

# Assessing the implementation and effectiveness of sexuality education programs in schools in Kinshasa, Democratic Republic of Congo

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**CODES FOR SC3: SCHOOL OWNERSHIP:**  
 01 = STATE OWN (Government)  
 02 = CATHOLIC  
 03 = FRATERNITY  
 04 = PROTESTANT & SALVATION ARMY  
 05 = KIMBANGUIST  
 06 = ISLAMIC  
 07 = PRIVATE

**CODES FOR SC4: TYPE OF SCHOOL**  
 1 01 = Boys only  
 02 = Girls only  
 04 = Mixed (Boys & Girls)

**SECTION 1: INDIVIDUAL CHARACTERISTICS**

NO.	QUESTIONS	ANSWERS/ CODE
101	Are you male or female?  <b><u>TICK ONLY ONE</u></b>	Male ..... <input type="checkbox"/> 1  Female ..... <input type="checkbox"/> 2
102	In what day, month and year were you born?	Day ..... <input type="text"/> <input type="text"/> Month ..... <input type="text"/> <input type="text"/> YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
103	How old were you at your last birthday?	Age (in completed years) at your last birthday ..... <input type="text"/> <input type="text"/>
104	Where were you born	Kinshasa ..... 1 Another DRC province ..... 2 Out of DRC ..... 3 DKN ..... 9 <input type="checkbox"/>
105	If born out of Kinshasa, when did you come in Kinshasa  <b><u>TICK ONLY ONE</u></b>	Less than 1 year ..... 1 1-3 years ..... 2 3-9 years ..... 3 10 years& + ..... 4 Year of birth ..... 5 DKN ..... 9 <input type="checkbox"/>
106	Province of origin  <b><u>TICK ONLY ONE</u></b>	Kinshasa..... 1 Kongo Central..... 2 Kwango..... 3 Kwilu..... 4 Mai-Ndombe..... 5 Equateur..... 6 Tsuapa..... 7 Mongala..... 8 Sud Ubangi..... 9 Nord Ubangi..... 10 Bas Uele..... 11 Haut Uele..... 12 Ituri..... 13 Tsopo..... 14 Nord Kivu..... 15 Maniema..... 16 Sud Kivu..... 17 Tanganyika..... 18 Haut Katanga..... 19 Lualaba..... 20 Haut Lomami..... 21 Lomami..... 22 Kasai Orienta..... 23 Sankuru..... 24 Kasai central..... 25 <input type="text"/> <input type="text"/>

NO.	QUESTIONS	ANSWERS/ CODE
		Kasai..... 26
107	What is your religion?  <b><u>TICK ONLY ONE</u></b>	Catholic..... 1 Protestant..... 2 Kimbanguist..... 3 Other Christian..... 4 Muslim..... 5 Traditional..... 6 Other..... 7 <input data-bbox="1239 285 1297 344" type="checkbox"/>
108	Do your parents alive?  <b><u>TICK ONLY ONE</u></b>	Both father and mother..... 1 Father only..... 2 Mother only..... 3 <input data-bbox="1239 470 1297 529" type="checkbox"/>
109	Number of simblings	Number of sisters <input data-bbox="1177 606 1235 665" type="text"/> <input data-bbox="1239 606 1297 665" type="text"/>  Number of brothers <input data-bbox="1177 690 1235 749" type="text"/> <input data-bbox="1239 690 1297 749" type="text"/>
110	Number of adolescents and youth in the household	Number of girls <input data-bbox="1177 806 1235 865" type="text"/> <input data-bbox="1239 806 1297 865" type="text"/>  Number of boys <input data-bbox="1177 890 1235 949" type="text"/> <input data-bbox="1239 890 1297 949" type="text"/>
111	Who do you currently live with? <b>(FOR BOARDING SCHOOL STUDENTS:            tick boarding school <i>and</i> tick those with            whom you live <u>during holidays</u>)</b>  <b><u>TICK ALL THAT APPLY</u></b>	My mother..... My father..... Other family members/guardian..... My boyfriend/girlfriend/husband/wife..... Boarding school..... With friends..... On my own..... Other (specify: _____) <input data-bbox="1260 1001 1297 1031" type="checkbox"/> A <input data-bbox="1260 1041 1297 1071" type="checkbox"/> B <input data-bbox="1260 1081 1297 1110" type="checkbox"/> C <input data-bbox="1260 1121 1297 1150" type="checkbox"/> D <input data-bbox="1260 1161 1297 1190" type="checkbox"/> E <input data-bbox="1260 1201 1297 1230" type="checkbox"/> F <input data-bbox="1260 1241 1297 1270" type="checkbox"/> G <input data-bbox="1260 1281 1297 1310" type="checkbox"/> X
112	What class are you attending this year?	<input data-bbox="1239 1310 1297 1369" type="checkbox"/>
113	When did you join this school?	<input data-bbox="1065 1421 1123 1480" type="text"/> <input data-bbox="1130 1421 1188 1480" type="text"/> <input data-bbox="1188 1421 1247 1480" type="text"/> <input data-bbox="1247 1421 1305 1480" type="text"/>
114	Have you ever studied in a school belonging to another owner than this?	Yes 1 No 2 <input data-bbox="1239 1535 1297 1593" type="checkbox"/> →
115	Previous school ownership	<input data-bbox="1239 1650 1297 1709" type="checkbox"/>
116	Do you belong to any Youth association or Club?	Yes 1 No 2 <input data-bbox="1239 1766 1297 1824" type="checkbox"/> →
117	Nature of the association	Faith based Sport related Social/cultural <input data-bbox="1260 1873 1297 1902" type="checkbox"/> A <input data-bbox="1260 1913 1297 1942" type="checkbox"/> B <input data-bbox="1260 1953 1297 1982" type="checkbox"/> C

