

URBANIZATION, POVERTY AND HEALTH DYNAMICS IN SUB-SAHARAN AFRICA
Transitions to Adulthood Questionnaire (for young people aged 12-21)

1.0 IDENTIFICATION INFORMATION and CONSENT

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OFFICE/FIELD CHECK DETAILS

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URBANIZATION, POVERTY AND HEALTH DYNAMICS IN SUB-SAHARAN AFRICA

Transitions to Adulthood Questionnaire

PARENTAL/GUARDIAN CONSENT FORM (ONLY FOR RESPONDENTS AGED 12-17 YEARS)

Hello, my name is _____ and I work with the African Population and Health Research Center. We are conducting a survey to understand what happens as young people grow up in informal settlements and what their aspirations and concerns are as they grow into adulthood. We would like to ask [CHILD'S NAME] questions about her/his schooling, relationships, reproductive health, and other issues that s/he experiences as s/he grows up. The results of this study will be presented to institutions, including the government, that are involved in decision-making and provision of services targeted at younger people with the intention that they will use the information to improve the wellbeing of the youth. All the information provided by [CHILD'S NAME] will be confidential and will be used for the purposes of this study only. This interview is not expected to cause your child any harm or discomfort. However, if your child feels uncomfortable with certain questions s/he can choose not to answer them. We, however, hope [CHILD'S NAME] will participate in this survey since his/her views are very important. This interview will take about 1.5 hours of your child's time.

2.1 May [CHILD'S NAME] participate in the study?

(Y=YES; N=NO; IF 'YES' SKIP TO 2.3)

☐

2.2 IF THE PARENT/GUARDIAN DOES NOT ALLOW CHILD TO BE INTERVIEWED, ASK: To help better inform our work in the future, could you please tell me the main reason why you do not want [CHILD'S NAME] to participate in this study? _____

(FW: IF REASON IS RELATED TO TIME BEING INCONVENIENT FOR RESPONDENT, PLEASE MAKE APPOINTMENT TO COME BACK AND DO THE INTERVIEW).

OTHERWISE THANK PARENT FOR HIS/HER TIME AND END THE INTERVIEW AND RECORD THE FINAL STATUS ON THE COVER SHEET .

2.3 IF THE PARENT/GUARDIAN ALLOWS CHILD TO BE INTERVIEWED: Thank you for letting [CHILD'S NAME] participate in our study. Could you please sign here to show that you have accepted to participate in the study.

Respondent's Signature.....

0= REFUSES TO SIGN

1= SIGNS

2= WILLING BUT UNABLE TO SIGN

☐

CHECK APPROPRIATE BOX BELOW

2.4 PARENT/GUARDIAN AGREES MINOR CAN BE INTERVIEWED

☐

↓
APPROACH ELIGIBLE MINOR
FOR INFORMED CONSENT

PARENT/GUARDIAN DOES NOT
AGREE MINOR CAN BE INTERVIEWED

☐

↓
END INTERVIEW

URBANIZATION, POVERTY AND HEALTH DYNAMICS IN SUB-SAHARAN AFRICA

Transitions to Adulthood Questionnaire

RESPONDENT'S INTRODUCTION AND CONSENT (FOR ALL RESPONDENTS)

Hello, my name is _____ and I work with the African Population and Health Research Center.

We are conducting a survey to understand what happens as young people grow up in informal settlements and what their aspirations and concerns are as they grow into adulthood. I would like to ask you questions about your schooling, relationships, reproductive health, and other issues that you experience as you grow up.

The results of this study will be presented to institutions, including the government, that are involved in decision making and provision of services targeted at younger people with the intention that they will use the information to improve the wellbeing of the youth. All the responses you provide are confidential and will be used for the purposes of this study only. This interview is not expected to cause you any harm or discomfort. However, if you feel uncomfortable with certain questions you can choose not to answer them. We, however, hope you will participate in this survey since your views are very important. This interview will take about 1.5 hours of your time.

3.1 Do you accept to participate in the study?

(Y=YES; N=NO; IF 'YES' SKIP TO 3.3)

☐

3.2 IF THE RESPONDENT DOES NOT ACCEPT TO BE INTERVIEWED ASK: To help better inform our work in the future, could you please tell me the main reason why you do not want to participate in this study?

(FW: IF REASON IS RELATED TO TIME BEING INCONVENIENT FOR RESPONDENT, PLEASE MAKE APPOINTMENT TO COME BACK AND DO THE INTERVIEW).

OTHERWISE THANK RESPONDENT FOR HIS/HER TIME AND END THE INTERVIEW AND RECORD THE FINAL STATUS OF THE INTERVIEW ON THE COVER SHEET

3.3 IF THE RESPONDENT ACCEPTS TO BE INTERVIEWED: Thank you for agreeing to participate in our study. Could you please sign here to show that you have accepted to participate in the study.

Respondent's Signature.....

0= REFUSES TO SIGN

1= SIGNS

2= WILLING BUT UNABLE TO SIGN

☐

SECTION 1: SOCIODEMOGRAPHIC CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																												
101	RECORD THE START TIME (24 HR-FORMAT)	<div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>																																													
102	<p>We would like some information about the people who usually live in your household or who are staying with you now.</p> <p>a) How many people live with you in your residence or household?</p>	<div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>																																													
	<p>b) Can you please give me the names of all those who usually live in your residence/household?</p> <div style="text-align: right;"> <input type="checkbox"/> TICK IF RESPONDENT LIVES ALONE </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Name</th> <th>What is [NAME] age? Don't know=98</th> <th>What is [NAME] relationship to you? SEE CODE SHEET A2</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td><td></td></tr> <tr><td>5</td><td></td><td></td><td></td></tr> <tr><td>6</td><td></td><td></td><td></td></tr> <tr><td>7</td><td></td><td></td><td></td></tr> <tr><td>8</td><td></td><td></td><td></td></tr> <tr><td>9</td><td></td><td></td><td></td></tr> <tr><td>10</td><td></td><td></td><td></td></tr> </tbody> </table>				Name	What is [NAME] age? Don't know=98	What is [NAME] relationship to you? SEE CODE SHEET A2	1				2				3				4				5				6				7				8				9				10			
	Name	What is [NAME] age? Don't know=98	What is [NAME] relationship to you? SEE CODE SHEET A2																																												
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103	<p>INDEPENDENT HOUSING</p> <p>Have you ever owned or rented your own residence, such as a structure or house?</p>	<p>YES 1</p> <p>NO 2</p>	→ 107																																												
104	In what month and year did you first own or rent your own residence?	<p>MONTH <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div><div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div><div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div><div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div><div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div></p> <p>DON'T KNOW YEAR 9998</p>																																													
105	How old were you when you first owned or started renting your own residence?	<p>AGE IN YEARS <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div><div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div></p> <p>DON'T KNOW 98</p>																																													
106	<p>So, we've touched on the issue of housing a little bit. Now, let's go to the calendar to get a bit more detail.</p> <p>GO TO CALENDAR!</p>																																														

