

**MULTICOUNTRY STUDY ON PROVISION OF
REPRODUCTIVE HEALTH EDUCATION**

**Manual for
Team Leaders and Fieldworkers for the
Teachers, Principals and Students Surveys**

African Population and Health Research Centre (APHRC)

and

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1. INTRODUCTION

This manual is designed to serve as a reference guide for interviewers and supervisors of the Teachers and Principals Surveys to enable quality data collection. It explains the purpose of the multicountry study on reproductive health education in Kenya, Ghana, Guatemala and Peru, with specific examples pertaining to Kenya only. It also describes the role of each member of the research team, and provides general information and tips on how to conduct a good interview.

The guide includes explanations on the contents of the questionnaires, to ensure clarity and resolve inconsistencies. You should read this document closely, be thoroughly familiar with its contents, and apply them to your work in the field. Make reference to it whenever you have doubts or need more clarity.

For the success of this study, it is vital that every member of the research team work together in a professional manner. The training should be seen as an ongoing experience, in which the days here provide only the basics. More training will occur in the field, where you will get feedback from other members of the research team.

2. GENERAL INFORMATION

2.1 Nature and Purpose

There is great need for research to better understand and document existing policies regarding reproductive health education and the extent to which they are implemented in the developing world. Comprehensive and timely provision of information and skills-building on sexual and reproductive health and rights is essential if young people are to be adequately prepared to achieve sexual health and rights and prevent negative health outcomes. In developing countries, young people continue to experience undesirable outcomes, including STIs and HIV infection, unintended pregnancies (that may lead to unplanned births or unsafe abortions), pressure to engage in intercourse and sexual violence. These outcomes raise questions about the provision, coverage and quality of comprehensive reproductive health education in schools in developing countries. This study, by documenting the strengths and highlighting the barriers to the provision of quality reproductive health education, will contribute to the evidence base supporting more rapid progress in equipping young people with the skills and information they need to safeguard their sexual health and rights.

2.2 Aims and objectives

The ultimate aim of this project is to improve provision of comprehensive reproductive health education in schools, and increase support for and access to reproductive health education as a right that should be exercised by all.

Specific objectives:

Using four developing countries as case studies, this project will seek to:

1. Document policies and curricula on reproductive health education in schools
2. Describe how these are actually implemented in schools, documenting current practice as well as gaps, through interviews with adolescents, teachers and other stakeholders
3. Assess opinions, attitudes and knowledge of students and teachers regarding reproductive health education
4. Provide recommendations to help better support the implementation of comprehensive reproductive health education in schools in the focus countries
5. Use findings from the focus countries to provide generalized recommendations that may encourage the development and strengthening of policies and programs for provision of comprehensive reproductive health education in other countries in each region and in the developing world as a whole.

2.3 Study Design

The study will have three components:

- Surveys of principals and teachers involved in reproductive health education in a random sample of secondary schools from selected counties;

- A survey of students in these sampled schools;
- In-depth interviews with key informants involved in reproductive health education policy-making or implementation at national and local levels (ministries of education, implementing agencies, professional organizations, NGOs, other advocates), as well as leaders of community organizations in the districts where we will be conducting the surveys

This manual will provide guidance on the surveys of principals and teachers, and the survey of students.

The purpose of the *principal survey* is to determine how the reproductive health education program is organized at the local and school level, how reproductive health education is taught in the selected schools, the content of the curricula, provision for teacher training, quality assessment and level of support provided to teachers.

The *survey of teachers* will elicit detailed information on teachers' experiences and opinions, the content, approach and format of teaching on reproductive health education in each of the sampled schools, assessment methods, teacher training, opinions on successes and failures of the program and support and opposition from students and the wider community. A few questions will also cover teachers' attitudes toward reproductive health education and sexual and reproductive health and rights, as this will influence how and what students learn in their classes.

The purpose of the *student survey* is to examine students' experiences with the reproductive health education program, how topics related to reproductive health education are taught, their opinions on its strengths and weaknesses, their knowledge of sexuality topics, and their attitudes towards sex, contraception, and relationships. This survey will be self-administered by students: they will fill the questionnaire out themselves, with guidance from you, the survey team. This information will be used in conjunction with the surveys of teachers and principals, in order to gain a broad understanding of in-school realities regarding the implementation of reproductive health education and the scope of knowledge and attitudes of those involved.

Who will you be interviewing in the Principals and Teachers surveys?

All principals (or headmasters/headmistresses) from selected schools (one per school) will be interviewed. Teachers will be selected based on their involvement in teaching any topic related to reproductive health education. If reproductive health education is offered as a standalone subject, this will mean interviewing teachers of this subject. However, reproductive health education is often integrated into other subjects as well as, or instead of, being offered as a standalone subject, so you will likely interview teachers from a variety of different subjects. Teachers who currently teach reproductive health education or taught the subject in the last year will need to be identified through consultation with the school principal. You should select ideally about 5 teachers per school, who are involved in teaching topics related to adolescent reproductive health/reproductive health education. **Always prioritize teachers who teach forms 2 and 3, since forms 2 and 3**

are the groups of interest for this study. If the school is small and there are <5 teachers who teach reproductive health education to these forms, you can supplement the sample with teachers of other forms.

Who will complete the Student Survey questionnaire?

All students who are in forms 2 & 3 (the forms in which the majority of students aged 15-17 are) from selected schools will be interviewed. These forms will be identified in consultation with the principal. A convenient time will be agreed for each class to complete the survey. This might be at the start or end of the school day or on Saturdays morning for boarding schools, when all students in forms 2 & 3 can be gathered in one room.

2.4 Field Operation

A multi-stage sampling procedure was used. The first stage of the process was the purposive selection of three counties in Kenya: Greater Nairobi, Mombasa and Homa Bay, representing diverse populations of urban, rural and various religious and ethnic groups. Within each county, a sample of 26 schools was randomly selected for the study. Schools were stratified by type, for example public vs. private ownership, co-ed vs. all boys or all girls. Within the schools, students in forms 2 and 3 will be randomly selected, proportionate to school size, for a total sample of 2,500 students across all three counties. Each field coordinator will be responsible for all schools in one county, and will assign fieldworkers to the selected schools. The fieldworkers will visit the selected schools, identify eligible respondents, and conduct the surveys.

2.5 Roles of Members of the Research Team

As fieldworkers and field coordinators, you play an important role in ensuring the accuracy of our study and its estimates, which will allow us to make policy-relevant recommendations about reproductive health education provision. You will be contributing to the quality and accuracy of the information collected during fieldwork by correctly identifying the schools included in the sample and administering the surveys to the proper respondents at each school. You will also improve the quality of the survey by making sure that the content of all administered questionnaires is complete and accurate.

The research team for the schools survey in each county consists of 6 fieldworkers and 1 field coordinator. Fieldworkers will be working in group of 3, with one member being the team leader. The fieldworkers will administer the questionnaires to teachers and principals, and will also oversee the completion of the student questionnaire and answer any questions from students as they complete it.

It is important that each member of the team understands his/her role, how he/she fits into the day-to-day operations of the fieldwork, and how he/she contributes to

the study objectives. Each supervisor, who will be in charge of one county, will supervise the work of 6 interviewers.

2.5.1 Role of the fieldworker

- Locate the school selected for the survey and assigned by the field coordinator, and determine where the interviews will take place;
- For the surveys of principals and teachers:
 - Fill a form on school characteristics
 - Identify the respondents (principal and relevant teachers) at the school for the interviewer-administered questionnaire interviews;
 - Administer the questionnaires to the respondents at the assigned school;
 - Ensure that respondent (principal and relevant teachers) answers all questions correctly and accurately;
- For the survey of students:
 - In consultation with principal and teachers, agree on a convenient time to survey each class that will cause minimal disruption to the school day
 - In consultation with principal , gather students in all streams of forms 2 and 3 (in which the majority of 15-17 year-olds are) in the school hall or any available room
 - Select the students to interview according to agreed random sampling strategy
 - Distribute questionnaires to the class, explain the purpose of the survey, and go through the questionnaire question by question, explaining how to fill out each question and giving students time to answer it before moving on to the next question
 - Be available for questions at any time during the completion of the questionnaire
- For all surveys: Check all responses to make sure that they are neatly recorded and legible;
- Get necessary clarifications from survey respondents **before leaving the school**;
- Do not act overly aggressive or too sociable. Maintain a pleasant and businesslike personality;
- Promptly discuss with the field coordinator all problems, constraints and unexpected situations encountered during the interviews;
- Note observations, such as requests from the respondents (teachers, principals or students) for clarifications on specific questions/issues related the content of the questionnaire, and other issues that are worth following up on after the survey.

2.5.2 Role of the field coordinator

- Be familiar with the geographical terrain of the area during supervisory days before the fieldwork starts;
- Have a list of selected schools, including addresses, and make the list available to the fieldworkers;

- At the beginning and at the middle of the data collection period, observe at least two interviews and one class (for the student questionnaire) per group of fieldworkers, and provide comments after each;
- Review all completed questionnaires on a daily basis after the surveys for the day are complete and provide feedbacks to fieldworkers the following day;
- Provide solutions to fieldworkers' problems and constraints in a timely manner;
- Hold a planning meeting every day (early in the morning or late at night);
- Help in arranging transport for fieldworkers;
- Develop a positive spirit and cooperation among team members;
- Regularly (on a daily basis) update the coordinator from APHRC on fieldwork progress, problems and constraints.

2.5.3 Role of the Research Investigators

- Responsible for the conduct of all fieldwork, including rigorous adherence to sound scientific procedures and sound ethical procedures;
- Ensure that field operations comply with the IRB decisions and stipulations;
- Train fieldworkers and field coordinators on techniques for collecting quality data;
- Explain study objectives during the training;
- Provide overall conceptual insight and guidance to the research team;
- Monitor and oversee the quality of each stage of the research process;
- Review administrative oversight and offer solutions;
- Provide technical and moral support to members of the research team.

2.7 Conducting the interview

2.7.1 Ethical issues

The prospective respondent has the right to decline to participate in the interview or to respond to a particular question. He/she is not obliged to provide any reason for that decision. Interviewers must, therefore, ask permission to interview, explain the purpose of the study to the respondent, and obtain verbal informed-consent to participate in the study. The interviewer will sign the form on his/her behalf. However, each principal *must* give written, not verbal, consent for the student survey to take place in his/her school. Interviewers must assure respondents that the information provided will only be used for research purposes and will remain confidential, and will not be used against them or be linked to them in any way in the future. Interviewers must also ensure that neither the principal, nor teachers, nor anyone outside of the study team will know which students completed the survey and which did not. Interviewers must answer all respondents' questions as frankly as possible.

2.7.2 Dress and Appearance

All interviewers should dress conservatively. The golden rule: dress to blend into the environment of the interview.

2.7.3 Materials for the Interview

It is a good idea to make a checklist of all the materials that will be used in the field and to make sure that all materials are obtained before going into the field. It is better not to assume that certain things can be purchased in the community or area of the interview, because you may waste valuable time looking for them or they may be more expensive. Go to the field prepared with everything you need aside from space and food.

Some Essential Materials:

- A copy of this training manual
- Adequate number of questionnaires (more than the number of expected respondents)
- A pen (must be used to complete all questionnaires; do not use pencil)
- Notebook (for recording specific problems, general observations, etc.)
- Identification (all members of the research team should be able to identify themselves if asked by local officials)
- Other personal items (clock or watch, eyeglasses, etc.)
- Bags to carry materials (ideally those that are water-resistant)

2.7.4 Environment for the Survey

A basic component of the fieldwork is eliciting information from the respondent. This must be done well or else the whole research endeavor will be futile. All surveys – both interviewer-administered and self-administered - must be conducted in a quiet and non-distracting environment.

