平成14年度　国際協力事業団　準客員研究員報告書

Socio-epidemiological Study on HIV-Related behaviour among young people in Mauritius

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Socio-epidemiological Study on HIV-Related behaviour among young people in Mauritius

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AIDS	Acquired Immuno-deficiency Syndrome
BSS	Behavioural Surveillance Surveys
EA	Enumeration Area
EPZ	Export Processing Zone
FHI	Family Health International
HIV	Human Immuno-deficiency Virus
JICA	Japan International Cooperation Agency
KABP	Knowledge, Attitudes, Belief and Practices
NGO	Non Governmental Organization
PPS	Probability Proportionate to Size
STI	Sexually Transmitted Infection
STD	Sexually Transmitted Disease
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization

要　約

本研究の目的は、次の２点である。

①モーリシャスの若者のHIV関連リスク行動の存在率を探索する。

②HIV関連行動と社会的諸要因との関連を分析する。

この研究成果から、第一にモーリシャスにおける予防対策に資する提言を行うこと、さらには、低レベルHIV流行地域での対策の指針を示すことを目指す。

第１章　世界のエイズとモーリシャスのエイズ

第１章では、本研究の背景となる、世界とモーリシャスにおけるエイズの状況を示した。国連合同エイズ計画（Joint United Nations Programme on HIV/AIDS: UNAIDS）によると2002年12月末現在、世界中でHIV（Human Immuno-deficiency Virus）に感染している人の数は、4200万人に上るという。エイズは、世界流行となっており、この分野への国際協力は、今後ますます強化する必要に迫られている。エイズ対策においては重要なことは、２つの視座をもつことである。一つは、対象地域の流行の特異性を、その地域の社会、文化、経済的特性を鑑みつつ深く詳細に見極めていく姿勢である。もう一つは、対象地域の流行を世界流行の中に位置付けてとらえ、ほかの地域、過去の教訓を現在の対策に生かすという姿勢である。モーリシャスで実施された本研究が、エイズの世界流行を理解し、対処するための一つの教訓を提供することを筆者は強く望んでいる。

モーリシャスでは、1987年に最初のエイズ症例が報告され、2002年末までに458件のHIVおよびAIDS（Acquired Immuno-deficiency Syndrome）が登録されている。うちモーリシャス人は374人であるが、2000年以降に、年間報告件数が倍増しており、その原因究明が早急課題となっている。感染割合で見ると、一般の人々の間でのHIV感染は１％以下でセックスワーカーのグループにのみ５％前後のHIV感染割合が報告されており、モーリシャスでは、エイズ流行が、低レベル流行から集中流行へと移行しつつある。

1996年に実施されたモーリシャス若者白書では、18～25歳の未婚の若者の33%がすでに性経験があると報告された。2000年以降のHIV報告件数が増加していることを鑑み、若者のHIV感染リスク行動についての現状を明らかにすることは、急務である。

第２章　方法

上述の目的を達成するために、本研究では、質的手法と量的手法を組み合わせた横断調査を実施した。調査の対象となったのは「2003年1月半ばにモーリシャス島に在住する15歳から24歳の未婚男女」である。調査は、2002年10月から2003年３月、筆者がモーリシャスに滞在して実施した。この調査には、筆者の所属大学である京都大学のほか、モーリシャス保健研究所、保健省、若者スポーツ省、そのほかに非政府組織（Non-Governmental Organization: NGO）の協力を得た。また、研究計画書は、京都大学医学研究科医の倫理委員会の審査を受け、本調査実施前に承認された。

まず、HIV関連行動にかかわる社会的要因を同定することを目指して、質的アプローチによるデータ収集を実施した。具体的には、フォーカスグループ・ディスカッションとインデプス・インタビューである。フォーカスグループ・ディスカッションは、男女それぞれ、通学者グループと、非通学者グループを対象として実施した。主な質問内容は、セックスによるHIV感染の認識とその関連背景、注射薬物使用によるHIV感染の認識とその背景、さらに会話環境である。会話環境については、スコア付けのエクササイズを取り入れ、会話が活発になるよう工夫した。フォーカスグループの話し合いの様子はテープに録音し、クレオール語にテープ起こしした後、英語に翻訳された。これをコード付け、カテゴリー作り、テーマ作りという手順を経て分析した。インデプス・インタビューは、NGOの協力を得て、HIVと共に生きる人数人から、モーリシャスにおけるHIVの特異性および若者の置かれた状況についての意見を聞いた。インタビューは筆者が英語で実施し、テープに録音してテキストデータを起こした。

量的アプローチでは、HIV関連リスク行動の存在率を調べ、それらと社会的要因の関連を統計学的に検定することを目的として、構造化質問紙を使った面接調査を実施した。

対象者は、２段階クラスターサンプリング法で選択された。まず、モーリシャス統計局が保有する統計地域（Enumeration Area: EA）をサンプリング枠組みとし、全3,471のEAより50EAを、PPS法を使って選択した。次に選択されたEA内の全対象者のリストをリスティング・フィールドワークで作成し、合計2,592人がリストされた。このリストから各EA、24人ずつ（男女各12人）がランダムに調査対象者として選択され、計1,200人が調査対象者となった。

質問紙は、Family Health InternationalのHIV/AIDS/STI行動サーベイランス・サーベイ（Behavioural Surveillance Surveys: BSS）の若者対象の質問紙を参考に、モーリシャスの専門家、NGO等との話し合い、フォーカスグループの結果等を参考に開発した。質問紙には、合計6セクション、105質問が含まれている。英語の質問にクレオール語の訳が添えられ、フィールドワーカーはクレオール語にて質問を実施した。

50人のフィールドワーカーが2003年１月19日より２月８日にデータ収集の面接調査を実施した。５人のスーパーバイザーが配置され、フィールドワークをモニターした。フィールドワークに先立って、情報の守秘、インタビューの技術、質問紙の内容の詳細等を内容としたトレーニングが全フィールドワーカーに施された。フィールドワーカーは、担当地域の対象者の家を訪問し、対象者から合意を得た後、面接を実施し、質問の回答を記録した。内容が性や薬物利用を含むセンシティブなものなので、男性の対象者に対しては男性、女性の対象者に対しては女性が質問した。

データ入力は、EpiINFO6.0を使って行った。クリーニング後は、SPSSにデータをエクスポートし、解析を行った。

第３章　結果

まず、質的調査の結果から見てみよう。男女ともに多くの若者が結婚前に性経験をしていると、フォーカスグループ・ディスカッション参加者は認識していることが分かった。若者が性的にアクティブになる要因としてよく挙げられたのは、「生まれ育った環境」である。また、最近では、

若者の間ではセックスは普通のことである、というような認識も示された。コンドームの利用については、使う人もいれば使わない人もいる、という不確定な状況であることが指摘された。薬物利用に関しては、地域内に存在するという認識と同時に、若者よりは年をとった人の方が利用している、地域によって違いがある、という認識が示された。全体として、モーリシャスの若者は、宗教や家族といった伝統的な価値観と、急激な近代化の渦中にあり、性や薬物使用というHIV感染に関連のある行動についても、揺れ動く環境の中で決定しなければいけない状況にあることが読み取れる。

質問紙調査では、選ばれた1,200人のうち59人は、“ 引っ越し ”“ 留学 ”“ 拒否 ” 等の理由により調査に参加しなかった。結果として男性575人、女性566人合計1,141人（95.1%）から有効な回答を得た。

調査参加者のうち半数弱は、調査時点でまだ学校に通っていた。職業経験については、男性ではフルタイムの職業経験者が最も多いのに対し、女性では職業経験がない者の割合が多かった。宗教は、ヒンドゥー教徒53.5%、イスラム教徒21.1%、キリスト教徒32%である。毎月の個人支出の平均は男性1,702ルピー、女性1,303ルピーだった。

次に若者を取り巻く社会生活である。スカウト等のクラブに参画する若者の割合は、男性28%、女性12.4%と限られていた。一方で、携帯電話については、男性55.3%、女性43.3%が持っており、携帯電話がモーリシャスの若者の間でも確実に浸透していることが分かる。また、男性の51.3%はガールフレンド、女性の42%はボーイフレンドがいると回答した。ナイト・クラブへ行った経験は、男性では半数弱、女性では15%程度にとどまった。ポルノ・ビデオを見た経験は、女性は15%程度だが、男性では、70%以上にのぼった。

アルコールに関しては、男性の56.2%、女性の77.0%が調査１ヵ月前から一度も摂取していないと答えている。薬物利用については、当地でガンディアと呼ばれているマリファナを吸った経験のある者が男性で11.1%、女性には0.9%いた。注射による薬物利用を報告したのは、２人（0.2%）と少数であるが、これはHIV感染リスクと直結しているため問題である。

コンドームはよく知られており、薬局にて購入できるということが認識されているが、女性の半数、男性の30%は、自分でコンドームを入手するのは難しいと答えている。性感染症については、その存在は知られているものの、具体的な知識は不正確であることが示唆された。

コミュニケーション尺度では、性に関するトピックについて、親との会話は絶対的に限られていることが明らかになった。ただし、父親に比べると母親との会話の方が活発であることも示唆された。

次に性経験である。男性の70.8%、女性の53.5%がキスの経験があると答えた。一方で挿入を伴うセックスの経験は、男性31.8%、女性9.7%にとどまった。性経験のある者のうち、男性61.2%、女性69.1%が初めての性経験においてコンドームを使用しなかったとしている。また、同様の性経験者のうち男性74.2%、女性32.7%は、これまでに２人以上の性パートナーをもったことがあると答えた。さらに、男性では、お金を介した性パートナーをもつ者が全体の４%報告された。彼らの中にはお金を介した性パートナーと、お金を介しないパートナーの両方をもつ者もおり、これらのグループが特にHIV感染に対して脆弱であるとともに、一旦感染すれば、感染

の広がりを促進するコアグループといえる。

回答者中、99%以上がエイズという病気を聞いたことがあると答えた。しかし、エイズに関する事実や感染経路についての質問の正解率は、質問によって55.3%から91.8%とばらつきがあった。またエイズに付随するスティグマや否定についての質問では、60%以上がHIV/AIDSと共に生きる人々に対して肯定的な態度を示している一方で、家族がエイズになった場合は秘密にしたい、という人が半数近くいた。さらに、HIV抗体検査については、半数以上が結婚前に検査をすることに賛成と述べているが、実際にHIV抗体検査をした経験のある者は、1.4%にすぎなかった。

最後に、モーリシャスでの現行のエイズプログラムに対する認知を測った。政府の対策について聞いたことがあるのは60%、NGOの名を知っているのは48.5%であった。

第4章　考察

本研究は、対象となった若者のHIV感染リスクと関連する、性行動および薬物利用行動の存在率を探索した。挿入を伴うセックスの経験は、男性31.8%、女性9.7%であったが、性経験の有無は、性別、年齢、宗教といった人口学的要因と有意な関連があることが明らかになった。そのほか、ボーイフレンドまたはガールフレンドの有無、携帯電話の有無、現在就学しているかどうか、という社会的要因と、性経験の有無にも有意な関連が見られた。また、薬物利用との関連で、ガンディア使用者の間での性経験率は、ガンディア非使用者の性経験率より統計的に有意に高いことが示された。

質的調査の結果も、量的調査の結果も、モーリシャスでは、社会一般においては、結婚前の性交渉は根強くタブーであることを示していた。一方で、性行動を始めた者の間では、コンドームを使わないセックスや、複数のパートナーとのセックスが明らかになっている。さらに、お金を介した性パートナーをもつ者など、HIV感染への脆弱性が高いグループが、局所的に存在することが明らかになっている。このようなサブグループへの強力かつ集中的な予防対策を実施することが、感染を低レベルに抑えるための鍵となるであろう。

HIVの流行が低レベルな段階では、HIV/AIDSの報告件数が少ないため、それからHIV予防のための示唆を得ることが難しい。この意味で、行動データをHIV/AIDSの報告データと併せて検討し、対策を立てることがより重要となるのである。さらに、低レベルな流行段階において重要なことは、流行の火付け役になるであろう“コアグループ”を、行動調査を通して注意深く観察することである。同時に、予防の対象となる人々の行動パターンを全体として把握する努力も必要である。

また、低レベル流行期には、特に、質的調査手法と量的調査手法を合わせて行動データを集めると極めて有効といえる。低レベル流行地域では、感染リスクの高い行動の存在が数字として表れにくいが、質的調査によって、より深層かつ詳細なコアグループに関する情報をとらえる機会が与えられるからである。

今後、日本のエイズ対策への国際協力への期待は、ますます高くなると思われる。エイズ対策はさまざまな領域にまたがるが、対象となる集団の「行動アセスメント」を、エイズ対策に組み込んでいくことを推進したい。HIV流行が、低レベルおよび集中流行レベルの時期にこそ、慎重

に行動を査定し、行動指標から発せられる警告を読み取り、早期の予防対策を立てるべきだからである。特に、日本の国際協力は、今後のエイズ拡大が懸念されているアジア太平洋地域において、中心的役割を果たすべきである。

最後に本研究では、行動データを調査対象者本人の報告によって収集したため、アンダーレポートやバイアスが入っている可能性は完全に否定することができない。また、横断調査であるため、関連要因の因果関係を示すものではないことが、研究の限界であることを記しておく。

1. Introduction

1-1 Global situation of HIV/AIDS

"The AIDS epidemic claimed more than 3 million lives in 2002, and an estimated 5 million people acquired the human immunodeficiency virus (HIV) in 2002 – bringing to 42 million the number of people globally living with the virus."[1]

More than two decades have passed since the first AIDS case was reported in the world. Nowadays, the AIDS epidemic has become a pandemic which touches all parts of the world and leaves behind extraordinary burdens on the individuals infected with HIV, their families, communities and the country at large. It is a global issue in which everybody could be involved. In this context, international cooperation towards the AIDS epidemic needs to be further strengthened in order to reduce the burden on already affected people and countries and those of the future generations.

Though HIV/AIDS is prevalent throughout the world, its extent varies from place to place. The AIDS Epidemic Update[2] depicts a complex regional picture of the epidemic. As mentioned above, the number of people living with HIV/AIDS worldwide as of the end of 2002 is estimated to be 42 million. Of these, 29.4 million adults and children live in Sub-Saharan Africa, 7.2 million live in Asia and the Pacific and the rest in other parts of the world.

Sub-Saharan Africa is by far the worst affected region in the world. The average adult prevalence rate of HIV in this region is 8.8%. In four southern African countries, it exceeds 30%. It is expected that the impact of such a severe epidemic, rising AIDS deaths and socio- economic consequences will be felt by these societies in the course of the next decade and beyond. However, some positive trends such as a fall in the HIV prevalence among young people have been observed in a number of countries.

In the Asia and Pacific regions, the growth of the epidemic is apparent, especially in China and India, where the populations are huge. Both countries are experiencing serious localized epidemics. On the other hand, in Cambodia, stabilizing levels of infection were observed in 2002, though the country still has the highest adult HIV prevalence in the region. In Asia, injecting drug uses are the main mode of the transmission, along with hetero and men-to-men sexual transmission.