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					SKIP
114	RELIGION AND RELIGIOSITY Now I would like to ask you some questions about religion. What is your religion?	CATHOLIC 1 PROTESTANT 2 PENTECOSTAL/CHARISMATIC 3 OTHER CHRISTIAN 4 MUSLIM 5 NO RELIGION 6 OTHER 9 (SPECIFY)					→ 117 → 118 → 201 → 119
115	In the last year have you been to confession or a reconciliatory liturgy, or not?	YES 1 NO 2					
116	In the last year, did you pray the rosary, pray novenas, or offer prayers to special saints?	YES 1 NO 2					→ 119
117	Do you consider yourself "born again" or "saved"?	YES 1 NO 2					→ 119
118	How regularly, if at all, do you (READ STATEMENT)? Would you say (READ CHOICES)? a. Practice Salat, that is, pray five times a day? b. Attend Friday prayers at mosque? c. Practice Sawm, that is, fasting during Ramadhan? d. Practice Zakat, that is, giving alms to the poor? e. Eat pork? f. Drink alcohol?	Always 1 1 1 1 1 1	Usually 2 2 2 2 2 2	Sometimes 3 3 3 3 3 3	Rarely 4 4 4 4 4 4	Never 5 5 5 5 5 5	
119	How important is it to you (READ STATEMENT)? Would you say (READ CHOICES)? a. To be able to rely on religious teachings when you have a problem? b. To believe in God? c. To rely on your religious beliefs as a guide for day-to-day living? d. To be able to turn to prayer when you're facing a personal problem?	Not important 1 1 1 1	Somewhat Important 2 2 2 2	Important 3 3 3 3	Very Important 4 4 4 4		
120	How many times have you gone to religious services during the past one month? I am referring to any services, not just the ones that are held on Sunday.	NEVER 0 1 TIME 1 2-3 TIMES 2 4 TIMES 3 MORE THAN 4 TIMES 4					

SECTION 2: PARENT-CHILD RELATIONSHIP

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP																																				
201	Do you live with a parent/guardian?	YES 1 NO 2				→ 205																																				
202	<p>I would now like to ask you some questions about the roles your parents/guardians have.</p> <p>How much would you say your parents/guardians really know about the following things about you?</p> <p>(READ STATEMENTS) Would you say they never know, sometimes know, or always know?</p> <p>a. Where you spend time in the evenings on weekdays</p> <p>b. Who you spend time with in the evenings on week days</p> <p>c. Where you spend time on weekends</p> <p>d. Who you spend time with on weekends</p> <p>e. What you do during your free time</p> <p>f. How you spend your money</p> <p>g. Whether you have or do homework</p> <p>h. What TV programs, videos, or films you watch</p> <p>i. Who your friends are</p>	<table border="1"> <thead> <tr> <th>Never know</th><th>Sometimes know</th><th>Always know</th><th>Not Applicable</th></tr> </thead> <tbody> <tr> <td align="center">1</td><td align="center">2</td><td align="center">3</td><td align="center">8</td></tr> <tr> <td align="center">1</td><td align="center">2</td><td align="center">3</td><td align="center">8</td></tr> <tr> <td align="center">1</td><td align="center">2</td><td align="center">3</td><td align="center">8</td></tr> <tr> <td align="center">1</td><td align="center">2</td><td align="center">3</td><td align="center">8</td></tr> <tr> <td align="center">1</td><td align="center">2</td><td align="center">3</td><td align="center">8</td></tr> <tr> <td align="center">1</td><td align="center">2</td><td align="center">3</td><td align="center">8</td></tr> <tr> <td align="center">1</td><td align="center">2</td><td align="center">3</td><td align="center">8</td></tr> <tr> <td align="center">1</td><td align="center">2</td><td align="center">3</td><td align="center">8</td></tr> </tbody> </table>				Never know	Sometimes know	Always know	Not Applicable	1	2	3	8	1	2	3	8	1	2	3	8	1	2	3	8	1	2	3	8	1	2	3	8	1	2	3	8	1	2	3	8	
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203	<p>Some parents/guardians scold, slap or spank their children when they do something wrong</p> <p>How often does your [PARENT(S)/GUARDIAN(S)] scold or reprimand you when you do something wrong? For example, if you come home late, don't do your chores, watch too much TV</p> <p>Would you say (READ CHOICES)?</p>	NEVER 1 SOMETIMES 2 HALF OF THE TIME 3 MOST OF THE TIME 4 EVERY TIME 5																																								
204	<p>When you do something wrong, how often does your [PARENT(S)/GUARDIAN(S)] spank or slap you?</p> <p>Would you say (READ CHOICES)?</p>	NEVER 1 SOMETIMES 2 HALF OF THE TIME 3 MOST OF THE TIME 4 EVERY TIME 5																																								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	PRESENCE OF A FATHER/FATHER FIGURE		
	These next questions are about an adult male in your life you are closest to. This could be your father or another adult male you think of as a father.		
205	Is there anyone like this in your life?	YES 1 NO 2	→ 211
206	What is this person's relationship to you?	BIOLOGICAL FATHER 01 BROTHER 02 UNCLE 03 GRANDFATHER 04 OLDER MALE COUSIN 05 STEPFATHER 06 MOTHER'S FRIEND/FIANCÉ 07 TEACHER 08 CHURCH MINISTER OR PASTOR 09 FAMILY FRIEND 10 NEIGHBOR 11 OTHER 96 (SPECIFY)	
207	CHECK 110 IS RESPONDENT CURRENTLY IN SCHOOL? (TICK APPROPRIATE BOX) <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="checkbox"/> Yes ↓ </div> <div style="text-align: center;"> <input type="checkbox"/> No </div> </div>		→ 210
208	Since the beginning of this school year how often has your (FATHER/FATHER FIGURE) checked your homework or asked you to make sure you had done it? Would you say (READ CHOICES)?	NEVER 1 LESS THAN ONCE A MONTH 2 1-3 TIMES A MONTH 3 ONCE A WEEK 4 ALMOST EVERY DAY 5	
209	Since the beginning of this school year, how often have you talked to your (FATHER/FATHER FIGURE) about any progress or problems you were having at school? Would you say (READ CHOICES)?	NEVER 1 LESS THAN ONCE A MONTH 2 1-3 TIMES A MONTH 3 ONCE A WEEK 4 ALMOST EVERY DAY 5	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																									
210	<p>Now, I would like to ask you a few questions about the relationship with your (FATHER/FATHER FIGURE) and how you get along.</p> <p>There are no right or wrong answers to these questions. Just tell me what you think.</p> <p>(READ STATEMENT) Would you say (READ CHOICES)?</p> <p>a. How often does your (FATHER/FATHER FIGURE) teach you things you didn't know?</p> <p>b. How often do you and your (FATHER/FATHER FIGURE) argue with each other?</p> <p>c. How often do you share your secrets and private feelings with your (FATHER/FATHER FIGURE)?</p> <p>d. How often does your (FATHER/FATHER FIGURE) try to help you when you need something?</p>	<table border="1"> <thead> <tr> <th>Never</th><th>Hardly ever</th><th>Half the time</th><th>Most of the time</th><th>All the time</th></tr> </thead> <tbody> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </tbody> </table>	Never	Hardly ever	Half the time	Most of the time	All the time	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	
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211	<p>PRESENCE OF A MOTHER/MOTHER FIGURE</p> <p>These next questions are about an adult female in your life you are closest to. This could be your mother or another adult female you think of as a mother.</p> <p>Is there anyone like this in your life?</p>	<p>YES 1</p> <p>NO 2</p>	→ 301																									
212	<p>What is this person's relationship to you?</p>	<p>BIOLOGICAL MOTHER 01</p> <p>SISTER 02</p> <p>AUNT 03</p> <p>GRANDMOTHER 04</p> <p>OLDER FEMALE COUSIN 05</p> <p>STEPMOTHER 06</p> <p>FATHER'S FRIEND/FIANCÉE 07</p> <p>TEACHER 08</p> <p>CHURCH MINISTER OR PASTOR 09</p> <p>FAMILY FRIEND 10</p> <p>NEIGHBOR 11</p> <p>OTHER 96</p> <p>(SPECIFY)</p>																										
213	<p>CHECK 110</p> <p>IS RESPONDENT CURRENTLY IN SCHOOL?</p> <p>(TICK APPROPRIATE BOX)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		→ 216																									
214	<p>Since the beginning of this school year how often has your (MOTHER/MOTHER FIGURE) checked your homework or asked you to make sure you had done it? Would you say (READ CHOICES)?</p>	<p>NEVER 1</p> <p>LESS THAN ONCE A MONTH 2</p> <p>1-3 TIMES A MONTH 3</p> <p>ONCE A WEEK 4</p> <p>ALMOST EVERY DAY 5</p>																										

