

**AFRICAN POPULATION AND HEALTH RESEARCH CENTER (APHRC)
EDUCATION RESEARCH PROGRAMME
INDIVIDUAL BEHAVIOUR AND LIFE SKILL'S QUESTIONNAIRE (Q606_LSQ)
12-19 YEARS**

**THIS QUESTIONNAIRE MUST BE COMPLETED WITH PUPILS/STUDENTS AGED BETWEEN 12 AND 19 YEARS
BUT RESTRICTING ONLY TO THOSE IN SCHOOL**

1.0 BACKGROUND INFORMATION, INTRODUCTION AND CONSENT

1.1	START TIME	<input type="text"/>
1.2	FIELD WORKER'S CODE	<input type="text"/>
1.3	DATE OF INTERVIEW (DD/MM/YYYY)	<input type="text"/>
[USE THE INFORMATION IN THE ERP UPDATE SHEET PROVIDED TO ANSWER 1.4 TO 1.10]		
1.4	HOUSEHOLD HEAD'S NAME	<input type="text"/>
1.5	HOUSEHOLD HEAD'S ID	<input type="text"/>
1.6	INDIVIDUAL'S FULL NAME	<input type="text"/>
1.7	INDIVIDUAL'S ID	<input type="text"/>
1.8	HOUSEHOLD ID	<input type="text"/>
1.9	LOCATION ID	<input type="text"/>
1.10	INDIVIDUAL'S DATE OF BIRTH	<input type="text"/>
[WRITE DATE OF BIRTH AS IT APPEARS ON THE LIST PROVIDED. CONFIRM THAT IT IS CORRECT]		

1.11 INTRODUCTION AND CONSENT

[PARENTAL/GUARDIAN CONSENT SHOULD BE SOUGHT FOR ALL INDIVIDUALS/STUDENTS AGED 12-17 YEARS. ADDITIONALLY, INDIVIDUAL CONSENT SHOULD ALSO BE SOUGHT FROM INDIVIDUALS/STUDENTS AGED 18 YEARS AND ABOVE IF INTERVIEWING SUCH INDIVIDUALS/STUDENTS].

Good morning/afternoon/evening sir/madam. My name is (NAME OF FIELD INTERVIEWER). I work with the African Population and Health Research Center (APHRC) which carries out research on Health, Urbanization, Well being and Education. The APHRC works in various parts of the country. This time round, we are conducting our survey in Korogocho and Viwandani. We would like to collect schooling data for children aged between 12 and 19 years. We would also like to collect data on parental/Guardian participation on their child(ren) schooling. The results of this research will be made public and disseminated in the community and at national level involving the Ministry of Education (MoE) and other stakeholders in order to inform policy process. It is important to share the results with the government since it is the one through the MoE that formulates and implements educational policies. The responses you give will be held with utmost confidentiality and will only be available to members of the research team. Your responses will not cause any disadvantage to you. If you accept to participate in this research, you will be doing so professionally and voluntarily and there will not be any monetary returns. You are also free to refuse to respond to questions you do not feel comfortable answering. This interview will take

1.12	Would you like to participate in this research?	1=YES; 2=NO;	<input type="text"/>
[IF 1=YES, THANK THE RESPONDENT AND SKIP TO 1.14]			
1.13	Kindly let me know the reason why you would not wish to participate in this research?		<input type="text"/>
1=Too busy/Do not have time; 2= Tired of Research; 3= Research not beneficial; 4= Not interested; 6=Other (specify) <input type="text"/>			
CHECK 1.12: [IF 2=NO, THANK THE RESPONDENT, AND GO TO SECTION 5.0]			
1.14	Are you currently attending school?	1=YES 2=NO	<input type="text"/>
[IF 2, SKIP TO 2.0]			
1.15	What level of school is (NAME) currently attending?		<input type="text"/>
00=Pre-Primary; 01=Primary; 02=Secondary; 03=Commercial college; 04=Middle level college; 05=Undergraduate; 06=Postgraduate; 96=Other (Specify) <input type="text"/> 98=Don't Know			

2.0 EDUCATIONAL GOALS AND FUTURE ASPIRATIONS

The following questions are about your future. Think about how you see your future. TRY TO BE AS REALISTIC AS POSSIBLE

What are the chances that (READ EACH STATEMENT)

Would you say the chances are (READ THE CHOICES)?