However, it should be noted that the world's fastest-growing HIV/AIDS epidemic is in Eastern Europe and Central Asia. The epidemic in these areas is characterized by Injected Drug Use as the prominent mode of transmission. Latin America and the Caribbean are the second most affected regions in the world after Sub-Saharan Africa. The average adult prevalence rate in the region is 2.4%. In this region, Brazil stands as a leading country which has shown a positive approach in responding to the vulnerability experienced by men who have sex with men and ways of providing treatment and care to people living with HIV/AIDS. In high-income countries, the introduction of antiretroviral therapy in 1995/1996 has dramatically reduced

[1] UNAIDS/WHO 2002, p.4
[2] Ibid., pp. 4-25

HIV/AIDS-related mortality. However, several reports of a rise in unsafe sexual behaviour in many different segments in these countries suggest that complacency needs to be tackled with continuous prevention programme efforts.

A quick glance at the global HIV/AIDS situation makes us realize that the epidemic is diverse, while at the same time, a commonality exists. Therefore, when trying to assess HIV/AIDS situation in a particular area, it is important to consider two things: The first one is to look closely into the specificity of the epidemic of the concerned area in accordance with its geographical, social, cultural or economical specificity. The second is to consider the specific epidemic of the area in the context of the global HIV/AIDS epidemic.

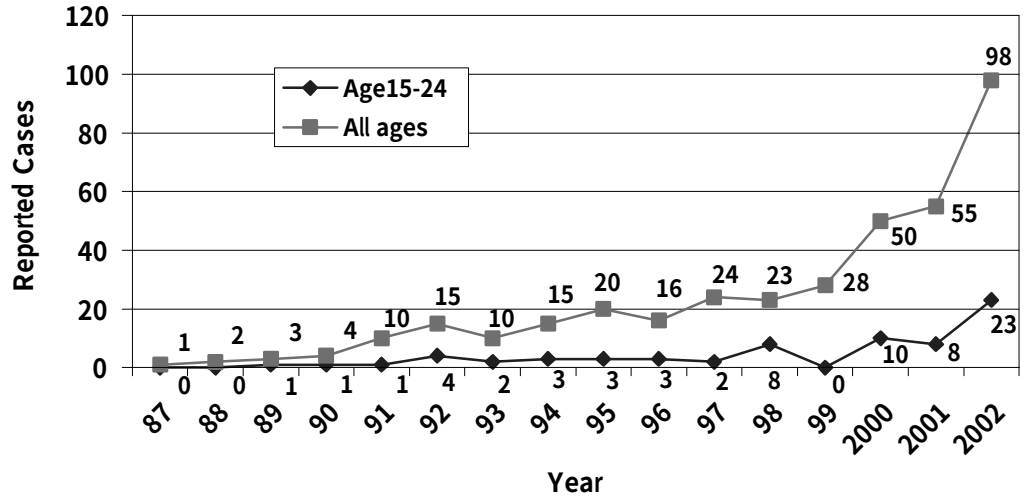
Are there any other countries that have experienced a similar sharp rise in unsafe sexual behaviour among young people? What has been done in that country? Did it work in that country? Can it be applied in this country? Sequences of questions may be raised if we look into the situation of HIV/AIDS in the context of the global epidemic. In this way, lessons leaned in the past or in other parts of the world can be fully utilized in planning HIV/AIDS programmes in other areas. It is our sincere hope the study reported in this document will also serve as a useful source for the global HIV/AIDS epidemic.

1-2 The HIV/AIDS situation in Mauritius

The first AIDS case in Mauritius was reported in 1987. By the end of 2002, total of 458 HIV/AIDS cases had been registered by the Ministry of Health and Quality of Life (MOH&QL). Of the 458 cases, 374 are Mauritian and 84 are non-Mauritian. Among 374 (238 males and 136 females) Mauritians, 82 persons were known to have passed away, presumably leaving 292 people living with HIV/AIDS.

The reported Mauritian HIV/AIDS cases are shown in Figure 1-1, based on the year of detection. An increasing trend can be observed with a remarked increase in 2000. This sharp rise in cases is occurring

Figure 1-1 Reported Mauritian HIV/AIDS cases 1987-2002 all ages and age15 – 24 (n=374)



along with a sharp rise among those 15 to 24 years old. This means that infections which occurred in relatively recent years have been increasing.

The same data is plotted on a graph by age group and sex as shown in Figure 1-2. Among men, most cases were reported in the age group between 25 and 39, whereas the peak age group among women is 20 to 29 years. A notable fact is that among the age group 15 – 24 years, more women than men have been reported. This has become apparent from year 2000. Careful investigation of the striking increase from 2000 is an urgent task.

In general, the epidemic in Mauritius is in transition from a "low-level[3]" to a "concentrated" epidemic, with a prevalence of less than 1% in the general population and more than 5% among sex workers. It is one of the lowest HIV prevalence rates of the African countries.

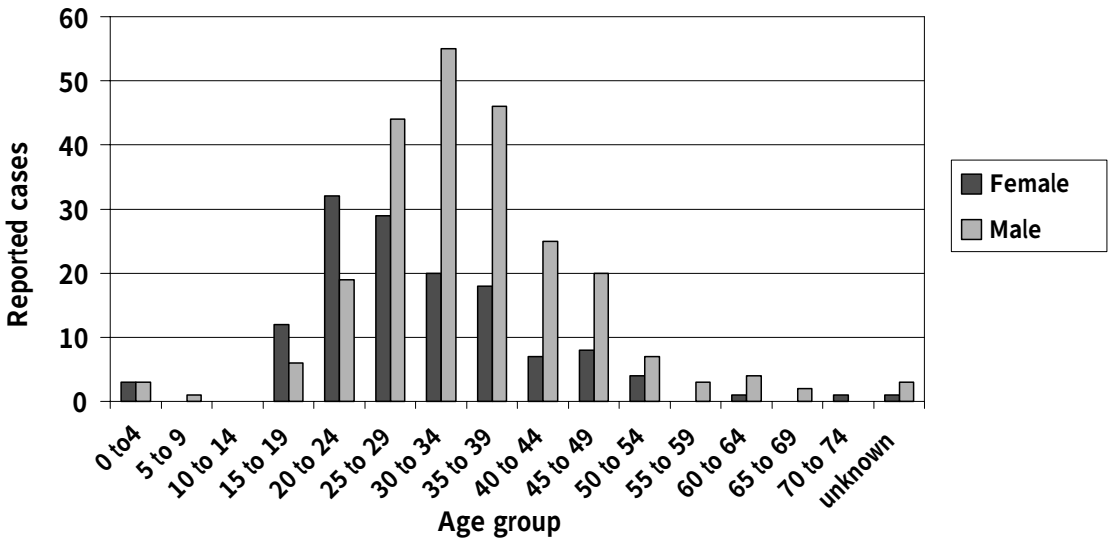
1-3 Objectives of this study and justification

In order to provide evidence and information to help the National AIDS Control programme of Mauritius to monitor, evaluate and reformulate its programme for youth, this study had the following specific objectives:

a) Explore the prevalence of HIV-related risk behaviour among young people in Mauritius.

b) Examine the association between HIV-related behaviour and social factors among young people in

Figure 1-2 Age/Sex reported Mauritian HIV/AIDS cases 1987-2002 (n=374)



[3] UNAIDS and WHO define three differrent epidemic states as follows;
Low-level : HIV prevalence has not consistently exceeded five percent of any defined sub-population.
Concentrated : HIV prevalence consistently over five percent in at least one defined sub-population, and below one percent of pregnant women in urban area.
Generalized : HIV prevalence consistently over one percent of pregnant women.

Many African countries fall "generalized" state whereas many of Asia and Pacific countries are still "low-level" or "concentrated" state of the HIV epidemic.

Generally, it is expected that the outcomes and lessons learned in this study will be useful for other countries which have a similar HIV situation or similar socio-cultural background.

Regarding the sexual behaviour of young people in Mauritius, several studies have been carried out including a study of female EPZ workers, 1994,[4] the Youth Profile of the Republic of Mauritius, 1996[5] and the KABP study related to HIV/AIDS in the Republic of Mauritius in 1998.[6] According to these studies, 33% of never-married Mauritians aged 18-25 years have had sexual intercourse. Mean age of first intercourse was around 18 years (12-24). This implies that some young Mauritians started sexual activities at a relatively early age in the middle 1990s. If we consider the constant increase in annual reported HIV/AIDS cases, it is an urgent task to assess the current sexual behaviour among young Mauritians and to explore the association among these behaviours and their social determinants.

Recently it has been reported in the US that the HIV infection risk of young people is strongly associated with their communication environment with their parents.[7] In Mauritius, however, there has been no study on this specific topic. In fact, various problems and needs in relation to HIV/AIDS among young people have been noted and discussed in the process of formulation of the national strategy. A general feeling that young people become sexually active earlier than they used to is shared by most parties. Some attribute this fact to peer pressure, and others to a lack of proper information. Taboos surrounding sexuality and difficulty in communication between parents and children are often raised as obstacles to implementing HIV/AIDS prevention activities in the country. Some of these problems or factors that may be associated with HIV infection risks are not measured nation-wide and, therefore, make it difficult to monitor the changes brought about by an ongoing programme.

Given all these facts and remarks, this study aimed to look at the current situation of HIV-Related risk behaviour of young Mauritians and identifying social factors that are associated with these risk behaviours.

[4] Schensul et al. (1994)
[5] Mauritius Institute of Health (1996)
[6] Ammeerbeg (1998)
[7] DiClemente et al. (2001)

2. Methodology

2-1 Study type and overview of the study

This was a cross-sectional study in which qualitative approaches and quantitative approaches are integrated. The qualitative approaches were used in a preliminary survey to explore various social factors that are associated with the HIV-Related behaviour of young people in Mauritius. Using the findings of the preliminary survey and other international resources, a questionnaire for this study was developed. This questionnaire was administered to 1,200 young people, who had never married, aged 15 – 24 years. These respondents were randomly selected from the population. This quantitative part was the main survey, and established the prevalence of HIV-related behaviour while examining the association between such behaviour and social factors.

2-1-1 Target

Young people are an important sub-population in any HIV prevalence setting. Globally, 50 % of new HIV infections occur in those under aged 24. In fact, young people have the potential to join any sub-population at a higher risk. A programme targeted at youth is crucial, even in a low prevalence setting, if a country wants to create a society resistant to HIV in the future.

In Mauritius, 18% of the HIV/AIDS cases were reported to have occurred among those 15 – 24 years of age. In order to figure out the prevailing high risk behavior of this group, the target of this study was defined as follows: ***"Never-married men and women aged 15 – 24 who were living on the island of Mauritius in the middle of January 2003."***

2-1-2 Timeframe

The study started in October 2002 upon arrival of the principal investigator in Mauritius. Before that, a preliminary trip to Mauritius was made in May 2002 to discuss the target population and to refine the protocol of the study with the Mauritian partners. The request to execute a study was sent to the Ministry of Health and Quality of Life and it was approved in September.

In the period from October to December 2002, preparations for the main survey, including qualitative interviews, were performed. The fieldwork of the main survey was conducted from late January to early February 2003. After data entry, preliminary study findings were shared with all concerned partners for their comments and suggestions in March. Table 2-1 shows a timetable of the study.

2-1-3 Organizational structure

This study involved many partners. Since it is a part of the doctoral dissertation of the author, Kyoto University School of Public Health provided all sorts of technical and academic backup. During 6 months of field study in Mauritius, the author was attached to the Mauritius Institute of Health, which provided all

Table 2-1 Timetable of the study

Month	Activities	Notes
6/10, 2002	*First trip to Mauritius* Preparation of Qualitative Interviews In-depth Interviews & Focus Group Interviews Qualitative Data Analysis	
11	Preparation of Quantitative population - based survey Development of Questionnaire Listing and Sampling process (20 Nov. – 6 Dec.)	Ramadan 6 Nov. ~ 5 Dec.
12 14/12	Pre-testing of the questionnaire Back to Japan Approval of the protocol by the Ethics Committee Discussion with supervisor	1st World AIDS Day
6/1, 2003	*Second trip to Mauritius* Main Survey (population - based questionnaire survey) Training of field workers (18th Jan.) Field Work (19th – 8th Feb.)	
2	Data entry (1st – 14th Feb.) Data analysis (15th – 28th Feb.) * Submission of Reports to JICA	Chinese New Year 28/2/2003 End of Contract with JICA
3	Presentation of the research findings to the Mauritian partners (13th Mar.) *Back to Japan* Discussion with supervisor	
4	Final report writing	
5 – 8	Presenting the findings to international journals and International Conferences Final report to the Mauritian authorities	

the necessary local arrangements to carry out the survey. The AIDS Secretariat and principal demographer's office of the Ministry of Health and Quality of Life, the Ministry of Youth and Sports and several NGOs contributed to the work at different stages of the study. Financial support was provided by JICA (Japan International Cooperation Agency) through an associate visiting researcher scheme.

The research team consisted of the following 5 researchers;

Ms. Yumiko Nishimura	Doctoral student, Kyoto University School of Public Health (Principal Investigator)
Dr. Masahiro Kihara	Professor, Kyoto University School of Public Health (Overall supervisor)
Dr. Masako Kihara	Associate Professor, Kyoto University School of Public Health (Co-investigator)
Dr. J.C. Mohith	Executive Director, Mauritius Institute of Health (Local supervisor)
Dr. R. Ng Man Sun	National AIDS Coordinator, AIDS Secretariat Mauritius (Co-investigator)

2-1-4 Quality management

The steering committee was set-up at the Ministry of Health and Quality of Life with a chairmanship of the Chief Medical Officer and the Principal Medical Officer to ensure the quality of the study. Manuals were developed for the involved partners at every stage of the study so that the quality of the work from the different partners would be standardized.

2-1-5 Ethical considerations

This study followed the Declaration of Helsinki: Ethical Principles for Medical Research Involving Human subjects (World Medical Association, Edinburgh, 2000). The protocol of the study was carefully examined and approved by the Ethics Committee of Kyoto University and the Mauritius authorities before execution of the main survey.

The following measures were taken as ethical considerations.

(1) In order to protect the human-rights of study subjects (such as protection of privacy);
   a) No name was written on the questionnaire
   b) The main survey interview was carried out privately without interference of family members
   c) A false name was used in the focus group discussions

(2) Study subjects participated in the study only if they gave consent to participate.
   a) The study objectives and procedures were explained to the respondents as they appear in the first page of the questionnaire. If he/she agreed to participate in the study, the interviewer signed to certify that informed consent had been given verbally by the respondent.
   b) Informed consent was taken in all focus group discussions and in-depth interviews in the same way as described in a).

(3) Some questions related to sexual matters might have made some respondents uncomfortable or upset. The interviewers and facilitators were trained to strictly respect the confidentiality of these issues.

(4) A small gift and a brochure on HIV/AIDS were provided to all respondents and participants immediately after the session.