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					SKIP
215	<p>Since the beginning of this school year, how often have you talked to your (MOTHER/MOTHER FIGURE) about any progress or problems you were having at school? Would you say (READ CHOICES)?</p>	NEVER 1 LESS THAN ONCE A MONTH 2 1-3 TIMES A MONTH 3 ONCE A WEEK 4 ALMOST EVERY DAY 5					
216	<p>Now, I would like to ask you a few questions about the relationship with your (MOTHER/MOTHER FIGURE) and how you get along.</p> <p>There are no right or wrong answers to these questions. Just tell me what you think.</p> <p>(READ STATEMENT) Would you say (READ CHOICES)?</p> <p>a. How often does your (MOTHER/MOTHER FIGURE) teach you things you didn't know?</p> <p>b. How often do you and your (MOTHER/MOTHER FIGURE) argue with each other?</p> <p>c. How often do you share your secrets and private feelings with your (MOTHER/MOTHER FIGURE)?</p> <p>d. How often does your (MOTHER/MOTHER FIGURE) try to help you when you need something?</p>						
		Never	Hardly ever	Half the time	Most of the time	All the time	
		1	2	3	4	5	
		1	2	3	4	5	
		1	2	3	4	5	
		1	2	3	4	5	

SECTION 3: SIBLING AND OTHER INFLUENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	<p>CHECK 107 HAS RESPONDENT EVER ATTENDED SCHOOL? (TICK APPROPRIATE BOX)</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>		→ 303
302	<p>I would now like to ask you questions about the influence of certain people on your life as you are growing up</p> <p>(When you were growing up), Who is/was the <i>most important</i> influence on how well you perform(ed) academically in school?</p>	<p>MOTHER 01 FATHER 02 AUNTS/UNCLES 03 BROTHERS/SISTERS 04 GRANDPARENTS 05 STEPFATHER/STEPMOTHER 06 OTHER FAMILY MEMBERS 07 TEACHER 08 FRIENDS 09 CHURCH OR RELIGIOUS LEADER 10 OTHER UNRELATED INDIVIDUAL 11 NO ONE 12 OTHER 96 (Specify)</p>	
303	<p>I would now like to ask you questions about the influence of certain people on your life as you are growing up</p> <p>(When you were you were growing up,) Who gives/gave the <i>most encouragement</i> towards achieving your personal goals?</p>	<p>MOTHER 01 FATHER 02 AUNTS/UNCLES 03 BROTHERS/SISTER\$ 04 GRANDPARENTS 05 STEPFATHER/STEPMOTHER 06 OTHER FAMILY MEMBERS 07 TEACHER 08 FRIENDS 09 CHURCH OR RELIGIOUS LEADER 10 OTHER UNRELATED INDIVIDUAL 11 NO ONE 12 OTHER 96 (Specify)</p>	
304	<p>Who is the <i>most important</i> influence on the job you see yourself having when you are 30 years old?</p>	<p>MOTHER 01 FATHER 02 AUNTS/UNCLES 03 BROTHERS/SISTER\$ 04 GRANDPARENTS 05 STEPFATHER/STEPMOTHER 06 OTHER FAMILY MEMBERS 07 TEACHER 08 FRIENDS 09 CHURCH OR RELIGIOUS LEADER 10 OTHER UNRELATED INDIVIDUAL 11 NO ONE 12 OTHER 96 (Specify)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
305	<p>I would now like to ask you some questions about your biological brothers or sisters, or people that you live with that you may think of as your brothers or sisters, for example, cousins that live with you</p> <p>Do you have any older brothers or sisters, or people who you may think of as your brothers or siblings?</p>	<p>YES 1</p> <p>NO 2</p>	→ 401
306	<p>a. Have any of your brothers or sisters ever had to drop out of school for any reason</p> <p>b. Have any of your brothers or sisters ever had premarital sex?</p> <p>c. Have any of your brothers or sisters ever smoked or do any currently smoke cigarettes?</p> <p>d. Has any of your brothers or sisters ever drank or do any currently drink alcohol?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	

SECTION 4: DOMESTIC TURBULENCE AND SEXUAL ABUSE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
401	<p>IS THERE PRIVACY? (REMEMBER TO LOWER YOUR VOICE) (TICK APPROPRIATE BOX)</p> <p>NO ONE OVER 3 YEARS PRESENT OR LISTENING <input type="checkbox"/></p> <p>OTHERS PRESENT OR LISTENING <input type="checkbox"/></p>					501
402	<p>Now I would like to ask about some difficult things that may have happened to you during your lifetime</p> <p>a. In the last month, has your family/household ever not had enough food to feed everyone?</p> <p>b. In the past three months has your family/household suffered because your parent(s)/guardian(s) were out of a job?</p> <p>c. Were you ever kicked out of the home by a parent/guardian?</p> <p>d. Have you ever lived with anyone who was a problem drinker or alcoholic?</p> <p>e. Did your parents ever divorce or separate?</p> <p>f. Did you ever lose your home because of a disaster such as a fire, flood or demolition?</p> <p>g. Sometimes parents or other adults hurt children. Has a parent or other adult living in your home ever hit you hard enough to cause injury?</p> <p>h. Have you ever witnessed your mother/mother figure being beaten or threatened?</p>	<p>YES 1 NO 2</p> <p>YES 1 NO 2 N/A 3</p> <p>YES 1 NO 2 N/A 3</p> <p>YES 1 NO 2</p> <p>YES 1 NO 2 N/A 3</p> <p>YES 1 NO 2</p> <p>YES 1 NO 2 N/A 3</p> <p>YES 1 NO 2 N/A 3</p>				
403	<p>ASK EACH ITEM ON THE LIST. FOR ANY YES, ASK "How many times did this happen?" IF ONCE, ASK "How old were you when this happened?" IF MORE THAN ONCE, ASK "How old were you the first time this happened?" and "How old were you the last time this happened?" (REMEMBER TO LOWER YOUR VOICE)</p> <p>Here are some other events that could have happened at any time in your life. Please tell me if any of these things have happened to you</p> <p>a. Sometimes people do things to us we do not want. Has anyone ever touched you in an unwanted sexual way, such as kissing, grabbing or fondling?</p> <p>b. Has anyone physically forced, hurt or threatened you into having sexual intercourse?</p>	Yes/No	Freq	First age	Last age	
		CIRCLE ONE				
		YES .. 1 NO .. 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
		DK <input type="checkbox"/>				
		YES .. 1 NO .. 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
		DK <input type="checkbox"/>				