For the teacher and principal surveys, interviews should be conducted in a private setting away from other people. You should request to be alone with the respondent and ask him/her to suggest a suitable room in the school for the interview. Insist on privacy from the beginning through the end of the interview, and explain politely that interruptions and/or the presence of a third party should be avoided during the interview.

The student questionnaire should be completed in a quiet classroom environment with minimal distractions.

2.7.5 Language of Interview

The interview should be conducted in the language with which the interviewer and respondent are comfortable, either English or Kiswahili. All fieldworkers and team leaders should be able to speak both English and Kiswahili.

Ask the respondent about the language that he/she uses in everyday conversation and if he/she prefers to speak in it or English.

2.8 Number of Interviews per Day

Each fieldworker must complete a minimum number of questionnaires per day, but that number will depend on the workload of the principals and teachers at the schools, the number of teachers and students to survey at any given school, and the distances between selected schools. In some cases, the fieldworker will need to fix an appointment to do the interview some other time when the potential respondent is free.

The questionnaire for the principal survey will take around 45 minutes to complete. The teacher questionnaire should also take around 45 minutes to complete. An interview that exceeds this time may exhaust the respondent. The student questionnaire should take around 1 hour-1 hour and 30 minutes, depending on the students' level of understanding.

It is estimated that each team of fieldworkers will complete with one school within 2 visits (i.e. most probably 2 days). All principals or deputy principals must be interviewed the first day as well as all teachers in charge of reproductive health education in the school. If necessary, appointments with teachers to interview must be take the first day and the interviews completed, along with the student survey, during the second visit to the school.

2.9 Structure and Content of the Teacher, Principal and Student Questionnaires

The questionnaires are used to standardize the information collected across the entire sample. They enable us to gather information to achieve our study objectives. The interviewer must know the different sections of the questionnaires by heart. He/she must understand all questions, why they are included in the questionnaires, and how they should be asked (for the interviewer-administered questionnaires).

2.9.1 Defining and Conceptualizing Questions

In general, most questionnaires have four types of questions— basic, threatening, sensitive and critical. Basic questions provide background information on the respondent. They are the same in most social science studies. Basic questions elicit from respondents socio-demographic information such as age, position/title and education. Threatening questions make respondents feel uneasy, e.g. “Have you ever been pregnant?” Sensitive questions elicit information on issues that are considered private/discrete, probably because they reveal information on behavior that society considers as deviant or because they reveal unpopular opinions and attitudes, e.g. “Do you think homosexual students should be allowed to attend this school?” Critical questions elicit information on important substantive aspects of a study, e.g. “In your opinion, did you receive enough training to prepare you to teach reproductive health education?”

It is important to note that how a question is defined varies across and within ethnic groups. Whether a question is defined as threatening or sensitive depends on the individual, and the norms and values of the community or individual. For example, the sensitivity of questions about sexuality may vary between Nairobi and the Coastal region or more rural parts of Homa Bay.

Any member of the research team may identify problem questions that seem sensitive or threatening. However, the final judgment on these questions will come from the respondents during pre-testing. The research investigators determine the critical questions based on the study objectives. Rephrasing using acceptable, context-specific wording, can reduce the sensitivity or threatening nature of some questions.

3. THE INTERVIEWER

3.1 Definition

3.1.1 What is an Interview?

Interviewing is a skill that involves eliciting information from an individual or a group. A good interview elicits accurate information in a timely fashion from the respondent/s. Like all skills, proficiency in interviewing comes with practice and experience.

3.1.2 Who is a Good Interviewer?

A good interviewer:

- Establishes rapport with the respondent right from the start of the interview
- Asks questions in a neutral, non-judgmental fashion
- Asks questions in a conversational fashion
- Asks questions clearly and slowly
- Avoids asking leading questions
- Does not suggest leading answers to respondents
- Knows when to probe or follow up on a response
- Makes the respondent feel at ease throughout the interview
- Does not change the meaning of the question
- Does not intimidate the respondent at any time during the interview
- Handles difficult respondents tactfully
- Does not rush the respondent to answer questions
- Does not show signs of approval or disapproval of respondent's answers
- Maintains a cordial and friendly relationship with the respondent
- Does not have any expectations about the respondent (coherence, intelligent, etc.)
- Produces a complete and accurate questionnaire at the end of the interview

3.2 The Survey Process

The survey process involves locating the selected schools for the study, calling and pre-arranging a suitable time for the administration of the surveys, identifying the eligible respondents once you get to the school (teachers of reproductive health education, each school's principal, and students in the appropriate grade), surveying the eligible respondents, and editing the completed questionnaire for clarity, accuracy and consistency.

** Each school will be identified ahead of time and arrangements must be made **with the Principal** of each school before physically going to the school for administering the questionnaires. It must be made *very* clear that on the day of arrival, you will be interviewing 1) the principal him/herself, 2) teachers that teach reproductive health education, and 3) randomly selected students in forms 2 and 3. It is very important that the timing fits into the Principal's schedule, as to avoid surprises on the day the survey

will take place. Explain that you will need 45 minutes to an hour of the Principal's time. If there is no way the Principal can be interviewed due to scheduling conflicts or otherwise but he or she still wants the school to be included in the study, ask him or her to designate the deputy principal of the school to be interviewed instead. Do not arrive at a school without a scheduled interview with a Principal (or deputy principal). Remember that the principal or the deputy should be interviewed before moving to teachers and students as this will allow principals to have a better understanding of the study and process and ensure that an adequate time and space is provided for the teachers' and students' survey.

3.2.1 Establish Rapport

The first time you meet the respondents you are strangers to each other. You need to quickly build rapport with them, be it individually (teachers and principals) or as a group (students). You could do that by trying to discuss positive elements of the site/time of the interview (e.g., good weather, nice/clean/organized school, friendly teachers, etc.). Observe something positive that you can use as an "ice breaker." Try to steer the conversation away from bad news or upsetting events. For example, you might say: "This school is an excellent educational resource for the community." *Don't start your interview on a sad note.*

3.2.2 Define and Identify Eligible Respondents

Once you have located the correct school, you need to identify the most eligible (qualified) respondents. This will be the school principal, who should be easy to identify, as well as any teachers that teach reproductive health topics. Sometimes, a potential respondent might want to participate in the study, but will not fulfill the requirements of our study and conducting such interviews should be avoided. For example, interviewing a teacher who has no experience with reproductive health education but who still wants to be interviewed could jeopardize the quality of the study. There are specific questions at the beginning of the teacher questionnaire that asks whether a teacher currently or in the last year taught reproductive health topics. **If both answers are "no," the interview must end.** The principal and other teachers at the school might help to identify appropriate respondents.

With regards to the student survey, in this study we are interested exclusively in students in forms 2 and 3, aged between 15 and 17 years old. After the interview with the principal, you should arrange a schedule of times when students of all streams of forms 2 and 3 can be gathered for the sampling and survey to take place.

3.2.3 Explanation of the study to respondent (teachers, principals, and students)

Explain Study Objectives

Greet your respondents and introduce yourself and the purpose of the survey. Explain that the study is being conducted to assess in-school experiences with reproductive health education (see the first page of teacher and principal questionnaires).

Explain time commitment

The principal survey should last around 45 minutes, the teacher survey should last around 45 minutes, and the student survey should last between 1 hour and 1 hour and 30 minutes. Let the respondents know this before you ask for their consent to participate.

Explain Confidentiality

Explain that, to ensure confidentiality, each respondent will only be identified by a unique number which will be recorded on the cover page of the questionnaire. The assigned number for each respondent will be kept in a secure file, and will not be shared or used in any way other than to return to the respondent for any clarification on unclear responses. Respondents' names will never be used at any time in the survey.

3.2.4 Permission to Survey

For the interviewer-administered questionnaires, after you have explained the study objectives, time commitment and confidentiality; ask for the respondent's permission to proceed with the survey. Ask, for example, "Do you agree to proceed with the survey?" Or "If you don't have any objections, I will have you sign this form so that we can continue with the survey." Do not ask a question that prompts a negative reply, such as "Do you mind if I continue?" or "Do you have any objections?" You must be in control at this point and throughout the interview. *Don't leave room for willing respondents to change their minds.*

For the student survey, inform students that their participation is voluntary, that they can skip a question that they do not feel comfortable with or stop at any time, but that their answers are very important to the study and that we hope they will complete the questionnaire. Explain that students who do not wish to complete the questionnaire that they will not in any way penalized by your team or the school administration and allow them to stay in the room for the duration of the session (to avoid disrupting the other students). Choice to complete the questionnaire is confidential: no-one outside this room, including teachers the principal, will know which students completed the questionnaire and which students did not. Then ask all students to **tick the appropriate box (yes or no) on the informed consent page.**

Immediately, follow the question about permission with an explanation that we want to know the respondent's opinions and experiences regarding reproductive health education, and inform them that their responses will be confidential. This should provide assurance that they do not need prior preparation and eliminate fear that they might get into trouble with their answers. As honestly as possible, answer all questions that they may have about the study before beginning the questionnaire. Questions from respondents at the beginning of the interviews usually will center on credibility and trust. If respondents are not satisfied with your answers or have any doubts, this may affect their cooperation and responses to your questions. In the case of teachers and principals, you may suggest that the respondent call the APHRC Study Coordinator/Project Director to raise his/her concerns, and you should give the respondent the appropriate telephone number. In the

case of students, you can suggest that they talk to their teacher if they have any questions or concerns after they have completed the survey.

3.3 Teacher and principal questionnaires

3.3.1 Tips on how to administer questions

- Read the questions aloud to the respondent, slowly and clearly (repeat, if need be)
- The questions in the surveys should be read in order, avoid changing the wording or the sequence of questions as much as possible
- If the respondent does not understand after you have repeated the question, and you have to try rephrasing, be brief and keep as close to the original meaning of the question as you can
- Allow your respondent time to think about your question and formulate his/her response
- Maintain eye contact with your respondent throughout the entire interview
- Encourage and thank the respondent periodically throughout the interview
- Pay attention to skip pattern as you go through each question

3.3.2 Questions and Answers

There are several ways in which you are required to record answers to the questions:

1. In most of the questions, all possible answers are written on the questionnaire and you simply circle the appropriate number or letter of the category that applies. Such questions are called “pre-coded”. In these questions the pre-coded categories (before the number/letter to be circled) are **NOT READ** to the respondent, UNLESS the Interviewer’s instructions tell you to **READ OUT ALL CATEGORIES** to the respondent.

Some questions include a pre-coded category of “Other.” When circling this category, always ask the respondent for a brief explanation, and write it down in the space provided, marked as “specify”. If there are follow up questions to the pre-coded categories remember to ask the same questions for any “other” response.

In rare cases you may find that the answer does not properly fit into the pre-coded categories provided. **In such cases you may write the answer in the margin with an explanatory note.** Do this only when it appears to be absolutely essential.

Here are examples of the correct and incorrect ways of circling a box:

Yes....1 }
No.....2 } Correct

Yes.....1 }
No.....2 } Incorrect

If you make a mistake in recording your answer, do not erase the incorrect recording, but cross it out neatly with two straight horizontal lines:

~~①~~

②

Note on lettered versus numbered answers

- If answers are coded as numbers (1, 2, etc.), you should circle one, and only one answer. These are mutually exclusive answers.
- If answers are coded as letters (A, B, C, etc.), you can circle all answers that apply. One answer does not exclude another.