2-2 Qualitative approaches

In general, qualitative methods enable the investigator to gain insight into attitudes, beliefs, motives and behaviours of the target groups from the point of view of the target group. Qualitative methods also place an emphasis on providing comprehensive or “holistic” understanding of the social setting the target group lives in. Since the principle investigator was an outsider to the target group, it was an inevitable choice to start the study with some qualitative investigation. By its nature, qualitative methods deal with emotional and contextual aspects of human responses rather than objective or measurable behaviour. Sexual practices and drug taking behaviour are sensitive and emotional parts of people’s lives. It seemed important to understand these practices in the context in which they occur, so as to gather information useful in

formulating intervention to deal with such behaviour.[8]

Qualitative methods include different types of data collection methods. In this study, a focus group discussion was adopted to discover social factors and background associated with HIV-related risk behaviour among young people. In a group setting, the interaction of respondents will generally stimulate richer responses and allow new and valuable ideas to emerge. On the other hand, in-depth interviews were carried out with persons living with HIV in Mauritius. An individual interview is appropriate when the interview involves personal experience.

2-2-1 Focus group discussion

Focus group discussions were conducted with the support of the Ministry of Youth and Sports.

(1) Recruitment of facilitators

Two youth officers (one male and one female) were nominated to serve as a facilitators of focus groups. They were briefed on the objectives and overview of the study and taught the procedures for the focus group discussions. A topics guide of the focus group was prepared by the principle investigator in English and it was translated into Creole by the facilitators.

(2) Recruitment of the participants

The facilitators took responsibility for recruiting participants for focus groups. They were recruited through a network of young people linked to the youth centers. Criteria of recruitment of participants were as follows:

1) Two different types of groups according to sex and education level
   Male In-school group[9] (6-8 participants)
   Male Out-school group (6-8 participants)
   Female In-school group (6-8 participants)
   Female Out-school group (6-8 participants)
2) All should be aged 15-24.

One of the assumptions shared by the programme managers was that out-of-school youth have higher risk behaviour than young people in school. Therefore, educational status was taken as a criteria for the focus groups.

(3) Data collection procedure

One session was conducted by a team of three persons; one facilitator, one note-taker and one observer (principal investigator). Participants were welcomed by the team and provided refreshment. They filled in a

[8] UNAIDS (1999) is a report on youth and sexuality from 7 countries in Africa, Asia and the Americas, from which data were collected and analyzed using qualitative methods.
[9] Out school was defined as those who had never been to, or dropped out of, secondary school

Table 2-2 Communication frequency exercise in the focus group

		Topic; about…					
		Religious Matters	Your future	Your education	Your boyfriend	Sexual matters[1]	*
Person; With…	Mother						
	Father						
	Sis/Bro						
	Friend						
	Teacher						
	*						

[1] Boyfriend for female group and girlfriend for male group * Add one person and one topic that group wants to analyze

pre-question sheet which asked their general background namely, sex, age, town in which he/she lives, religion, persons living with and whether he/she has been to secondary school.

To begin with, the facilitator explained an overview of the study and obtained consent from the participants. The facilitator started a discussion according to the topics guide. All discussions were tape-recorded and the note-taker took notes of "who is speaking" and some other non-verbal expressions.

The topics guide is attached as Annex 1. Three major topics were explored. They were 1) extent of recognition of HIV infection risk through sex, 2) extent of recognition on HIV infection through injected drugs use and 3) communication environment surrounding young people. As for sexual behaviour, questions were asked to derive social determinants that cause certain types of young people to become sexually active by comparing them with those who are not sexually active. They were also asked whether they would accept sex before marriage.

For the topic on communication environment, an exercise was introduced to the discussion. The exercise scored communication frequency with different persons on different topics. The table below was drawn on the white board, and participants were asked to score how often they talk about each topic with the given person using this scale; 1=never, 2=rarely, 3=sometimes, 4=often. The group was encouraged to discuss score, and afterwards they were asked to explain why they scored in such a way. The aim of introducing such an exercise was to vitalize discussion through visualization and comparison.

A debriefing session was organized immediately after each focus group session. The facilitator and the note-taker debriefed the main points raised in the discussion, as well as their general impressions and observations on the session. This provided the principle investigator with first-hand insights into the respondent's perception of the topics. The flowchart of the session is presented in Table 2-3.

(4) Data analysis procedure

The tape-recorded data was transcribed into Creole, word by word, with the help of notes taken by the note-taker. It was then translated into English. The principle investigator first coded the text data. These codes were given to the facilitator and separately he/she coded the text data using codes developed by the principal investigator. Then, two coded text data items were compared and consistencies were examined.

Table 2-3 Flowchart of the focus group discussion

		Facilitator	Participants	Note-taker
Preparation		- Check notes - Organize Table, chairs and refreshment		- Check recorder
Before		- Welcome participants and chat with them - Provide refreshment	- Arrival - Fill in pre-QR	- Start recording and observation
FGD	Intro	1. Greetings to participants 2. Self-introduction 3. Explain the objective of the Study and FGD 4. Explain procedure 5. Obtain consent		
	Worm - up	6. Confirm name and face General topics of interest	- Self introduction	
	discussion	7. Introduce topic: Extent of recognition of HIV infection risk through sex 8. Summarize and introduce next topic: Extent of recognition of HIV infection risk through injected drug use 9. Summarize and introduce the next topic Communication environment surrounding young people 10. Summarize and introduce the last topic Request to the HIV/AIDS programme in Mauritius	Participate in discussion	- Note flow of person speaking - Note non-verbal reactions
	Summery	11. Thank participants 12. Give honorarium	Leave	
After		13. Review and discuss interesting topics		Discuss
Transcription		14. Transcribe tapes in Creole and translate them into English		

Once a set of codes was developed, they were categorized into several groups. In the last stage, these were compiled into the theme statement derived from each particular focus group. The co-investigator of the study was invited to join the analytical process.

2-2-2 In-depth interview

Several in-depth interviews were conducted with persons living with HIV in Mauritius. The aim of these interviews was to learn the specificity of HIV issues in the country and to make sure that the study was in line with such specificity. It was also aimed at getting their views on young people in Mauritius in the context of HIV/AIDS.

Through an NGO, a few persons kindly accepted to take part in interviews. The interview was conducted in English by the principle investigator. It was tape-recorded and transcribed into text data for further analysis. The third person was not involved in the analysis of the data, given the personal nature of the content.

2-3 Quantitative approach

The main part of the study involved administration of the structured-questionnaire based interviews to 1,200 never married young people aged 15 – 24. The respondents were randomly selected from the population so that results of the study could represent the target population. The quantitative part illustrates the objective picture of the target population. It was hoped to find out the prevalence of HIV-related risk bahaviours and examine factors that strongly associated with these behaviours.

2-3-1 Sampling method

The respondents were selected by a two-stage cluster sampling method. The Enumeration Areas (EAs) of the central statistics office was used as the sampling frame for the first stage. In the first stage, 50 EAs were selected from a total of 3,472 EAs by the probability proportional to size (PPS) method. Then, all never married persons aged 15 – 24 in selected areas were listed during the fieldwork carried out in early December 2002. All together, 2,592 persons were listed. In the second stage, a separate list of males and females was created for each EA. Out of this list, 12 males and 12 females were selected using random numbers. In this way, 1,200 persons, 600 males and 600 females were selected.

2-3-2 Questionnaire development

The content of the questionnaire was based on the "Family Health International (FHI) HIV/AIDS/STD behvaioural Surveillance Surveys (BSS) Questionnaire for youth target groups."[10] This example included questions that can assess internationally agreed indicators for youth in relation to HIV/AIDS.[11] Communication scales were added in this questionnaire to capture the frequency of communication on sex-related topics and non-sex topics with different persons.[12] Also, findings of the focus group discussions were used to adjust questions to a locally sound context. The final questionnaire is attached as Annex 2. It is divided into 6 sections and contains 105 questions as follows:

Section 1	Background	19 questions
Section 2	Social life	15 questions
Section 3	Condom and STD knowledge and attitude	10 questions
Section 4	Communication	9 questions
Section 5	Sexual Experience	22 questions
Section 6	Knowledge, Opinion and Attitude on HIV/AIDS	30 questions

The questions were formulated in English and translated into Creole. The Creole version was translated back into English to assure the accuracy of the Creole translation. The questionnaire was pre-tested during the listing fieldwork. The necessary amendment was made accordingly and it was finalized in January

[10] Family Health International (2000) p.189
[11] ibid. pp.118-129
[12] Example questions and the scale were provided from a study done in the USA. DiClemente (2001)

2003.

In order to examine the reliability of the questionnaire, re-testing was performed with 50 respondents after the interviews. At the same time, self-administered questionnaire tests were carried out with another 50 respondents to examine the validity of the interview- based methods.

2-3-3 Data collection fieldwork

A team of 50 fieldworkers and 5 supervisors conducted the fieldwork. The principal investigator supervised the overall fieldwork process. The field workers were recruited from a pool of people who had already participated in other surveys and those who were involved in community-based activities. Most of them were age between 25 and 35, so that they could easily talk with our target population.

Training of fieldworkers for the main survey was conducted on January 18, 2003. The training took place at the Nursing School of the Victoria Hospital, which is located at the center of the island. The training consisted of an ice-breaking exercise, instruction in the general interviewing techniques, field procedures, a detailed review of the items on the questionnaire, and role play-practice of questioning and recording.

The data collection field work was conducted over three weeks between January 19 and February 8, 2003. The fieldworkers visited the homes of the respondents and interviewed them in Creole using the questionnaire. Because of the sensitive nature of some questions, a male interviewer interviewed male respondents and a female interviewer interviewed female respondents. Interviews took an average of 20 – 30 minutes. The respondents were provided with a small gift and a brochure on HIV/AIDS after the interview. Supervisors and the principal investigator closely monitored their work in order to assure complete responses and confidentiality of the information collected.

2-3-4 Data processing and analysis

The questionnaires were assembled at the center and the data were entered using EpiINFO 6.0. The data entry template was carefully designed to minimize data entry mistakes. Also, random checking was carried out during the data entry period. After cleaning, the data were exported to statistical software SPSS for further analysis.

Picture 2-1
Exercise of the focus group discussion

Picture 2-2
Supervisors and a fieldworker in the field

3. Results

3-1 Major findings from the qualitative approaches

Altogether, seven focus group discussions (four male groups and three female groups) were organized. It turned out that out-of-school young people were not as talkative as in-school youths. Two in-depth interviews were also conducted and views on young people in Mauritius in relation to HIV/AIDS have been given from other perspectives.

Some of the points raised in the focus group discussions and in-depth interviews were summarized here.

3-1-1 Findings from female focus groups

・The participants of the focus groups thought that a relatively high percentage of young people were sexually active.

"Like Mary said, in my class, it is 50 %, then outside it must be more, particularly among those 18 years old & above, must be more (sexually active)" (Female / 18 years)

"I can say all of them, 100%" (Female / 16 years)

・The word "environment" was frequently mentioned as a factor that would influence their decision on sexual experience.

"Frankly speaking, until this age, never have I had a sexual relationship with boy. It's because the environment in which I live…" (Female / 18 years)

"In the environment you live, if your family does not teach you – maybe yes (you have sex)." (Female / 17 years)

"Maybe it's the environment in which they live, the ancestral traditions say that sex should come after marriage – so they preserve the traditions." (Female / 23 years)

・In general, sex before marriage is taboo in Mauritius.

"Society will criticize the girl who has sex. The girl and her family will be criticized by the society because of the way the family has grown the girl" (Female / 18 years)

・There was an uncertain attitude towards the use of condoms

"There are youths who are conscious that there are risks, but others who are not. Some think that they know their partner enough and they are sure that they will not be infected" (Female / 18 years)

"I think that there are a small minority who think about protecting themselves. But the majority, like Emily has said, say it is not the same sensation when it is protected." (Female / 23 years)

・Social norms on sex is different according to the gender

"Not for a girl – but for a boy to have sex or not, <<pas cas la tete>> (don't bother), but a girl, she will maintain her dignity and honor. (Female / 17 years)

3-1-2 Findings from male focus groups

・Sex among young people was recognized as a "natural" thing by the majority of male participants

"A: I think that there should be sexual relationship. You should experience it.

B: Girls are happy to have it.

C: It is something natural now.

D: Some like it, but I do not agree with them.

E: I want to derive some pleasure from it, so I have it." (Male / 16 – 18 years: In-school)

"Sometime we do lose control. You are really attracted towards her. You know what happens when you are with the opposite sex you are really tempted. It's natural." (Male / 20 years: In-school)

・"Study" is one factor that would make a boy to decide not to have a girlfriend for the time being.

"me, I do concentrate much on my study. I do not care to have one for the time being. When my study is over, then I will seek for a girlfriend" (Male / 15 years: In-school)

・Some boys have a girlfriend or say "had sex" just to "show-off"

"Some do this to show their manlihood. Flirting with good looking girls, that's what they mean by man." (Male / 17 years: In-school)

"… I can say only 50% of the youth population are (sexually) active in Mauritius. I don't agree with the 70% you mentioned because there are many young people just for showoff say hey I had been with that girl etc but actually never had sexual relationship>" (Male / 16 years: In-school)

・Multiple factors lead boys to have sexual relationship.

"Peer pressure, their neighborhoods and pornographic films. Some friends say having sexual relationship with a girl is really very cool. When you hear of this you will normally try to experience it. You will think of yourself inferior to him. You will not be feeling like a man. Because you keep company with him and he told you about the cool sensation of sexual relation, will surely be tempted to experience it." (Male / 16 years: In-school)

・Some boys shared uncertain knowledge on the risk involved in sexual relationship.

"Some of my friends use condoms. Some like to take a risk. They ejaculate outside their partner and they like to take a risk. They say that sex is better without condoms" (Male / 14 years: Out-school)

"Ejaculating outside is the best method to protect yourself" (Male / 14 years: Out-school)

・Sex related issues were hardly discussed with parents. However, the relationship with parents influence one's decision whether to have sex or not. Issues related to sex were discussed more with friends.
"My parents never before talked to me on sexual issues but the way they bring me up was different. It's not really true that parents must know about HIV/AIDS and then share these information with their child, but the knowledge and discipline that they impart to them from childhood makes the difference in the way you will behave certainly if you are going to have sexual relationship or not" (Male / 18 years: In-school)
"For me neither my mother nor my father raised these issues with me. Me also never raised these issues with them even I think I am grown up. We do talk about other issues but not sexual issues as we are talking right now. I got information sexual issues rather from lectures, seminars and friends who are close to me." (Male / 16 years: In-school)

・Acceptance of "sex before marriage" was different by the generations.
"I think for youths it (unmarried couples having sex) is something very normal, but it is old parents who are not accepting something like this" (Male / 24 years)
"Some youths don't accept something like this themselves" (Male / 14 years)
"My parents do not agree, but they will never say anything to me" (Male / 23 years)

・Drug use was recognized as a common practice among youths. It depends on the area he/she lives.
"Nearly 3 out of 4 of the youth in the vicinity here take drugs" (Male / 14 years)
"Many youths have changed their lifestyle here. They are unemployed and they indulge in taking drugs, especially hard intravenous drugs" (Male / 14 years)
"You can obtain the drug everywhere in the area here" (Male / 22 years)
"*Friends pressure them to get into it and when they want to get out, it is too late* (Male / 14 years)
"There are some places where they take drugs and in some places not. For example in my neighbourhood they do not have drugs. The way we live together with friends we do not have contact with drugs at all." (Male / 16 years: In-school)

The focus group discussions provided profound and detailed explanations on how young people in Mauritius might involve in HIV-Related behaviour. It was suggested that some young people were sexually active and others used drugs. Factors that influence sexual activity were multiple but the common one was "peer pressure" "show-off" and "media such as pornographic films." On the contrary, factors that would hinder young people from becoming sexually active were tradition, ancestral value, religion, family including parents and their own education. It was pointed out that the environment in which they live had influences on behaviour of the young people. Idea that was commonly shared was that sex before marriage was still taboo in Mauritius, though it was changing over the generations.