SECTION 5: SELF-ESTEEM, PEER INFLUENCE, AND DELINQUENT BEHAVIOR

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	<p>The next questions are about how you see yourself</p> <p>a. How well do you get along with others your age? Would you say very well, pretty well, not too well, or not well at all?</p> <p>b. How well do you live up to what other people expect of you? Would you say very well, pretty well, not too well, or not well at all?</p> <p>c. What about your ability to do well in school (even if you are not in school currently). Would you say you are very able, pretty able, not too able, or not at all able to do well in school?</p> <p>d. How attractive do you think you are? Would you say very attractive, fairly attractive, not too attractive, or not attractive at all?</p> <p>e. On the whole, how satisfied are you with yourself? Would you say very satisfied, pretty satisfied, not too satisfied, or not satisfied at all?</p>	<p>VERY WELL 1</p> <p>PRETTY WELL 2</p> <p>NOT TOO WELL 3</p> <p>NOT WELL AT ALL 4</p> <p>VERY WELL 1</p> <p>PRETTY WELL 2</p> <p>NOT TOO WELL 3</p> <p>NOT WELL AT ALL 4</p> <p>VERY ABLE 1</p> <p>PRETTY ABLE 2</p> <p>NOT TOO ABLE 3</p> <p>NOT ABLE AT ALL 4</p> <p>VERY ATTRACTIVE 1</p> <p>FAIRLY ATTRACTIVE 2</p> <p>NOT TOO ATTRACTIVE 3</p> <p>NOT ATTRACTIVE AT ALL 4</p> <p>VERY SATISFIED 1</p> <p>PRETTY SATISFIED 2</p> <p>NOT TOO SATISFIED 3</p> <p>NOT SATISFIED AT ALL 4</p>	
502	<p>The following questions are about other young people your age and your relationship with them</p> <p>a. If you are currently in school, how important is it to your friends that you do well in school? Would you say (READ CHOICES)?</p> <p>b. How do most of your friends feel about someone your age drinking alcohol? Would you say (READ CHOICES)?</p> <p>c. How do most of your friends feel about someone your age using marijuana or other drugs? Would you say (READ CHOICES)?</p> <p>d. How much peer pressure is there on people your age to have sex? Would you say (READ CHOICES)?</p> <p>e. How well do you resist peer pressure from the rest of the group? Would you say (READ CHOICES)?</p>	<p>NOT TOO IMPORTANT 1</p> <p>IMPORTANT 2</p> <p>VERY IMPORTANT 3</p> <p>NOT IN SCHOOL 4</p> <p>THEY STRONGLY DISAPPROVE 1</p> <p>THEY DISAPPROVE 2</p> <p>THEY APPROVE 3</p> <p>THEY STRONGLY APPROVE 4</p> <p>DON'T REALLY CARE 5</p> <p>THEY STRONGLY DISAPPROVE 1</p> <p>THEY DISAPPROVE 2</p> <p>THEY APPROVE 3</p> <p>THEY STRONGLY APPROVE 4</p> <p>DON'T REALLY CARE 5</p> <p>NONE 1</p> <p>A LITTLE 2</p> <p>A FAIR AMOUNT 3</p> <p>A LOT 4</p> <p>VERY WELL 1</p> <p>PRETTY WELL 2</p> <p>NOT TOO WELL 3</p> <p>NOT WELL AT ALL 4</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					SKIP
503	<p>I'd like to know how many times you have done any of the following things in the last 4 months. Remember, your answers are confidential and no one will know how you answered these questions. Remember you can refuse to answer any questions that you do not want.</p> <p>(READ STATEMENT) Would you say (READ CHOICES)</p> <p>a. You stayed away from home for at least one night without your parent's permission</p> <p>b. You started a fight with your peers</p> <p>c. You took or tried to take something that belonged to someone else, without their knowledge</p> <p>d. You carried a knife, gun, or other weapon</p> <p>e. You hit or threatened to hit a peer or adult</p> <p>f. You delivered or sold drugs (e.g. bhang, miraa, glue)</p> <p>g. You delivered or sold alcohol (e.g. chang'aa, busaa, beer)</p>						
		Never	Once	More than Once	N/A	Refused	
		0	1	2	8	9	
		0	1	2	8	9	
		0	1	2	8	9	
		0	1	2	8	9	
		0	1	2	8	9	
		0	1	2	8	9	

SECTION 6: CONCERNS, ASPIRATIONS, AND EXPECTATIONS OR PERCEIVED LIFE CHANCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					SKIP
601	Now, I would like to turn to some questions about some of the worries and expectations you may have.						
	At this point in your life, how worried are you about (READ STATEMENT). Are you very worried, somewhat worried or not worried at all?	Very worried	Somewhat worried	Not worried	N/A or Already Have		
	a. Your health?	1	2	3	8		
	b. Getting enough to eat?	1	2	3	8		
	c. Getting a good job?	1	2	3	8		
	d. Getting (someone) pregnant?	1	2	3	8		
	e. Getting HIV/AIDS?	1	2	3	8		
	f. Insecurity (e.g. rape, muggings, and "Mungiki")?	1	2	3	8		
	g. Harassment from police?	1	2	3	8		
	h. Not completing your education?	1	2	3	8		
	i. Having to live in the slums?	1	2	3	8		
	j. Not getting married?	1	2	3	8		
602	The next questions are about some goals that you may have.						
	How important are the following things to you. (READ THE STATEMENTS). Would you say (READ THE CHOICES)?	Not important at all	Not very important	Somewhat important	Very important	N/A Already have	
	a. Finishing secondary school.	1	2	3	4	8	
	b. Going to university.	1	2	3	4	8	
	c. Owning your own home.	1	2	3	4	8	
	d. Helping to take care of your parents or family when you are older.	1	2	3	4	8	
	e. Moving out of this neighbourhood.	1	2	3	4	8	
	f. Being admired and respected by your friends.	1	2	3	4	8	
	g. Having a good job	1	2	3	4	8	
	h. Having children	1	2	3	4	8	
	i. Getting married or finding a partner	1	2	3	4	8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
603	The following questions are about your future. Think about how you see your future.					
	What are the chances that (READ EACH STATEMENT) Would you say the chances are (READ THE CHOICES)?	High	About 50-50	Low	N/A Already have	
	a. You will finish primary school	1	2	3	8	
	b. You will join secondary school?	1	2	3	8	
	c. You will finish secondary school?	1	2	3	8	
	d. You will go to university?	1	2	3	8	
	e. You will have a job that pays well?	1	2	3	8	
	f. You will be able to own your own home?	1	2	3	8	
	g. You will have a job that you enjoy doing?	1	2	3	8	
	h. You will have a happy family life?	1	2	3	8	
	i. You will stay in good health most of the time?	1	2	3	8	
	j. You will not get HIV/AIDS?	1	2	3	8	
	k. You will not be able to move out of this area?	1	2	3	8	
	l. You will be respected in your community	1	2	3	8	

SECTION 7: CIRCUMCISION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	<p>In some communities, young people participate in various rites, such as circumcision (TICK APPROPRIATE BOX)</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>FEMALE <input type="checkbox"/></p> <p>↓</p> <p>SKIP TO 705</p> </div> <div style="text-align: center;"> <p>MALE <input type="checkbox"/></p> <p>↓</p> <p>Have you heard of male circumcision?</p> </div> </div>	<p>YES 1</p> <p>NO 2</p>	→ 801
702	Have you yourself been circumcised?	<p>YES 1</p> <p>NO 2</p>	→ 801
703	How old were you when you were circumcised?	<p>AGE IN YEARS <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/></p> <p>INFANT 00</p> <p>DON'T KNOW 98</p>	→ 801
704	During the circumcision rites were you taught how one should behave as a man?	<p>YES 1</p> <p>NO 2</p>	→ 801
705	I want to discuss with you the circumcision of girls. In your community, is female circumcision practiced?	<p>YES 1</p> <p>NO 2</p>	→ 801
706	Have you yourself been circumcised?	<p>YES 1</p> <p>NO 2</p>	→ 801
707	How old were you when you were circumcised?	<p>AGE IN YEARS <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/></p> <p>INFANT 00</p> <p>DON'T KNOW 98</p>	
708	During the circumcision rites were you taught how one should behave as a woman?	<p>YES 1</p> <p>NO 2</p>	

