

**Transitions to Adulthood in the
Context of AIDS in South Africa**

Wave 2

Individual Questionnaire

Section 1: Background characteristics & migration

RECORD TIME AT START ___ : ___

No.	Questions and filters	Coding categories	Skip to
101	Record sex of the respondent	MALE 1 FEMALE 2	
102	In what month and year were you born?	MONTH [][] DON'T KNOW MONTH -1 YEAR [][] DON'T KNOW YEAR -1	
103	How old were you at your <u>last</u> birthday? Compare and correct 102 if needed	AGE IN COMPLETED YEARS [][] R. must be between 14 and 24 years old	
THIS SURVEY ONLY INTERVIEWS YOUTH AGED 14-24. IF THE RESPONDENT IS YOUNGER THAN 14 OR OLDER THAN 24, DO NOT INTERVIEW THIS PERSON			
104	What is your religion?	CATHOLIC 1 PROTESTANT (All Christian except catholic) 2 ZIONIST 3 ISHEMBE 4 TRADITIONAL 5 MUSLIM 6 HINDU 7 JEWISH 8 NONE 9 OTHER (specify) _____ 10	→106
105	How important is religion to you?	VERY IMPORTANT 1 SOMEWHAT IMPORTANT 2 NOT IMPORTANT 3 REFUSED -3	
106	Record race of the respondent	BLACK 1 COLOURED 2 INDIAN 3 WHITE 4 OTHER (specify) _____ 5	
107	What is the main language that you speak?	ZULU 1 SOTHO 2 XHOSA 3 AFRIKAANS 4 ENGLISH 5 INDIAN/HINDUSTANI 6 INDIAN/TAMIL 7 OTHER (specify) _____ 8	
108	In what type of place did you spend most of your life before the age of twelve? Read options	URBAN AREA, FORMAL HOUSING 1 INFORMAL OR SQUATTER SETTLEMENT IN AN URBAN AREA 2 COMMERCIAL FARM 3 OTHER RURAL AREA (NON COMMERCIAL FARM) 4	
109	How long have you lived here in [name of place]?	< 1 YEAR [] NUMBER OF YEARS [][] MY WHOLE LIFE 96 DON'T KNOW -1	→112
110	How many times in your life have you moved from one place to another, including the move to this place?	[RECORD NUMBER OF MOVES] [][] TIMES	

111	What is the <u>main</u> reason why you moved to this place, where you now live?	SCHOOL//UNIVERSITY/TECHNIKON LOOKING FOR WORK HAVING WORK THERE PARENT(S)/CAREGIVER MOVED GOT MARRIED/MOVED IN WITH PARTNER CARE FOR FAMILY MEMBER TO LIVE WITH OTHER FAMILY MEMBER MOVED TO NEW / BETTER HOUSE MOVED TO NEW LOCATION OTHER (specify)	1 2 3 4 5 6 7 8 9 10	
112	What is your <u>current</u> relationship status? READ OPTIONS. PROBE IF SINGLE, WHETHER R IS WITH A STEADY BOY/GIRLFRIEND	MARRIED/TRADITIONAL OR CIVIL LIVING TOGETHER SEPARATED DIVORCED WIDOWED SINGLE STEADY BOY/GIRLFRIEND	1 2 3 4 5 6 7	
113	Has Lobola (or Dowry) been arranged for you or your partner?	LOBOLA DOWRY NEITHER LOBOLA NOR DOWRY NOT APPLICABLE	1 2 3 -2	
114	Is your birth/natural mother alive?	YES NO	1 2	→115
114a	How old were you when she passed away?	AGE [] []		
115	Is your birth/natural father alive?	YES NO	1 2	→201
116	How old were you when he passed away?	AGE [] []		