By the scoring exercises, communication on sex related issues with parents especially with father was

found to be limited. However, it was suggested that relation with parents did influence one's decision on whether to have sex or not.

Overall, young people in Mauritius were found to be living in a society where strong traditional value and influence of rapid modernization coexist. The HIV prevention programme should take full consideration of all such local contexts so that young people can make well-informed decision on their own behaviour.

3-1-3 Findings from in-depth interviews

In the indepth-intervews, persons living with HIV/AIDS shared their views on HIV/AIDS programme and young people in Mauritus. Being a small island country, raising issue of HIV/AIDS and sexuality was not always an easy task, they said. The country's AIDS programme, however, had made massive progress in the last few years. General awareness on AIDS has been increased but there is more to be done for the young people. It was pointed out that influence of pornographic films including the Internet and increasing chance of having money through part time job might be new factors that should be taken into consideration in the programme for young people.

Among others, an interesting point raised by them was implication of "communication" in the context of HIV/AIDS. In the interview, they said as follows;

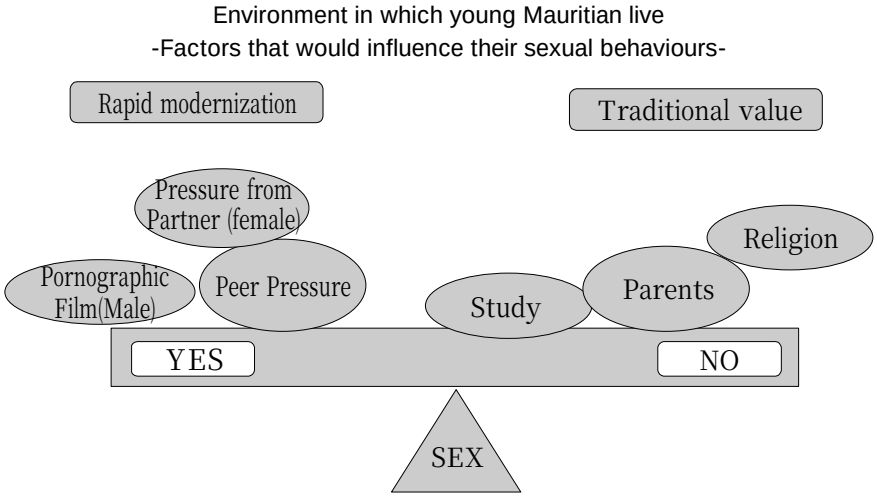
"*Sex in Mauritius, talking about sex in Mauritius, is a big problem.*"

"*Family has no time for conversation. They have no time to listen to the young people.*"

"*You must, even to one person, take it out and say <OK, I have this problem, HIV.> then you will feel better.*"

Communication reflects his/her personal relationship with other persons. It can be used as an indicator to assess the human relationship of the young people.

Figure 3-1 Findings from focus group discussions



3-2 Major findings from the quantitative approaches

Initially, 1,200 individuals (600 men and 600 women) were randomly selected for the interviews. Of these, 59 respondents (4.9%) were not found or not interviewed with reasons "Moved away" "gone abroad" and "refused." Consequently, 1,141 subjects (575 men and 566 women) successfully participated in interviews (response rate: 95.1%).

3-2-1 Characteristics of the respondents

Female respondents aged 20 – 24 were less represented than other groups because the proportion of samples who have never married is lower in this group than other groups.

More than 99% of respondents had ever attended schools. Of these, 41.4% of male and 48.8% of female respondents were still in school at the time the survey was conducted. The highest level of education completed by the respondents who were not at school at the time of the survey was divided into three categories, completed Form III or less (19.3% for men, 13.6% for women), completed Form IV~VI (35.7% for men, 35.6% for women) and Higher than secondary (3.7% for men, 2.1% for women).

Respondents were asked whether they had worked either full-time or part-time in the previous 12 months. 45.7 % of male respondents worked full-time whereas only 28.6% of female respondent worked full-time. It was found that almost 20% of male and 13% of female respondents did some kind of part time job. In focus group and in-depth interviews, participants also said that part-time jobs had become popular among young people in Mauritius.

Distribution of religion among respondents was 53.5% for Hindu (54.3% for male/ 52.8% for female), 21.1% for Muslims (21.6% for male/ 20.7% for female), and 24.3% for Christiana (23.1% for male/ 25.4% for female). According to the census in 2000, the distribution of religion in Mauritius was Hindu; 49%, Muslims; 17% and Christian 32%. In our study, Muslims were slightly overrepresented and Christians slightly underrepresented compared with the national distribution of religion.

Economic background was assessed by personal expenditure per month. The mean amount was Rs1,702 (US$58.7[13]) for men and Rs1,303 (US$44.9) for women.

3-2-2 Social life

In the focus group discussions, it was frequently said that the "environment" in which young people lived determined the beginning of sexual experience. This section investigates the social lives of young people, which may be associated with risk of HIV infection. Also, drug use behaviour, which strongly relates to HIV infection, was examined in this section.

Our results suggest that not many young people are involved in club or association activities. The proportion of respondents who belong to such organizations was 28.0% for men and 12.4% for women. In

[13] US$1 = Rs28.50 (Feb. 2003)

Table 3-1 Background characteristics of the respondents

	Male	Female
Age group		
15 – 19	302 (52.5%)	360 (63.6%)
20 – 24	273 (47.5%)	206 (36.4%)
Total	575 (100.0%)	566 (100.0%)
Education level		
Still attending school	238 (41.4%)	276 (48.8%)
Never attended school	0	2 (0.4%)
Completed Form III or less	111 (19.3%)	77 (13.6%)
Completed Form IV ~ VI	205 (35.7%)	199 (35.6%)
Higher than secondary*	21 (3.7%)	12 (2.1%)
Total	575 (100.0%)	566 (100.0%)
Work experience in the previous 12 months		
Full-time	263 (45.7%)	162 (28.6%)
Part-time	113 (19.7%)	74 (13.1%)
Not worked	199 (34.6%)	330 (58.3%)
Total	575 (100.0%)	566 (100.0%)
Religion		
Hindu	312 (54.3%)	299 (52.8%)
Muslim	124 (21.6%)	117 (20.7%)
Christian	133 (23.1%)	144 (25.4%)
Other/No religion	6 (1.0%)	6 (1.1%)
Total	575 (100.0%)	566 (100.0%)
Personal Expenditure/month		
Less than Rs 200	20 (3.5%)	23 (4.1%)
Rs 200 ~ Rs 499	53 (9.2%)	125 (22.2%)
Rs 500 ~ Rs 999	128 (22.3%)	146 (26.0%)
Rs 1,000 ~ Rs 3,999	154 (26.8%)	143 (25.4%)
Rs 2,000 ~ Rs 4,999	194 (33.7%)	101 (18.0%)
Rs 5,000 ~ Rs 9,999	24 (4.2%)	21 (3.7%)
More than Rs 10,000	2 (0.3%)	3 (0.5%)
Total	575 (100.0%)	562 (100.0%)**

* : Technical/Vocational training or university and higher training

** : Four persons refused to answer or could not answer this question

the focus group discussions, participants said that one of the most common ways of spending their free time was staying at home and watching TV. Nearly half of our target population (51.3% of male and 42.0% of female respondents), however, said that they had a boyfriend or girlfriend.[14] Most of those who had a boyfriend/girlfriend met their partner at least once a week (41.4% of male and 38.8% of female respondents) and some of them even met him/her every day (20.0% of male and 19.4% of female respondents). Participants in the focus group discussions also mentioned that having a boyfriend/girlfriend was "like fashion" for young people. The most common place for girls to meet their boyfriend was their home (40.1%) followed by shopping centers (15.6%). For boys, the shopping centers were ranked first (26.8%) followed by their partner's place (17.3%) and school (13.9%).

[14] In this study boyfriend (girlfriend) is defined as "someone the respondent is emotionally attracted to and whom he/she dated."

Possession of a mobile phone, frequency of going to nightclubs, frequency of watching pornographic films and access to the Internet were assessed in terms of exposure to varieties of communication and information. As expected, almost half of the young people, 55.3% of male and 43.3% of female respondents, had their own mobile phone. Of those having mobile phones, 63.1% reported that they chatted with a stranger. Increasingly, mobile phones seem to play an essential role in the social networking of young people in Mauritius.

Contrary to this, visits to nightclubs were still limited to a certain segment of the population. The majority (55.8% of male and 85.5% of female respondents) had never been to nightclubs. The same trend was observed for women in terms of frequency to watch pornographic films, 86.7% never having watched such films. However, for men, more than 70% of respondents said they had watched pornographic films. The most common source of pornographic films was their friend (67.6%) followed by the VIDEO clubs (20.9%). There was little difference between men and women in use of Internet. Around 8% of the respondents used the Internet everyday, whereas 60% had never used it. Most users had access to the

Figure 3-2 Social life indicators for males

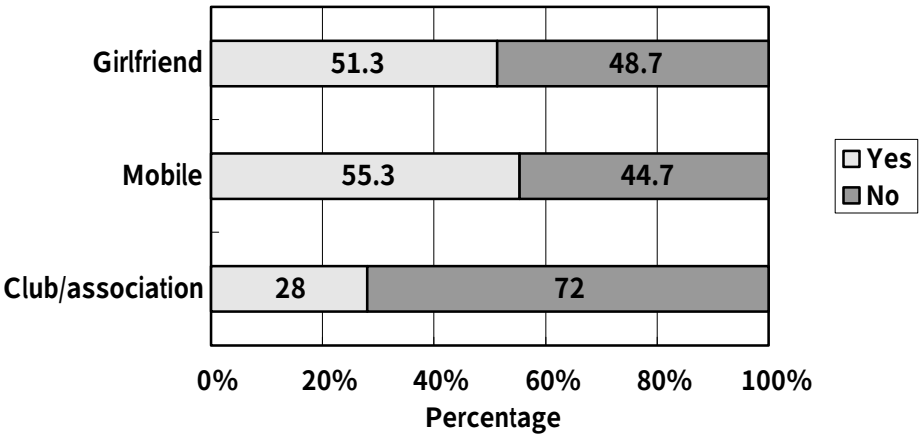
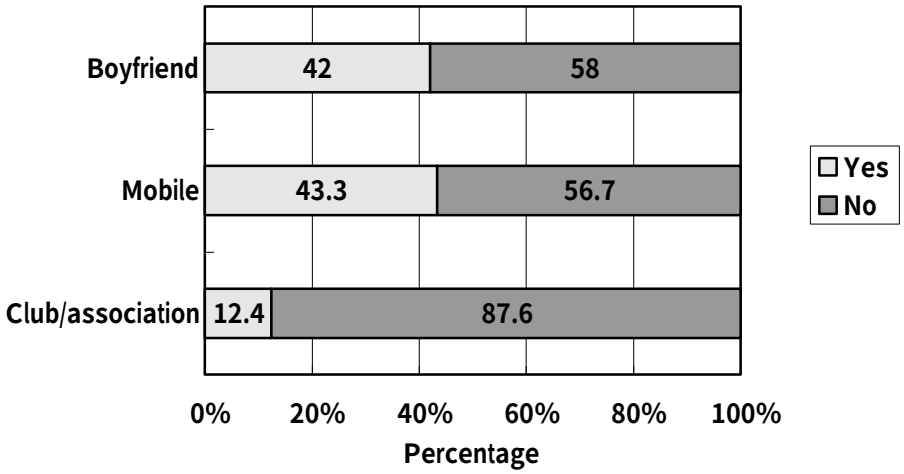


Figure 3-3 Social life indicators for females



Internet at home (55.8%) or at a cyber-café (19.5%). Among Internet users, 57.0% of male and 14.3% of female respondents reported experience of having surfed a pornographic Home Page.

Use of alcohol and drugs may be strongly associated with HIV infection. In this study, 56.2% of male and 77.0% of female respondents had not taken alcohol in the 4 weeks prior to the time of this survey. Among the rest, the majority of respondents had drunk alcohol either “less than once a week” or “at least once a week” leaving only 1.4% of male respondents who drank alcohol everyday.

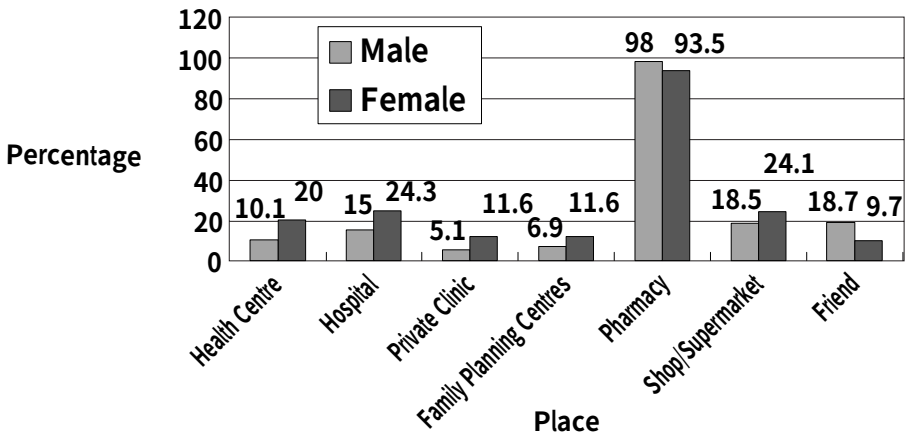
As for drugs, it was Gandia (Marijuana) that was most commonly used by the young people of Mauritius; 11.1% of male and 0.9% of female respondents had tried it. The second most common drug was cough syrups, which had been used by 1.6% of male and 2.5% of female respondents. The highest risk of HIV infection pertains to injected drug use. In this study, only 0.2% of respondents (two persons) reported to have injected drugs in the 12 months prior to the survey. Given the social and legal aspects of drug use, it is clear that these figures were underreported. Though the number was small, the existence of injected drug is an alert to HIV prevention programmes in the country.

3-2-3 Condom and STD knowledge and attitude

The respondents were asked about knowledge and attitude related to condoms and STDs. Those who had heard of male condoms accounted for 97.0% of men and 90.5% of women. Female condoms were known less than the males type, having being heard of by 51.8% of men and 45.0% of women. Of those who had heard of male condoms, 88.2% of male and 42.5% of female respondents said they knew a place or person from where they could obtain male condoms. Figure 3-4 illustrates places to obtain male condoms, as mentioned by the respondents. Pharmacies were the most well known places to obtain male condoms.