SECTION 8: MARRIAGE AND DATING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
801	Have you ever been married or lived together with a man/woman as if married?	YES 1 NO 2				→ 807
802	Are you currently married or living together with a man/woman as if married?	YES 1 NO 2				
803	How many times have you ever been married or lived with a man/woman? Only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2				
804	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>MARRIED ONLY ONCE</p> <p>In what month and year did you get married or start living with your partner?</p> </div> <div style="width: 45%;"> <p>MARRIED MORE THAN ONCE</p> <p>Now I would like to ask you when you married or began living with a man/woman as if married for the first time.</p> <p>In what month and year did you first marry or start living with a man/woman as if married?</p> </div> </div>	<p>MONTH </p> <p>DON'T KNOW MONTH 98</p> <p>YEAR </p> <p>DON'T KNOW YEAR 9998</p>				
805	<p>How old were you when you first got married or first started living with your partner?</p> <p>PROBE TO GET APPROXIMATE AGE IF RESPONDENT DOES NOT KNOW AGE</p>	<p>AGE IN YEARS </p> <p>DON'T KNOW 98</p>				
806	So, we've talked about marital relationships a little bit. Now, let's go to the calendar to get a bit more detail. GO TO CALENDAR!					
	<p>CHECK 802</p> <p>IS THE RESPONDENT CURRENTLY MARRIED? (TICK APPROPRIATE BOX)</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES</p>					→ 911
807	Have you ever had a boyfriend/girlfriend?	YES 1 NO 2 REFUSED 7				→ 901
808	Do you have a boyfriend/girlfriend now?	YES 1 NO 2 REFUSED 7				→ 901
809	<p>Please indicate whether you agree or disagree with the following statements (READ STATEMENT) Would you say (READ CHOICES)</p> <p>a. You feel very close to your girlfriend/boyfriend.</p> <p>b. Your girlfriend/boyfriend always takes the time to talk over your problems with you</p> <p>c. When you are with your girlfriend/boyfriend you feel completely able to relax and be yourself</p> <p>d. No matter what happens, you know that your girlfriend/boyfriend will always be there for you.</p> <p>e. You know that your girlfriend /boyfriend has confidence in you.</p> <p>f. Your girlfriend /boyfriend /partner often lets you know that he/she thinks you are a worthwhile person</p>	Strongly agree	Agree	Disagree	Strongly disagree	
		1	2	3	4	
		1	2	3	4	
		1	2	3	4	
		1	2	3	4	
		1	2	3	4	
		1	2	3	4	

SECTION 9: SEXUAL BEHAVIOR, CONTRACEPTIVE USE, CHILDBEARING, AND CHILDBEARING ASPIRATIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	CHECK 1.4b (COVER SHEET) (TICK APPROPRIATE BOX) 12-17 YEARS OLD <input type="checkbox"/> 18+ YEARS OLD <input type="checkbox"/>		911
902	CHECK 801 (TICK APPROPRIATE CASE) NEVER MARRIED OR LIVED TOGETHER (CODE '2' CIRCLED) <input type="checkbox"/> EVER MARRIED OR LIVED TOGETHER (CODE '1' CIRCLED) <input type="checkbox"/>		911
903	Now I am going to ask you some questions about what young people might do together. Have you ever heard of kissing?	YES 1 NO 2 DON'T KNOW 8	906
904	Do you know of any close friends who have kissed or been kissed?	YES 1 NO 2 DON'T KNOW 8	
905	Have you ever kissed or been kissed?	YES 1 NO 2	
906	Have you ever heard of fondling? By this I mean someone's private parts, breasts or other parts of the body being touched in a sexual way.	YES 1 NO 2 DON'T KNOW 8	909
907	Do you know of any close friends who have fondled or been fondled?	YES 1 NO 2 DON'T KNOW 8	
908	Have you ever fondled or been fondled?	YES 1 NO 2	
909	Have you ever heard of sexual intercourse? By this I mean a penis in a vagina.	YES 1 NO 2 DON'T KNOW 8	920
910	Do you know of any close friends who have had sexual intercourse?	YES 1 NO 2 DON'T KNOW 8	
911	Have you ever had sexual intercourse?	YES 1 NO 2	920
912	In what month and year did you first have sexual intercourse?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
913	<p>How old were you when you first had sexual intercourse?</p> <p>PROBE TO GET APPROXIMATE AGE</p>	<p>AGE IN YEARS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>			
914	<p>We've touched a little bit on this subject. Now, let's go to the calendar to get a bit more detail.</p> <p>GO TO CALENDAR!</p>				
915	<p>Now I'd like to ask you some questions about the first time you had sexual intercourse. What was this person's relationship to you at that time?</p> <p>IF RESPONDENT SAYS 'BOYFRIEND/GIRLFRIEND', ASK: Were you living together as if married?</p>	<p>HUSBAND/WIFE 1</p> <p>LIVE-IN PARTNER 2</p> <p>BOYFRIEND/GIRLFRIEND NOT</p> <p>LIVING WITH RESPONDENT 3</p> <p>CASUAL ACQUAINTANCE 4</p> <p>COMMERCIAL SEX WORKER 5</p> <p>OTHER 9</p> <p>(SPECIFY)</p>			
916	<p>The first time you had sex, did you or your partner use any kind of birth control method or contraceptive?</p>	<p>YES 1</p> <p>NO 2</p> <p>REFUSED TO ANSWER 7</p> <p>DON'T KNOW 8</p>	<p>→ 918</p>		
917	<p>Which method or methods were used?</p> <p>PROBE: Anything else?</p> <p>RECORD ALL MENTIONED.</p>	<p>PILL A</p> <p>INJECTABLES B</p> <p>CONDOM C</p> <p>FEMALE CONDOM D</p> <p>FOAM/JELLY E</p> <p>RHYTHM/PERIODIC ABSTINENCE F</p> <p>WITHDRAWAL G</p> <p>EMERGENCY CONTRACEPTION H</p> <p>FEMALE STERILIZATION I</p> <p>MALE STERILIZATION J</p> <p>IUD/COIL K</p> <p>IMPLANTS L</p> <p>OTHER X</p> <p>(SPECIFY)</p>			
918	<p>In your lifetime, how many people have you had sexual intercourse with?</p>	<p>NUMBER OF PEOPLE <input type="text"/> <input type="text"/></p> <p>REFUSED TO ANSWER 97</p> <p>DON'T KNOW 98</p>			
919	<p>In the past year, how many people, if any, have you had sexual intercourse with?</p>	<p>NUMBER OF PEOPLE <input type="text"/> <input type="text"/></p> <p>REFUSED TO ANSWER 97</p> <p>DON'T KNOW 98</p>			
920	<table border="0"> <tr> <td style="vertical-align: top;"> <p>FEMALE <input type="checkbox"/></p> <p>As girls grow into women, changes happen in their bodies, such as the start of menstrual periods.</p> <p>At what age did you have your first menstrual period, or have you not had one yet?</p> </td> <td style="vertical-align: top;"> <p>MALE <input type="checkbox"/></p> <p>As boys grow into men, certain changes happen to their bodies, such as growing pubic hair, voices get deeper, or sometimes they have "wet dreams."</p> <p>At what age did you first notice any of these changes happening in your body, or have none happened yet?</p> </td> </tr> </table>	<p>FEMALE <input type="checkbox"/></p> <p>As girls grow into women, changes happen in their bodies, such as the start of menstrual periods.</p> <p>At what age did you have your first menstrual period, or have you not had one yet?</p>	<p>MALE <input type="checkbox"/></p> <p>As boys grow into men, certain changes happen to their bodies, such as growing pubic hair, voices get deeper, or sometimes they have "wet dreams."</p> <p>At what age did you first notice any of these changes happening in your body, or have none happened yet?</p>	<p>AGE IN YEARS <input type="text"/> <input type="text"/></p> <p>NO CHANGE YET/NOT MENSTRUATING YET 96</p> <p>DON'T KNOW AGE 98</p>	<p>→ 931</p>
<p>FEMALE <input type="checkbox"/></p> <p>As girls grow into women, changes happen in their bodies, such as the start of menstrual periods.</p> <p>At what age did you have your first menstrual period, or have you not had one yet?</p>	<p>MALE <input type="checkbox"/></p> <p>As boys grow into men, certain changes happen to their bodies, such as growing pubic hair, voices get deeper, or sometimes they have "wet dreams."</p> <p>At what age did you first notice any of these changes happening in your body, or have none happened yet?</p>				