2. There are other questions which are basically the same as the pre-coded questions, except that you are asked not to circle numbers but to write a simple answer in the space provided (i.e. questions 206-207 in teacher questionnaire).

When recording numbers on the questionnaire, you will notice that there are a certain number of boxes provided to record each digit. ALWAYS justify the numbers at the right and leave BLANK the boxes at the left. Here are some examples:

| 4 | 9 | | 5 | **Correct**

4 | 9 | | 5 | | **Incorrect**

3.3.3 Interviewer Instructions in the Questionnaire

Apart from the questions to be asked, there are additional instructions for the interviewer throughout the questionnaire. For your convenience, these instructions have been printed in **bold**, in a type different from that used for the questions that you ask the respondent. Always follow the interviewer instructions. Do not read these instructions aloud.

Skips. They direct the flow of the interview and tell you which question to ask next. They appear as arrows followed by a question number in the right-hand column next to a particular answer. For example, in Q601 of the teacher questionnaire (“Have you received any pre-service training in teaching reproductive health education?”) if the answer is (2) “No”, the instructions are to skip to Q604, as indicated by “→ 604”. It is very important that you follow the instructions carefully. If you do not, you will be asking the respondent incorrect questions. These may make no sense to the respondent and be annoying to him/her; in some cases, they may even make the whole interview useless.

3.3.4 How and When to Probe

Follow-up with probes if the respondent has not provided a satisfactory or complete response, his/her answer is ambiguous or unclear, or you are unsure in which category the respondent's answer falls. You may probe by saying, "Please explain a little more," or "I did not quite understand, could you explain more?" It is important that you identify the most appropriate category for the respondent's answer.

For example, in Q205 of the teacher questionnaire ("Which of the following best describes how you began teaching topics related to reproductive health education"), if the respondent says "the school decided", this could mean the teacher was forced by the school to teach, or it could mean that the school decided to ask this particular teacher if they were interested in teaching. You should find out which is the most appropriate answer by asking for more details: "how did the school decide?"

Rephrase a question only when it is **absolutely** necessary. The golden rule here is to keep all key words and concepts in the rephrased question. Ideally, you will not have to rephrase any question (since all of them have been pre-tested).

3.3.5 Consistency of Answers

It is very important during the interview to try to make sure that the answers given to various questions are consistent with each other. For example, if the respondent in Q307 (teacher's questionnaire) says that they do not discuss HIV/STIs and in Q310 says that the signs and symptoms of HIV are taught extensively, one of these responses is likely inaccurate and you should ask the respondent to clarify.

3.3.6 Observation Skills

Constantly observe your respondent and the environment of the interview. Make sure your respondent is relaxed and enthusiastic throughout the interview. If you notice signs of anxiety, fatigue, apprehension and inattentiveness, take a break from the interview and talk about other issues, ensure that no one/nothing is preventing the interview from moving forward, and ask if he/she would like to stretch his/her legs a little. (Some people are not used to sitting for an hour or more.)

Your opinions about the adequacy of schools or teachers to provide quality reproductive health education go into your notebook. Any other, general observations about the respondent and/or the school also go in the notebook.

3.3.7 Dealing with "Non-Response"

Non-response means failure to obtain a complete interview. When you visit a sampled school, you must assign a questionnaire to the principal whether or not you successfully located the school and contacted the principal, and you must record the outcome of the

interview on the **cover page**. A failure to obtain an interview may result from any of the following situations:

- **Wrong address/ not found** or address of the school not found. You should make a thorough search in the area. Enquire with people in the area. If you are still unsuccessful, report to your supervisor and he/she will decide what to do.
- **Refusal.** Whether or not a school is willing to cooperate depends very much on the initial impression you make on the principal. You must introduce yourself properly, explain the purpose of the study and assure the principal about the confidential nature of all interviews to be conducted. All schools will have been contacted prior to the survey day to arrange a convenient time for the team to visit the school, so the school will be expecting you. If a principal (or teacher) appears to be unwilling to be interviewed, do not take that as a final refusal. He/she may not want to be interviewed at this particular time, may be too busy, or may have misunderstood the purpose of the study. Explain the situation again, and ask the respondent if you can come back some other time. If the refusal appears to be final, report to your supervisor.
- **Incomplete.** If an interview is left incomplete, either because something interrupted it or because you left out some questions by mistake, you must go back to the respondent as soon as possible so that you can complete it without having to repeat the entire interview.
Please be sure to record why the interview was not completed in the space provided.

3.3.8 Tips for Difficult Situations

Situation One: Respondent does not want to answer certain questions

Explain once more that the information that he/she provides will not be linked to him/her in any way, and that it will be used only for research purposes. If he/she still does not want to answer, move to the next question. Remain calm and composed, as if nothing happened. The respondent has the right to refuse your questions. *Do not show him/her that you are unhappy that he/she did not answer the question.* You may revisit the unanswered question at the end of the interview.

Situation Two: Respondent is evasive or is not paying attention

Explain that his/her responses are very important for understanding the challenges and successes of teaching reproductive health education in schools and remind him/her that the responses will help to change policy and improve the situation for both students and teachers.

If you think that he/she is not providing correct information because his/her attention is required elsewhere in the school, schedule another time for the interview. Make a suggestion such as: “It seems that now is not a good time to talk with you. I hope you won’t be offended if I ask for a good time to come back.”

Situation Three: Respondent cannot complete the interview

If something urgent happens during the interview, such as an emergency at the school or at home and the respondent(s) must leave, ask when is most suitable to complete the interview. Try to schedule him/her for the next day. If he/she cannot do the interview the next day, ask for the nearest suitable time. *It is better if his/her responses to your first questions are still fresh in mind when you return.*

3.4 Specific instructions for the Teacher questionnaire

Cover page

Please complete as much of the cover page as possible before the interview starts. Generally, M1-M5 can be determined before the interview. It may be necessary to ask the respondent to answer M6-M8. If it is not possible to complete this section before the interview, do so immediately after you complete the interview.

Please record your name (M9) and the date before you arrive at the school; Record the time started (M10) just prior to the interview. At the end of the interview, don't forget to register the time when the interview ended (M11). Enter the information in 24-hour, military time (e.g. seven in the morning should be recorded as 07 hrs and 00 minutes; seven and a half in the evening should be recorded as 19 hrs and 30 minutes). Do not forget to complete M12 (status of questionnaire) at the end of the interview.

Introduction to the Teacher Questionnaire/ consent forms

You must introduce yourself and the purpose of the study to the respondent by reading the consent form. This is the best time to gain his/her trust and cooperation. Make sure you use the key words in this paragraph, concluding by getting the respondent's informed consent to continue with the interview. It is important that all interviewers use the same introduction so that all respondents have a similar understanding of the purpose of the study.

Read the consent form, answer any questions the teacher may have, and sign and date the form before proceeding with the interview.

Teacher Section 1: Respondent Background Information

Questions about respondent's background information are included in Section 1 of the questionnaire in order to understand how attitudes and practices around reproductive health education may vary by characteristics of the respondents.

Q101: Circle the code corresponding to the sex of the respondent. Do not ask.

Q102: Ask the respondent what is the highest level of education he or she has completed. Circle **only one** corresponding code.

Q103-104: These questions specifically refer to the teacher's position at this current school where the interview is taking place. Even if it is a new teacher, we are not interested in their prior positions and subjects taught at other schools. Circle all that apply.

Q105-106: Write the number of completed years the respondent has been teaching - first at that particular school and next overall (at that school plus other schools if applicable). For example, if it is 6 ½ years, write "06".

Q107: Ask the teacher which form(s) he or she currently teaches and circle all that apply.

Teacher Section 2: Reproductive Health Education Program

This section starts with a brief introduction/definition of reproductive health education. Be sure to read this paragraph in its entirety, including the full list of topics related to reproductive health education. While some teachers may know what reproductive health education is, it is important that they understand our definition of it for the purposes of this study.

Q201: The "topics" related to reproductive health are those which you will have just listed in the introductory paragraph of this section. You can repeat the topics if the teacher has forgotten or is unclear. Clarify that this question is not asking whether *all* the topics are taught; even if just one topic is taught in that school (for example, menstruation), circle **yes**. If the respondent says the topics *are* taught, follow the instructions to **skip** to Q203.

Q202: If the respondent had said in the previous question that topics related to reproductive health are *not* taught at the school, you will follow up with asking why they are not. We do not anticipate many teachers/schools not teaching any topic at all, but if this situation arises, go straight to section 4. **It is important to note that it will be quite rare for a school to not offer any topics related to reproductive health education. Be sure to go over the list of topics once more, to double check that not even one topic is offered. If you are certain that no form of reproductive health education is offered at the school, continue to questions: Q401-405; 410; 701 before ending the interview. (See instructions for these questions below)**

[For all other respondents, continue to Q203 and complete the entire questionnaire]

Q203: Ask the teacher how long he or she has been teaching these topics at this school. If this is their first year, circle that option; if more than one year, write in the number of completed years in the space provided. If the teacher does not teach these topics, follow the instructions to **skip** to Q401.

Q204: Ask the respondent in which forms he/she teaches reproductive health education. If he/she does not currently teach these topics, ask in which forms he/she taught them the last time. For this question, ask the respondent to list all the forms; you can circle more than one lettered response.

Q205: For this question, ask the respondent how he or she began teaching topics related to reproductive health at this school. Be careful, as an interviewer, to be clear about the answer choices: (c) means that the school administration *asked* the teacher to teach it and that they had a choice to do so or not. Option (d) means that the administration *requested* the teacher to teach it and he or she did not have a choice.

Q206-207: When asking these questions, it is important that the respondent is only thinking about his or her classes in forms 2 and 3. For Q206, the respondent should estimate the number of hours, for each form separately. Write in the whole number for the appropriate form. For example, if it is 25 ½ hours, write in “25”. For Q207, ask the respondent to estimate how many students are in each session (on average) and write in the number. Reassure the respondent that we just want their best estimate. It is not a problem if they do not know the exact number. If they insist they do not know, and refuse to give an estimate, circle “Don’t know” (98). In the rare cases where a teacher does not teach forms 2 or 3 (this might happen in small schools with few teachers - refer to the answer at Q204), you can skip these 2 questions.

Q208-210: Students will likely not be tested/assessed separately for reproductive health education, but we are interested in whether topics related to reproductive health education are included on any of the exams listed. If there is no assessment, **skip** to Q211. If there is some kind of exam/assessment, ask what type of assessment it is and what they are assessed on.

Q211: Only ask this question in schools that are mixed with boys and girls. If it is an all-girls or all-boys school, you can skip this question. We want to know if the classes that include topics related to reproductive health are always taught with boys and girls together, sometimes taught together, or are always taught separately.

Teacher Section 3: Reproductive Health Education Curriculum

This section elicits information about the content of the curriculum as it relates to reproductive health education.

Q301: If a syllabus/curriculum is not used to teach reproductive health topics, **skip** to 307.

Q302a: Let the respondent answer the question without reading the list of options. Then circle the option that comes closest to the response. If the answer given is not an answer choice, circle “other” and specify by writing the words in the space provided. There may

be more than one response, so circle all options that apply. If the respondent answers that the curriculum was developed in another country (h) or developed by an international organization (i), **skip** to Q304.

Q302b: Here we want to know what the teacher thinks about the quality of the national curriculum. **Ask this question only if you circled the option A at Q302a.**

Q303: Here we want to know what people or groups were involved in developing the curriculum or syllabus. Let the teacher answer without reading the options to them. If there are people/groups on the list that the teacher does not mention, probe for them.