- | | | |
|--|-------------------------------------|--------------------------|
| a. You will finish primary school | 1=LOW; 2=ABOUT 50-50; 3=HIGH; 4=N/A | <input type="checkbox"/> |
| b. You will join secondary school? | 1=LOW; 2=ABOUT 50-50; 3=HIGH; 4=N/A | <input type="checkbox"/> |
| c. You will finish secondary school? | 1=LOW; 2=ABOUT 50-50; 3=HIGH; 4=N/A | <input type="checkbox"/> |
| d. You will go to university? | 1=LOW; 2=ABOUT 50-50; 3=HIGH; 4=N/A | <input type="checkbox"/> |
| e. You will have a job that pays well? | 1=LOW; 2=ABOUT 50-50; 3=HIGH; 4=N/A | <input type="checkbox"/> |
| f. You will be able to own your own home? | 1=LOW; 2=ABOUT 50-50; 3=HIGH; 4=N/A | <input type="checkbox"/> |
| g. You will have a job that you enjoy doing? | 1=LOW; 2=ABOUT 50-50; 3=HIGH; 4=N/A | <input type="checkbox"/> |
| h. You will have a happy family life? | 1=LOW; 2=ABOUT 50-50; 3=HIGH; 4=N/A | <input type="checkbox"/> |
| i. You will stay in good health most of the time? | 1=LOW; 2=ABOUT 50-50; 3=HIGH; 4=N/A | <input type="checkbox"/> |
| k. You will be able to move to a better area? | 1=LOW; 2=ABOUT 50-50; 3=HIGH; 4=N/A | <input type="checkbox"/> |
| l. You will be respected in your community | 1=LOW; 2=ABOUT 50-50; 3=HIGH; 4=N/A | <input type="checkbox"/> |
| m. You will get pregnant or make someone pregnant? | 1=LOW; 2=ABOUT 50-50; 3=HIGH; 4=N/A | <input type="checkbox"/> |

3.0 SELF CONFIDENCE

3.1 What are the benefits of being content with yourself, just as you are?

3.2 Do you feel good about yourself ? 1=Strong disagree; 2=Disagree 3=Neutral; 4=Agree; 5=Strongly agree

3.3 Do you encourage your friends to feel good about themselves

1=Never; 2=Rarely; 3=Sometimes; 4=Always

3.4 How often do you do the following to encourage your friends to feel good about themselves?

a) Talk positively about your friends?

1=Never; 2=Rarely; 3=Sometimes; 4=Always

b) Discuss with your friends about their physical changes during puberty

1=Never; 2=Rarely; 3=Sometimes; 4=Always

c) Discuss with your friends about benefits of safe sex

1=Never; 2=Rarely; 3=Sometimes; 4=Always

d) Discuss with your friends about the importance of personal hygiene

1=Never; 2=Rarely; 3=Sometimes; 4=Always

4.0 BEHAVIOR SECTION

I will ask you some questions regarding your parents/guardians.