NO.	QUESTIONS	ANSWERS/ CODE
		Other (specify: _____) <input type="checkbox"/> x

**SECTION 2. REPRODUCTIVE HEALTH EDUCATION IN SCHOOL**

A variety of types and forms of **reproductive health education** exist, and it may be called by some other name. Sometimes it is called Family Life Education (FLE), or HIV/AIDS education, or Life Skills, or sexuality education. In this study, reproductive health education refers to all these types of education, and is defined as any instruction about human sexual development and behavior, the process of reproduction, or relationships associated with sexual behavior and reproduction.

**It may include a variety of topics, such as puberty, the male and female reproductive systems, pregnancy and childbirth, abstinence"say no to sex" /chilling, HIV/AIDS, contraception, abortion, sexually transmitted infections (STIs), romantic and sexual relationships, making decisions about sex, violence and sexual abuse,affection, gender (including gender inequality), self esteem, youth empowerment, sexual and reproductive rights and female genital mutilation.**

**In this section, we would like to know more about reproductive health education in your school.**

NO.	QUESTIONS	ANSWERS
201	Did you learn about any of the topics listed above in any classes, talks or activities you attended in this school <b>during school hours</b> (even if it's just one of these topics)?  <u><b>TICK ONLY ONE</b></u>	Yes ..... <input type="checkbox"/> 1 No ..... <input type="checkbox"/> 2

**If you didn't learn about any of these topics, skip questions 102 to 107, and restart with question 108**

202	In what classes (primary and secondary school) did you learn about any of these topics?  <u><b>TICK ALL THAT APPLY</b></u>	<table border="0"> <tr><td>Class 1 (Primary).....</td><td><input type="checkbox"/></td><td>A</td></tr> <tr><td>Class 2 (Primary).....</td><td><input type="checkbox"/></td><td>B</td></tr> <tr><td>Class 3 (Primary).....</td><td><input type="checkbox"/></td><td>C</td></tr> <tr><td>Class 4 (Primary).....</td><td><input type="checkbox"/></td><td>D</td></tr> <tr><td>Class 5 (Primary).....</td><td><input type="checkbox"/></td><td>E</td></tr> <tr><td>Class 6 (Primary).....</td><td><input type="checkbox"/></td><td>F</td></tr> <tr><td>Class 1 (Secondary).....</td><td><input type="checkbox"/></td><td>G</td></tr> <tr><td>Class 2 (Secondary).....</td><td><input type="checkbox"/></td><td>H</td></tr> <tr><td>Class 3 (Secondary)</td><td><input type="checkbox"/></td><td>I</td></tr> <tr><td>Class 4 (Secondary).....</td><td><input type="checkbox"/></td><td>J</td></tr> <tr><td>Class 5 (Secondary).....</td><td><input type="checkbox"/></td><td>K</td></tr> <tr><td>Class 6 (Secondary).....</td><td><input type="checkbox"/></td><td>L</td></tr> </table>	Class 1 (Primary).....	<input type="checkbox"/>	A	Class 2 (Primary).....	<input type="checkbox"/>	B	Class 3 (Primary).....	<input type="checkbox"/>	C	Class 4 (Primary).....	<input type="checkbox"/>	D	Class 5 (Primary).....	<input type="checkbox"/>	E	Class 6 (Primary).....	<input type="checkbox"/>	F	Class 1 (Secondary).....	<input type="checkbox"/>	G	Class 2 (Secondary).....	<input type="checkbox"/>	H	Class 3 (Secondary)	<input type="checkbox"/>	I	Class 4 (Secondary).....	<input type="checkbox"/>	J	Class 5 (Secondary).....	<input type="checkbox"/>	K	Class 6 (Secondary).....	<input type="checkbox"/>	L
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Class 6 (Secondary).....	<input type="checkbox"/>	L																																				
203	Would you have liked to start learning about these topics earlier, later or was it just the right timing?  <u><b>TICK ONLY ONE</b></u>	Earlier ..... <input type="checkbox"/> 1 Later..... <input type="checkbox"/> 2 The timing was just right..... <input type="checkbox"/> 3																																				