Q304: This question asks the teacher why he or she uses a particular curriculum/syllabus/handbook. Do not read the options out loud; let them respond and circle the closest option.

Q306: In this question, you will ask the respondent to comment on a series of statements/messages. Start with reading out the question to the respondent, then read out message (A) “Having sexual relationships is dangerous” and ask the teacher how strongly this message is conveyed to students in their school. Circle only one: (1) for very strong, (2) for not very strong and (3) for no message. Repeat this separately for each of the messages in the question.

Q307: This question is about specific topics related to reproductive health education that may or may not be discussed in this teacher’s class. For each topic, ask if it is discussed with boys and girls together, if it is discussed with them separately, or if it is not discussed at all. Go through Topics A-V, circling only one option for each topic. **For boys only or girls only schools, ask only which topics are not discussed (circle the ones that are not discussed and leave the rest blank).**

Q308: This question is similar to Q307, but it asks about *concepts* rather than singular topics. As in the previous question, read each concept and select the appropriate response, one by one. Circle only one response per concept. **For boys only or girls only schools, ask only which topics are not discussed (circle the ones that are not discussed and leave the rest blank).**

Q309: This question is about teaching about STIs and HIV/AIDS. If the answer is no, **skip** to Q312.

Q310: This question is asking about specific topics/concepts related to STIs and HIV/AIDS. Read through each concept and ask whether it is taught extensively, it is taught but briefly, or if it is not taught at all. Repeat for concepts A – F, circling only one response per concept.

Q311: Ask the respondent how he or she teaches about condoms to prevent STIs/HIV to students in their school. Read the four options out loud to the respondent and circle their response (only one).

Q313: For opinion questions like these, it is important that you stress to the respondent that there is no right or wrong answer, we just want their opinion, and their answers will remain completely confidential.

Q314: This question aims to understand how teachers discuss contraception with students. See instructions for Q311 above. If the teacher does not discuss contraception, **skip** to Q316.

Q315: Ask which contraceptive methods the teacher covers in classes related to reproductive health education. Read all the options out loud.

Q316: See instructions for Q311.

Q317: This is another opinion question. It is again important that you stress to the respondent that there is no right or wrong answer, we just want their opinion, and their answers will remain completely confidential.

Q318: See instructions for Q311.

Q319: See instructions for Q310.

Q320: This question asks about the use of different strategies in their teaching of topics related to reproductive health. Strategy (A) refers to contraceptive methods that a teacher may bring into class to show students. Strategy (C) refers to condom demonstrations: for example, the teacher may bring in a condom and unwrap it and show students how to use it on an inanimate model. Read each strategy and circle yes or no, depending on the response given.

Q321: This question asks teachers about how they are “told” to answer questions about contraception in their classes. This does not necessarily have to be a person who told them, it could be written in a handbook, a syllabus, guideline, other teacher, principal, etc.

Q322: By asking “What does reproductive health education seek to have an impact on in students”, we want to know what aspects of a student’s life might be impacted by attending classes on reproductive health education at this school. For example, does the program hope that those attending classes on reproductive health will have greater knowledge about the issues (option a), different attitudes than they had previously (option b), improved self-confidence (option e)? Practical skills or life skills refer to the tools that students can use to lead healthy sexual lives and to navigate relationships. For example, this could mean knowing how to negotiate condom use with their partners, knowing how to physically use a condom or contraceptive method, or knowing how to discuss what they want or something that makes them uncomfortable. Circle all that apply.

Teacher Section 4: Opinions, Support and Perceptions

In this section, we are interested in teachers' opinions about reproductive health education, whether it should or should not be taught and why, as well as which specific topics should be offered to students at the school. We want to assess the level of support they receive and what challenges they face in teaching topics related to reproductive health education and what assistance might they need to help them be more effective teachers.

Q401: If teacher says yes, follow to the next question; if he/she says no, follow the **skip** pattern to Q403.

Q402-403: Here, we want to know why the teacher has the opinion that he/she has. If the teacher answered in Q401 that reproductive health education *should* be taught in school, ask the teacher why they think so. If the teacher answered in Q401 that it should *not* be taught, ask them why not. Do not read the options out loud. Let the teacher respond and circle the answer. If the answer is not listed, specify it under "other". If the teacher does not understand the question or cannot come up with a response, only then should you read the options out loud to guide them. If the teacher answers Q402 (why reproductive health education *should* be taught), **skip** to Q404 after this question. If the teacher answers Q403 (why reproductive health education *should not* be taught), **skip** to Q405 after this question.

Q404: This question raises the same topics that were discussed in Q307. For this set of questions, we do not want to know whether it is taught or not, but whether the teacher thinks it *should* be taught to students in forms 2 and 3 (15–17 year olds). Go through the entire list of topics, asking if they think it should or should not be taught, one by one. If the teacher answers "yes" to all topics, **skip** to 406.

Q405: This question does not ask about any topic in particular, but asks the teacher (if there are **any** topics that he or she may think are inappropriate to be taught to students in forms 2 and 3) why they think that is the case. Do not read the options out loud. Circle all options that apply.

Q407: Ask the teacher what he or she personally thinks are the three most important messages to get across to students when teaching topics related to reproductive health education. We want as much as possible to let the respondents answer without prompting their answers. If the respondent does not understand the question, only then read out the options, as examples of what they might answer.

Q408: This question has a similar format to earlier questions (i.e. Q320 and Q404). Make sure that when you are asking what support materials the teachers have, **they are referring specifically to materials related to reproductive health education and not just to their teaching in general**. Remind the teacher again that all answers will be kept confidential.

Q409: This question aims to understand various challenges that teachers might face when teaching topics related to reproductive health education. By first saying that some teachers may experience challenges, you are opening up the opportunity for the teacher to share his/her experiences comfortably. As in previous questions, read out each potential challenge and ask if the teacher experiences them often, sometimes, rarely or never. Circle only one answer for each challenge.

Q410: We would like to know what kind of negative pressures teachers have experienced in their teaching of topics related to reproductive health education. These pressures may come from the school principal, parents, other community members, religious groups, etc. Do not read out options unless respondent does not understand. Circle all the answers that are applicable.

Q411 and 412: There may be some kind of assistance that teachers can identify as being able to help them more effectively teach topics related to reproductive health. For Q411, ask the teacher what kind of assistance he/she would need. Circle all that apply, and if no assistance is needed, skip to 413. If the teacher says he or she would need some assistance, continue to Q412 and ask in which topics he or she would need extra assistance. Again, circle all that apply.

Q413 and 414: These questions ask about teachers' perceptions of how students feel about reproductive health education. The first question in Q413 is "How much do students enjoy reproductive health education?" The teacher will have to speculate about this based on how students might behave in the class, or what the teacher has heard from students for example. For each sub-question, ask if it is "very much," "just normal," "not much" or "not at all" and only circle one response. Q414 is asking the teacher whether he or she thinks that students are more comfortable asking questions about reproductive health *during* class or *after* class. We would like to know if students are too embarrassed or uncomfortable to ask questions about these sometimes sensitive topics in front of their peers.

Q415-417: These questions are asking about the teacher's perception of support of reproductive health education by the head of the school, other teachers, and parents, respectively. Read out all the answers and circle only one.

Teacher Section 5: Classroom Teaching Methods

Teaching methods and approaches are important aspects of reproductive health education. This section of the survey asks questions about what kind of teaching materials are used, how often different teaching strategies are used and how teachers answer questions on topics related to reproductive health education.

Q501: In this question, we would like to know if the teacher has materials to use when teaching topics related to reproductive health education. Ask if the teacher uses written materials, charts, audio-visual materials or demonstration kits (such as those a teacher can use to demonstrate how to use condoms). Circle all the materials the teacher uses *to teach*

topics related to reproductive health education. Make sure that the teacher is clear that he or she is only thinking about those topics related to reproductive health when answering this question, and every other question in Section 5.

Teacher Section 6: Teacher Training

This section focuses on teacher training, an important component of any reproductive health education program. We are looking at types of training (pre-service and in-service), duration of training, and how adequately prepared teachers are to teach reproductive health topics.

Q601: In this question “pre-service” refers to a time period *before* a teacher started teaching. It is an important question because it will help us to understand whether or not a teacher was adequately prepared, familiar and knowledgeable about the topics before entering the classroom.

Q602: Like in previous questions of this type, write in the number of whole days. If the respondent answers in weeks, write in the number of days that would be equivalent. For example, if the respondent answers “two weeks” you would write in 14 days. This number does not have to be exact. We know that pre-service training on topics related to reproductive health education may be infused into general teacher training and so it may be difficult for teachers to answer this question accurately. If they are having difficulty, remind them that it can be an estimate of how many days in total were spent on reproductive health education training.

Q603: Teachers may have received pre-service training from multiple people/places. Option (a) refers to what is included in general teacher training at a teacher college or college of education. Option (b) refers to any training they received or courses they took on topics related to reproductive health as part of general college or university education. Option (c) refers to a one time course that was taught as part of a separate institute. Since teachers may have received training at any or all of these, circle all the options that apply.

Q604: In this question “in-service” refers to training a teacher receives *while* teaching the topics related to reproductive health. Often schools will offer ongoing training for teachers so that they can have the most current information on the topics and give them tools for dealing with challenges that arise in their work environment. For this question, ask when was the last time the teacher received any in-service training on reproductive health education topics. If it was more than three years ago or never, select that response and then **skip** to Q608.

Q605: This question is about the duration of the in-service training the teacher received. You will be asking about the last time they received in-service training only. The answer choices are in days; if the respondent tells you they were just offered in short sessions, try to estimate how many days the sessions would add up to in total.

Q608: If teacher answered **both** “no” to Q601 and “never” to Q604, do **not** ask this question and **skip** to Q611. This question asks teachers about their training related to specific topics. For each topic in the list, ask the teacher if they received training that covered that topic (either in-service or pre-service).

Q609: Since different teaching methods have been shown to be effective when teaching students of this age group and when teaching reproductive health topics, this question asks whether or not the teacher received any training on different teaching methods related to reproductive health education.

Q610A: If the teacher answered “no” to Q601, do **not** ask this question and **skip** to Q610B.

Q610B: If the teacher answered “no” to Q604, do **not** ask this question and **skip** to Q611.

Q611: This question is divided into 2 sub-questions. We are trying to find out if teachers think that improving their training, either in-service or pre-service, would help better prepare them to teach the topics related to reproductive health. First, ask about pre-service training; reading through each question and circling yes or no. Follow that with the same for in-service training.

Q613: This question asks who supervises the teacher in teaching topics related to reproductive health. Circle all that apply. If nobody supervises the teacher, **skip** to Q615.

Q614: This question asks about how often the teacher is monitored in teaching topics on reproductive health. Circle only one. If the teacher is never monitored, **skip** to Q701.

Teacher Section 7: Teacher Attitudes

In this section, we are interested in teachers’ attitudes towards topics related to reproductive health. Since they are the ones teaching these topics, their opinions and attitudes will likely shape how they convey certain messages to the students in their classes. It is important to emphasize that these questions are about their personal attitudes and that there are no right or wrong answers and remind them once again that their responses will be kept confidential.

Q701: This question aims to understand attitudes towards certain aspects of sexuality, and sexual and reproductive health. Emphasize that there is no right or wrong answer, and that we are simply interested in their opinions. As these are sensitive topics, the respondent may at first refuse to answer or be reluctant to give their opinion. Reassure them that their answers will remain strictly confidential. Read each statement and ask the respondent if he or she agrees or disagrees. It is important to remain neutral when you read the statement. Even if you agree or disagree with something, do not let the respondent know that or else it might bias their response.