- 4.1 Are you currently staying here (Korogocho/Viwandani) with any of your parents/guardian? 1=YES; 2=NO ☐
- 4.2 Would you say your parents never know; sometimes know; or always know (READ STATEMENT)?
1=NEVER KNOW, 2=SOMETIMES KNOW, 3=USUALLY KNOW, 9=NOT APPLICABLE
- A where you spend time in the evenings on week days ☐
- B who you spend time with in the evenings on week days ☐
- C where you spend time on the weekends ☐
- D who you spend time with on the weekends ☐
- E what you do during your free time ☐
- F how you spend your money (if you have any) ☐
- G what TV programs, videos, or films you watch ☐
- H Aina mbalimbali ya vitabu au magazeti unayosoma? ☐
- I Nani rafiki yako mkubwa? ☐
- 4.3 Would you say you 1=Strong disagree; 2=Disagree 3=Neutral; 4=Agree; 5=Strongly agree with the following statements about you?
- A In general, I like school a lot ☐
- B I get along well with my teachers ☐
- C I try my best in school ☐
- D Doing well in school is important for my future ☐
- 4.4 Here are some things children have said about their school. Would you say you 1=Strong disagree; 2=Disagree 3=Neutral; 4=Agree; 5=Strongly agree with the following statements about your school?
- A You can do almost anything at my school without being punished ☐
- B Fighting between students is a big problem in my school ☐
- C The teachers at my school will spend extra time to help pupils/students do their best ☐
- D In my school, most children respect the teachers and staff ☐
- E My teachers don't understand that I have a lot of responsibilities at home ☐
- F I worry about getting harassed by my fellow pupils at school ☐
- G I worry about getting harassed by teachers at my school ☐
- H Drinking and drug use is a problem at my school ☐
- I Most students at my school don't care about learning or getting good marks ☐
- J Teachers in my school try to have sex with pupils and sometimes do have sex with them ☐
- 4.5 How many of your friends do the following;
1=NONE OF THEM; 2=SOME OF THEM; 3=MOST OF THEM; 4=ALL OF THEM; 8=DK; 9=NA
- A Get good marks in school? ☐
- B Participate in sports or other school activities? ☐
- C Get into trouble at school (e.g. disciplinary action, get into fights etc)? ☐
- 4.6 How many of your friends do the following;
1=NONE OF THEM; 2=SOME OF THEM; 3=MOST OF THEM; 4=ALL OF THEM; 8=DK; 9=NA
- A Drink alcohol ☐
- B Run away from home ☐
- C Get into trouble with the police ☐
- D Have sexual intercourse ☐
- E Attend church/mosque ☐
- F Use drugs like bhang, khat, glue ☐
- G Want to go to secondary school/university or college ☐

- 4.7 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 to.

01=NEVER; 02=ONCE; 03=2 OR 3 TIMES; 04=4 OR 5 TIMES; 05=6 OR MORE TIMES; 97=REFUSED

- A You stayed away from home for at least one night without your parent's permission
- B You started a fight with your peers
- C You took or tried to take something that belonged to someone else without their knowledge
- D You carried a knife, gun, or other weapon to protect or defend yourself
- E You hit or threatened to hit an adult
- F You delivered or sold drugs (e.g. bang, khat, glue)
- G You delivered or sold any alcohol (e.g. chang'aa, busaa, beer etc)

5.0 SUBSTANCE USE

I am going to ask you questions about substance use. All the answers you will provide will be treated confidentially

ITEM	5.1 Have you ever used (.) any time in your life? 1=YES; 2=NO [IF NO, SKIP TO NEXT ITEM]	5.2 How old were you when you first used (.)	5.3 Are you still using (.) 1=YES; 2=NO [IF 1, SKIP TO 5.5]	5.4 When did you quit using (.) [SKIP TO NEXT ITEM]	5.5 Have you ever thought of quitting using (.) in the last 4 months? 1=YES, 2=NO
A Pills	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	M M Y Y Y Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
B Bhang	<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"/>
C Miraa	<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"/>
F Glue	<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"/>
H Alcohol	<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"/>
I Cigarettes	<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"/>
J Others (specify) specify _____	<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"/>

6.0 SEXUAL ACTIVITY

- 6.1 What are the consequences of having sex before marriage?

- a) I can get pregnant 1=YES; 2=NO
- b) I can be infected with HIV/AIDs 1=YES; 2=NO
- c) I can be infected with other STI 1=YES; 2=NO
- d) I can drop out of school 1=YES; 2=NO
- e) I will become popular with my girlfriends 1=YES; 2=NO
- f) I will become liked by my boyfriend 1=YES; 2=NO
- g) I will be shunned by family 1=YES; 2=NO
- h) I will be shunned by my girlfriends 1=YES; 2=NO
- i) I will be shunned by my boyfriends 1=YES; 2=NO