NO.	QUESTIONS AND FILTERS		CODING CATEGORIES	SKIP
	<p>CHECK 911 HAS THE RESPONDENT EVER HAD SEX? (TICK APPROPRIATE BOX)</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>			→ 931
921	<p>FEMALE <input type="checkbox"/></p> <p>Have you ever been pregnant?</p>	<p>MALE <input type="checkbox"/></p> <p>Have you ever made someone pregnant?</p>	<p>YES 1</p> <p>NO 2</p>	→ 931
922	In what month and year was your first pregnancy?	In what month and year did you first make someone pregnant?	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	
923	How old were you the first time you got pregnant?	How old were you when you first made someone pregnant?	<p>AGE IN YEARS <input type="text"/> <input type="text"/></p> <p>CURRENTLY PREGNANT 97</p> <p>DON'T KNOW 98</p>	
924	Now I would like to ask you about any babies you may have had, including babies who were born alive but later died, even when shortly after birth. Have you ever given birth?	Now I would like to ask you about any babies you may have fathered, including babies who were born alive but later died, even when shortly after birth. Have you ever fathered a child?	<p>YES 1</p> <p>NO 2</p>	→ 928
925	In what month and year did you have your first child?		<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	
926	How old were you when you had your first child?		<p>AGE IN YEARS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
927	How many children have you had, including babies who were born alive but later died, even when shortly after birth?		<p>RECORD NUMBER OF CHILDREN <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
928	We've touched on pregnancy . Now, let's go to the calendar to get some more detail. GO TO CALENDAR!			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
929	<p>FEMALE <input type="checkbox"/></p> <p>CHECK 923 (TICK APPROPRIATE CASE)</p> <p>IF NOT CURRENTLY PREGNANT</p> <p>At the time you became pregnant the last time did you want to become pregnant then, did you want to wait until later, or did you not want to have any (more) children at all?</p> <p>IF CURRENTLY PREGNANT</p> <p>For your current pregnancy did you want to become pregnant, did you want to wait until later, or did you not want to have any (more) children at all?</p> <p>MALE <input type="checkbox"/></p> <p>At the time you last fathered a child, did you want the child then, did you want to wait until later, or did you not want to have any (more) children at all?</p>	<p>THEN 1</p> <p>LATER 2</p> <p>NOT AT ALL 3</p>	<p>→ 932</p> <p>→ 932</p>
930	How much longer would you like to have waited?	<p>MONTHS 1</p> <p>YEARS 2</p> <p>DON'T KNOW 98</p>	<p>→ 932</p>
931	At what age do you expect to have your first child?	<p>AGE IN YEARS</p> <p>WHEN I GET MARRIED 91</p> <p>DO NOT EXPECT TO HAVE CHILDREN 92</p> <p>WHEN GOD WILLS 93</p> <p>DON'T KNOW 98</p>	
932	<p>CHECK 924 (TICK APPROPRIATE BOX)</p> <p>HAS HAD CHILDREN <input type="checkbox"/></p> <p>NO CHILDREN <input type="checkbox"/></p>		
933	<p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p>	<p>NONE 00</p> <p>NUMBER</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	
934	Do you think you will use a method to delay or avoid pregnancy at any time in the future?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 936</p> <p>→ 1001</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
935	<p>Which method would you prefer to use?</p> <p>CIRCLE ONLY ONE RESPONSE, THE MOST PREFERRED</p>	<p>FEMALE STERILISATION 01</p> <p>MALE STERILISATION 02</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTIONS 05</p> <p>IMPLANTS 06</p> <p>CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>RHYTHM, PERIODIC ABSTINENCE 09</p> <p>WITHDRAWAL 10</p> <p>OTHER 96</p> <p>(SPECIFY)</p> <p>UNSURE 98</p>	<p>→ 1001</p>
936	<p>What is the main reason that you think you will not use a method at any time in the future?</p> <p>CIRCLE ONLY ONE RESPONSE</p>	<p>FERTILITY-RELATED REASONS</p> <p>INFREQUENT SEX/NO SEX 21</p> <p>MENOPAUSAL/HYSTERECTOMY 22</p> <p>INFERTILE 23</p> <p>WANTS AS MANY CHILDREN AS POSSIBLE 24</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED 31</p> <p>HUSBAND/WIFE/PARTNER OPPOSED ... 32</p> <p>OTHERS OPPOSED 33</p> <p>RELIGIOUS PROHIBITION 34</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD 41</p> <p>KNOWS NO SOURCE 42</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS 51</p> <p>FEAR OF SIDE EFFECTS 52</p> <p>LACK OF ACCESS/TOO FAR 53</p> <p>COST TOO MUCH 54</p> <p>INCONVENIENT TO USE 55</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES 56</p> <p>OTHER 96</p> <p>(SPECIFY)</p> <p>DOES NOT KNOW 98</p>	

SECTION 10: HIV/AIDS-RELATED KNOWLEDGE AND HIV TESTING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
1001	<p>We're almost done with the interview. Thanks for your patience.</p> <p>Have you ever heard of HIV/AIDS?</p>	<p>YES 1</p> <p>NO 2</p>			→ 1101
1002	<p>In your opinion, can a person get HIV/AIDS from: (READ STATEMENT)</p> <p>a. Holding hands with someone?</p> <p>b. Sharing needles used to inject (shoot up) drugs?</p> <p>c. Being bitten by mosquitoes or other insects?</p> <p>d. Using public toilets?</p> <p>e. Having sexual intercourse without a condom(rubber)?</p> <p>f. Being in the same class with a student who has AIDS/HIV infection?</p>	YES	NO	NOT SURE	
		1	2	8	
		1	2	8	
		1	2	8	
		1	2	8	
		1	2	8	
		1	2	8	
1003	<p>In your opinion (READ STATEMENT)</p> <p>a. Can you tell if people are infected with the AIDS virus (HIV) just by looking at them?</p> <p>b. Can a person who has the AIDS virus (HIV) infect someone else during sexual intercourse?</p> <p>c. Can a pregnant woman who has the AIDS virus (HIV) infect her unborn baby with the virus?</p> <p>d. Is there a cure for HIV/AIDS?</p>	YES	NO	NOT SURE	
		1	2	8	
		1	2	8	
		1	2	8	
		1	2	8	
1004	<p>Can people reduce their chances of becoming infected with the AIDS virus (HIV):</p> <p>a. By not having sexual intercourse (being abstinent)?</p> <p>b. By using condoms (rubbers) during sexual intercourse?</p> <p>c. By not having sexual intercourse with a person who has injected (shot up) drugs?</p>	1	2	8	
		1	2	8	
		1	2	8	
1005	<p>I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p> <p>REFUSED TO ANSWER 7</p>			<p>→ 1014</p> <p>→ 1101</p>
1006	<p>The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted or was it required?</p>	<p>RESPONDENT ASKED FOR THE TEST 1</p> <p>OFFERED AND ACCEPTED 2</p> <p>REQUIRED 3</p>			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1007	What was the main reason you got tested the last time?	TO KNOW STATUS 01 PREGNANT/ PRENATAL 02 I'M SEXUALLY ACTIVE 03 ENCOURAGED BY COUNSELOR 04 ENCOURAGED BY PEER EDUCATOR 05 ENCOURAGED BY PARENTS OR FAMILY 06 ENCOURAGED BY PEERS 07 TO GET MARRIED 08 PARTNER TOLD ME TO DO SO 09 CONCERN ABOUT A PARTNER 10 REQUIRED TO GET A JOB 11 OTHER 96 (SPECIFY)	
1008	Where did you go for the test the last time?	GOVERNMENT CLINIC/HOSPITAL 1 PRIVATE CLINIC/HOSPITAL/DOCTOR 2 NGO CLINIC 3 DRUG SHOP/PHARMACY 4 MOBILE CLINIC 5 VCT CENTER 6 OTHER 96 (SPECIFY)	
1009	At any time during that last test, did you get any counseling about ways of protecting yourself or your partner from AIDS?	YES 1 NO 2	
1010	I don't want to know the results, but did you get the results of that test?	YES 1 NO 2 REFUSED TO ANSWER 7	→ 1011 → 1101
1011	Did you tell anyone the results of the test?	YES 1 NO 2	→ 1013 → 1101
1012	What is the main reason you did not get the results?	I'M NOT AT RISK 1 SCARED TO KNOW STATUS 2 SOMEONE MIGHT SEE ME 3 JUST DON'T WANT TO KNOW 4 INDIFFERENT/DON'T CARE 5 OTHER 96 (SPECIFY)	→ 1101