Section 2 Education History, Work History and Time Use

201	Have you ever attended school?	YES NO	1 2	→224
202a	At what age did you go to primary school for the first time?	AGE [] [] DON'T KNOW	-1	
202b	What was the last grade you completed?	Grade completed.....	[] []	
202c	How old were you when you completed this grade?	AGE [] [] DON'T KNOW	-1	
203	Are you currently in school/or studying at university or technikon or any other form of tertiary/further education?	YES NO	1 2	→204
203a	Do you have a matric?	YES NO	1 2	→205
204	Are you at the primary, secondary, or post-secondary level?	PRIMARY SECONDARY FINISHING POST SECONDARY	1 2 3 4	→206a →206a
205	What was the name of the last secondary/finishing school you attended?	NAME OF SCHOOL:		
205a	Where is the location of the school? (Interviewers: collect city and neighborhood/village, province or other meaningful identifying information)		GO TO 210a
206a	What grade are you currently attending?	Grade (1-12)	[] []	

206b	What is the name of the school you are attending now?	NAME OF SCHOOL:	
206c	Where is the location of the school? (Interviewers: collect city and neighborhood/village, province or other meaningful identifying information)	
207	Have you changed schools in the last two years? (2000 and 2001 school years)	YES 1 NO 2	→210
208a	What year did you change schools the last time?	YEAR ____	
208b	What was the reason you changed schools?	Next grade in different school 1 Respondent /family moved 2 New school is better 3 New school is less expensive 4 Old school too dangerous 5 Old school closed 6 New school in better neighborhood 7 New school closer to home/work 8 Expelled/Asked to leave old school 9 Scholarship to new school 10 Other (Specify) 11 Don't Know -1	→209a →209a
208c	Who took the final decision to change schools? Circle all that apply	SELF 1 MOTHER 2 FATHER 3 AUNT/UNCLE 4 SIBLING 5 GRANDPARENT 6 OTHER RELATIVE 7 TEACHER/COUNSELOR 8 OTHER (SPECIFY) 9	
209a	What is the name of that school you attended before your current school?	NAME OF SCHOOL:	
209b	Where was the location of the school? (Interviewers: collect city and neighborhood/village, province or other meaningful identifying information)	

210 (ALL WHO EVER ATTENDED SCHOOL SHOULD GET THESE QUESTIONS)

I want to ask you a few more questions about your schooling. Think back on your years of education in primary and secondary.

210a	Did you ever drop out or fail a grade in primary or secondary school, or were you ever held back a year?	YES 1 NO 2	→ Ed.Chk
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Interviewer: Start with this prompt, then follow subsequent questions:

What was the last year in which you attended school? (calendar year).

Ed.1	Ed.2	Ed.3	Ed.4	Ed.5	Ed.6
Calendar Year of last attendance of school (can be 2001)	How old were you when you started the year? Interviewer verify year and age against birth date (102)	What grade was/is this?	Did you spend the entire year in this grade? If yes, skip to Ed.6 Yes = 1 No = 2	Why did you not spend the entire year in this grade? CODE LIST A	Did you pass the grade in this year? Yes = 1 No = 2 Currently registered = 21

212	INTERVIEWER: This question is for those not currently in school/university/technikon: What is the <u>main</u> reason you are no longer enrolled in school? Circle one response only	Family could not pay school fees/too expensive Physically/mentally disabled (including too sickly) Needed/wanted to work Domestic responsibilities/care for child(ren) Poor performance in school Lack of interest in school Got married School inaccessible / too far away Expelled from school Poor school quality Pregnant / had a baby Had to care for sick family member Completed level/grade Matriculated Other (specify) _____ Don't know/don't remember	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 -1	
213	I want to confirm whether you have been in primary or secondary school at any time since January 2000?		YES 1 NO 2	→ 224
Now I would like to speak with you about some of your recent experiences in school. Interviewer: If R. is in University or Technikon, but was in primary/secondary at some time since January 2000, emphasize that it is primary/secondary school we are interested in, <i>not</i> the university or technical school.				
214	What is the <u>main</u> reason you or your family chose the school you currently attend/last attended? Circle one response only	No choice, only school in local area Only school with place available Nearest school to home Cheaper Scholarship provided Better school Exam scores qualified me for this school Wider choice of extra-curricular activities Wider choice of subjects Close to parents workplace Friends went there Siblings were there Offered life skills instruction Other (specify) _____ Don't know	1 2 3 4 5 6 7 8 9 10 11 12 13 14 -1	
I would like to learn what you think about the school you are currently attending or last attended.				
215	In your opinion do/did the teachers treat boys and girls equally?	YES NO R. IS AT SAME SEX SCHOOL	1 2 3	→217 →217
216	Who do you feel is (was) treated more favorably, boys or girls?	BOYS GIRLS	1 2	
217	Have you ever been punished at school in the past 12 months?	YES NO	1 2	→219
218	How were you punished? Circle all responses given	Expelled from class room Expelled from school/suspended Doing extra work/detention Hitting /caning Other (specify) _____	1 2 3 4 5	