Attitudes towards male condoms were assessed using four questions on a 4-point scale from “Definitely” to “No.” Even though more than 90% of respondents know where to obtain a male condom, more than half of female respondents and around 30% of male respondents expressed difficulty in obtaining them. Belief that sex with a condom derives less pleasure than sex without a condom was raised as an obstacle to condom use in the focus group discussions. It was assessed whether young people in general shared this

Figure 3-4 Place to obtain male condoms



belief. Our results suggest that the majority of respondents (more than 60% of men and 80% of women) answered “not sure” or “no” to this point.

Most of the respondents had at least heard of STDs (95.0% of men and 91.3% of women). However, their knowledge of STDs seems to be limited. More than 60% of respondents thought that all STDs would show some symptoms, even though, in fact, STDs such as Chlamydia trachomatis infection among women does not always show symptoms.

3-2-4 Communication

Communication with different people was assessed by a 9-item scale, including topics related to sex and topics that had nothing to do with sex. Young people responded to each scale item using a 4-point Likert scale, ranging from 1 (Never) to 4 (Often). Results are shown in Figures 3-7. On sex related issues, communication with parents was very limited, although adolescents talked more with mothers than with

[Attitudes towards male condoms]

Figure 3-5 Can easily obtain a male condom if needed

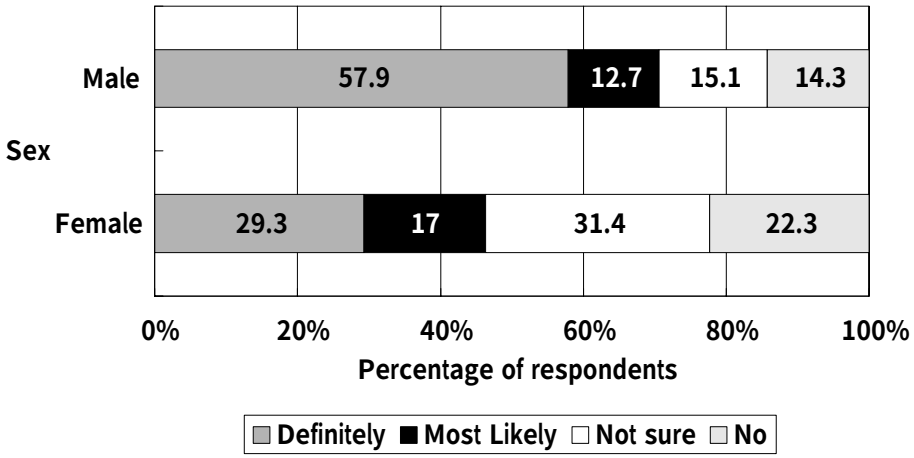
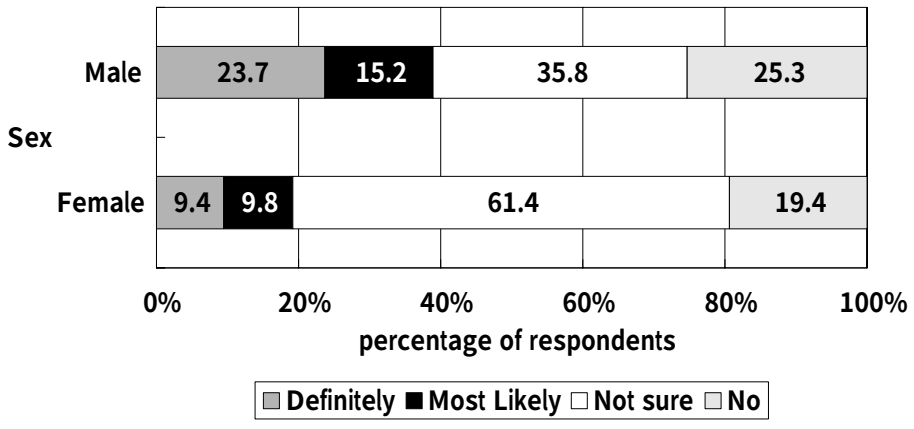


Figure 3-6 Think that sex with condom derives less pleasure



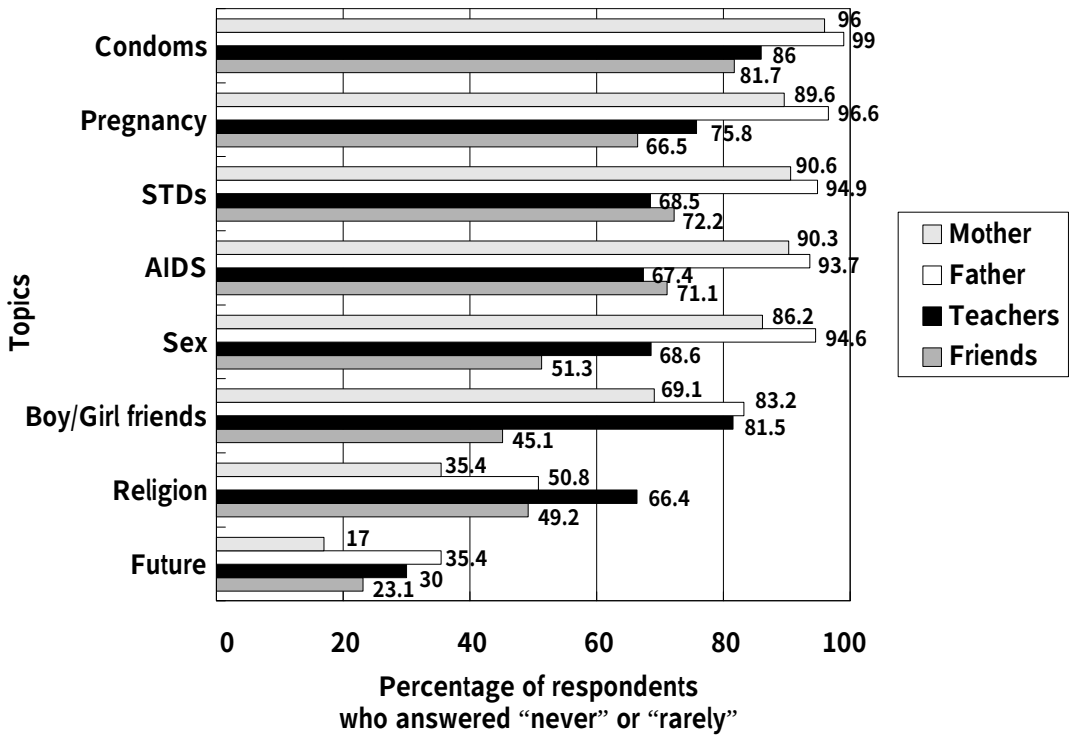
fathers.

3-2-5 Sexual experience

Detailed questions on sexual experience were asked. It was found that 70.8% of male respondents and 53.5% of female respondents have kissed someone on the lips. With regards to sexual experience, 31.8% of men and 9.7% of women had experienced penetrative intercourse. Sex without condoms involves to a higher risk of HIV infection than sex with condoms. Among sexually experienced subject, 61.2% of male respondents and 69.1% of female respondents did not use condoms at their first sexual encounter. Another important point to consider in relation to HIV infection risk is the number of sex partners. More than one sexual partner was reported from 74.2% of men and 32.7% of women who were sexually experienced. These findings suggest behaviour highly vulnerable to HIV infection exists among sexually active young people.

Given the fact that the highest rate of HIV infection was reported among sex workers in Mauritius, sex with a commercial partner[15] should be considered as the highest risk behaviour among the target population. There were 23 male respondents (4% of total male respondents) who had had commercial sex partners in the previous 12 months. Of these, 13 had both commercial and non-commercial partners. This group may serve as a bridging population, connecting groups with higher HIV prevalence and groups with low HIV

Figure 3-7 Communication frequency on sex-related issues and non-sex issues - with parents, teachers and friends -



[15] "Commercial partner" is defined as partners with whom he/she had sex with in exchange for money.

prevalence. Though the number seems small and limited, the existence of such a group in young population needs to be carefully considered. Condom use at the last commercial sexual contact, however, was relatively high, being 66.7% of those who had had commercial sex in the previous 12 months.

On the other hand, condom use with non-commercial partner[16] was low especially for women. It was reported that 70.0% of female respondents and 48.0% of male respondents did not use a condom at their last sex with a non-commercial partner. The results show that 47.5% and 34.4% of currently sexually active women and men, respectively, had never used a condom with their non-commercial partner. Consistent condom use with a non-commercial partner is not common practice among these young people.

3-2-6 Knowledge, opinion and attitudes on HIV/AIDS

More than 99% of the respondents had heard of HIV/AIDS, but their knowledge of HIV/AIDS seems to be uncertain. Questions and responses regarding modes of HIV transmission are presented in Table 3-2. The proportion of respondents who correctly answered to these questions ranged from 55.3% to 91.8%. One of the most basic knowledge that people cannot get HIV from mosquito bite were known only by 55.5% of the respondents. More respondents who are currently in school answered this question correctly than those who are not currently in school (62.1% vs 50.2%). Educational background seems to associate with knowledge on HIV/AIDS.

Three questions assessed stigma and denial related to HIV/AIDS. More than 60% of respondents showed positive attitudes towards people living with HIV/AIDS. However, if a member of the family becomes ill with HIV, 49.0% of respondents wanted it to remain secret. At any rate, complicated feelings are attached to HIV/AIDS.

There were questions related to an HIV test. More than half of the respondents agreed to have an HIV test before marriage. Although the availability of a confidential HIV test in Mauritius was known by 68.1% of the respondents, persons who had had an HIV test included only 1.4% of the total respondents. Hospitals and private clinics were the most recognized places for testing. It would be worth considering to establish more youth-friendly places for voluntary counseling and testing of HIV since quite a few respondents were agreeable to HIV test before marriage.

Exposure to the HIV/AIDS programme in Mauritius was assessed by seven questions. Obviously, TV was the most common source of information on HIV/AIDS followed by schools. Posters had been seen by 89.4% of respondents. About 60% of young people had heard of the AIDS Unit and its Hotline, which was a programme carried out by the government. The SIDAINFO, hotline services run by an NGO, was known by 33.2% of respondents. On the other hand, the PILS, an NGO which specifically deal with HIV/AIDS, was known by 48.5% of young people.

These data suggest that ongoing programmes, whether it would be the government or the NGOs, reached young people of Mauritius in raising awareness on HIV/AIDS to some extent. However, efforts to provide

[16] "Non-commercial partner" is defined as any partner other than a commercial partner.

Table 3-2 Knowledge on modes of HIV transmission

	Response category (% of total responses)		
	Yes	No	Don't know
Can people protect themselves from HIV by using condom correctly every time they have sex?	75.6 *	8.9	15.5
Can people get the HIV virus from mosquito bite?	22.5	55.5	22.0
Can people protect themselves from HIV by having one uninfected faithful sex partner	60.4	27.7	11.9
Can people protect themselves from HIV by abstaining from sexual intercourse?	55.3	32.7	12.0
Can people protect themselves from HIV by taking contraceptive pills?	13.6	55.6	30.8
Can people get HIV by sharing a meal with someone who is infected?	17.6	70.1	12.3
Can person get HIV by getting injections with a needle that was already used by someone else?	91.8	2.7	5.6
Do you think that a healthy-looking person can be infected with HIV, the virus that causes AIDS?	72.3	14.5	13.3
Do you think person with STDs can be infected with HIV more easily than someone without STDs?	57.7	11.6	30.7
Can a pregnant woman infected with HIV or AIDS transmit the virus to her unborn child?	87.1	3.4	9.5
Can a woman with HIV or AIDS transmit the virus to her new born child through breastfeeding?	63.3	13.9	22.9

* Percentage of respondents correctly answer each question is marked with a square □

basic knowledge on HIV/AIDS should be made strenuously and repeatedly so that misunderstanding or misconception would be swept off and correct knowledge and supportive and positive attitude to be created.

4. Discussion

4-1 Interpretation of the major findings

The primary objective of this study was to explore the prevalence of HIV-Related risk behaviour among young people in Mauritius. Sexual behaviour was mainly assessed. It was found that among unmarried young people aged 15 – 24 in Mauritius, 31.8% of men and 9.7% of women had already had penetrative sexual intercourse. Compared to other countries,[17] this figure is relatively low. This may explain why Mauritius has so far managed to maintain low level of HIV epidemic even though the first case was reported in late 80's.

The second objective was to examine the association of the HIV-Related behaviour and social factors. The findings from qualitative approaches provided detailed and profound context where sexual and drug taking behaviour of young people occur. Tradition, ancestral value, family and religion were said as the factors that would hinder young people from becoming sexually active. On the other hand, the peer pressure, influence of media such as pornographic films were raised as factors that would accelerate sexual behaviour of young people.

Association of sexual behaviour and social factors were also examined in quantitative approaches. The prevalence differed primarily according to sex, age and religion.

Among the male respondents aged 15 – 19, 21.2% reported they had sex, whereas it was 43.6% among those aged 20 – 24 ($p<.001$).[18] The same tendency was observed among female respondents. Among the female respondents aged 15-19, only 6.7% were sexually active compared with 15.0% in the group from 20 – 24 years ($p=.001$).

In the focus group discussion, it was mentioned that the "environment" determines the sexual activity of the young people. Religion seems to be one of the factors that account for "environment" in this context. Among Christian respondents, a higher rate of sexual experience (50.4% for men and 27.1% for women) was reported than those of Hindu (28.2%for men and 4.0% for women) and Muslim respondents (21.8% for men and 2.6% for women) ($p<.001$ for men and women).

In addition to sex, age and religion, following social factors found to be significantly associated with "ever had sex" prevalence. These factors are presented in table 4-1. Important point is that use of Gandia (Marijuana) was closely associated with a high percentage of sexual experience for both men (68.8% vs 27.2%) and women (60.0% vs 9.3%). As presented before, Gandia was used by 11.1% of men and 0.9% of women. Young people who use drug and sexually active should be considered as the most vulnerable group to HIV infection.

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[17] In the BSS study conducted in Jamaica among youth aged 15-19 in 1999, sexual behavior indicator (Ever had sexual intervourse) were more than 74% for all groups except In-school female aged 15-17 (46.0%). (FHI 2000b). Among the Ecuadorian adollesents aged 14-19, the same indicator was 43 %. (Park et al. 2002)

[18] $p<.001$ and $p=.001$ denote statistical significance by Chi-Square Tests.

Table 4-1 Prevalence of those who ever had sexual experience

Social factors	Male		Female	
	Yes	No	Yes	No
Have boyfriend/girlfriend	47.8%	15.0%	19.3%	2.7%
Have mobile phone	38.1%	24.1%	12.2%	7.8%
Currently attending school	16.0%	43.0%	4.0%	15.3%
Use of Gandia (Marijuana)	68.8%	27.2%	60.0%	9.3%

In the Behaviral Surveilance Surveys, it is recommended that trends of certain behaviour indicators should be monitored over time by looking at results from different waves of the studies. In the Mauritius Youth Profile 1996,[19] the prevalence of sexually active people among never married youth aged 18 – 25 years were 43% for men and 11% for women. If we look at the sexual experience prevalence of 18 – 24 year olds in our study, it was 40.9% for males and 13.2% for females. These figures cannot be compared directly since a group of age 25 was not included in our study. However, over a long time period, these figures could be used to monitor the trends and changes of behaviour in this target population.