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1013	<p>Whom did you tell? Please tell me their relationships to you, not their names.</p> <p>PROBE: Any others?</p> <p>RECORD ALL MENTIONED.</p>	<p>PARTNER/SPOUSE A</p> <p>BOYFRIEND/GIRLFRIEND B</p> <p>MOTHER C</p> <p>FATHER D</p> <p>BROTHER E</p> <p>SISTER F</p> <p>OTHER FEMALE FAMILY G</p> <p>OTHER MALE FAMILY H</p> <p>FEMALE FRIEND I</p> <p>MALE FRIEND J</p> <p>TEACHER K</p> <p>DOCTOR/NURSE L</p> <p>TRADITIONAL HEALER/HERBALIST/PHARMACIST M</p> <p>PEER EDUCATOR O</p> <p>OTHER X</p> <p>(SPECIFY)</p>	<p>→ 1101</p>
1014	<p>What is the main reason you have not been tested yet?</p>	<p>NOT SEXUALLY ACTIVE 1</p> <p>NOT AT RISK FOR OTHER REASONS 2</p> <p>DO NOT KNOW WHERE TO GO 3</p> <p>COSTS TOO MUCH 4</p> <p>CAN GET INFECTION FROM TEST 5</p> <p>DON'T WANT TO KNOW STATUS 6</p> <p>SOMEONE MIGHT SEE ME 7</p> <p>OTHER 9</p> <p>(SPECIFY)</p>	
1015	<p>Would you want to be tested for the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	

SECTION 11: ATTITUDES TOWARDS SEX AND CONTRACEPTIVE USE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
1101	ATTITUDES TOWARDS SEX				
	I am going to read you a series of statements. Please tell me whether you agree or disagree with each statement. (READ STATEMENT) Would you say you (READ CHOICES)?	Agree	Disagree	Don't know	
	a. Young women should remain virgins until they marry.	1	2	8	
	b. Young men should remain virgins until they marry.	1	2	8	
1102	c. Usually people do not plan to have sex, it just happens.	1	2	8	
	ATTITUDES TOWARDS CONTRACEPTION	Agree	Disagree	Don't know	
	These next questions are about contraception or birth control. Please tell me whether you agree or disagree with them.				
	a. It's smart to use birth control to prevent an unplanned pregnancy.	1	2	8	
	b. Using birth control is just too much of a hassle	1	2	8	
	c. It's a good idea to use condoms to protect against getting AIDS.	1	2	8	
	d. It's just not right to use birth control.	1	2	8	
	e. The whole idea of birth control is embarrassing to me.	1	2	8	
	f. Teenagers who use birth control show they care about themselves and their future.	1	2	8	
	g. It is difficult for young people to obtain birth control/ contraceptives.	1	2	8	
	h. Having family planning methods available to young people encourages them to have sexual intercourse.	1	2	8	

SECTION 12: CIVIC PARTICIPATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																				
1201	<p>Thank you for answering these questions, we are almost done with the interview</p> <p>Now I would like to ask you some questions on participation in any social groups or clubs.</p> <p>Do you belong to a [GROUP]?</p> <p>a. Religious group b. Foot/netball club c. Drama group/Dance group/Choir d. Anti-AIDS club e. Anti-drugs club f. Girl guides/boy scouts g. Wildlife society h. Self-help group i. Other _____ (SPECIFY)</p>	<table border="1"> <tr> <td>YES</td><td>1</td><td>NO</td><td>2</td></tr> <tr> <td>YES</td><td>1</td><td>NO</td><td>2</td></tr> <tr> <td>YES</td><td>1</td><td>NO</td><td>2</td></tr> <tr> <td>YES</td><td>1</td><td>NO</td><td>2</td></tr> <tr> <td>YES</td><td>1</td><td>NO</td><td>2</td></tr> <tr> <td>YES</td><td>1</td><td>NO</td><td>2</td></tr> <tr> <td>YES</td><td>1</td><td>NO</td><td>2</td></tr> <tr> <td>YES</td><td>1</td><td>NO</td><td>2</td></tr> <tr> <td>YES</td><td>1</td><td>NO</td><td>2</td></tr> </table>	YES	1	NO	2	YES	1	NO	2	YES	1	NO	2	YES	1	NO	2	YES	1	NO	2	YES	1	NO	2	YES	1	NO	2	YES	1	NO	2	YES	1	NO	2	
YES	1	NO	2																																				
YES	1	NO	2																																				
YES	1	NO	2																																				
YES	1	NO	2																																				
YES	1	NO	2																																				
YES	1	NO	2																																				
YES	1	NO	2																																				
YES	1	NO	2																																				
YES	1	NO	2																																				
1202	Do you hold an office or leadership position in any of the groups or clubs you belong to?	YES 1 NO 2 NOT APPLICABLE 9																																					
1203	Do you do any unpaid volunteer work in the community; for example, cleaning the neighborhood?	YES 1 NO 2	→ 1205																																				
1204	What is the main unpaid volunteer work do you do?	_____ (SPECIFY)																																					
1205	<p>RECORD THE END TIME (24 HR-FORMAT)</p> <p>END THE INTERVIEW BY THANKING THE RESPONDENT</p>	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div> <p>REMEMBER TO FILL IN THE FINAL STATUS OF THE INTERVIEW ON THE COVER SHEET</p>																																					

INTERVIEWER ASSESSMENT					
INTERVIEWER, PLEASE COMPLETE THE QUESTIONS BELOW BASED ON YOUR OWN OBSERVATION AND ASSESSMENT OF THE ENTIRE INTERVIEW PROCESS AND OF THE RESPONDENT					
1301	What is your assessment of the respondent's cooperation? 1=Very good 2=Good 3=Moderate 4=Bad 5=Very bad				<input type="checkbox"/>
1302	What is your evaluation of the accuracy and completeness of the respondent's answers? 1=Very high 2=High 3=Average 4=Low 5=Very low				<input type="checkbox"/>
1303	What is your assessment of the respondent's comprehension of issues discussed? 1=Very good 2=Good 3=Moderate 4=Bad 5=Very bad				<input type="checkbox"/>
1304	What is your assessment of the respondent's concentration and attentiveness during the interview? 1=Very good 2=Good 3=Moderate 4=Bad 5=Very bad				<input type="checkbox"/>
1305	What is your assessment on the extent of the respondent digressing during the interview ? 1=To a very great extent; 2=To a great extent; 3=Neither great nor small extent 4=To a small extent; 5=To a very small extent				<input type="checkbox"/>
1306	Questions with doubtful answers				(Explain)
<div></div> <div></div> <div></div> <div></div>					
1307	Questions needing follow-up or clarification from supervisor				(Explain)
<div></div> <div></div> <div></div> <div></div> <div></div>					
1308	What questions did the respondent find difficult, embarrassing or confusing?				(Explain)
<div></div> <div></div> <div></div> <div></div> <div></div>					
1309	What questions did you, the interviewer, find difficult, embarrassing or confusing?				(Explain)
<div></div> <div></div> <div></div>					
1310	INTERVIEWER NOTES				
<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>					

¹ Result of interview	² Relationship
1=Completed; 2=Refused; 3=Parent/guardian refused 4=Incapacitated 8=Other (specify)	AUN= Aunt; BIL=Brother-in-law; BRO= Brother; CHD = Child; COU=Cousin; CWF = Co-wife; DIL = Daughter-in-law; GCH = Grand child; GDP = Grand parent; HHH=Household head; HUS = Husband; NEP= Nephew; NIE=Niece; NRL = Not related; PAR = Parent; PIL = Parent-in-Law; SIL=Sister-in-law; SIS=Sister; SOL= Son-in-law; STC=Step child; STP=Step parent; UNC=Uncle; UNK = Unknown relation; WIF = Wife; OTH = Other (specify)