NO.	QUESTIONS	ANSWERS
204	In which subjects did you learn about these topics?  <u><b>TICK ALL THAT APPLY</b></u>	Biology..... <input type="checkbox"/> A Physical education..... <input type="checkbox"/> B Religious classes..... <input type="checkbox"/> C Geography <input type="checkbox"/> D Current Issues course (Actualité) <input type="checkbox"/> E Social Sciences ..... <input type="checkbox"/> F Morale & Social Ethics <input type="checkbox"/> G New citizenships Education <input type="checkbox"/> H Life skills..... <input type="checkbox"/> I Sexual Education Course <input type="checkbox"/> J After-classes/extracurricular programs..... <input type="checkbox"/> K Other (specify) _____ <input type="checkbox"/> X None of the above..... <input type="checkbox"/> L
205	What is the frequency of Life skills/ Sexual Education course per week?	Number <input type="text"/> <input type="text"/> Not applicable..... 9 <input type="text"/> <input type="text"/>
<b>Answer questions 105 and 106 only if you are in A MIXED SCHOOL</b>		
206	Are the activities on reproductive health education generally mixed with boys and girls, or are boys and girls taught separately?  <u><b>TICK ONLY ONE</b></u>	All activities are mixed boys and girls..... <input type="checkbox"/> 1 Some activities are mixed, some separate..... <input type="checkbox"/> 2 All activities separate boys and girls ..... <input type="checkbox"/> 3
207	How would you <u>prefer</u> to have these activities?  <u><b>TICK ONLY ONE</b></u>	Mixed (girls and boys together) ..... <input type="checkbox"/> 1 Some mixed, some separate..... <input type="checkbox"/> 2 Girls and boys separate ..... <input type="checkbox"/> 3
<b>Have another look at the box at the beginning of this section of the list of topics we are referring to when we ask about topics related to reproductive health education.</b>		
208	What do you think about the amount of time spent on these topics in your school?  <u><b>TICK ONLY ONE</b></u>	There should be more time..... <input type="checkbox"/> 1 The time is just enough..... <input type="checkbox"/> 2 There should be less time..... <input type="checkbox"/> 3
<b>Question 208 is for ALL STUDENTS. Those who answered YES or NO to question 101 can answer 108.</b>		
209	Do any of your exams include topics on reproductive health education?  <u><b>TICK YES OR NO</b></u>	Yes ..... <input type="checkbox"/> 1 No ..... <input type="checkbox"/> 2

### SECTION 3. CURRICULUM

Now we would like to ask you more about specific topics related to reproductive health education that you might have learned about in your classes at school (in normal school hours).

NO.	QUESTIONS	ANSWERS		
301	<b>This question is for all students</b>			
	Here is a list of topics that you may have discussed in <b>classes/talks/activities at your school</b> .			
	A Puberty/physical changes in body	<b>Tick only one answer for each topic</b>	<b>For each topic, tick if you agree</b>	
	B Reproductive organs	I learned about it	I didn't learn about it	I would like to learn more about it
	C Menstruation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	D Sexual behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	E Equality between men and women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	F Pregnancy and childbirth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	G Abortion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	H Contraceptive methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	I How to use contraceptive methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	J Where to get contraceptive methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	K Sex in exchange for money or gifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	L HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	M Other STIs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	N Where to access STI/HIV services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	O Communicating within relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	P Decision-making skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Q Prevention of violence/sexual abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	R Sexual orientation (homosexuality)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	S Sexual and reproductive rights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T Say no to sex/ Abstinence /Chilling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
U Moral issues related to sexuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
V Female Genital Mutilation (FGM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Before moving on to question 202, make sure that you gave an answer for EACH item above.**

**Now return to have a look at Q101. If you answered NO to 101, skip the rest of this section and go straight to Q401. If you answered YES to Q101, continue to Q202 and answer all questions.**

302	Thinking about the classes you've attended on these topics at school, how strongly were the following messages being communicated as part of these classes?			
	<b>Circle the number in the column of your choice for each statement.</b>	<b>Very strongly communicated</b>	<b>Not very strongly communicated</b>	<b>No message on this topic</b>
	A. Having sex is dangerous for young people	1	2	3
	B. Don't have sex before you are married	1	2	3
	C. It is best that young people avoid having sex, but if they do have sex, they should use condoms	1	2	3

**SECTION 3. CURRICULUM**

Now we would like to ask you more about specific topics related to reproductive health education that you might have learned about in your classes at school (in normal school hours).