4-2 Recommendations to the Mauritius National AIDS Control Programme

Both focus group discussions and questionnaire based survey confirmed that sex before marriage was still a strong taboo in society at large in Mauritius. However, among those who became sexually active, behaviour vulnerable to HIV infection, namely sex without condoms and sex with more than one partner, was reported. These data suggest the importance of providing messages and services to promote safer sex, as well as promotion of abstinence. In this sense, condoms need to be made accessible to young people. Pharmacies were mentioned as places to obtain condoms by the majority of young people, even though their confidence to obtain them was uncertain. Clearly, a programme to make condoms accessible to youths should be developed in collaboration with pharmacies.

Sex, age and religion were found to be factors that associated with sexual activity. General programmes on HIV prevention should take into consideration these factors. In each session, different messages or approaches should be adopted according to the different segments of young people targeted.

Our study identified people who are more vulnerable to HIV infection than others. These include groups of people who have sex with both commercial and non-commercial partners, and another group of people who are sexually active and use drugs. For these people, active intervention to prevent them from getting HIV infection should be developed.

[19] Mauritius Institute of Health 1996

4-3 Lessons for the low-level and concentrated epidemic countries

In a low-level HIV prevalence setting, the number of a reported cases of HIV/AIDS is limited. Behavioural information, therefore, plays an important role to guide the direction of HIV prevention programmes. Behavioural data can suggest where the programme needs to focus. They also clarify the information and services needed by the target population.

Strategically, it is of great importance in the low-level stage of an epidemic to identify a core group of the population who are highly vulnerable to HIV infection. This group may bridge a high HIV prevalence group and low HIV prevalence groups. Active and strong intervention to prevent the spread of HIV infection in this group is effective and efficient. In the case of young people in Mauritius, men who have both commercial and non-commercial partners, and those who are sexually active and who have used drugs, are identified as such core groups.

Another important point is to grasp the overall picture of behaviour of the target group. Our study suggests that among never married young people in Mauritius, “male,” “above 20 years” and “Christian” youth need more information and services than any other group. Sex and age factors might be common throughout the world, while religious factors might be something particular to Mauritius. Factors specific to a given area need to be identified through a behavioural survey.

Lastly, combining qualitative and quantitative data collection methods in a behavioural survey, especially in a low-level HIV prevalence setting, is recommended. The prevalence of risk behaviour may appear relatively low in a quantitative survey in low prevalence setting because of strong taboos prevailing in a particular society. Qualitative data may indicate such taboo and provide an opportunity to carefully assess quantitative data. In this way, more detailed information on core groups for active intervention can be obtained.

4-4 Recommendations to the Japanese International Cooperation policy in the field of HIV/AIDS

Expectations for Japanese international cooperation in the field of HIV/AIDS has increased, as the epidemic is a huge burden to most of developing countries. Among the various activities in programmes for HIV/AIDS, assessment of behaviour should be strengthened both for planning and evaluation of a project. Although there are always constraints and limitations when attempting to gather information on drug use and sexual behaviour, information obtained by a systematic method gives produce powerful evidence that can guide the project manager to allocate limited resources to the most needed activities.

Regionally, Japan has a close relationship with Asian and Pacific countries, where the situation of HIV/AIDS is from low-level to concentrated stages, with a sharp rise in infection predicted in the coming 10 years. It is at such a stage of an epidemic when signs of behaviour indicators need to be carefully assessed and necessary action to be taken accordinaly. Behaviour indicators can explain background of the

present situation and predict future situation of the epidemic. Programme managers for HIV/AIDS should be well versed in how to assess and understand behavioural indicators.

4-5 Study limitations

The study adopted an interview as means to collect data. Even though maximum efforts were made to make respondents at ease to respond to all questions, underreporting could not have been fully avoided. At the same time all behavioural data are based on self-report information which is subject to reporting errors and biases.

The study is based on cross-sectional data, in which the direction of causal relationships cannot always be determined. So far, simple cross-table analysis has been performed. Further multivariate analysis will be performed at the next stage of the study.

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Annex 1

Topics Guide
Focus Group Discussion

◆ General topics of the interest

- ➢ What is the thing you like to do at your free time?

◆ Extent of recognition on HIV infection risk through sex

- ➢ What proportion of young men/women of your age do you think are sexually active?
- ➢ Why do you think so? <Reputation? Just imagine?>

- ➢ Some of the young people of your age become sexually active and others are not. What is the difference between these two groups?

- ➢ When young people of your age have sex, do they care about;
  - ✧ Pregnancy
  - ✧ STDs
  - ✧ HIV/AIDS

- ➢ Is it generally acceptable for young people to have sexual relations when they are not married?
  - ✧ What do other young people think?
  - ✧ What do older people think?

- ➢ What do young people think about same sex activities?

◆ Extent of recognition on HIV infection risk through injecting drug use

- ➢ Do you think there are young people of your age using drugs of any kind in your society?
- ➢ What kind of drugs do they use?
- ➢ From whom do they get drugs?
- ➢ For what purpose do they use drugs?

◆ Communication environment surrounding young people

- ➢ Create communication chart and explain why they scored so.
- ➢ What kind of sources do you receive information related to sex?
  - ✧ Which one do you think is the most reliable?

◆ Request to the HIV/AIDS programme in Mauritius

Topics Guide
In-depth Interview

- **May I know your general background to start with?**
  - How old are you?
  - What's your current job?
    - Do you like it?
  - What's your hobby? What do you like to do in your own time?
  - Do you have family?

- **Your experience of being people living with HIV/AIDS in Mauritius as Mauritian**
  - How it was in the first place?
    - How did you come to know about you sero-status?
    - What was the most difficult thing or the challenge to you?
    - Do you think that difficulty or challenge was common to any other people living with HIV/AIDS? Or was there anything that was particular in Mauritius or for you personally?
    - Who or what was the greatest support to you?
  - How it is now?
    - Is there any change?
    - What do you think brought about such change?
  - Is there positive or rewarding thing in living with HIV/AIDS?
    - What is it? Could you explain about it?
  - There are people living with HIV/AIDS and keep it for himself/herself. What made you to come out in public?

- **In the study I am currently carrying out, I do focus on young Mauritian aged 15 to 24.**
  - What do you think of those young people in Mauritius in context of HIV/AIDS and environment they live? What's your observation/judgment on these groups?
    - Are they well-informed?
    - Are they conscious enough about HIV/AIDS?
    - Is there specific group that needs to be addressed?
  - How do you want them to be?
  - How do you think we can make it?

- **Wha's the thing that you want to achieve as a next step of your life?**

Annex 2

Socio-epidemiological study on HIV-related behaviour among young people in Mauritius 2003

Questionnaire for unmarried male and female aged 15 – 24

INSTRUCTION TO INTERVIEWERS:

1. Identify the respondent as per the list handed to you.
2. Introduce yourself and read around confidentiality and consent statement below. Sign by yourself when consent is given by the respondent.
3. Insert responses in the bracket [__| __] provided or circle number codes of responses already given in the questionnaire.
4. Carefully follow the STEPWISE instruction in the questionnaire.

EXPLANATION AND CONSENT STATEMENT

Introduction: "My name is… I'm working for the Mauritius Institute of Health. We're interviewing people here in […: name of the site], unmarried young people age between 15 – 24 years in order to find out their opinion, attitude, knowledge and behaviour related to health and especially HIV/AIDS.

Confidentiality and consent: "I'm going to ask you some very personal questions that some people find difficult to answer. Your answers are completely confidential. Your name will not be written on this form, and will never be used in connection with any of the information you tell me. You do not have to answer any questions that you do not want to answer, and you may end this interview at any time you want to. However, your honest answers to these questions will help us better understand what people think, say and do about certain kinds of behaviors. We would greatly appreciate your help in responding to this survey. The survey will take about 20 minutes to ask the questions. Would you be willing to participate?"

Introduction: " Mo appelle …… Mo pe travaile pour l'Institut de Santé. Nous pe faire ene l'étude dans la région…… avec banne jeunes entre 15 – 24 ans qui pas marié pour conne zot l'opinion, l'attitude, connaissance et comportement lors la santé et sourtout lors maladie SIDA."

Confidentialité et consentement: "Mo pou demande ou un peu questions personnel qui mo conné beaucoup dimounes trouve li difficile pour reponde. Mo rassure ou qui ou réponses pour confidentielle. Mo pas pour ecrire ou nom lors questionnaire. Mo rappel ou qui ou nom ine choisir par ene systeme lottery et mo besoin dire ou ena la chance. Ou franc parler pour aide nous comprend couma dimoune penser, dire et comporte zotte. Mo ti pour vraiment apprecier ou participation dans ça l'étude la. Mo pou pran moins qui 20 minuites ou létan. Eski ou accepté pour participé?"

(Signature of interviewer certifying that informed consent has been given verbally by respondent)

IDENTIFICATION

001 Respondent Number [___|___]

002 Enumeration Area: [__| __| __| __| __|__]

003 Locality: _____

004 Address of Interviewee: _____
Street Village/Town

IDENTIFICATION

	Visit 1	Visit 2	Visit 3
Date	___ ___/___ ___/03	___ ___/___ ___/03	___ ___/___ ___/03
Interviewer			
Result			

Result codes: 1 = Completed
2 = Respondent not available
3 = Refused
4 = Other (Specify)

005 Replacement 1 = Yes
2 = No

006 Interviewer's Name _____

007 Date of Interview: [____ ____/____ ____/2003]
Day Month

IDENTIFICATION

	Name	Signature	Date
Area Supervisor			___ ___/___ ___/03
Interviewer			

SECTION 1: BACKGROUND CHARACTERISTICS

THIS SURVEY ONLY INTERVIEWS YOUTH AGED 15-24 WHO HAVE NEVER BEEN MARRIED OR HAVE NEVER LIVED WITH A SEXUAL PARTNER FOR 12 MONTHS OR LONGER. IF THE RESPONDENT IS YOUNGER THAN 15 YEARS OR OLDER THAN 24 YEARS, OR HAS EVER BEEN MARRIED OR LIVED WITH A SEXUAL PARTNER, DO NOT INTERVIEW THIS PERSON

No.	Questions and filters	Response	codes	Skip to
Q 101	RECORD SEX OF THE RESPONDENT	Male Female	1 2	
Q 102	How old were you at your last birthday? **[*Qui laze ou fine gagné?*]**	Age in completed years **MUST BE BETWEEN 15 AND 24 YEARS OLD**	[__| __]	
Q 103	What is your date of birth? **[*Qui ou date naissance?*]** **COMPARE AND CORRECT Q 102 IF NEEDED**	Month Year	[__| __] [__| __]	
Q 104	Have you ever attended school? **[*Ou fine déjà alle l'ecole?*]**	Yes No	1 2 →	**Q 111**
Q 105	Are you still attending schools? **[*Ou encore pé alle l'école?*]**	Yes No	1 2 →	**Q 108**
Q 106	Which class are you in now? **[*Ki classe ou pé faire?*]** **CIRCLE ONLY <u>ONE</u> ANSWER**	**Secondary Form I** Secondary Form II Secondary Form III Secondary Form IV Secondary Form V Secondary Form Lower VI Secondary Form Upper VI Technical/Vocational University and higher Other (Specify) _____	1 2 3 4 5 6 7 8 9 10	
Q 107	How far do you intend to pursue your education? **[*Ki pli grand classe ou penser pou faire?*]**	School Certificate Higher School Certificate Technical/Vocational University Graduate school Other (Specify) _____ Don't know	1 → 2 → 3 → 4 → 5 → 6 → 7 →	**Q 109** **Q 109** **Q 109** **Q 109** **Q 109** **Q 109** **Q 109**
Q 108	What is the highest level of education you completed? **[*Ki pli grand classe ou fine faire?*]** **CIRCLE ONLY <u>ONE</u> ANSWER**	Not completed Primary Completed Primary Secondary Form I Secondary Form II Secondary Form III Secondary Form IV Secondary Form V Secondary Form Lower VI Secondary Form Upper VI Technical/Vocational University and higher	1 → 2 → 3 4 5 6 7 8 9 10 11	**Q 111** **Q 111**

No.	Questions and filters	Response	codes	Skip to
Q 109	Is the secondary school that you attend(ed) a government or private institution? **[*Ou ti alle colege gratis ou payant?*]**	Government Private	1 2	
Q 110	Is the secondary school you attend(ed) for … **[*Colege qui ou ti allé est-ce qui ti enan…..?*]** **READ OUT RESPONSES**	Boys and girls mixed? Only boys? Only girls?	1 2 3	
Q 111	In the last 12 months, have you ever worked to earn money either as full-time or as part time job? **[*Dan dernier 12 mois eski ou fine travail part time ou full time pou gagne l'argent?*]**	Yes, full-time Yes, part-time No	1 2 3 →	 **Q 114**
Q 112	Are you currently employed? **[*A présent eski ou pé travail pou gagne l'argent?*]**	Yes No	1 2	
Q 113	What do you do (have you done) mainly to earn money? **[*Ki travail ou faire pou gagne l'argent?*]** **CIRCLE ONLY <u>ONE</u> ANSWER**	Professionals Clerks Service and sales workers Labourer EPZ manual worker Home-maker Skilled worker Other (Specify)_____	1 2 3 4 5 6 7 8	
Q 114	How much money you use for yourself every month? **[*Ki ou dépense personnel par mois?*]** <including money you are given from your family and money you earn by yourself> **WRITE THE AMOUNT AND CIRCLE ONE APPROPRIATE CATEGORY**	a) Amount in Rupees Rs[__|__|__|__|__] b) Category above amount falls Less than Rs200 Rs200 ~ Rs500 Rs500 ~ Rs1,000 Rs1,000 ~ Rs2000 Rs2,000 ~ Rs5,000 Rs5,000 ~ Rs10,000 More than Rs10,000	 1 2 3 4 5 6 7	
Q 115	What is your religion? **[*Ki réligion ou suivre?*]** **CIRCLE ONLY <u>ONE</u> ANSWER**	Hindu Muslim Christian Other (Specify) _____ No religion	1 2 3 4 5 →	 **Q 117**
Q 116	How often do you attend religious services? **[*Combien fois ou alle dans banne services religieux?*]**	Everyday At least once a week Less than once a week Never	1 2 3 4	

No.	Questions and filters	Response	codes	Skip to
Q 117	How many people live in your household with you? **[*Combien personnes vive avec ou dans ou lacaze?*]**	Number	[__|__]	
Q 118	With whom do you presently live? **[*Ou reste avec qui?*]** <If more than one for options d, e, f, g or h, insert number in the bracket [ ]> **CIRCLE [1] FOR ALL PERSONS WHO LIVE WITH AND CIRLCE [2] FOR PERSONS WHO DO NOT LIVE WITH.** **PLEASE CHECK WITH Q117**	a) Alone b) Father c) Mother d) [ ] Grand parent (s) e) [ ] Brother (s) f) [ ] Sister (s) g) [ ] Other family (relatives) h) [ ] Friends i) Other (Specify) _____	Yes No 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	
Q 119	How many rooms are used for sleeping by your household? **[*Combien chambres à coucher ena dans ou lacaze?*]**	Number	[__| __]	