219	We know that there are sometimes problems in schools. Think about your school /the one you last attended. Which of these do you think apply? Read out options. Circle answer.		YES	NO	
	a) Dirty classrooms		1	2	
	b) Crowded classrooms		1	2	
	c) Teacher often absent in classroom		1	2	
	d) Teachers drunk		1	2	
	e) Teachers being threatened by student		1	2	
	f) Noisy classrooms		1	2	
	g) Drug dealing		1	2	
	h) Bad security just outside school		1	2	
	i) Sexual harassment by students		1	2	
	j) Sexual harassment by teachers/staff		1	2	
220	Do/did you have access to copies of all required textbooks, some of the required textbooks, or none of the required textbooks?	ALL SOME NONE		1 2 3	→224
221	What was the <u>main</u> reason that you do/did not have copies of all required textbooks?	BOOKS TOO EXPENSIVE BOOKS NOT PROVIDED BY SCHOOL BOOKS NOT AVAILABLE PARENTS DID NOT PROVIDE MONEY OTHER (specify) _____		1 2 3 4 5	

WORK ACTIVITIES

Now I want to talk to you about work that you might have ever done to earn money.					
224	Have you ever undertaken any kind of work, whether for yourself or for other people, for which you have earned money?		YES NO	1 2	→ CHK .235
225	In what year did you first do any work for money?	YEAR		_____	
225a	Were you enrolled in school or studying when you first did any work for money?		YES NO	1 2	
		DURING HOLIDAYS/ VACATION ONLY		3	
226	Have you done any such work during the last 12 months?		YES NO	1 2	→ CHK 235
226a	Were you enrolled in school or studying when you did any of this work in the last 12 months? Interviewer: If R has "in service" traineeship and was still enrolled circle 1.		YES NO	1 2	
		DURING HOLIDAYS/VACATION ONLY		3	
226b	Who made the decision that you should work? (Interviewer: circle all that apply)	SELF MOTHER FATHER AUNT/UNCLE SIBLING GRANDPARENT OTHER RELATIVE TEACHER/COUNSELOR OTHER (SPECIFY)		1 2 3 4 5 6 7 8 9	

I would like you to think about the work for money that you have done over the past 12 months.

227	What activities have you undertaken in order to earn money over the past 12 months? (Most recent three – enter most recent first) Describe type of activity and type of business as mentioned by R. Probe for any odd jobs, activities for less than a day, irregular jobs or errands, etc.	1)..... 2)..... 3).....
Ask the questions 228 - 234 for the MOST RECENT work activity in the last 12 months mentioned by R IN 227A.		

228	In what year did you first start doing this work?	□□□□□	
229	Are you still doing this work for money?	YES NO	1 2
230	Who else in your family is also doing this activity? Multiple responses possible. Circle all that apply.	No one else in my family Brother / sister Parent Grandparent Other relative	1 2 3 4 5
231	How did you find this work?	Friend/family member Advert in newspaper or elsewhere From point of employment (i.e. At factory gate) From a collection point (i.e. Street corner) Saw other people doing the work Other (specify)	1 2 3 4 5 6
233a	How many months out of the past 12 have you spent doing this activity?	[] MONTHS	
233	On average, how many hours would you say that you spend/spent doing this activity <u>each week</u> ? Interviewer help with calculations	[] HRS	
234	On average, how much would you say that you earn /earned from doing this activity <u>per week</u> ? (note: refers to take home pay) Interviewer help with calculations	[] RAND	

CHK. 235 We have just talked about working for money, but there are other kinds of work. We have just talked about work activities that you have done for which you earn money directly for yourself. You may also do other activities to assist family members or others. Sometimes this may be for cash, or it may be for food, or simply because your family expect you to help, but not for cash. Examples are odd jobs/ errands, piece work, helping a relative make food to sell, working at the counter of a family business, or helping at a crèche, even if its only for a morning.