NO.	QUESTIONS	ANSWERS																																	
303	<p>Have you learned about any of the following concepts <u>in your classes</u>?</p> <p align="right"><b>Tick your answer</b></p> <table border="0"> <thead> <tr> <th></th> <th align="center">YES</th> <th align="center">NO</th> </tr> </thead> <tbody> <tr> <td>A. How to make positive decisions and stick to them.....</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>B. Recognizing forced sexual contact .....</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>C. How alcohol and drugs affect sexual behavior.....</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>D. Respect for yourself and others, no matter gender, or social status .....</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>E. Signs and symptoms of STIs and HIV.....</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>F. Ways to prevent HIV.....</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>G. How to talk to a partner about getting an HIV test.....</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>H. Ways to prevent pregnancy.....</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>I. How to communicate with a partner about using contraceptive methods, including condoms.....</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>J. What to do if you get pregnant / if you make a girl pregnant...</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	A. How to make positive decisions and stick to them.....	<input type="checkbox"/>	<input type="checkbox"/>	B. Recognizing forced sexual contact .....	<input type="checkbox"/>	<input type="checkbox"/>	C. How alcohol and drugs affect sexual behavior.....	<input type="checkbox"/>	<input type="checkbox"/>	D. Respect for yourself and others, no matter gender, or social status .....	<input type="checkbox"/>	<input type="checkbox"/>	E. Signs and symptoms of STIs and HIV.....	<input type="checkbox"/>	<input type="checkbox"/>	F. Ways to prevent HIV.....	<input type="checkbox"/>	<input type="checkbox"/>	G. How to talk to a partner about getting an HIV test.....	<input type="checkbox"/>	<input type="checkbox"/>	H. Ways to prevent pregnancy.....	<input type="checkbox"/>	<input type="checkbox"/>	I. How to communicate with a partner about using contraceptive methods, including condoms.....	<input type="checkbox"/>	<input type="checkbox"/>	J. What to do if you get pregnant / if you make a girl pregnant...	<input type="checkbox"/>	<input type="checkbox"/>	
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304	<p>How useful have these classes, talks or activities on reproductive health been in helping you in your personal life?</p> <p><b><u>TICK ONLY ONE</u></b></p>	<table border="0"> <tbody> <tr> <td>Very useful.....</td> <td align="center"><input type="checkbox"/></td> <td align="right">1</td> </tr> <tr> <td>Useful.....</td> <td align="center"><input type="checkbox"/></td> <td align="right">2</td> </tr> <tr> <td>Not very useful.....</td> <td align="center"><input type="checkbox"/></td> <td align="right">3</td> </tr> <tr> <td>Not at all useful.....</td> <td align="center"><input type="checkbox"/></td> <td align="right">4</td> </tr> </tbody> </table>	Very useful.....	<input type="checkbox"/>	1	Useful.....	<input type="checkbox"/>	2	Not very useful.....	<input type="checkbox"/>	3	Not at all useful.....	<input type="checkbox"/>	4																					
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**SECTION 4. TEACHING METHODS AND QUALITY**

**The following questions are only for those who answered YES to question 101**

NO.	QUESTIONS	ANSWERS
401	<p>Do any of the following people ever <b>come in to your school</b> to teach classes, give talks or organize activities related to reproductive health topics?</p> <p><b><u>TICK ALL THAT APPLY</u></b></p>	<p>Health provider..... <input type="checkbox"/> A</p> <p>Religious person..... <input type="checkbox"/> B</p> <p>Peer educator..... <input type="checkbox"/> C</p> <p>Life Education Sepcific Teacher..... <input type="checkbox"/> D</p> <p>Other (specify: _____) <input type="checkbox"/> X</p> <p>None of the above..... <input type="checkbox"/> D</p> <p>Don't know..... <input type="checkbox"/> Y</p>
402	<p>Generally, do you enjoy your classes or activities on reproductive health education <b>more, less or the same</b> as classes on other subjects?</p> <p><b><u>TICK ONLY ONE</u></b></p>	<p>I usually enjoy them more..... <input type="checkbox"/> 1</p> <p>I enjoy them about the same..... <input type="checkbox"/> 2</p> <p>I usually enjoy them less..... <input type="checkbox"/> 3</p>
403	<p>Have your classes, talks or other activities on topics related to reproductive health <b>at this school</b> included any of the following activities?</p> <p><b><u>TICK ALL THAT APPLY</u></b></p>	<p>Listening to a lecture/talk..... <input type="checkbox"/> A</p> <p>Role playing, debate..... <input type="checkbox"/> B</p> <p>Assignments (essays, other homework)..... <input type="checkbox"/> C</p> <p>Quizzes..... <input type="checkbox"/> D</p> <p>Small group discussions..... <input type="checkbox"/> E</p> <p>Flipcharts and drawings..... <input type="checkbox"/> F</p> <p>Art projects, theater, drama..... <input type="checkbox"/> G</p> <p>Poems, story-telling..... <input type="checkbox"/> H</p> <p>Audiovisual - film, video, radio..... <input type="checkbox"/> I</p> <p>Use of the internet/social media..... <input type="checkbox"/> J (Facebook, Twitter, etc.)</p> <p>Other (specify)_____ <input type="checkbox"/> X</p>