	6.2 Have you ever been involved in (.) 1=YES; 2=NO [IF NO, SKIP TO NEXT ITEM]	6.3 How old were when you first got involved in (.)?	6.4 In the last 30 days, were you involved in (.)? 1=YES; 2=NO
A KISSING	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
B FONDLING	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
C FOREPLAY	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
D HEAVY PETTING	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

6.5	Have you ever had sex? Y=YES N=NO	1=YES; 2=NO	<input type="checkbox"/>
[IF 2=NO SKIP TO 6.10]			
6.6	How old were you when you first had sex?		<input type="checkbox"/> <input type="checkbox"/>
6.6a	Have you had sex in the last 12 months?	1=YES; 2=NO	
6.7	When you last had intercourse, was it willingly or were you forced? 1=Willingly; 2=Was forced		<input type="checkbox"/>
[IF 1=WILLINGLY, SKIP TO 6.10]			
6.8	Who forced you to have the sexual intercourse? 1=FRIEND, 2=RELATIVE, 3=SOMEONE I DON'T KNOW		<input type="checkbox"/>
6.9	Has your boyfriend ever did the following things to you?		<input type="checkbox"/>
a)	Forced you have to have sexual intercourse? 1=YES; 2=NO	[IF 2=NO; GO TO C]	<input type="checkbox"/>
b)	How many times in the last twelve months did he do that to you?		<input type="checkbox"/>
	1=Not at all; 2=Sometimes; 3=Often		
c)	Did he force you to have any sexual advances without your consent? 1=YES; 2=NO		<input type="checkbox"/>
d)	How many times did he force you to have sexual advances in the last twelve months?		<input type="checkbox"/>
	1=Not at all; 2=Sometimes; 3=Often		
6.10	Have you had your first period? 1=YES; 2=NO	[IF 2, SKIP TO 7.0]	<input type="checkbox"/>
6.11	What was your experience when you got your periods for the first time?		<input type="checkbox"/>
a)	I GOT SURPRISED 1=YES; 2=NO		<input type="checkbox"/>
b)	I GOT SHOCKED 1=YES; 2=NO		<input type="checkbox"/>
c)	I WAS CONFUSED 1=YES; 2=NO		<input type="checkbox"/>
d)	I GOT PAINS (Abdominal and stomach) 1=YES; 2=NO		<input type="checkbox"/>
e)	I GOT CRAMPS 1=YES; 2=NO		<input type="checkbox"/>
f)	Other (Specify)		<input type="checkbox"/>
6.12	Before you had your first period, had anyone ever talked to you about it? 1=YES; 2=NO	[IF 2, SKIP TO 6.14]	<input type="checkbox"/>
6.13	How are you related to the person who talked to you about periods?		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
[USE RELATIONSHIP CODES ON CODE SHEET A²]			
6.14	How old were you when you had your first periods?		<input type="checkbox"/> <input type="checkbox"/>
6.15	Have you ever missed school because you were in your periods? 1=YES; 2=NO; 9=NA		<input type="checkbox"/>
[IF 2 OR 9, SKIP TO 7.0]			
6.15b	If yes above, how many days did you miss school because you were in your periods?		<input type="checkbox"/> <input type="checkbox"/>
6.16	Why or what made you miss school when you were having your periods? [TICK ALL THAT APPLY]		<input type="checkbox"/>
A	PAINS (Abdominal and stomach)	<input type="checkbox"/>	<input type="checkbox"/>
B	LACK OF SANITARY PADS	<input type="checkbox"/>	<input type="checkbox"/>
C	UNEXPECTED PERIODS	<input type="checkbox"/>	<input type="checkbox"/>
D	FEAR/ASHAMED	<input type="checkbox"/>	<input type="checkbox"/>
E	OTHER	<input type="checkbox"/>	<input type="checkbox"/>
6.17	Which is the MAIN reason among those you have mention made you miss school? [USE A-E IN 6.16]		<input type="checkbox"/>
6.18	Who do you feel comfortable to discuss with about puberty and sexuality issues		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
[USE CODE SHEET A¹⁰]			
6.19	What do you think is the most best age for your parents to discuss with you about sexuality		<input type="checkbox"/>
	1=Before 12 years; 2=Between 12-14 years; 3=15-17 years; 4= 18 and above years		
6.20	To what extend do you think the following can protect you from sexual exploitatio [READ STATEMENT]		<input type="checkbox"/>
	1=STRONGLY DISAGREE; 2=DISAGREE 3=NOT SURE 4=AGREE; 5=STRONGLY AGREE		
a)	Avoid secluded areas		<input type="checkbox"/>
b)	Avoid being alone with an older man		<input type="checkbox"/>
c)	Only keep the right company		<input type="checkbox"/>
d)	Stay occupied with safe and healthy activities		<input type="checkbox"/>
e)	Set boundaries in relationships		<input type="checkbox"/>
f)	Say no to alcohol and drugs		<input type="checkbox"/>
g)	Never accept gifts or money in return for "sexual favors"		<input type="checkbox"/>
h)	Report suspicious behavior to a responsible adult		<input type="checkbox"/>