SECTION 2: SOCIAL LIFE

Now we are going to ask you some questions on your social activities.
[*Astere mo pour demande ou questions lors ou banne activités sociales.*]

No.	Questions and filters	Response	codes	Skip to
Q 201	Do you belong to a club or association? **[*Eski Ou membre ène club ou l'association?*]**	Yes No	1 2	
Q 202	Do you have your own mobile (cellular) phone? **[*Ou éna ène portable pou ou meme?*]**	Yes No	1 2 →	 **Q 204**
Q 203	Have you ever had chat with somebody you never met on your mobile phone? **[Eski ou fine déjà cause lors portable avec kiquaine ki jamais ou fine joine?]**	Yes No	1 2	
Q 204	Do you have a boyfriend (girlfriend) now? **[*Eski à present ou éna ene boyfriend (girlfriend)?*]** <Boyfriend (girlfriend) is someone you are emotionally attracted and whom you dated.>	Yes No	1 2 →	 **Q 207**
Q 205	How often do you meet him (her)? **[*Combien fois ou joine li?*]**	Everyday More than twice a week At least once a week Less than once a week	1 2 3 4	
Q 206	Where do you meet him (her) most often? **[*Kot ou joine li plis souvent?*]** **CIRCLE ONLY <u>ONE</u> ANSWER**	At your home At his (her) home At school Sea-side Garden Shopping Centre Restaurant Night clubs Cinema Hotels Other (Specify) _____	1 2 3 4 5 6 7 8 9 10 11	
Q 207	How often do you go to night clubs? **[*Ou alle discotheque?*]**	More than twice a week At least once a week Less than once a week Never	1 2 3 4	
Q 208	How often do you watch a pornographic film? **[*Eski ou guette film porno?*]** <A film includes Video and DVD>	More than twice a week At least once a week Less than once a week Never	1 2 3 4 →	 **Q 210**

No.	Questions and filters	Response	codes	Skip to
Q 209	From which source do you mostly obtain (or watch) a pornographic film? **[*Kot ou gagne films porno plis souvent?*]** **CIRCLE ONLY ONE ANSWER**	Cinema Films rented from VIDEO Club Films borrowed from friends Films purchased TV Other (Specify) _____	1 2 3 4 5 6	
Q 210	How often do you use Internet? **[*Ou servi internet?*]**	Every day At least once a week Less than once a week Never	1 2 3 4 →	**Q 213**
Q 211	Where do you usually (mostly) have an access to Internet? **[*Kot ou gagne accès internet?*]** **CIRCLE ONLY ONE ANSWER**	At home At workplace At school At cyber-café Other (Specify) _____	1 2 3 4 5	
Q 212	Have you ever surfed a pornographic homepage on Internet? **[*Ou fine déjà surf/rentre lors ène site pornographique lors internet?*]**	Yes No	1 2	
Q 213	During the last 4 weeks, how often have you had alcoholic drinks? Would you say… **[*Dans dernier 4 semaines combien fois ou finne prend l'alcool?*]** **READ OUT RESPONSES**	Every day At least once a week Less than once a week Never	1 2 3 4	
Q 214	Some people have tried a range of different types of drugs. Which of the following, if any, have you tried? **[*Ena plusieurs qualité la drogue qui dimoune prend. Ou fine déjà prend la drogue ? Si oui, laquelle?*]** **READ OUT RESPONSES** **CIRCLE [1] FOR ALL ANSWERS MENTIONED AND CIRCLE [2] FOR ANSWERS NOT-MENTIONED**	a) **Gandia** (Cannabis, Mass, Marijuana, Hashish) b) **Heroin** (Brown Sugar) c) **Opium** d) **Psychotropes** e) **La Blanche** f) **Syrups** g) **Inhalants** (Thinner, Petrol) h) **Tablets** (Acid, Flower, Sun shine)	Yes No 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	
Q 215	Some people have tried injecting drugs using a syringe. Have you injected drugs in the last 12 months? **[*Ena dimoune prend la drogue par seringue. Dans dernier 12 mois ou fine déjà prend la drogue par seringue?*]** <Drugs injected for medical purposes or treatment of an illness do not count>	Yes No	1 2	

SECTION 3: CONDOM AND STD KNOWLEDGE AND ATTITUDE

Next, I am going to ask a few questions on condom and sexually transmitted diseases.
[*Astere mo pou pose ou un peu questions lors capote et maladies sexuellement transimissibles*]

No.	Questions and filters	Response	codes	Skip to
Q 301	Have you ever heard of a male condom? **[*Ou fine déjà tende parlé de capote pour homme?*]** <Male Condom is a rubber object that a man puts on his penis before sex.>	Yes No	1 2 →	**Q 308**
Q 302	Do you know of any place or person from which you can obtain male condoms? **[*Eski ou conne ène place ou ène personne, à cotte ou capave gagne ène capote?*]**	Yes No	1 2 →	**Q 304**
Q 303	Which places or persons do you know where you can obtain male condoms? **[*Ki coté, ou avec qui dimounne ou capave gagne capote ?]*]** Any others? **[*Ena encore?*]** **PROBE BUT DO NOT READ LIST** **CIRCLE [1] FOR ALL ANSWERS MENTIONED AND [2] FOR ANSWERS NOT-MENTIONED**	a) Health Centre b) Hospital c) Factory or workplace d) Private Clinic e) MFPA clinic f) Action Familiale g) Pharmacy h) Shop i) Bar/guest house/hotel j) Vending machine k) Friend l) Parent m) Other (Specify) _____	Yes No 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	
Q 304	Do you think you can obtain a male condom easily if you need it? **[*Ou pensé ou capave gagne ène capote facilement si ou bizin?*]**	Definitely Most likely Not sure No	1 2 3 4	
Q 305	Do you think you would succeed in using a condom when you have sex with a new partner? **[*Ou pensé ou pour reussi servie ène capote si ou éna rélation sexual avec ène nouveau partner?*]**	Definitely Most likely Not sure No	1 2 3 4	
Q 306	Do you think you can refuse sex when you don't have condoms available? **[*Ou pensé ou capave refuse gagne relation sexuel si ou pas gagne ène capote?*]**	Definitely Most likely Not sure No	1 2 3 4	

No.	Questions and filters	Response	codes	Skip to
Q 307	Do you think sex with condom drives less pleasure than sex without condom? **[*Ou pensé qui ena moins jouissance quand servi capote?*]**	Definitely Most likely Not sure No	1 2 3 4	
Q 308	Have you ever heard of a female condom? **[*Eski ou fine déja tande parlé de capote pour banne femmes?*]**	Yes No	1 2	
Q 309	Have you ever heard of diseases that can be transmitted through sexual intercourse? **[*Eski ou finne déjà tande parlé de banne maladies qui gagné par relation sexuel?*]**	Yes No	1 2 →	**Q 401**
Q 310	Do you think all sexually transmitted diseases show some symptoms? **[*Ou pensé qui tous banne maladies qui gangné par relation sexuel enan bannes symptomes?*]**	Yes No Don't know	1 2 3	

SECTION 4: COMMUNICATION

Next I am going to ask you how often you talk about certain topics with different persons.
[*Astere mo pou demande ou combien fois ou coze avec banne differents dimounes lors certains sujets*].

Q 401 In the last six months, how often have you and **your friends** talked about the following things?
[*Dans dernier 6 mois combien fois ou finne coze avec banne camarades lors*]

TOPICS	FREQUENCY			
	Never **Jamais**	Rarely **Tres rarement**	Sometimes **Parfois**	Often **Souvent**
a) Your future plan and career choice **lors ou plan avenir et ou carriere**	1	2	3	4
b) Religious matter **lor religion**	1	2	3	4
c) TV programmes **Programme television**	1	2	3	4
d) Your boyfriend/girlfriend **ou boyfriend/girlfriend**	1	2	3	4
e) Sex **La Sexualité**	1	2	3	4
f) How to use condoms **Comment servi ene capote**	1	2	3	4
g) Protecting yourself from Sexually Transmitted Diseases (STDs) **Proteze ou contre banne maladies sexuellement transmissibles**	1	2	3	4
h) Protecting yourself from the AIDS (Acquired Immunodeficiancy Syndrome) virus **Proteze ou contre le Virus du sida**	1	2	3	4
i) Protecting yourself (or partner) from becoming pregnant **Evite ou (partenere) tombe enceinte**	1	2	3	4

Q 402	**FILTER: CHECK Q 118** LIVE WITH FATHER = 1 ↓	DOES **NOT** LIVE WITH FATHER = 2 →	**Skip to** **Q 404**

Q 403 In the last six months, how often have you and **your father** talked about the following things?
[*Dans dernier 6 mois combien fois ou finne coze avec ou papa lors*]

TOPICS	FREQUENCY			
	Never **Jamais**	Rarely **Tres rarement**	Sometimes **Parfois**	Often **Souvent**
a) Your future plan and career choice **lors ou plan avenir et ou carriere**	1	2	3	4
b) Religious matter **lor religion**	1	2	3	4
c) Outing with friends **Sorti avec camarade**	1	2	3	4
d) Your boyfriend/girlfriend **ou boyfriend/girlfriend**	1	2	3	4
e) Sex **La Sexualité**	1	2	3	4
f) How to use condoms **Comment servi ene capote**	1	2	3	4
g) Protecting yourself from Sexually Transmitted Diseases (STDs) **Proteze ou contre banne maladies sexuellement transmissibles**	1	2	3	4
h) Protecting yourself from the AIDS (Acquired Immunodeficiency Syndrome) virus **Proteze ou contre le Virus du sida**	1	2	3	4
i) Protecting yourself (or partner) from becoming pregnant **Evite ou (partenere) tombe enceinte**	1	2	3	4

Q 404	**FILTER: CHECK Q 118** LIVE WITH MOTHER = 1 ↓	DOES **NOT** LIVE WITH MOTHER = 2 →	**Skip to** **Q 406**

Q 405 In the last six months, how often have you and **your mother** talked about the following things?
[*Dans dernier 6 mois combien fois ou finne coze avec ou mama lors*]

TOPICS	FREQUENCY			
	Never **Jamais**	Rarely **Tres rarement**	Sometimes **Parfois**	Often **Souvent**
a) Your future plan and career choice **lors ou plan avenir et ou carriere**	1	2	3	4
b) Religious matter **lor religion**	1	2	3	4
c) Outing with friends **Sorti avec camarade**	1	2	3	4
d) Your boyfriend/girlfriend **ou boyfriend/girlfriend**	1	2	3	4
e) Sex **La Sexualité**	1	2	3	4
f) How to use condoms **Comment servi ene capote**	1	2	3	4
g) Protecting yourself from Sexually Transmitted Diseases (STDs) **Proteze ou contre banne maladies sexuellement transmissibles**	1	2	3	4
h) Protecting yourself from the AIDS (Acquired Immunodeficiency Syndrome) virus **Proteze ou contre le Virus du sida**	1	2	3	4
i) Protecting yourself (or partner) from becoming pregnant **Evite ou (partenere) tombe enceinte**	1	2	3	4

Q 406	**FILTER: CHECK Q 105** CURRENTLY ATTENDING SCHOOL = 1 ↓	CURRENTLY **NOT** ATTENDING SCHOOL = 2 →	**Skip to** **Q 408**

Q 407 In the last six months, how often have you and **your teacher** talked about the following things?
[*Dans dernier 6 mois combien fois ou finne coze avec ou professeur lors*]

TOPICS	FREQUENCY			
	Never **Jamais**	Rarely **Tres rarement**	Sometimes **Parfois**	Often **Souvent**
a) Your future plan and career choice **lors ou plan avenir et ou carriere**	1	2	3	4
b) Religious matter **lor religion**	1	2	3	4
c) Educational difficulties **problemes l'étude**	1	2	3	4
d) Your boyfriend/girlfriend **ou boyfriend/girlfriend**	1	2	3	4
e) Sex **La Sexualité**	1	2	3	4
f) How to use condoms **Comment servi ene capote**	1	2	3	4
g) Protecting yourself from Sexually Transmitted Diseases (STDs) **Proteze ou contre banne maladies sexuellement transmissibles**	1	2	3	4
h) Protecting yourself from the AIDS (Acquired Immunodeficiency Syndrome) virus **Proteze ou contre le Virus du sida**	1	2	3	4
i) Protecting yourself (or partner) from becoming pregnant **Evite ou (partenere) tombe enceinte**	1	2	3	4

Q 408	**FILTER: CHECK Q 204** HAS BOYFRIEND/GIRLFRIEND = 1 ↓	DOES **NOT** HAVE BOYFRIEND /GIRLFRIEND = 2 →	**Skip to** **Q 501**

Q 409	In the last six months, how often have you and **your boyfriend (girlfriend)** talked about the following things? **[Dans dernier 6 mois combien fois ou finne coze avec ou boyfriend (girlfriend) lors]**				
	TOPICS	FREQUENCY			
		Never **Jamais**	Rarely **Tres rarement**	Sometimes **Parfois**	Often **Souvent**
	a) Your future plan and career choice **lors ou plan avenir et ou carriere**	1	2	3	4
	b) Religious matter **lor religion**	1	2	3	4
	c) TV Programmes Programme television	1	2	3	4
	d) Your family **ou famille**	1	2	3	4
	e) Sex **La Sexualité**	1	2	3	4
	f) How to use condoms **Comment servi ene capote**	1	2	3	4
	g) Protecting yourself from Sexually Transmitted Diseases (STDs) **Proteze ou contre banne maladies sexuellement transmissibles**	1	2	3	4
	h) Protecting yourself from the AIDS (Acquired Immunodeficiency Syndrome) virus **Proteze ou contre le Virus du sida**	1	2	3	4
	i) Protecting yourself (or partner) from becoming pregnant **Evite ou (partenere) tombe enceinte**	1	2	3	4

SECTION 5: SEXUAL EXPERIENCE

Now I am going to ask you some personal questions about sex. Remember we are asking these questions to learn more about how young people like yourself feel, in order to help you make your life safer. We know that some young people have had sexual intercourse and some have sexual intercourse with more than one person. Please answer the following questions honestly. Remember, your name is not written on this questionnaire.

[Astere mo pou demande quelques questions personnel lors la sexualité. Mo rapelle ou qui nou pé demande questions pou conner lors comportement sexuel banne jeunes pou capave mieux aide zotte. Nou conné qui ena beaucoup jeune qui gagne relation sexuel et ena qui gagne relation sexuel avec plusieur partner. Mo pou demande lors ou experience personnel et mo pou apprecié ou franc parler. Mo rapelle ou qui pas ena ou nom lors questionnaire et banne information là strictement confidentiel.]