NO.	QUESTIONS	ANSWERS
404	<p>Which of the following activities would you like to do in classes on topics related to reproductive health education?</p> <p><i>(These could be activities that have been included in your classes, or not).</i></p> <p><b><u>TICK ALL THAT APPLY</u></b></p>	<p>Listening to a lecture/talk..... <input type="checkbox"/> A</p> <p>Role playing, debate..... <input type="checkbox"/> B</p> <p>Assignments (essays, other homework).... <input type="checkbox"/> C</p> <p>Quizzes..... <input type="checkbox"/> D</p> <p>Small group discussions..... <input type="checkbox"/> E</p> <p>Flipcharts and drawings..... <input type="checkbox"/> F</p> <p>Art projects, theater, drama..... <input type="checkbox"/> G</p> <p>Poems, story-telling..... <input type="checkbox"/> H</p> <p>Audiovisual - film, video, radio..... <input type="checkbox"/> I</p> <p>Use of the internet/social media..... <input type="checkbox"/> J (Facebook, Twitter, etc.)</p> <p>Other (specify)_____ <input type="checkbox"/> X</p>
405	<p>Which of the following situations have most often occurred during classes or other activities that include topics related to reproductive health education?</p> <p><b><u>TICK ALL THAT APPLY</u></b></p>	<p>Too many people in the class..... <input type="checkbox"/> A</p> <p>Students not paying attention or disrupting the class..... <input type="checkbox"/> B</p> <p>Students embarrassed to talk about reproductive health topics..... <input type="checkbox"/> C</p> <p>Students are excited to learn about reproductive health education..... <input type="checkbox"/> D</p> <p>Teacher embarrassed to talk about reproductive health topics..... <input type="checkbox"/> E</p> <p>Teacher doesn't know enough about the topic..... <input type="checkbox"/> F</p> <p>None of the above..... <input type="checkbox"/> G</p>
406	<p>Have you ever wanted to ask a question in class about reproductive health but did not ask it? Why not?</p> <p><b><u>TICK ALL THAT APPLY</u></b></p>	<p>Yes, I was too embarrassed to ask..... <input type="checkbox"/> A</p> <p>Yes, there was not enough time..... <input type="checkbox"/> B</p> <p>Yes, because I thought the teacher would not know the answer..... <input type="checkbox"/> C</p> <p>Yes, I was afraid to offend or embarrass someone ..... <input type="checkbox"/> D</p> <p>Yes, I was afraid the teacher or students would shut me down..... <input type="checkbox"/> E</p> <p>Yes, because the students or the teacher were not listening..... <input type="checkbox"/> F</p>

NO.	QUESTIONS	ANSWERS
		No, I have never had a question that I didn't ask..... <input type="checkbox"/> G

**SECTION 5. REPRODUCTIVE HEALTH EDUCATION OUTSIDE OF SCHOOL**

NO.	QUESTIONS	ANSWERS
501a	<p>Have you received information on reproductive health topics from any of the following sources?</p> <p>A. Father</p> <p>B. Mother</p> <p>C. Sister</p> <p>D. Brother</p> <p>E. Grandparents</p> <p>F. Other relative</p> <p>G. Friend</p> <p>H. Girlfriend/boyfriend</p> <p>I. School (teacher, counselor, activity, etc.)</p> <p>J. After-school program</p> <p>K. Trained peer</p> <p>L. Outreach worker</p> <p>M. Priest, Imam or other religious figure</p> <p>N. Health center/ family planning center/hospital</p> <p>O. Youth center</p> <p>P. Other community center</p> <p>Q. Books/pamphlets/magazines</p> <p>R. Internet/ Social media (Facebook, Twitter, etc.)</p> <p>S. Radio or TV</p> <p>T. Other (specify) _____</p>	<p>Have you received information?</p> <p><b>(circle your answer)</b></p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p>

**Make sure that you gave an answer for EACH item above before moving to the next question.**

501b

Now look at all the sources you said you get information from and tell us:  
Which 3 sources do you use the most?