6.0 B DELAY OF SEXUAL INTERCOURSE

- i) For each of the following statements, please respond YES, NOT SURE Or NO
- a) I know how to sat NO to a friend who wants to have sex with me ☐
1=YES; 2=NO; 9=NOT SURE
- b) I know how to reject sexual intercourse without losinf friend ☐
1=YES; 2=NO; 9=NOT SURE
- c) I will lose my boyfriend if I do not want to have sex ☐
1=YES; 2=NO; 9=NOT SURE
- d) I do not plan to have sex while I am in school ☐
1=YES; 2=NO; 9=NOT SURE
- ii) The following are reasons why a girl might not be currently having sex with a man. Which ones apply to you?
- a) You want to wait and have sex only with your spouse ☐
1=YES; 2=NO; 9=NOT SURE
- b) You are not currently in a relationship ☐
1=YES; 2=NO; 9=NOT SURE
- c) You don't want to get pregnant ☐
1=YES; 2=NO; 9=NOT SURE
- d) You don't want to get STDs ☐
1=YES; 2=NO; 9=NOT SURE

7.0 SOURCE OF INFORMATION SEX, DRUGS, SMOKING AND ALCOHOL

7.1 What are the main sources of the following pieces of information

		ITEMS	1) SEX	2) DRUGS	3) SMOKING	4) ALCOHOL
Source of Information		[GO TO NEXT ITEM]	[GO TO NEXT ITEM]	[GO TO NEXT ITEM]	[GO TO NEXT ITEM]	[GO TO NEXT ITEM]
a)	Radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b)	Television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c)	Newspapers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d)	Seminars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e)	Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f)	Teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g)	Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h)	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7.0 B KNOWLEDGE ABOUT CONTRACEPTIVES METHODS AND RISK OF PREGNANCY

- i) Have you ever heard of the following?
- a) Not having sex? 1=YES; 2=NO; 9=DON'T KNOW ☐
- b) Birth control pills or oral contraceptives or the pill? 1=YES; 2=NO; 9=DON'T KNOW ☐
- c) Male condoms 1=YES; 2=NO; 9=DON'T KNOW ☐
- d) Injectable birth control 1=YES; 2=NO; 9=DON'T KNOW ☐
- e) An IUD or intrauterine device 1=YES; 2=NO; 9=DON'T KNOW ☐
- f) Birth control Implants (such as Norplant) 1=YES; 2=NO; 9=DON'T KNOW ☐
- g) Emergency contraception or the morning after pill 1=YES; 2=NO; 9=DON'T KNOW ☐