235b	Have you ever undertaken any kind of these activities, whether for yourself or for other people that you have not yet told me about?	YES NO	1 2	→ 236
235c	In what year did you first do any of these activities?	YEAR	_____	
235c	Have you done any of these activities during the last 12 months?	YES NO	1 2	→ 236
235d	What activities have you undertaken over the past 12 months? (Most recent three) Describe type of activity Probe: any odd jobs, errands, etc.	1)..... 2)..... 3).....		

WORK SEEKING

Now I want to talk to you about trying to find work.				
236	Have you ever spent time actively looking for work?	YES NO	1 2	→245
237	In what year did you first actively look for work?	YEAR	_____	
239	Have you actively looked for work during the last 12 months?	YES NO	1 2	→245
I would like you to think about the times you have looked for work over the past 12 months.				

303	Who led the discussions or made the presentations of these subjects? More than one response possible	TEACHERS / SCHOOL COUNSELLORS ADULT FROM OUTSIDE THE SCHOOL STUDENTS FROM THE SCHOOL/PEERS ADOLESCENTS/ YOUNG ADULTS FROM OUTSIDE THE SCHOOL NURSE/HEALTH WORKER FROM CLINIC OTHER (specify)	1 2 3 4 5 6	
304	Were most of these subjects discussed in: - Separate subjects in school time - Taught inside other subjects - As special events/presentations? More than one response possible	SEPARATE SUBJECTS IN SCHOOL TIME INSIDE OTHER SUBJECTS AS SPECIAL PRESENTATIONS/EVENTS	1 2 3	
305	In last four weeks of regular class time at school, about how many hours were spent on these subjects. Interviewer help with calculations	DON'T KNOW / CAN'T REMEMBER	[] HOURS -1	
305a	In the last 4 weeks have you ever attended presentations, participated in a group, watched TV programs which had discussions on these topics outside school?	YES NO	1 2	→ 306
305b	About how many hours during the last four weeks did you attend or listen to these special presentations?	DON'T KNOW / CAN'T REMEMBER	[] HOURS -1	
305c	Can you tell me the names of the organizations making these presentations which you have attended, heard or watched in the past four weeks?	DRAMAIDE SOUL CITY PLANNED PARENTHOOD LOVELIFE /NASHI I HAVE HOPE/OLD MUTUAL SOUL BUDDYZ SOCIETY FOR FAMILY HEALTH/ ABASHA PHEZULU AIDS FOUNDATION CLINIC/NURSE/MEDICAL PROFESSIONALS THE 'Y' (YMCA)/BETTER LIFE OPTIONS CHURCH GROUP/RELIGIOUS ORGANIZATION OTHER (SPECIFY) DON'T KNOW/CAN'T REMEMBER	1 2 3 4 5 6 7 8 9 10 11 12 -1	

CONNECTEDNESS

306	For each of the following statements indicate whether you agree or disagree.	AGREE	DISAGREE
a)	I have many friends at this school.	1	2
b)	The teachers at this school care about the students.	1	2
c)	The principal at this school cares about the students.	1	2
d)	There is a teacher at this school that I can talk to if I have a problem.	1	2
e)	I participate in school activities outside of class.	1	2
f)	I would be much happier if I attended another school.	1	2
g)	There is a lot of fighting and violence among students at my school.	1	2
h)	I feel safe at school	1	2
i)	Sexual harassment is a problem at this school	1	2

CODES FOR 309:

MOTHER	1	FRIEND	10
FATHER	2	NEIGHBOURS	11
BROTHER/SISTER	3	TEACHER/SCHOOL	12
BOYFRIEND	4	COUNSELLOR	13
GIRLFRIEND	5	NO ONE	14
AUNT	6	OTHER (specify)	15
UNCLE	7	_____	
GRANDPARENT	8		
OTHER RELATIVE	9		