Write the corresponding letter in the boxes for your 1st, 2nd and 3rd choices. **Remember these can only include resources for which you circled YES in the previous question.**

**1st most used source**

**2nd most used source**

**3rd most used source**

NO.	QUESTIONS	ANSWERS
502	<p>What types of activities have you participated in <b>outside of your normal school hours</b> that include topics related to reproductive health?</p> <p><b><u>TICK ALL THAT APPLY</u></b></p>	<p>Seminars/talks..... <input type="checkbox"/> A</p> <p>Workshops..... <input type="checkbox"/> B</p> <p>Debates..... <input type="checkbox"/> C</p> <p>Peer education groups..... <input type="checkbox"/> D</p> <p>Theater..... <input type="checkbox"/> E</p> <p>Role-play..... <input type="checkbox"/> F</p> <p>Other community activities..... <input type="checkbox"/> G</p> <p>Other (specify)_____ <input type="checkbox"/> X</p> <p>I have not participated in any activities outside of school..... <input type="checkbox"/> H</p>
<p><b>The students who checked the last box above (never participated in any activities outside school) SKIP question 603, and will CONTINUE to question 701.</b></p>		
503	<p>How often do you participate in these activities <b>outside of school hours</b>?</p> <p><b><u>TICK ONLY ONE</u></b></p>	<p>At least once a week..... <input type="checkbox"/> 1</p> <p>At least once a month..... <input type="checkbox"/> 2</p> <p>Every few months..... <input type="checkbox"/> 3</p> <p>Once or twice a year..... <input type="checkbox"/> 4</p> <p>Less than once a year..... <input type="checkbox"/> 5</p>

**SECTION 6. GENERAL OPINION ABOUT REPRODUCTIVE HEALTH EDUCATION**

Below there are a few questions about **your general opinion** on reproductive health education. There are no right or wrong answers, we simply want to better understand the views of students in this school.

NO.	QUESTIONS	ANSWERS
601	<p>In your opinion, should reproductive health education be taught in school?</p> <p><b><u>TICK YES OR NO</u></b></p>	<p>Yes ..... <input type="checkbox"/> 1</p> <p>No ..... <input type="checkbox"/> 2</p>
<p><b>If you think reproductive health education <u>should not</u> be taught in schools, SKIP question 402 and continue with question 403.</b></p>		
602	<p><b>Only for those who said <u>YES</u> to question 401:</b></p> <p>In your opinion, why should it be taught in school?</p> <p><b><u>TICK ALL THAT APPLY</u></b></p>	<p>These topics are just as important as other topics..... <input type="checkbox"/> A</p> <p>Parents don't teach us..... <input type="checkbox"/> B</p> <p>We need to know how to prevent unwanted pregnancies..... <input type="checkbox"/> C</p> <p>We need to know how to avoid getting HIV/AIDS or other STIs..... <input type="checkbox"/> D</p> <p>We need to learn how to resist pressure..... <input type="checkbox"/> E</p> <p>To understand how our body works..... <input type="checkbox"/> F</p> <p>Other reason: <input type="checkbox"/> X</p> <p>_____</p> <p style="text-align: center;">Specify</p>
603	<p><b>Only for those who said <u>NO</u> to question 401:</b></p> <p>In your opinion, why should it <b><u>not</u></b> be taught in schools?</p> <p><b><u>TICK ALL THAT APPLY</u></b></p>	<p>Religious beliefs..... <input type="checkbox"/> A</p> <p>Cultural beliefs/it's taboo..... <input type="checkbox"/> B</p> <p>Parents should teach children about these topics, not teachers..... <input type="checkbox"/> C</p> <p>The subject is not appropriate for our age..... <input type="checkbox"/> D</p> <p>Learning about this will encourage young people to have sex..... <input type="checkbox"/> E</p> <p>No reason..... <input type="checkbox"/> F</p> <p>Other reason <input type="checkbox"/> X</p> <p>_____</p> <p style="text-align: center;">SPECIFY</p>
<p><b>ALL students continue with question 404</b></p>		
604	<p>Do you think your parents support reproductive health education being taught in school?</p> <p><b><u>TICK YES OR NO</u></b></p>	<p>Yes ..... <input type="checkbox"/> 1</p> <p>No ..... <input type="checkbox"/> 2</p>

