expected positive relationship between campaign exposure and pertinent ideational and behavioral outcomes.

Annex 1: List of survey LGAs and Sectors

LGA	Sector
Bauchi State	
1. Zaki	<ul style="list-style-type: none"> • Kofar Ganuwa • Rakummani, • Assabaru
2. Katagum	<ul style="list-style-type: none"> • Bakin Kasuwa • Kafin Kuka, • Matsango, • GRA Gamwari
3. Giade	<ul style="list-style-type: none"> • Kurba, • Kofar fada • Layin Kasuwa, • Umar Saleh
4. Bogoro	<ul style="list-style-type: none"> • Gwarsanga, • Cikin gari • Boi
5. Dass	<ul style="list-style-type: none"> • Palace road I, • Angwar Sarki II, • Bundok
6. Tafawa Balewa	<ul style="list-style-type: none"> • Mariam • Tudun wada • Rafin Madaki.
7. Ningi	<ul style="list-style-type: none"> • Sabon Gari • Kafin danyaya • Angwar Sarkin Pawa
8. Ganjuwa	<ul style="list-style-type: none"> • Kofar Buri, • Angwar Yarima, • Barau
9. Alkaleri	<ul style="list-style-type: none"> • Angwar ajiya, • Angwar maimadari, • Angwar felufelu • Bayan banki
10. Bauchi	<ul style="list-style-type: none"> • Kofar Ran • Dutsen Tanshi • GRA
Kano State	
1. Nassarawa	<ul style="list-style-type: none"> • Brigade by Yankaji • Aviation Quarters • Dakata/Kawaji • Yankaba/CBN Quarters

2. Dala	<ul style="list-style-type: none"> • Rijiar Lemo • Kurna Babanlayi • Kofar Ruwa • Gwamaja Housing Estate
3. Wudil	<ul style="list-style-type: none"> • Sabon Gari Opposite Amana • Sabon Gari By Sakua • Ungwar Fulani • Fofar Kudu
4. Gaya	<ul style="list-style-type: none"> • Suidi Gabas • Kofar Soro A • Kofar Soro B • Sindi Yama
5. Fagge	<ul style="list-style-type: none"> • Fagge A • Fagge B • Fagge C • Kastina Road
6. Gwale	<ul style="list-style-type: none"> • Filin Mushe • Layin Vetinary • Layin Police Station • Layin Alewa
7. Kura	<ul style="list-style-type: none"> • Fadar Iyawo • Kofar Arewa • Kofar Yama • Kofar Kudu
8. Kano Municipal	<ul style="list-style-type: none"> • City By British Council • City By Emirs Palace • Kofar Mata By Zango • Manda Wari By Sabon Titi
9. Bichi	<ul style="list-style-type: none"> • Hagawa • Kofar Arewa
10. Kabo	<ul style="list-style-type: none"> • Zage • Kofar • Lawani
Katsina State	
1. Batagarawa	<ul style="list-style-type: none"> • Fagge • Low Cost • Shalskawa
2. Jibya	<ul style="list-style-type: none"> • Dan Tudu • Sabon Feggi • Kofar Fad

3. Kankia	<ul style="list-style-type: none"> • Gachi • Ungwar Abuja/Sabua • R Abuja
4. Batsari	<ul style="list-style-type: none"> • Ungwar Sabo Gari • Ungwar Magaji • Angwar Alhaji Lawal
5. Kurfi	<ul style="list-style-type: none"> • Nassarawa • Gabas Da Kasuwa • Kofa
6. Kaita	<ul style="list-style-type: none"> • Kofa Arewa • Bakin Yaro • Kofa Fada
7. Kastina	<ul style="list-style-type: none"> • Nwala • Sabaon Kasuwa • Filin Samji
8. Rimi	<ul style="list-style-type: none"> • Tundun Wada • Ungwar Ilimi • Sabon Gari
9. Dutsama	<ul style="list-style-type: none"> • Bayan Tasha • Ungwar Maisaje • Ungwar Makira
10. Charanchi	<ul style="list-style-type: none"> • Sabon Layi • Walawa • Angwar Gabas