Section 4. HIV/AIDS & STD's: Knowledge, Perception of Risk, and Stigma

HIV/AIDS

I also want to ask you some questions about HIV/AIDS and other sexually transmitted diseases.			
401	Please mention all the ways in which you believe a person can get infected with HIV/AIDS. Do not read out Circle all ways mentioned by R	SEXUAL INTERCOURSE SHARING NEEDLES (DRUG USE) UNCLEAN MEDICAL EQUIPMENT BLOOD TRANSFUSIONS DURING PREGNANCY DURING BIRTH THROUGH BREAST MILK MOSQUITO/INSECT BITES CONTACT WITH BLOOD OF INFECTED PERSON CONTACT WITH INFECTED PERSON'S TOOTHBRUSH/SHAVING MATERIAL CASUAL CONTACT WITH INFECTED PERSON (i.e. sharing food, cup, glass, handshake, hugging, clothes) ACCIDENT EXCHANGE OF BODILY FLUIDS UNPROTECTED SEX MOTHER TO CHILD TRANSMISSION OTHER (specify) _____ HAS NOT HEARD ABOUT HIV/AIDS DON'T KNOW/DON'T REMEMBER	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 96 -1
			→421
402	Can a person do anything to protect him/herself from getting HIV/AIDS?	YES NO DON'T KNOW/DON'T REMEMBER	1 2 8
			→404 →404
403	How can people protect themselves from getting infected with HIV/AIDS? Do not read out Circle all mentioned by R	ABSTAIN FROM SEX NON PENETRATIVE SEX/THIGH SEX ALWAYS USE CONDOMS LIMIT NUMBER OF SEX PARTNERS HAVE ONLY ONE SEX PARTNER AVOID SEX WORKERS HAVE SEX WITH A VIRGIN USE STERILIZED NEEDLES REQUIRE PARTNER TO TAKE BLOOD TEST OTHER (specify) _____ DON'T KNOW/DON'T REMEMBER	1 2 3 4 5 6 7 8 9 10 -1
404	Do you personally know anyone who is infected with HIV/AIDS?	YES NO UNSURE NR/REFUSE	1 2 3 -3
			→406 →406
405	What is your relationship with this person/these persons? Multiple answers possible Circle all mentioned by R	CLOSE FAMILY MEMBER OTHER RELATIVE CLOSE FRIEND FRIEND ACQUAINTANCE NEIGHBOUR MYSELF OTHER (specify) _____ NR/REFUSE	1 2 3 4 5 6 7 8 -3
406	Do you personally know anyone who has died or you think has died of AIDS?	YES NO UNSURE NR/REFUSE	1 2 3 -3
			→408 →408

407	What was your relationship with this person/these persons? Multiple answers possible Circle all mentioned by R	CLOSE FAMILY MEMBER OTHER RELATIVE CLOSE FRIEND FRIEND ACQUAINTANCE NEIGHBOUR OTHER (specify) _____ NR/REFUSE	1 2 3 4 5 6 7 -3	
408	Do you think most of your close friends are at risk of getting the AIDS virus?	YES NO DON'T KNOW	1 2 -1	
409	If R. has mentioned he/she is HIV positive (if Q405 =7) →415 Do you think you have no risk, a small risk, a moderate risk or a great risk of getting the AIDS virus in the next 12 months?	NO RISK SMALL RISK MODERATE RISK GREAT RISK [IF VOLUNTEERED: IS HIV POSITIVE] REFUSE	1 2 3 4 5 -3	→415 →411
410	What is the <u>main</u> reason why? Do not read out. Circle one answer.	ABSTINENT/NO SEX HAS ONLY ONE PARTNER ALWAYS USES CONDOM USES CONTRACEPTIVE USES TRADITIONAL MEDICINE HAS SEX WITH A VIRGIN PARTNER IS FAITHFUL NO NEEDLE USE NO BLOOD CONTACT THERE IS NO SUCH THING AS AIDS IT CAN'T HAPPEN TO ME HAS MULTIPLE PARTNERS PARTNER IS INFECTED HAS UNPROTECTED SEX DRUG USE ACCIDENTS CONTACT SPORTS RAPE OTHER (specify) _____ DON'T KNOW	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 -1	
411	If you wanted to have a test for HIV, where could you go? Do not read out. Select all that apply.	HOSPITAL/CLINIC PRIVATE DOCTOR FAMILY PLANNING CLINIC PHARMACY BLOOD BANK SELF-TESTING KIT SCHOOL WORK MOBILE CLINIC OTHER (specify) _____ DON'T KNOW REFUSE	1 2 3 4 5 6 7 8 9 10 -1 -3	
412	I will not ask you for the result, but have <i>you</i> ever had an HIV/AIDS test?	YES NO NR/REFUSE	1 2 -3	→413
412a	Would you want to be tested in the future?	YES NO	1 2	→415 →415
413	Did you find out the results of your test?	YES NO NR/REFUSE	1 2 -3	→415 →415