8.0 KNOWLEDGE ABOUT HIV/AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES			
NOW I WILL ASK YOU QUESTION RELATED TO HIV/AIDS			
8.1	Have you ever heard about HIV/AIDs?	1=YES; 2=NO	<input type="checkbox"/>
[IF 2=NO; SKIP TO 8.2]			
In your opinion, can a person get HIV/AIDS from: (READ STATEMENT)			
[USE CODES 1=YES; 2=NO; 3=NOT SURE]			
a.	Holding hands with someone?		<input type="checkbox"/>
b.	Sharing needles used to inject (shoot up) drugs?		<input type="checkbox"/>
c.	Being bitten by mosquitoes or other insects?		<input type="checkbox"/>
d.	Using public toilets?		<input type="checkbox"/>
e.	Having sexual intercourse without a condom (rubber)?		<input type="checkbox"/>
f.	Being in the same class with a student who has HIV/AIDs infection?		<input type="checkbox"/>
8.2	In your opinion (READ STATEMENT)		
a.	Can you tell if people are infected with the AIDS virus (HIV) just by looking at them?		<input type="checkbox"/>
b.	Can a person who has the AIDS virus (HIV) infect somemone else during sexual intercourse?		<input type="checkbox"/>
c.	Can a pregnant woman who has the AIDS virus (HIV) infect her unborn baby with the virus?		<input type="checkbox"/>
d.	Is there a cure for HIV/AIDS?		<input type="checkbox"/>
8.3	Can people reduce their chances of becoming infected with the AIDS virus (HIV): [READ STATEMENT]		
a.	By not having sexual intercourse (being abstinent)?		<input type="checkbox"/>
b.	By using condoms (rubbers) during sexual intercourse?		<input type="checkbox"/>
c.	By avoiding sharing injections or needle?		<input type="checkbox"/>
NOW I WILL ASK YOU QUESTIONS RELATED TO OTHER SEXUALLY TRANSMITTED DISEASES (STIs)			
8.4	Have you ever heard of Sexually Transmitted Infections (STIs)?	1=YES; 2=NO	<input type="checkbox"/>
[IF 2=NO SKIP TO 9.0]			
8.5	In your opinion, can a person get STIs from:		
(READ STATEMENT) [USE CODES 1=YES; 2=NO; 3=NOT SURE]			
a.	Holding hands with someone?	[1=YES; 2=NO; 3=NOT SURE]	<input type="checkbox"/>
b.	Sharing needles used to inject (shoot up) drugs?	[1=YES; 2=NO; 3=NOT SURE]	<input type="checkbox"/>
c.	Being bitten by mosquitoes or other insects?	[1=YES; 2=NO; 3=NOT SURE]	<input type="checkbox"/>
d.	Using public toilets?	[1=YES; 2=NO; 3=NOT SURE]	<input type="checkbox"/>
e.	Having sexual intercourse without a condom (rubber)?	[1=YES; 2=NO; 3=NOT SURE]	<input type="checkbox"/>
f.	Being in the same class with a student who has STIs infection?	[1=YES; 2=NO; 3=NOT SURE]	<input type="checkbox"/>
In your opinion (READ STATEMENT)			
8.6	a	Can you tell if people are infected with STIs just by looking at them?	[1=YES; 2=NO; 3=NOT SURE] <input type="checkbox"/>