**SECTION 7. KNOWLEDGE**

Now we want to ask **what you know** about specific topics around reproductive health. We remind you that **all your answers will be kept CONFIDENTIAL** and will not be shared with anyone outside the research team

NO.	QUESTIONS	ANSWERS
<b>HIV/AIDS and STIs</b>		
701	What are the ways that a person can get HIV?  <u><b>TICK ALL THAT APPLY</b></u>	Having unprotected sex with someone who has HIV..... <input type="checkbox"/> A  From injecting a needle that was already used by someone with HIV..... <input type="checkbox"/> B  From mosquito bites..... <input type="checkbox"/> C  Transmission from mother to child..... <input type="checkbox"/> D  Shaking hands with an infected person..... <input type="checkbox"/> E  Receiving blood [transfusion] from an infected person..... <input type="checkbox"/> F  Bad omen/Curse/Chira/Witch craft..... <input type="checkbox"/> G  Other _____ <input type="checkbox"/> X (SPECIFY)  Don't know..... <input type="checkbox"/> Y
702	How can a person reduce his or her chances of getting HIV?  <u><b>TICK ALL THAT APPLY</b></u>	By not having sex at all..... <input type="checkbox"/> A  By using a condom correctly at each time they have sex ..... <input type="checkbox"/> B  By having only one sexual partner..... <input type="checkbox"/> C  Other _____ <input type="checkbox"/> X (SPECIFY)  Don't know..... <input type="checkbox"/> Y
703	Do you know a place where you can go to get an HIV test?  <u><b>TICK YES OR NO</b></u>	Yes ..... <input type="checkbox"/> 1  No ..... <input type="checkbox"/> 2

NO.	QUESTIONS	ANSWERS
<b>Pregnancy and Contraceptives</b>		
704	<p>Have you heard about any of the following ways to prevent pregnancy?</p> <p><b><u>TICK ALL THE METHODS YOU HAVE HEARD OF</u></b></p>	<p>Oral contraceptive pill..... <input type="checkbox"/> A</p> <p>Condoms ..... <input type="checkbox"/> B</p> <p>Injectables (Depo Provera)..... <input type="checkbox"/> C</p> <p>Intra-uterine devices (IUDs, coils)..... <input type="checkbox"/> D</p> <p>Implants (Jadelle, Implanon)..... <input type="checkbox"/> E</p> <p>Emergency contraceptives (E-pill, morning after pill)..... <input type="checkbox"/> F</p> <p>Female sterilization..... <input type="checkbox"/> G</p> <p>Male sterilization (vasectomy)..... <input type="checkbox"/> H</p> <p>Withdrawal..... <input type="checkbox"/> I</p> <p>Rhythm (having sex only during the safe days )..... <input type="checkbox"/> J</p>
705	<p>Where did you hear for the first time about the following modern contraception methods: Injectables, Implants, IUDs</p>	<p>Friends <input type="checkbox"/> A</p> <p>Boy/Girl Friend <input type="checkbox"/> B</p> <p>Parents <input type="checkbox"/> C</p> <p>Sibling <input type="checkbox"/> D</p> <p>Sexual Education Course <input type="checkbox"/> E</p> <p>Media (TV/ radio/ News papers) <input type="checkbox"/> F</p> <p>Church <input type="checkbox"/> G</p> <p>Youth Association <input type="checkbox"/> H</p> <p>Other_____ <input type="checkbox"/> X</p> <p>Don't Know about <input type="checkbox"/> Z</p>
706	<p>Where did you hear for the first time about the following modern contraception methods: Sterilization (Male/ Female)</p>	<p>Friends <input type="checkbox"/> A</p> <p>Boy/Girl Friend <input type="checkbox"/> B</p> <p>Parents <input type="checkbox"/> C</p> <p>Sibling <input type="checkbox"/> D</p> <p>Sexual Education Course <input type="checkbox"/> E</p> <p>Media (TV/ radio/ News papers) <input type="checkbox"/> F</p> <p>Church <input type="checkbox"/> G</p> <p>Youth Association <input type="checkbox"/> H</p> <p>Other_____ <input type="checkbox"/> X</p>