No.	Questions and filters	Response	codes	Skip to
Q 501	Do you think it is natural for persons who love each other to kiss or have sex? **[*Ou pensé li normal pour deux personnes qui amoureux capave embrassé ou énan relation sexuel?*]**	Yes No Don't know	1 2 3	
Q 502	Have you ever kissed someone on the lips? **[*Oune déja embrassé kiquane lor so la lèvre?*]**	Yes No	1 2	
Q 503	Have you ever had sexual intercourse? **[*Ou fine deja gagne relation sexuel (penetration?)*]** <"sexual intercourse," is defined as vaginal or anal penetrative sexual intercourse.>	Yes No	1 2 →	**Q 601**
Q 504	At what age did you first have sexual intercourse? **[*Qui l'âge ou ti gagne ou premier relation sexuel?*]**	Age in years Don't know	[__|__] 99	
Q 505	Was a condom used during this first time you had sexual intercourse? **[*Eski ou ti servi ène capote quand ou ti gagne ou premier relation sexuel?*]**	Yes No Don't know	1 2 3	
Q 506	What was the age of the person with whom you first had sexual intercourse? **[*Quand ou ti gagne relation sexuel permier fois qui lâge ou partnaire ti ena?*]**	Age in years Don't know	[__|__] 99	
Q 507	How much older or younger was the person with whom you had your first sexual experience? **[*Quand ou ti gagne relation sexuel premier fois, ou partnaire ti pli agé/jeune qui ou?*]** **READ OUT RESPONSES**	More than 10 years older Less than 10 years older Same age Younger Don't know	1 2 3 4 5	

No.	Questions and filters	Response	codes	Skip to
Q 508	How many sexual partners have you ever had? **[*Avec combien personne ou fine gagne relation sexuel?*]**	Number of partners Don't know	[__|__] 99	
Q 509	What were the sexes of sexual partners you have ever had? **[*Eski ou bannes partnaires ti….?*]** **READ OUT RESPONSES**	Male only Female only Both male and Female	1 2 3	
Q 510	Have you had sexual intercourse in the last 12 months? ***[Eski ou fine gagne relation sexuel dans 12 derniers mois?]***	Yes No	1 2 →	**Q 601**
Q 511	Think about the sexual partners you've had in the last 12 months. How many were **"Commercial"** (partners with whom you had sex in exchange for money)? **[*Dans dernier 12 mois combien fois ou finne gagne relation sexuel avec banne partnaires pour l'argent?*]**	N. of commercial partners Don't know	[__|__] 99	
Q 512	Think about the sexual partner you've had in the last 12 months. How many were **"Non-Commercial"** (any partner other than a commercial partner)? **[*Dans dernier 12 mois combien fois ou finne gagne relation sexuel avec banne partnaires sans l'argent?*]**	N. of non-commercial partners Don't know	[__|__] 99	

No.	Questions and filters	Response	codes	Skip to
Q 513	**FILTER: CHECK Q 511** HAD **COMMERCIAL SEX PARTNER** IN LAST 12 MONTH = 1 ↓	DID ***NOT*** HAVE **COMMERCIAL SEX PARTNER** IN LAST 12 MONTHS = 2 →		**Q 518**
Q 514	The last time you had sex with commercial partner, did you or your partner use a condom? **[*Dernier fois quand ou ti gagne relation sexuel avec ene partnaire pour l'argent, zotte ti servi ene capote?*]**	Yes No Don't know	1 2 → 3 →	 **Q 516** **Q 517**
Q 515	Who suggested condom use that time? **[*Qui sanne la ti suggère servi ène capote?*]** **CIRCLE ONLY ONE ANSWER**	Myself My partner Joint decision Don't know	1 → 2 → 3 → 4 →	**Q 517** **Q 517** **Q 517** **Q 517**
Q 516	Why didn't you or your partner use a condom that time? **[*Qui faire zotte pas ti servi ène capote?*]** **CIRCLE [1] FOR ALL ANSWERS MENTIONED AND CIRCLE [2] FOR ANSWERS NOT-MENTIONED** **DO NOT READ LIST**	a) Not available b) Too expensive c) Partner objected d) Don't like them e) Used other contraceptive f) Didn't think it was necessary g) Didn't think of it h) Don't know i) Other (specify) _____	Yes No 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	
Q 517	With what frequency did you and all of your commercial partner(s) use a condom over the last 12 months? **[*Dans dernier 12 mois combien fois ou finne servi capote quand ou ti gagne relation sexuel avec banne partnaires pour l'argent?*]**	Every time Almost every time Sometimes Never Don't know	1 2 3 4 5	

No.	Questions and filters	Response	codes	Skip to
Q 518	**FILTER: CHECK Q 512** HAD **NON-COMMERCIAL SEX PARTNER** IN LAST 12 MONTH = 1 ↓	DID ***NOT*** HAVE **NON-COMMERCIAL SEX PARTNER** IN LAST 12 MONTHS = 2 →		**Q 601**
Q 519	The last time you had sex with non-commercial partner, did you or your partner use a condom? **[*Dernier fois qui ou ti gagne relation sexuelle avec ene partnaire sans l'argent, est ce qui zotte ti servi en capote?*]**	Yes No Don't know	1 2 → 3 →	 **Q 521** **Q 522**
Q 520	Who suggested condom use that time? **[*Qui sanla ti suggere servi ene capote?*]** **CIRCLE ONLY ONE ANSWER**	Myself My partner Joint decision Don't know	1 → 2 → 3 → 4 →	**Q 522** **Q 522** **Q 522** **Q 522**
Q 521	Why didn't you and your partner use a condom that time? **[*Quifaire zot pas ti servi ene capote?*]** **CIRCLE [1] FOR ALL ANSWERS MENTIONED AND CIRCLE [2] FOR ALL ANSWERS NOT-MENTIONED** **DO NOT READ LIST**	a) Not available b) Too expensive c) Partner objected d) Don't like them e) Used other contraceptive f) Didn't think it was necessary g) Didn't think of it h) Don't know i) Other (specify) _____	Yes No 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	
Q 522	With what frequency did you and all of your NON-commercial partner(s) use a condom over the last 12 months? **[*Dans dernier 12 mois combien fois ou finne servi capote quand ou ti gagne relation sexuel avec banne dimounes sans l'argent?*]**	Every time Almost every time Sometimes Never Don't know	1 2 3 4 5	

SECTION 6: KNOWLEDGE OPINION AND ATTITUDES ON HIV/AIDS

Lastly I am going to ask you some questions related to HIV/AIDS. **[*Finalement mo pou demande un peu questions lors SIDA*]**				
No.	**Questions and filters**	**Response**	**codes**	**Skip to**
Q 601	Have you ever heard of HIV (Human Immunodeficiency Virus) or the disease called AIDS (Acquired Immunodeficiency Syndrome)? **[*Eski ou finne déjà tande parlé ène virusVIH ou ène maladie appelle SIDA?*]**	Yes No	1 2 →	 **Q 630**
Q 602	Do you know anyone who is infected with HIV or who has died of AIDS? **[*Eski ou conne ène dimoune qui infecté par virus SIDA ou qui fine mort avec SIDA?*]**	Yes No Don't know	1 2 3	
Q 603	Can people protect themselves from HIV, the virus that causes AIDS by using a condom correctly every time they have sex? **[*Eski dimoune capav protège zotte contre virus SIDA, si zotte servi ène capote correctement à chaque fois qui zotte gagne relation sexuelle?*]**	Yes No Don't know	1 2 3	
Q 604	Can a person get the HIV virus from mosquito bites? **[*Eski ène dimoune qui piqué par moustique capave gagne SIDA?*]**	Yes No Don't know	1 2 3	
Q 605	Can people protect themselves from HIV by having one uninfected faithful sex partner? **[*Eski dimoune capave proteze zotte contre SIDA si gagne relation sexuel avec ène seul dimoune serieux qui pas infecte par le virus SIDA?*]**	Yes No Don't know	1 2 3	
Q 606	Can people protect themselves from HIV by abstaining from sexual intercourse? **[*Eski dimoune capave proteze zotte contre virus SIDA si zotte pas gagne relation sexuel?*]**	Yes No Don't know	1 2 3	

No.	Questions and filters	Response	codes	Skip to
Q 607	Can people protect themselves from HIV by taking contraceptive pills? **[*Eski dimoune capave proteze zotte contre virus SIDA si prend pilule contraceptive?*]**	Yes No Don't know	1 2 3	
Q 608	Can a person get HIV by sharing a meal with someone who is infected? **[*Eski ène dimoune capave gagne virus SIDA si partaze repas avec ene personne infecté?*]**	Yes No Don't know	1 2 3	
Q 609	Can a person get HIV by getting injections with a needle that was already used by someone else? **[*Eski ene dimoune capav gagne virus SIDA si servi ène seringue qui fine déjà servi par en lot personne?*]**	Yes No Don't know	1 2 3	
Q 610	Do you think that a healthy-looking person can be infected with HIV, the virus that causes AIDS? **[*Eski ou pensé ène dimoune ki paraitre en bonne santé capave ena virus SIDA?*]**	Yes No Don't know	1 2 3	
Q 611	Do you think a person with Sexually Transmitted Diseases (STDs) can be infected with HIV more easily than someone without STDs? **[*Ou pensé dimoune qui énan maladies sexuellement transmisibles (MSTs) capave gagne SIDA plis facilement qui ene dimoune qui péna MST*]**	Yes No Don't know	1 2 3	
Q 612	Can a pregnant woman infected with HIV or AIDS transmit the virus to her unborn child? **[*Eski ene femme enceine qui ena virus SIDA capave transmettre virus SIDA avec so feotus?*]**	Yes No Don't know	1 2 3	
Q 613	Can a woman with HIV or AIDS transmit the virus to her newborn child through breastfeeding? **[*Eski ene femme qui éna virus SIDA capave transmette virus SIDA a so zenfant à travers allaitement maternel?*]**	Yes No Don't know	1 2 3	

No.	Questions and filters	Response	codes	Skip to
Q 614	If a relative of yours became ill with HIV, the virus which causes AIDS, would you be willing to care for him/her in your household? **[*Si ène ou famille malade avec virus SIDA eski ou pou envie soigne li dans ou lacaze?*]**	Yes No Don't know	1 2 3	
Q 615	If a student has HIV but is not sick, should he or she be allowed to continue attending school? **[*Si ène étudiant gagne SIDA mais li en bonne santé eski li capave continué alle l'école?*]**	Yes No Don't know	1 2 3	
Q 616	If a member of your family became ill with HIV, the virus which causes AIDS, would you want it to remain secret? **[*Si ène membre ou famille malade avec virus SIDA eski ou pou envi garde li ène secret?*]**	Yes No Don't know	1 2 3	
Q 617	In Mauritius, is it possible for someone to get a confidential test to find out if they are infected with HIV? **[*A Maurice, eski li possible pour ène dimoune faire ène test pour SIDA en toute confidentialité?*]** <"confidential" means that no one will know the result if you don't want them to know it.>	Yes No Don't know	1 2 → **Q 619** 3 → **Q 619**	
Q 618	Where can he/she go for an HIV test? **[*Cotte li capave alle faire test?*]** **CIRCLE [1] FOR ALL ANSWERS MENTIONED AND CIRCLE[2] FOR ANSWERS NOT-MENTIONED** **DO NOT READ LIST**	a) Hospital b) Private Clinic c) Blood bank/Virology d) AIDS Unit e) PILS f) Other (Specify) _____ g) Don't know	Yes No 1 2 1 2 1 2 1 2 1 2 1 2 1 2	
Q 619	Do you think that men and women who intend to marry should be tested for AIDS virus before marriage? **[*Eski ou pensé banne dimoune besoin faire ène test pour SIDA avant mariage?*]**	Yes No Don't know	1 2 3	

No.	Questions and filters	Response	codes	Skip to
Q 620	I don't want to know the result, but have you ever had an HIV test? **[*Sans qui mo lé conne resultat, eski ou finne deja faire ene test SIDA?*]**	Yes No	1 2 →	 **Q 623**
Q 621	Did you voluntarily undergo the HIV test, or were you required to have the test? **[*Eski ou ti faire li volontaire ou kiquaine ti dire ou faire?*]**	Voluntary Required	1 2	
Q 622	Please do not tell me the result, but did you find out the result of your test? **[*Sans qui ou dire moi resultat, eski ou ti gagne resultat test la?*]**	Yes No	1 2	
Q 623	From where do you mostly get information on HIV/AIDS? **[*Cotte ou gagne l'information lors SIDA plis souvent?*]** **CIRCLE ONLY <u>ONE</u> ANSWER** **DO NOT READ LIST**	Radio TV Magazine Internet Newspaper School Hospital Family Friends AIDS Unit PILS Other (Specify) _____ Don't know	1 2 3 4 5 6 7 8 9 10 11 12 13	
Q 624	Have you ever seen any posters on HIV/AIDS? **[*Eski ou finne deja guette ene postère ou la fiche lors malade SIDA?*]**	Yes No	1 2	
Q 625	Have you ever heard of AIDS Unit or its Hotline on HIV/AIDS? **[*Eski ou finne deja tanne AIDS unit ou hotline lors SIDA?*]**	Yes No	1 2	
Q 626	Have you ever heard of SIDAINFO? **[*Eski ou finne deja tanne SIDAINFO?*]**	Yes No	1 2	
Q 627	Have you ever heard of PILS? **[*Eski ou finne deja tanne parlé organization PILS?*]** <PILS stands for Prévention Information et Lutte contre le Sida>	Yes No	1 2	

No.	Questions and filters	Response	codes	Skip to
Q 628	Where do you think people with HIV or AIDS can receive treatment? **[*Cotte ou pensé dimoune qui éna SIDA capav gagne traitement?]*]** **CIRCLE [1] FOR ALL ANSWERS MENTIONED AND CIRCLE [2] FOR ANSWERS NOT-MENTIONED** **DO NOT READ LIST**	a) Hospital b) Private Clinic c) National Day Care Center for the Immunosuppressed d) AIDS Unit e) PILS f) Overseas g) Other (Specify) _____ h) Don't know	Yes No 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	
Q 629	Do you have any comments or suggestion to the AIDS programme in Mauritius? **[*Qui ou lopinion ou suggestion lors programme SIDA dans maurice?*]**	Yes No Comments or suggestions:	1 2	
Q 630	For the last one, we have two questions; A and B. You will choose the question by picking one card from this envelop. Do not tell or show me which question you have got. Just give me your answer, yes or no. **[*Pour terminer éna deux questions A et B dans sa l'enveloppe là. Ou pou gangne ène seul question pour réponde par OUI ou NON. Alors s'il vour plait, tire éne papier dans sa l'enveloppe là. Pas montré et pas dire moi qui question ou fine gagné mais réponde moi seulment par OUI ou NON.*]**	Yes No	1 2	

END OF THE INTERVIEW
FIN DE L'INTERVIEW

THANK YOU FOR YOUR COOPERATION
MERCI BEAUCOUP POU OU COOPERATION ET MO RASSURE OU QUI TOUT INFORMATION POUR RESTE CONFIDENTIEL

略　歴

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経　　歴：1971年生。ケニア国家人口開発審議会地方人口事務所長補佐、青年海外協力隊（1994年４月～1996年４月）を経て、WHO健康開発センターインターン（1997年３月～1997年４月）。神戸大学大学院文学研究科社会学専攻修了後、㈶国際開発高等教育機構インターン（1998年４月～1998年７月）、WHOモーリシャス国事務所アソシエート・プロフェッショナル・オフィサー（1999年１月～2001年２月）を経て、現在に至る。