	b. Can a person who has STIs infect someone else during sexual intercourse?	[1=YES; 2=NO; 3=NOT SURE]	<input type="checkbox"/>
	c. Can a pregnant woman who has the STIs infect her unborn baby with the disease?	[1=YES; 2=NO; 3=NOT SURE]	<input type="checkbox"/>
	d. Is there a cure for STIs?		<input type="checkbox"/>
8.7	Can people reduce their chances of becoming infected with the STIs: [READ STATEMENT]		
	a. By not having sexual intercourse (being abstinent)?	[1=YES; 2=NO; 3=NOT SURE]	<input type="checkbox"/>
	b. By using condoms (rubbers) during sexual intercourse?		<input type="checkbox"/>
	c. By avoiding sharing injections or needle?	[1=YES; 2=NO; 3=NOT SURE]	<input type="checkbox"/>
9.0 DISPELLING MYTHS ABOUT PUBERTY, SEX AND HIV/AIDS			
9.1	Can a girl get pregnant the very first time she has sexual intercourse?	1=YES; 2=NO; 8=DON'T KNOW	<input type="checkbox"/>
9.2	Can a girl get pregnant if she has sex standing up?	1=YES; 2=NO; 8=DON'T KNOW	<input type="checkbox"/>
9.3	Can a girl get pregnant if she washes herself thoroughly immediately after sex?		<input type="checkbox"/>
	1=YES; 2=NO; 8=DON'T KNOW		
9.0 B DISPELLING MYTHS ABOUT CONTRACEPTION AND PREGNANCY			
9b1	Are the following statements TRUE or FALSE?		
	a) Using pills will cause one to have stomach growth	1=TRUE; 2=FALSE; 9=NOT SURE	<input type="checkbox"/>
	b) Using contraception may make one barren	1=TRUE; 2=FALSE; 9=NOT SURE	<input type="checkbox"/>
	c) Young girls should NOT use IUD or implants	1=TRUE; 2=FALSE; 9=NOT SURE	<input type="checkbox"/>
	d) Using contraception will make a girl " loose"	1=TRUE; 2=FALSE; 9=NOT SURE	<input type="checkbox"/>
9b2	Again, tell me whether the following statements are TRUE or FALSE		
	a) After giving birth, a woman can get pregnant even before she has her first menses		<input type="checkbox"/>
	1=TRUE; 2=FALSE; 9=NOT SURE		
	b) A woman who is still breast feeding cannot get pregnant		<input type="checkbox"/>
	1=TRUE; 2=FALSE; 9=NOT SURE		
	c) Pregnancy is much less likely to occur if a couple has sex standing up		<input type="checkbox"/>
	1=TRUE; 2=FALSE; 9=NOT SURE		
	d) The only way to completely prevent pregnancy is by not having sex		<input type="checkbox"/>
	1=TRUE; 2=FALSE; 9=NOT SURE		
9.0 C ATTITUDE TOWARDS CONTRACEPTION			
9c1	Please tell me how much you agree with the following statements		
	a) Using birth control is morally wrong		<input type="checkbox"/>
	1=Strongly disagree; 2=Somewhat disagree; 3=Disagree; 4= Somewhat agree; 5= Strongly agree		
	b) It doesn't matter whether one uses birth control or not; when it is your ime to get pregnant, it will happen		<input type="checkbox"/>
	1=Strongly disagree; 2=Somewhat disagree; 3=Disagree; 4= Somewhat agree; 5= Strongly agree		
	c) It is mainly a woman's responsibility to make decisions about birth conrtol		<input type="checkbox"/>
	1=Strongly disagree; 2=Somewhat disagree; 3=Disagree; 4= Somewhat agree; 5= Strongly agree		
9.0 D EVALUATION OF THE PROGRAM			
9d1	How effective is the mentorship support program that you are involved in?		
	1=Very Effective; 2=Effective; 3=Moderately Effective; 4=Slightly Effective; 5=Not Effective		<input type="checkbox"/>
9d2	Please name some important lessons you have learnt by attending the life skills sessions		

	iii) Other than this, is there any other mentorship program that is going on in the community that you are also participating in?	1=YES; 2=NO; 8=DON'T KNOW	<input type="checkbox"/>
	iv) Do you know the name of the Community based organization that offers the mentorship lessons?	[1=YES; 2=NO; 3=NOT SURE]	<input type="checkbox"/>
	If yes above, Which one? 1 U-tena 2 Miss Koch Kenya 3 Others_____		<input type="checkbox"/>
	v) How can you rate the Community based organization that is providing the mentorship program?		
	1=Very Effective; 2=Effective; 3=Moderately Effective; 4=Slightly Effective; 5=Not Effective		<input type="checkbox"/>
10.0 COMMENTS, INTERVIEW RATING AND WIND UP			
10.1	COMMENTS ABOUT THE INTERVIEW _____		
10.2	RESULT OF INTERVIEW (CODE SHEET A ⁷)		<input type="checkbox"/>
10.3	RATE THE INTERVIEW 01=VERY BAD; 02=BAD; 03=AVERAGE; 04=GOOD; 05=VERY GOOD		<input type="checkbox"/>
10.4	RECORD INTERVIEW END TIME (24 HOUR CLOCK]		<input type="checkbox"/>
10.5	TEAM LEADER'S CODE		<input type="checkbox"/>
10.6	DATA ENTRY CLERK'S CODE		<input type="checkbox"/>