END INTERVIEW

Please thank the respondent for his/her time. Then:

1. Mark time ended (M11), and status of questionnaire (M12)
2. Write any relevant notes, comments or observations in the space provided

3.5 Instructions for the Principal questionnaire

Cover page

Please complete as much of the cover page as possible before the interview starts. Generally, M1-M5 can be determined before the interview. It may be necessary to ask the respondent to answer M6-M8. If it is not possible to complete this section before the interview, do so immediately after you complete the interview.

Please record your name (M9) and the date before you arrive at the school; Record the time started (M10) just prior to the interview. At the end of the interview, don't forget to register the time when the interview ended (M11). Enter the information in 24-hour, military time (e.g. seven in the morning should be recorded as 07 hrs and 00 minutes; seven and a half in the evening should be recorded as 19 hrs and 30 minutes). Do not forget to complete M12 (status of questionnaire) at the end of the interview.

Introduction to the Principal Questionnaire/ consent forms

You must introduce yourself and the purpose of the study to the respondent by reading the consent form. This is the best time to gain his/her trust and cooperation. Make sure you use the key words in this paragraph, concluding by getting the respondent's written consent to continue with the interview. It is important that all interviewers use the same introduction so that all respondents have a similar understanding of the purpose of the study.

For principals, you will read the guardian consent form – which each principal will have to sign in order to allow students in his or her school to participate in the survey – as well as the principal consent form the principal must sign in order for you to interview him or her. Read the consent forms, answer any questions the principal may have, and record their written consent before proceeding with the interview.

Principal Section 1: Respondent Background Information

Similar to those in the Teacher questionnaire, questions about respondent's background information are included in Section 1 of the questionnaire in order to understand how attitudes and practices around reproductive health education may vary by characteristics of the respondents.

Q101: Circle the code corresponding to the sex of the respondent. Do not ask.

Q102: Ask the respondent what is the highest level of education he or she has completed. Circle **only one** corresponding code.

Q103: It is important that you interview the principal (headmaster/headmistress), and not another member of staff instead. So if in Q103 you find out that the respondent is not the principal, end the interview there and ask him/her to direct you to the principal (or ask when he/she will be present if currently unavailable).

Q104: Write the number of completed years the respondent has been the principal or head of the school. For example, if it is 6 ½ years, write “06”.

Q105-106: We are interested to know if the principal has ever been a teacher at the school, as this will affect how much in-depth knowledge they have about what goes on at the classroom-level. If the principal has never taught at the school, skip to Q107. If he or she *has* taught, continue to Q106, asking if he or she ever taught topics related to reproductive health at the school. **You should be prepared to list the topics related to reproductive health education at this point. Use the chart provided as a reference.**

Principal Section 2: Reproductive Health Education Program

As in the Teacher questionnaire, this section starts with a brief introduction/definition of reproductive health education. Be sure to read this paragraph in its entirety, including the full list of topics related to reproductive health education. While some principals may know what reproductive health education is, it is important that they understand our definition of it for the purposes of this study.

Q201: The “topics” related to reproductive health are those which you will have just listed, based on the introductory paragraph of this section. You can repeat the topics if the principal has forgotten or is unclear. **Clarify that this question is not asking whether all the topics are taught; even if just one topic is taught in that school** (for example, menstruation), circle **yes**. If the respondent says the topics *are* taught, follow the instructions to **skip** to Q203.

Q202: If the respondent had said in the previous question that topics related to reproductive health are *not* taught at the school, you will follow up with asking why they are not. We do not anticipate that many schools will not teach any topic at all as part of the curriculum, but if this situation arises, skip to section 3. **It is important to note that it will be quite rare for a school to not offer any topics related to reproductive health education. Be sure to go over the list of topics once more, to double check that not even one topic is offered. If you are certain that no form of reproductive health education is offered at the school, continue to questions: 308-313; 701 before ending the interview. (See instructions for these questions below)**

[For all *other* respondents, continue to Q203 and complete the entire questionnaire]

Q203: Ask the principal if reproductive health education is compulsory at his or her school. By compulsory, we mean that all students are required to take the classes just like any other core subjects. This may be a difficult question to understand, since we know that often topics related to reproductive health are infused into other subjects such as biology or religion. If this is the case in the school's context, ask the principal if students are required to attend specific lessons on the topics.

Q204: Since education is centralized, there is a national curriculum to which secondary schools throughout the country must adhere. This question asks whether topics related to reproductive health are included only as part of the national curriculum, or if the subjects are taught both as part of the national curriculum *and* on an extra-curricular basis (meaning outside the existing curriculum), or if they are taught only as an extra-curricular activity.

Q205: Ask what year the teaching of reproductive health education started in that school. You may need to refer to the list of topics at the beginning of this section and ask when the school first started teaching *any* of the topics to their students. Fill in the number boxes with four digits, e.g. 1998. If the principal says "5 years ago," it is up to you as the interviewer to calculate what that year would be; in this case it would be 2015 – 5 years = 2010.

Q206a-206b: Sometimes reproductive health education is taught under a certain program(s), often run by various organizations, at a school. In Q206a, we are interested to know who runs these programs. Circle all that apply and, if applicable, write in the different NGO names in the space provided. If only a government program is mentioned, probe to make sure no other programs are taught. If it is taught only through a government program, choose only option (a) and **skip** to Q207. If it is not taught under a specific program, choose only option (e) and **skip** to Q207. In Q206b, we are asking for the specific name of the program. Circle all that apply.

Q207: This is a very important question about what/who is the authority ensuring that policies on reproductive health education are implemented in schools. Those who are mandating that the policies are carried out in school may be the national, regional or local government, the school administration, or individual teachers. Circle only one response.

Q208: This question is about whether or not the school follows any particular guidelines when it comes to reproductive health education. These may be guidelines that are specified in the policies, curriculum, handbook or syllabus.

Q209-211: The questions ask about any parental consent requirements to teach students about reproductive health. Q209 asks if parents need to be informed (notified) by the school before students can be taught reproductive health; and, if so, must the particular topics be specified for the parents or are they notified about reproductive health education *in general*. If parents **do not** need to be notified, select that option and **skip** to Q212, otherwise continue to Q210. Q210 builds on Q209 and asks if students need to obtain their parents' formal consent before they can attend reproductive health education

classes. Whereas in Q209, we ask if parents must be notified, now we are asking if parents must be notified **and** give formal consent for their children to participate (usually by signing a written permission slip). If students **don't** need to obtain parental consent, select no and **skip** to Q212. Finally, Q211 asks if parents can give consent or refusal for particular topics (rather than the whole program).

Q212: This question is asking about who is responsible for monitoring and evaluating the teaching of topics related to reproductive health education in the school. Since often these topics are taught in other subjects, this will most likely be the agency in charge of monitoring and evaluating the school's general teaching. Yet do not assume this; rather, ask if there is a separate entity for the evaluation of reproductive health education. This may be the school administration, zonal inspector, another government or non-government body, or nobody.

Q213: We want to know in which forms of secondary school the reproductive health topics are taught; circle all that apply.

Q214: This question asks who teaches the topics at the school. There may be more than one teacher who teaches it, it may be someone who comes in as a guest speaker/teacher, a school nurse, or someone else; circle all that apply. If it is taught only by a school nurse or someone else who is **not** a teacher, **skip** to Q216. Probe to make sure you get all the information.

Q215: This question aims to understand how it is decided which teachers are to teach the topics related to reproductive health. Are all teachers required to teach it? Are teachers who teach only certain subjects required to teach it? Are teachers chosen to teach it, and if so, what qualifications is this based on? Or do teachers individually volunteer? We are interested to know this because depending on whether a teacher *wants* to teach the topics or is *forced* to teach the topics, the quality of the teaching may be affected and both the teachers' and students' experiences may differ. The interviewer should not read the options out loud to the respondent and instead allow the respondent to reply spontaneously. The interviewer should then determine into what category(s) the respondent's answer fits.

Q216: We know that generally reproductive health education topics are integrated into other subjects. That is, there is no stand-alone course called "Reproductive health education." However, this may vary according to school, and we are interested to know how the subjects are integrated. Are they integrated into one subject or many subjects and which subjects are they? Or are the topics taught as an extra-curricular activity after normal school hours? Topics may be taught in a separate (stand-alone) subject *and* integrated into some other subjects such as religion or life skills *and* as an extra-curricular activity. The instructions for this question indicate the interviewer should circle all that apply.

Q217: This question asks the respondent to estimate approximately the number of hours dedicated to reproductive health topics in a single term (within regular school hours).

Remind the respondent to answer for students in forms 2 and 3 separately. Reassure the respondent that we just want their best estimate. It is not a problem if they do not know the exact number. If they insist they do not know, and refuse to give an estimate, circle “Don’t know” (98).

Principal Section 3: Reproductive Health Education Curriculum

This section elicits information about the content of the curriculum as it relates to reproductive health education.

Q301: This question asks whether teachers are required to use a curriculum or a syllabus to teach reproductive health education. If a curriculum or a syllabus is not required, **skip** to Q305.

Q302: Let the respondent answer the question without reading the list of options. Then circle the option that comes closest to the response. If the answer given is not an answer choice, circle “other” and specify by writing the words in the space provided. There may be more than one response, so circle all options that apply. If the curriculum was developed by (h) another country or (i) an international organization, follow the instructions to **skip** to Q304.

Q302b: Here we want to know what the principal thinks about the quality of the national curriculum. **Ask this question only if you circled the option A at Q302a.**

Q303: This question is asking who was involved in the development of the particular curriculum/syllabus/handbook used at the school. Do not read out the options; circle all the answers that apply.

Q304: In this question, you will ask the respondent to comment on a series of statements/messages. Start with reading out the question to the respondent, then read out message (A) “Having sexual relationships is dangerous for young people” and ask the teacher how strongly this message is conveyed to students in their school. Circle only one: (1) for very strong, (2) for not very strong and (3) for no message. Repeat this separately for each of the messages in the question.

Q305: This question is asking if there are certain topics which are prohibited/not allowed to be taught in the school. If there are no topics which are prohibited, **skip** to Q308.

Q306: If there are prohibited topics (based on the principal’s response to Q305), you will read through the entire list of topics, one by one, asking if each particular topic is prohibited. If a topic is prohibited, circle the corresponding letter next to the topic name. Circle all the topics the principal says are not allowed at the school. If the principal does not know if topics are prohibited or if there are no topics prohibited, **skip** to Q308.

Q307: We are asking who prohibited the teaching of the particular topics to better understand the context in which reproductive health education is implemented in schools. We are interested to know if topics are restricted at a national/government level, at a community level (parents and parent associations) or by individual schools/principals. Do not read out the answers, and circle all that apply.

Q308-313 are questions related to certain policies that a school may or may not have in place to either protect students or which perhaps influence students' behaviors around reproductive health issues.

Q308-309: These questions are asking what would happen to a girl who got pregnant or a boy who got a girl pregnant while enrolled at the school. The options include (a) the girl or boy would be allowed to continue at the school; (b) they would be asked to stay at home for a period of time; (c) they would be sent away or transferred to a different school altogether; or "other" (you fill in the space provided). Remember that the school's policy may be different for girls than it is for boys. Do not ask about a girl being pregnant (Q308) in a boys only school and do not ask about a boy getting a girl pregnant (Q309) in a girls only school.

Q310: This question is asking whether or not students – male or female – are allowed to carry condoms with them while at school.

Q311: This question is asking generally about a *child protection policy*. These policies may vary by school, and may be very general policies unrelated to reproductive health education.