NO.	QUESTIONS	ANSWERS	
		Don't Know about	<input type="checkbox"/> Z
706	Where did you hear for the first time about condom	Friends <input type="checkbox"/> A Boy/Girl Friend <input type="checkbox"/> B Parents <input type="checkbox"/> C Sibling <input type="checkbox"/> D Sexual Education Course <input type="checkbox"/> E Media (TV/ radio/ News papers) <input type="checkbox"/> F Church <input type="checkbox"/> G Youth Association <input type="checkbox"/> H Other_____ <input type="checkbox"/> X Don't Know about <input type="checkbox"/> Z	
707	Where did you hear for the first time about traditional contraception methods: Rhythm, Withdrawal	Friends <input type="checkbox"/> A Boy/Girl Friend <input type="checkbox"/> B Parents <input type="checkbox"/> C Sibling <input type="checkbox"/> D Sexual Education Course <input type="checkbox"/> E Media (TV/ radio/ News papers) <input type="checkbox"/> F Church <input type="checkbox"/> G Youth Association <input type="checkbox"/> H Other_____ <input type="checkbox"/> X	
708	Do you know a place where you would feel comfortable going on your own to get a contraceptive method to avoid pregnancy?  <u><b>TICK YES OR NO</b></u>	Yes ..... <input type="checkbox"/> 1 No ..... <input type="checkbox"/> 2	
709	Do you know a place where you would feel comfortable going to get condoms on your own?  <u><b>TICK YES OR NO</b></u>	Yes ..... <input type="checkbox"/> 1 No ..... <input type="checkbox"/> 2	

**SECTION 8. ATTITUDES AND BEHAVIOR**

NO.	QUESTIONS	ANSWERS																																	
801	<p>In general, do you agree or disagree with the following statements?</p> <p>A Most of the time, when girls say "no" to sex they really mean "yes".</p> <p>B Young people who carry condoms with them are promiscuous or unfaithful.</p> <p>C Using a condom is a sign of not trusting your partner.</p> <p>D If someone I knew had HIV/AIDS, I would still be his or her friend.</p> <p>E Making contraceptive methods available to young people encourages them to have sex.</p> <p>F Having consensual and protected sex with someone you love is a good thing.</p> <p>G It is wise for a female student who does not want to become pregnant to use a contraceptive method.</p> <p>H It is acceptable for a man to beat his partner if she refuses to have sex with him.</p> <p>I It is acceptable for unmarried girl or boy to have masturbation than sexual intercourse</p> <p>J Sexual relationships should only be between a man and a woman.</p>	<p><b><u>TICK ONE FOR EACH STATEMENT</u></b></p> <table border="1"> <thead> <tr> <th data-bbox="935 233 1101 310">AGREE</th> <th data-bbox="1101 233 1276 310">DISAGREE</th> <th data-bbox="1276 233 1482 310">PREFER NOT TO ANSWER</th> </tr> </thead> <tbody> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> </tbody> </table>	AGREE	DISAGREE	PREFER NOT TO ANSWER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																	
802	<p>Are students in your school allowed to carry condoms with them while at school?</p> <p><b><u>TICK ONLY ONE</u></b></p>	<p>Yes, they are allowed..... <input type="checkbox"/> 1</p> <p>No, they are not allowed..... <input type="checkbox"/> 2</p> <p>I don't know..... <input type="checkbox"/> 8</p>																																	
803	<p>If you had a boyfriend or girlfriend:</p> <p>A Could you ask him or her to use a condom during sex?</p> <p>B Could you ask him or her if they have ever had a test for HIV?</p>	<p><b><u>TICK ONE FOR EACH STATEMENT</u></b></p> <table border="1"> <thead> <tr> <th data-bbox="935 1514 1073 1591">YES</th> <th data-bbox="1073 1514 1227 1591">NO</th> <th data-bbox="1227 1514 1482 1591">DON'T KNOW</th> </tr> </thead> <tbody> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> </tbody> </table>	YES	NO	DON'T KNOW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																	
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804	<p>Do you know a place or person you would be comfortable going to if you have been victim of sexual abuse or violence?</p> <p><b><u>TICK YES OR NO</u></b></p>	<p>Yes ..... <input type="checkbox"/> 1</p> <p>No ..... <input type="checkbox"/> 2</p>																																	

NO.	QUESTIONS	ANSWERS		
805	<p>Thinking about the following statements, please answer whether you have <b>never</b> felt this way, <b>sometimes</b> feel this way or <b>always</b> feel this way in this school.</p> <p>A. I feel safe expressing myself in front of other students and teachers at this school.</p> <p>B. I fear that other students or teachers may make fun of me/tease me at school.</p> <p>C. I am afraid that other students will physically hurt me.</p>	<p><b>Never</b></p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 1</p>	<p><b>Sometimes</b></p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 2</p>	<p><b>Always</b></p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 3</p>
806	<p>Is there anything else you'd like to tell us that might help us better understand the situation regarding health, reproductive health, sexuality or HIV/AIDS education in your school? If so, please write it here:</p> <hr/> <hr/> <hr/> <hr/> <hr/>			
<p><b>Thank you for participating</b></p>				