TRANSITION CALENDAR																
YEAR	MONTH	ORDER	HOUSING	SCHOOLING	MARRIAGE	SEX	PREGNANCY	YEAR	MONTH	ORDER	HOUSING	SCHOOLING	MARRIAGE	SEX	PREGNANCY	
1 9 8 6	01	JAN	01						01	JAN	01					
	02	FEB	02						02	FEB	02					
	03	MAR	03						03	MAR	03					
	04	APR	04						04	APR	04					
	05	MAY	05						05	MAY	05					
	06	JUN	06						06	JUN	06					
	07	JUL	07						07	JUL	07					
	08	AUG	08						08	AUG	08					
	09	SEP	09						09	SEP	09					
	10	OCT	10						10	OCT	10					
	11	NOV	11						11	NOV	11					
	12	DEC	12						12	DEC	12					
1 9 8 7	01	JAN	01						01	JAN	01					
	02	FEB	02						02	FEB	02					
	03	MAR	03						03	MAR	03					
	04	APR	04						04	APR	04					
	05	MAY	05						05	MAY	05					
	06	JUN	06						06	JUN	06					
	07	JUL	07						07	JUL	07					
	08	AUG	08						08	AUG	08					
	09	SEP	09						09	SEP	09					
	10	OCT	10						10	OCT	10					
	11	NOV	11						11	NOV	11					
	12	DEC	12						12	DEC	12					
1 9 8 8	01	JAN	01						01	JAN	01					
	02	FEB	02						02	FEB	02					
	03	MAR	03						03	MAR	03					
	04	APR	04						04	APR	04					
	05	MAY	05						05	MAY	05					
	06	JUN	06						06	JUN	06					
	07	JUL	07						07	JUL	07					
	08	AUG	08						08	AUG	08					
	09	SEP	09						09	SEP	09					
	10	OCT	10						10	OCT	10					
	11	NOV	11						11	NOV	11					
	12	DEC	12						12	DEC	12					
1 9 8 9	01	JAN	01						01	JAN	01					
	02	FEB	02						02	FEB	02					
	03	MAR	03						03	MAR	03					
	04	APR	04						04	APR	04					
	05	MAY	05						05	MAY	05					
	06	JUN	06						06	JUN	06					
	07	JUL	07						07	JUL	07					
	08	AUG	08						08	AUG	08					
	09	SEP	09						09	SEP	09					
	10	OCT	10						10	OCT	10					
	11	NOV	11						11	NOV	11					
	12	DEC	12						12	DEC	12					
1 9 9 0	01	JAN	01						01	JAN	01					
	02	FEB	02						02	FEB	02					
	03	MAR	03						03	MAR	03					
	04	APR	04						04	APR	04					
	05	MAY	05						05	MAY	05					
	06	JUN	06						06	JUN	06					
	07	JUL	07						07	JUL	07					
	08	AUG	08						08	AUG	08					
	09	SEP	09						09	SEP	09					
	10	OCT	10						10	OCT	10					
	11	NOV	11						11	NOV	11					
	12	DEC	12						12	DEC	12					

- | | | | | |
|------------------|----------------------------|-----------------------------------|------------------|-------------------------------|
| Schooling | Independent housing | Marital status | First sex | Pregnancy (girls only) |
| 0 Not in school | 0 Not own/rent a house | 1 Married | 1 First sex | 0 Not pregnant |
| 1 Standard 1 | 1 Own | 2 Living together but not married | | 1 Pregnant |
| 2 Standard 2 | 2 Rent | 3 Divorced/separated | | |
| 3 Standard 3 | | 4 Widowed | | |
| 4 Standard 4 | | | | |
| 5 Standard 5 | | | | |
| 6 Standard 6 | | | | |
| 7 Standard 7 | | | | |
| 8 Standard 8 | | | | |

YEAR	MONTH	ORDER	HOUSING	SCHOOLING	MARRIAGE	SEX	PREGNANCY	YEAR	MONTH	ORDER	HOUSING	SCHOOLING	MARRIAGE	SEX	PREGNANCY
1	01 JAN	01						2	01 JAN	01					
9	02 FEB	02						0	02 FEB	02					
9	03 MAR	03						0	03 MAR	03					
6	04 APR	04						2	04 APR	04					
	05 MAY	05						0	05 MAY	05					
	06 JUN	06						0	06 JUN	06					
	07 JUL	07						0	07 JUL	07					
	08 AUG	08						4	08 AUG	08					
	09 SEP	09						0	09 SEP	09					
	10 OCT	10						5	10 OCT	10					
	11 NOV	11						0	11 NOV	11					
	12 DEC	12						0	12 DEC	12					
	01 JAN	01							01 JAN	01					
	02 FEB	02							02 FEB	02					
	03 MAR	03							03 MAR	03					
	04 APR	04							04 APR	04					
	05 MAY	05							05 MAY	05					
	06 JUN	06							06 JUN	06					
	07 JUL	07							07 JUL	07					
	08 AUG	08							08 AUG	08					
	09 SEP	09							09 SEP	09					
	10 OCT	10							10 OCT	10					
	11 NOV	11							11 NOV	11					
	12 DEC	12							12 DEC	12					
	01 JAN	01							01 JAN	01					
	02 FEB	02							02 FEB	02					
	03 MAR	03							03 MAR	03					
	04 APR	04							04 APR	04					
	05 MAY	05							05 MAY	05					
	06 JUN	06							06 JUN	06					
	07 JUL	07							07 JUL	07					
	08 AUG	08							08 AUG	08					
	09 SEP	09							09 SEP	09					
	10 OCT	10							10 OCT	10					
	11 NOV	11							11 NOV	11					
	12 DEC	12							12 DEC	12					
	01 JAN	01							01 JAN	01					
	02 FEB	02							02 FEB	02					
	03 MAR	03							03 MAR	03					
	04 APR	04							04 APR	04					
	05 MAY	05							05 MAY	05					
	06 JUN	06							06 JUN	06					
	07 JUL	07							07 JUL	07					
	08 AUG	08							08 AUG	08					
	09 SEP	09							09 SEP	09					
	10 OCT	10							10 OCT	10					
	11 NOV	11							11 NOV	11					
	12 DEC	12							12 DEC	12					
	01 JAN	01							01 JAN	01					
	02 FEB	02							02 FEB	02					
	03 MAR	03							03 MAR	03					
	04 APR	04							04 APR	04					
	05 MAY	05							05 MAY	05					
	06 JUN	06							06 JUN	06					
	07 JUL	07							07 JUL	07					
	08 AUG	08							08 AUG	08					
	09 SEP	09							09 SEP	09					
	10 OCT	10							10 OCT	10					
	11 NOV	11							11 NOV	11					
	12 DEC	12							12 DEC	12					

Schooling

- | | |
|-----------------|--|
| 0 Not in school | 9 Form 1 |
| 1 Standard 1 | 10 Form 2 |
| 2 Standard 2 | 11 Form 3 |
| 3 Standard 3 | 12 Form 4 |
| 4 Standard 4 | 13 Vocational |
| 5 Standard 5 | 14 College (leads to a diploma/higher diploma) |
| 6 Standard 6 | 15 University |
| 7 Standard 7 | 96 Other |
| 8 Standard 8 | |

Independent housing

- | |
|------------------------|
| 0 Not own/rent a house |
| 1 Own |
| 2 Rent |

Marital status

- | |
|-----------------------------------|
| 1 Married |
| 2 Living together but not married |
| 3 Divorced/separated |
| 4 Widowed |

First sex

- | |
|-------------|
| 1 First sex |
|-------------|

Pregnancy (girls only)

- | |
|----------------|
| 0 Not pregnant |
| 1 Pregnant |