Q312-313: These two questions are asking about schools' policies on sexual harassment.

Q312 refers to sexual harassment of students by teachers and Q313 refers to sexual harassment by other students. Do not read the options out loud and circle only one option that most closely resembles the response. Remember: if the principal mentions that there is no policy, ask what action is usually taken by the school administration in those cases. If the principal says cases never happened, ask what would be the action taken in the probability that it happens.

Principal Section 4: Teacher Training and Support

In this section, we are interested in principals' perceptions of the adequacy of teachers' training experiences as it relates to reproductive health topics, as well as levels of supervision and methods of evaluating teachers who teach these topics. We also want to assess the degree to which principals and schools support those who teach reproductive health topics at the school.

Q401: In this question "pre-service" refers to a time period *before* a teacher started teaching. It is an important question because it will help us to understand whether or not a teacher was adequately prepared, familiar and knowledgeable about the topics before

entering the classroom. “In-service” refers to training that a teacher receives *while* teaching the topics related to reproductive health: often schools will offer ongoing training for teachers so that they can have the most current information on the topics and give them tools for dealing with challenges that arise in their work environment. You can circle all that apply (since teachers may be required to receive in-service *and* pre-service training). Probe if only one kind is mentioned. Note that this question asks if teachers are *required* to have training in order to teach, not if they *actually* have training (that is asked in the next question, 402).

Q402: Ask the principal how many teachers at the school are trained specifically in topics related to reproductive health education (for pre-service and in-service separately). Fill the number in the space provided according to the instructions earlier in this manual.

Q403: Here we want to know whether there are enough qualified teachers for the number of students in the school, or whether some students do not receive reproductive health education due to lack of qualified teachers.

Q404-405: These questions ask about the adequacy of the training in preparing teachers to teach students about topics related to reproductive health. Whereas the previous question refers to the *quantity* of trained teachers, these questions refer to the *quality* of the training they received.

Q406: When we say “supervised” we mean is there a system (formal or informal) in place for the principal or other person to sit-in on classes during which teachers are discussing reproductive health topics in order to understand what is being taught at the classroom level and in order to provide guidance or fix problems that may arise.

Q407: This question refers to a process by which teachers are evaluated or assessed for their teaching of topics related to reproductive health. This would often refer to a formal mechanism of evaluation within schools or by an external entity. If teachers are not evaluated or assessed, **skip** to Q410.

Q408: This question is asking about specific methods schools/principals use to evaluate teachers in their teaching of topics related to reproductive health. “Classroom observation” would be a principal or outside examiner observing a regular class period in which topics on reproductive health are being discussed. This type of assessment often involves the principal or outside examiner taking notes or filling out an evaluation while observing, rather than just passively watching the class. “Oral assessment” refers to a one-on-one conversation between the principal, senior teacher or outside examiner, and the teacher being evaluated. “Written assessment” could be an exam or a paper that the teacher has to complete in order to be evaluated. All of these methods may be used at a particular school; circle all that apply.

Q410-411: These questions are asking if teachers in charge of topics related to reproductive health are offered support tools or resources at the school. Some examples of possible support materials are listed. Read through each of them and ask the principal

if teachers are provided with each of them. Remember that we are only interested insofar as it applies to topics related to reproductive health education.

Q412: This question is asking the principal about their own personal opinion about the importance of reproductive health education. ***Remind the principal that there is no right or wrong answer and that his or her response will be kept confidential.*** A principal may feel strongly that it should or should not be taught, or they might be indifferent, meaning that they do not feel strongly one way or the other. Circle only one.

Q413: This question asks about how the principal shows support for reproductive health education, and those who teach the topics, in concrete ways. When you ask the question, let the principal know that support can mean moral, emotional or technical support for the teachers. The interviewer should not read the options out loud to the respondent and instead allow the respondent to reply spontaneously. The interviewer should then determine into what category(s) the respondent's answer fits. If the respondent does not understand the question or has trouble answering, the interviewer may then read out options or provide practical examples. Circle all that apply.

Principal Section 5: Principal Attitudes

Q501: This question aims to understand principals' attitudes towards certain aspects of sexuality, and sexual and reproductive health. Since they are the ones with authority in the school, their opinions and attitudes will likely shape how teachers convey certain messages to the students in the school. Emphasize that these questions are about their personal attitudes and that there is no right or wrong answer. As these are sensitive topics, the respondent may at first refuse to answer or be reluctant to give their opinion. Reassure them that their answers will remain strictly confidential. Read each statement and ask the respondent if he or she agrees or disagrees. It is important to remain neutral when you read the statement. Even if you agree or disagree with something, do not let the respondent know that or else it might bias their response.

END INTERVIEW

Please thank the respondent for his/her time. Then:

1. Mark time ended (M11), and status of questionnaire (M12)
2. Write any relevant notes, comments or observations in the space provided

3.6 Instructions for the Student Survey

The student survey is self-administered, so unlike for the surveys of teachers and principals, your role here will be to explain the purpose of the survey, how to complete it, and then be present during the time students complete the questionnaire in order to answer any questions students may have; collect the questionnaires and check them for

completeness as and when students finish them; and ensure all students have completed and handed in their questionnaires by the end of the session. It is very important, and it is your responsibility to ensure, that each student fills out his or her own questionnaire without discussing their answers with other students in the room.

Cover page

Please complete as much of the cover page as possible before the interview starts. Generally, M1-M4 can be determined before the interview. If it is not possible to complete this section before the session, do so immediately after you complete the session. Remember that the student ID is the ballot number picked by each student. Ask to students to report these numbers on the questionnaires at the end of the interview.

Important: Do not forget to ask students to complete M7 (status of questionnaire) at the end of the session.

Introduction to the Student Questionnaire/consent forms

You must introduce yourself and the purpose of the study to the entire class by reading the consent form. This is the best time to gain students' trust and cooperation. Make sure you use the key words in this paragraph, concluding by getting the students' written consent to continue with the interview. It is important that all interviewers use the same introduction so that all students have a similar understanding of the purpose of the study.

Be sure to introduce yourself to the class before you read the consent form. For example, you should say:

“Hello. My name is _____ and I am working with the African Population and Health Research Center. I am here today because we are conducting a survey about reproductive health education in schools. We are interviewing teachers, principals and students at schools around the country, to better understand how this subject is taught, what students like and dislike, and how teaching around this subject can be improved. Your opinions and experiences are very important to the study, and will help us to improve reproductive health education for all.

In a few moments I will read a consent form out loud and each of you will decide if you would like to participate in the study or not. I will then hand out a questionnaire to each one of you, and give you instructions on how to fill it out. This questionnaire has to be completed by you alone without consulting other students. I will be here to walk you through the questionnaire and to answer any questions you might have while you are completing the questionnaire.”

Following this introduction, read the consent form and answer any questions students may have before asking for their consent. If some students are unwilling to participate,

explain the purpose of the study, assure them that their responses will be confidential and anonymous, and let them know you will be available while they complete the survey to answer any questions. If they still refuse, keep a neutral face and do not show any disappointment: it is important that they do not feel pressured into completing the questionnaire. Instead, instruct them to work on something else quietly at their desk while the rest of the class fills out the questionnaire.

Once the students have ticked the informed consent box, inform them that you will now walk them through the questionnaire question by question, explaining how to fill out each question and leaving them time to complete it as we go along. If they have any questions at any point, they should put their hand up to ask. If they would rather not ask in front of the whole class, they may signal for you to come to them so they can ask you in private.

For each question, start by reading the question out loud, then explain to the students how to complete it, referring to the instructions below. Where indicated, read all the answer options out loud for them. Leave them enough time to complete the question, and watch out for any questions that students may have.

Student Section 1: Reproductive Health Education in School

As in the Teacher and Principal questionnaires, this section starts with a brief introduction/definition of reproductive health education. Be sure to **read this paragraph out loud in its entirety**, including the full list of topics related to reproductive health education. While some students may know what reproductive health education is, it is important that they understand our definition of it for the purposes of this study. You will refer back to this list of topics throughout the rest of the questionnaire. Note: If a blackboard is available, a member of the team should ideally write the topics on the blackboard.

Q101: In this question we are looking for a *yes* or *no* answer to whether students have been exposed to any of the “topics listed above”. These “topics” are those which you will have just listed in the introductory paragraph of this section. You can repeat the topics if the students seem confused, have forgotten or it is unclear. **Clarify that this question is not asking whether all the topics are taught; even if just one topic was discussed in a class, talk or activity during school hours in that school (for example, menstruation),** the student should tick **yes**. Any student who did not learn about any of the topics should tick **no** and continue to Q107, skipping Q102-106.

Q102: For this question, we are looking for **all** of the classes/forms during which students discussed these topics. Students can tick all the boxes that apply. This will not necessarily be their current form. Some students may have learned about a few topics in Junior High School, and if so they should tick the boxes next to the appropriate classes. It is important to remind them that even if they only learned about one topic, they should still include that grade/form in which they learned about it.

Q103: This question, unlike the previous one which asks about **all** the classes during which the topics were discussed, asks about when they **first started** learning about topics related to reproductive health. We would like to know if students generally would have liked to start learning about the topics earlier, later or if they started learning about the topics at the right time. For example, a student might have started learning about the topics in Form 1, but had been curious/wanted to learn about these topics in a previous grade. These students, for example, would tick option (1) indicating that they wanted to learn about it in a lower class/form.

Q104: Students can tick all the subjects that apply. Since reproductive health education is not a subject on its own, students will be learning about the topics in their other subjects such as biology or religion or others. Ask the students to read through each option carefully and, while keeping in mind the topics listed at the beginning of the section, to think about which subjects included those topics (even if it was only one topic).

Q105 and Q106 are only for students who are in schools mixed with boys and girls. Students in all-boys or all-girls schools can skip these two questions.

Q105: This question is to see if girls and boys are together when discussing topics related to reproductive health education. This is important for a few reasons: If boys and girls are taught together, students may be more likely to be embarrassed or not want to discuss certain topics with members of the opposite sex, however it may also foster a sense of respect and understanding among boys and girls in the school; if boys and girls discuss topics separately, this may be an indication that there are certain topics the teacher or school think is inappropriate to discuss with one or the other sexes, or with both together. Discussing separately with boys and girls may also allow for more in-depth and honest conversations in an environment in which the students feel more comfortable. Some schools may have all activities done together with boys and girls, others may have some activities mixed with boys and girls together while other activities may be done separately, and some schools may have all activities done separately. Students should tick only one box.

Q106: Whereas Q105 asks about the reality of how the students have participated in activities at their school, this question asks about their preferences, regardless of what actually happens. Students should decide if they would prefer to have all activities mixed with boys and girls, all activities separate, or some activities mixed and some separate. They should tick only one box.

Q107: This question is to gauge students' perceptions of the amount of time dedicated to topics related to reproductive health education. Do they think there should be more time (a), do they think the time spent on the topics is just enough (b) or do they think there should be less time spent on the topics (c)?

Q108: We would like to know if any exams (end of year, end of term, external examination, etc.) include *any* topics related to reproductive health education. We know that there is no separate examination for reproductive health education, per se, but there may be some questions on mandatory exam(s) that cover some of the

concepts/issues/topics related to reproductive health. All students should answer this question.

Student Section 2: Curriculum

This section elicits information about the content of the curriculum for reproductive health education.

Q201: For each topic, the students should tick only one of the first two boxes in the first column, answering if they did or did not learn about the topic. Then, they should tick the box in the second column for each topic if they would like to learn more about it.

Explanation of each topic (do not read to students)

*Please note that these explanations will serve as a guide, but there may be school or student-specific issues or questions that arise, so as an interviewer you should be very familiar with these topics and prepared to field these questions. The definitions below are detailed for you so that you can refer to this guide if you are unable to answer a question a student has on your own. Do not read the definitions to the students. Students should understand that these topics may not have been discussed in *detail* in these classes, but that we are interested in whether they were covered *at all*.

- A. *Puberty/changes in the body*: The physical process by which a child's body matures into one capable of sexual reproduction. Changes in the body occur differently for boys and girls and although there is a range of ages at which the onset of puberty may occur, it usually occurs slightly earlier for girls than for boys. Puberty involves a series of physical changes, including breast development, growth of pubic and armpit hair and eventual menstruation for girls and testicular growth, growth of pubic, armpit and facial hair, deepening of the voice and increase in muscle mass for boys. Discussions may include concerns about bodily changes and myths and misconceptions.
- B. *Reproductive Organs*: These consist of a system of sex organs that form the human reproductive process. For males these include the penis and the testicles, and for females these include the vagina, cervix, uterus, fallopian tubes and ovaries.
- C. *Menstruation*: Is the monthly shedding of a female's uterus lining, which contains blood and tissue that exits through the cervix and vagina. The menstrual cycle is a hormonal driven cycle recurring every month. On average, menstruation will begin a couple years after the onset of puberty and will continue until a woman reaches menopause (between ages 45 and 55). Menstruation stops while a woman is pregnant.
- D. *Sexual Behavior*: Refers to the manner in which people experience and express their sexuality. People engage in a variety of sexual acts from time to time, and for a wide variety of reasons. They may include kissing, sexual intercourse, oral or anal sex, among others. Sexual behaviors can be solitary (alone), between two people, or in a group and normally results in sexual arousal and physiological changes in the aroused person. Discussions on this topic may include sexual intercourse and other types of sexual relations, sexual norms, diversity of sexual expression and desire, motivations to have/not have sex and abstinence.

- E. *Equality between men and women:* This refers to gender equality and the notion that males and females are not necessarily the same but that they have equal value and should enjoy equal social, economic, and political rights. Discussions may include talks about gender norms and roles, femininity, masculinity, stereotypes and gender in a broader context.
- F. *Pregnancy and Childbirth:* Refers to the period of time (approximately nine months) in which a woman is carrying a developing fetus in her body. During pregnancy, a woman's body undergoes many physiological changes. Childbirth usually occurs 38 weeks after conception. These topics may include information on healthy pregnancy, complications, cultural norms and partner involvement.
- G. *Abortion:* Is the termination of a pregnancy. Abortion can be induced (deliberate medical termination of a pregnancy) or spontaneous (unprovoked expulsion of the fetus for a variety of physiological or health reasons).
- H. *Contraceptive methods:* Are methods used to prevent pregnancy. They may be temporary, long acting, and reversible or permanent. They may also be hormonal, physical barrier or fertility-awareness based methods. [Do not read this list of methods out loud to students.] For your reference only, common methods include oral contraceptive pills, condoms, injectables (depo Provera), intra-uterine devices (IUDs, coils), implants (Jadelle, Implanon), female sterilization, male sterilization, withdrawal, rhythm (not having sexual intercourse during the fertile period), or emergency contraceptive pills (E-pill or morning after pill). Discussions may include information about myths and misconceptions, side effects and effectiveness.
- I. *How to use contraceptive methods:* Contraceptive methods are only effective if they are used correctly and consistently. Here, we are asking if students were taught how to use methods (through physical demonstrations, flipbooks, illustrations, lecture, etc.)
- J. *Where to access contraceptive methods:* Students may learn about different methods of contraception and how to use them, but here we are asking if students have specifically discussed where to go to get these methods.
- K. *Sex in exchange for money or gifts:* We are interested to know if any of the talks/classes/activities discussed this concept. This may have also included instruction on what to do if a student is in a situation in which someone asks them for sex in exchange for money or gifts.
- L. *HIV/AIDS:* This includes methods of transmission and prevention of HIV/AIDS, voluntary testing and counseling, people living with HIV/AIDS, disclosing HIV status to sexual partners, stigma, discrimination, common myths and misconceptions, and fertility options for those living with HIV/AIDS.
- M. *Other STIs:* Sexually transmitted infections (other than HIV) may be less commonly discussed in schools. These infections are passed through intimate sexual contact with someone who is already infected and can be passed from person to person even if there are no symptoms present. Examples of STIs include genital herpes, chlamydia, gonorrhea, hepatitis b, human papillomavirus (HPV), syphilis and trichomoniasis.
- N. *Where to access STI/HIV services:* Often health facilities or clinics offer services such as testing and counseling for STIs including HIV, but these are not always well-known among

school-aged adolescents. Here, we want to know if students have learned in their classes about where they can go to access STI/HIV services (we are not interested in whether they have gone or not).

- O. *Communicating within relationships:* This may include the importance of communicating within familial, friendly, dating or marital relationships; effective communication and honesty; different styles of communication (direct and indirect); partner communication about sex and sexual health issues; and negotiation and assertiveness skills.
- P. *Decision-making skills:* Refers to how to make good decisions, how to follow through or act on a decision that one has made and respect for other people's decisions and decision-making processes.
- Q. *Prevention of violence/sexual abuse:* Sexual abuse includes rape or attempted rape, touching someone's body or having someone else touch your body without permission, sexual contact with a child, watching or photographing someone in a sexual situation without permission or exposing one's own body to someone who did not give permission. Sometimes sexual violence or abuse is committed by a stranger, but more commonly it is committed by an intimate partner such as a husband, ex-husband, boyfriend, ex-boyfriend, or family member. Sexual violence and abuse is **always** wrong and the victim is never to blame for "causing" the attack. This topic is extremely important for this age group and discussion of its prevention might include signs of sexual abuse, steps one could take to reduce his or her chances of being abused, resources for seeking help when one has been sexually abused and how to leave an abusive relationship.
- R. *Sexual and reproductive rights:* These include the basic rights of all couples and individuals to decide freely the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. They include the right to make all decisions regarding reproduction free from discrimination, coercion and violence. They refer to the right to sexual freedom and equality, integrity and safety of the sexual body, the right to sexual privacy, pleasure and expression, the right to comprehensive reproductive health education, the right to make sexual choices, to receive accurate scientific information and quality reproductive and sexual health care.
- S. *Saying no to sex/abstinence:* Abstinence is the act of abstaining from sexual activity. In schools, abstinence is taught as a way to prevent pregnancy and STIs. Sometimes it is taught as the **only** or the **best** way to prevent pregnancy and STIs. Instruction on this topic may include how to say no to sex to a partner, the benefits of abstinence, abstinence before marriage, how to resist social pressures to engage in sexual activity, etc.
- T. *Moral issues related to sexuality:* These are ethics that concern issues from all aspects of sexuality, including sexual behavior, and relate to community and personal standards regarding the conduct of interpersonal relationships. They include issues of sexual consent, age of consent, sexual relations before or during marriage (fidelity, infidelity, pre-marital sex, nonmarital sex), questions about how gender and power are expressed through sexual behavior. Moral dilemmas which involve sex can often appear in situations where there is a significant power difference or where there is a pre-existing professional relationship between the participants, when there is an age difference, where consent is partial or uncertain, or where certain relationships are illegal.

U. *Female Genital Mutilation (FGM)*: Comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. The practice is mostly carried out by traditional circumcisers, who often play other central roles in communities, such as attending childbirths. FGM is recognized internationally as a violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women. It is nearly always carried out on minors and is a violation of the rights of children. The practice also violates a person's rights to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death.

Students should make sure that they completed Q201 entirely before moving on to Q202. The remaining questions in section 2 and 3 are only for students who have experience with reproductive health education topics at the school. In order to make sure that students who **do not** have experience with reproductive health education skip to the appropriate section, all students should do the following: After they complete Q201, they should look back at Q101 to check their answers. If they answered YES to Q101, they can continue to Q202 and answer all questions; if they answered NO to Q101, they should skip the remainder of section 2 and 3 and continue to Q401.

Q202: In this question, we are asking each student to think about the classes/talks/activities they attended on topics related to reproductive health, and to consider how strong the messages (on the left hand side of the page) were conveyed during those classes. The student should read through each message separately and answer whether they think it was communicated in a (1) very strong way, (2) not very strong way or (3) the message was not communicated at all. Their answers will be based on their own perceptions, and there are no “right” or “wrong” answers. They should choose only one answer option for each message.

Q203: This question is about concepts that students might have discussed during their classes/talks/activities on topics related to reproductive health in their school. The concepts are self-explanatory, but you should be prepared to answer any questions students have about any of the listed concepts. Read down the list of concepts (A–J) out loud to the students, and get them to tick yes or no for each one.

Q204: This question is asking students to consider overall, how useful have these classes, talks and activities been in their personal lives. Students should consider all of their exposure to reproductive health education at the school and think about whether what they learned was useful to them. An example may be a female student who learned about how to use contraceptive methods and where to go to get the methods who is now using contraception and who feels that that class was very useful to her. The same female student may have attended a class on homosexuality and she might not feel that class was very useful to her at all, for example. Students are asked to think about all the classes on all the topics *overall* and assess their usefulness.

Student Section 3: Teaching methods and quality

This section is about different teaching methods that might be used in classes, talks or activities on topics related to reproductive health education as well as students' perceptions of the quality of the teaching of these topics in the school.

Q301: There may be multiple people, other than regular subject teachers, who teach topics related to reproductive health education at a particular school. Students should read through all of the types of people who may have taught these topics and tick the box next to each one from whom they have *personally* received instruction on reproductive health topics. You may need to ask the students if they have any questions about these types of people, and you may need to explain the meaning of peer educator to the students. A peer educator is someone close in age to the students in the class who has gone through special training to become an educator, usually promoting health-enhancing change among their peers.

Q302: This question is to see if students generally like the classes/talks/activities they attend on reproductive health topics, in comparison to the classes they attend on other topics. This question is purely opinion-based and there is no right or wrong answer. The students should tick only one box here.

Q303: Students should be reminded again to only consider the topics related to reproductive health education when answering this question. We would like to know what kinds of activities are used in the teaching of reproductive health topics. Students can tick all the activities that apply. Most of the options are self-explanatory. Students may need you to clarify what we mean by *role playing/debate* (option b). In role playing, students will essentially have to “act” out roles in a certain scenario. This is a good way for students to learn communication skills as well as to help them prepare for unfamiliar or difficult situations. For example, the teacher may assign a student the role of boyfriend and another student the role of the girlfriend who wants to ask the boyfriend to go get an HIV test. The students will play this scenario out, and learn how to deal with the situation effectively from both sides. Typically, in a *debate*, there will be two teams and the teacher will present a topic or issue (sometimes controversial) and assign each team a certain stance (usually pro vs. con). The teams/students will prepare an argument and present it to the other team. Debates might be on topics that the students have recently learned about in class, and can be a way for students to deepen their knowledge of a subject as well as giving teachers a way to assess students' understanding.

Q304: This question is an opinion question about which activities students would *like* to do in their classes on topics related to reproductive health. Students should be instructed that this question is unrelated to what activities may or may not be included in their classes. They should tick all the activities they would like to do (whether they have done them or not).

Q305: Here, students are asked to think about the classes, talks or activities that they have attended on topics related to reproductive health and to choose the scenarios that have

most often occurred in these classes. These scenarios are some examples of those that may challenge or present barriers for students to get quality reproductive health education.

Q306: This question asks students about their personal experiences with asking questions about topics related to reproductive health education. Students may have experienced one, some or all of the scenarios listed. They should tick the box next to all of the situations they have experienced.

Student Section 4: General Opinions about Reproductive Health Education

This section elicits information on students' general opinions about whether or not reproductive health education should be taught in schools and their reasons for their opinions. It also contains a couple of questions about students' perceptions of parental support for reproductive health education.

Q401: This question is asking if students think that reproductive health education should or should not be taught in school. **Remind them that if they answer “no, it should not be taught in school”, they should skip Q402 and continue to Q403.**

Q402: **This question is for those who answered “yes” to Q401.** There are many reasons why a student may think that reproductive health education *should* be taught in schools. Here, we have listed a few of those potential reasons and also allowed space for students to write in their reason if it is not listed. Students should tick all the reasons that apply to them. **After this question, instruct students to skip Q403 and continue to Q404.**

Q403: **This question is for those who answered “no” to Q401.** There are also reasons why a student may think that reproductive health education *should not* be taught in schools. Here, we have listed a few of those potential reasons and also allowed space for students to write in their reason if it is not listed. Students should tick all the reasons that apply to them.

Q404: **This question is for all students.** Students' perceptions of parental support for reproductive health education may provide some insight into the context in which students experience these topics at school and may play a role in their own attitudes towards the topics. Here, we are asking if they think that their parents support reproductive health being taught in school. There are no right or wrong answers since this is their own perception, and students should tick yes or no.

Student Section 5: Knowledge

In this section, we are assessing students' knowledge on topics related to reproductive health education. This is not an exam, however, and it must be stressed that their teachers

and principals will not see their answers and this survey will have no effect on their grades or standing in their class.

Q501: This question is about HIV transmission. Some of the options are legitimate ways through which HIV can be spread, such as answers A, B, D and F; while others are myths or misconceptions. **Do not give away which answers are legitimate modes of transmission and which are misconceptions.** Remind students that their answers will remain confidential, and that this is not a test. There may be other ways that students believe HIV can be transmitted and, if so, they can write that in the space next to “other.” Instruct students to tick all of the answers that apply. If they do not know how a person can get HIV, they should tick that option (Y) and only that option.

Q502: Students should tick the box next to the way(s) that a person can reduce the risk of getting infected with HIV. In this case, although all of the answers are correct, students should not feel like they have to know the correct answer: remind them that this is not a test. They should tick the box(es) to the best of their ability, or select “I don’t know.”

Q503: Students are asked if they know a place where they can go to get an HIV test. This is not asking whether they know that there are places where people can get HIV tests in general, but rather if they know a *specific* place that *they* can go if they chose to get a test. We do **not** want to know if a student has gone to test for HIV.

Q504: This question asks students if they have heard of methods to prevent pregnancy. Students should go down the list of contraceptive methods and tick the box next to each one that they have heard of. If they have not heard of any of the methods, that is okay; they can simply not tick any of the boxes for this question.

Q505: This question asks students if they *personally* know of a place where he or she could go to get a contraceptive method, including condoms, to avoid pregnancy.

Q506: Again, this is a yes/no question asking if a student *personally* knows a place where he or she would feel comfortable going to get condoms on his or her own.

Student Section 6: Reproductive Health Education Outside of School

Throughout this questionnaire, we have been focused on reproductive health education in schools, during normal school hours. For this section, we are asking students to think exclusively of what they have been exposed to/discussed/learned about reproductive health *outside* of normal school hours.

Q601a & b: This is a two part question. First (in 601a), we are asking students to read through a list of sources of information, and to answer “yes” or “no” to whether they have ever received information on reproductive health from each one of them. The second part of the question (601b) asks students to identify the **three** sources that they rely on the most for such information. Students should write in the letters of their first, second, and

third choice for sources of information they use the most. As an example, if a student's first choice is her sister, she would write "C" in the box labeled 1st. If her second choice was someone at a family planning center, she would write "M" in the box labeled 2nd. If her third choice was internet or social media, she would write "R" in the box labeled 3rd.

Q602: This question refers to the types of activities in which students may or may not have participated when learning about these topics *outside of school*. Students should tick all that apply. There is also the option (H) for those who did not participate in any activities outside of school. Students who choose option H should then skip to the next section.

Q603: This question is about the frequency of students' participation in activities related to reproductive health education outside of school. Students should tick only one box representing the frequency with which they have participated in the activities.

Student Section 7: Respondent Background Information

Similar to those in the Teacher and Principal questionnaires, questions about respondent's background information are included in Section 1 of the student questionnaire in order to understand how attitudes and practices around reproductive health education may vary by characteristics of the respondents.

Q701: Instruct the students to tick the appropriate box for either male or female.

Q702: Instruct the students to write in their age. This is the age they turned at their last birthday. There are two spaces for this question, one for each digit. For example, if a student is 16, he or she will fill in the space like this:

1	6
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Q703: Since this study is being conducted in forms 2 and 3, all students participating should be in one of these two forms. Instruct the students to tick one of the boxes. You may already know which form the students are in; if you are in a class in which you know all students are in form 2, for example, instruct the students to tick that box.

Q704: Students should tick one of the religions. We have included the most common religions as options, but there is also room to write in "other" if necessary. If "other," the student should tick that box and write the religion in the space provided.

Q705: For this question, students can tick more than one option. However, you should explain to them that while it would make sense that they might tick option (A) mother *and* (B) father, it would **not** make sense for them to tick (F) on my own *and* (E) with friends, for example. Tell them to use their judgment to know what combination of answers make sense. If you have any doubt, you can ask to go over this in the training or

discuss with your team leader. If students are in boarding school, ask them to tick “boarding school” as well as the people they live with during school holidays.

Student Section 8: Attitudes

In this section, we are interested in students’ attitudes and behaviors around topics related to reproductive health education. These are all opinion or personal experience questions, so it is important to remind students that they should feel free to answer truthfully, that their answers will be kept confidential and nothing they write on the questionnaire will have a negative effect on them.

Q801: This question asks students to read a series of statements and indicate whether they agree with them or not. Students may also prefer not to answer due to the potential sensitivity of some of some of the issues. In that case there is a box next to each statement that he or she can tick. Each student will decide on his or her own which statements he or she prefers not to answer; and some may answer all of them. If a student asks you a question about one of the statements it is important that you remain neutral when clarifying something or answering their questions. Even if you agree or disagree with something, do not let the respondent know that or else it might bias their response. Emphasize that there are no right or wrong answers, and that we are simply interested in their opinions.

Q802: This question asks students: are students allowed to carry condoms in school? The answers may give us some indication as to the school environment and students’ perceptions of consequences within the school for certain behaviors. Students can tick yes, no or I don’t know.

Q803: This question is trying to understand students’ ability to be assertive in relationships. Here we are asking students to relate the statements to their own lives. If they are uncomfortable, they can tick “don’t know.” However, you should not encourage them to do so.

Q804 – 810 relate to sexual activity. Since definitions of sexual intercourse may be different for different people, we have included a definition of “sexual intercourse” to mean vaginal or anal sexual intercourse. We again remind students here that all information will be kept confidential.

Q804: Here we are asking students if they have ever had sexual intercourse. Sexual intercourse may be with someone of the same or opposite sex. Students may prefer not to answer this question. **Instruct students to follow the directions on the questionnaire. Those who tick that they have never had sexual intercourse should skip to Q810. Those who have had sexual intercourse should continue to Q805 and answer all remaining questions. Those who preferred not to answer can go to Q805 and decide if the remaining questions are relevant to them or not. If they think the questions do not apply to them, these students should skip to Q810. After completing this section,**

all students should then go back through their questionnaire and check that their answers are accurate and complete until the fieldworker tells them it is time to stop.

Q805: This question asks students' their main reason for having sexual intercourse for the first time. There are many reasons why one may have sex – whether by choice or otherwise. Students should look over the list of answers and tick the box corresponding with their main reason. If their reason is not listed, they should tick “other” and write in their reason in the space provided.

Q806: Students are asked to write down their age when they had sex for the first time. Again, this can be sex with a person of the same or opposite sex and refers to vaginal or anal intercourse.

Q807: This question asks students to estimate their first sexual partner's age in relation to their own age. We are interested to know if their sexual partner was much older, around the same age, or much younger than the student. They should only tick one option.

Q808: This question asks about the last time a student had sexual intercourse. The answers will give us an idea of students' current sexual activity. Students should tick only one answer.

Q809: This question is asking about the **last time** the student had sexual intercourse and asks about specific contraceptive methods. They may tick more than one answer, i.e. condoms and oral contraceptive pill, or some other combination of methods. If they did not use any method, they should tick “no method.”

Q810: This question is for students who have not had sexual intercourse. This question asks students for their main reason why they have not yet had sex. Students should look over the list of answers and tick the box next to their main reason. If their reason is not listed, they should tick “other” and write in their reason in the space provided.

Q811: This question is about resources for those who have been the victim of sexual assault or abuse. We do not want to know if a student has been a victim of sexual abuse, but we would like them to answer whether or not they personally know of a place or person where they could go for help if they had been a victim. This could be a clinic, a health professional, a teacher a family member or anyone or place else where they would feel comfortable.

Q812: This question is about students' perceptions of physical and emotional safety within the school. Physical and emotional safety at school plays an important role in students' lives and may create an enabling or inhibiting learning environment. Students should be instructed to think about each statement and tick whether they *never*, *sometimes* or *always* feel that way in the school. Remind students that there are no right or wrong answers and that their choices will be kept confidential.

Q813: This is the final question and gives students a chance to add anything they think is relevant about reproductive health, sexuality or HIV/AIDS education. **Remember to ask students to fill this question and give them about 5 minutes and the end of the interview to do so.**

Resources for Young People

Attached to the end of the questionnaire is a list of resources for students who would like more information about any topic in the survey or more information on reproductive health in general. Let the students know that they can note the phone numbers somewhere, and that they should feel free to contact these resources if they want confidential information on some of the issues related to sexual and reproductive health that were raised in the questionnaire.

3.7 Review of Completed Questionnaires

Review the completed questionnaire immediately after the interview (in the case of the teachers and principals) or after the class fills them out (in the case of the students). For student questionnaires, sign the informed consent statement below the tick boxes (p.3) to confirm that you read out the information about the study to students before asking them for their informed consent to participate. Check questionnaires for clarity, consistencies in responses, and accurate skip patterns. For teacher and principal questionnaires, you may correct obvious minor mistakes (like forgetting to check “no” for the responses in several yes/no questions. On the other hand, if you forgot to ask a question, you must go back immediately to ask it and confirm that all questions are answered. Any ambiguous answers must be reviewed with the respondent. If mistakes on critical questions are discovered later, you or your supervisors should make arrangements to re-interview the respondent on the question/s. **Under no circumstance should you recopy a completed questionnaire.** If you discover a mistake, cross it out and write the correct response underneath it.

At the end of the day, hand over to your team leader all completed. Also discuss problems encountered in the field with your team leader and other members of your team.

4. SIMULATION ACTIVITIES

4.1 In-Class Exercise and Homework

During this training, we will interview each other, role-play the parts of interviewer and respondent, and observe each other and discuss our observations. This training will involve homework for all interviewers. You should analyze and read each question in the questionnaire aloud to yourself. Make sure you understand all questions thoroughly, as well as all the response options listed in each question. Write down any questions you may have, to be discussed the next day at the training course.

Remember: you should be able to explain to the respondent any question or response option that he/she does not understand, including why it is included in the questionnaire, and why it is important. So it is crucial that you have a solid understanding of each question before going into the field.