420c	Is a woman with HIV or AIDS treated better, same or worse by people in your community than an infected man?	Treated Worse Treated Same Treated Better DON'T KNOW	1 2 3 -1	
420d	In this community, how do people react to those with AIDS and their families? Do not read R can mention more than one answer	a) Isolation b) Verbal abuse c) Physical abuse d) Rumours/gossip e) Rejection f) Ejection from home g) Rejection from community h) Love i) Kindness j) Offers to help k) Other _____	1 2 3 4 5 6 7 8 9 10 12	

STD's: Knowledge and Experience

421	Have you ever heard of diseases <i>other than HIV/AIDS</i> that can be transmitted through sexual intercourse?	YES NO	1 2	→500
422	Can you describe any symptoms of STD's in <u>women</u> ? Do not read out the symptoms Circle all symptoms mentioned by R Probe: "Any others you know of?"	ABDOMINAL PAIN FOUL SMELLING DISCHARGE BURNING PAIN ON URINATION GENITAL ULCERS/SORES SWELLINGS IN GROIN ITCHING OTHER (specify) _____ DON'T KNOW	1 2 3 4 5 6 7 -1	
423	Can you describe any symptoms of STD's in <u>men</u> ? Do not read out the symptoms Circle all symptoms mentioned by R Probe: "Any others you know of?" Don't accept slang words for STDs	GENITAL DISCHARGE BURNING PAIN ON URINATION ITCHING GENITAL ULCERS/SORES SWELLINGS IN GROIN CAN'T RETRACT FORESKIN OTHER (specify) _____ DON'T KNOW	1 2 3 4 5 6 7 -1	
424	What, if anything, can a person do to avoid getting STD's? Do not read out Circle all ways mentioned by R Probe: "Any others you know of?"	ONE CAN'T DO ANYTHING USE CONDOMS NON PENETRATIVE SEX/THIGH SEX WASHING/DOUCHING WITH (specify substance) _____ AVOID CASUAL PARTNERS ABSTINENCE FROM SEX AVOID SEX WORKERS USE TRADITIONAL MEDICINE/HERBS OTHER (specify) _____ DON'T KNOW	1 2 3 4 5 6 7 8 9 -1	
425	Have you ever had an STD?	YES NO DON'T KNOW	1 2 -1	→500
426	Where did you go to get it treated/cured? Multiple responses possible	Pharmacy Doctor's office Clinic/hospital Traditional Healer Didn't go anywhere Other Refuse	1 2 3 4 5 6 -3	

Section 5 Sexual Experience and Knowledge

Interviewer: Read introduction			
Now I am going to ask you some questions about having sex. We are asking these questions to learn more about the experiences of young people like you and how you feel in order to make the lives of young people safer. We know that some young people have sex and some have sex with more than one person. Please, try to answer the following questions honestly. Remember, your answers are strictly confidential.			
500	How many boys (for male R's)/ girls (for female R's) your age in your community do you think have had sex? Interviewer: READ OUT OPTIONS	NONE A FEW HALF MOST/ALL DON'T KNOW	1 2 3 4 -1
501	For Girls Only: Have you ever been tested for virginity?	YES NO	1 2
502	For all Respondents: Have you ever had sexual intercourse, by which we mean full penetration?	YES NO REFUSE	1 2 -3
503	Sometimes people experiment with sex or have sex in different ways. Have you ever had sexual intercourse with a person of the same sex?	YES NO REFUSE	1 2 -3
503a	Would your friends laugh at or make fun of you if you decided not to have sex?	YES NO REFUSE	1 2 -3
F.504 INTERVIEWERS: FOR ALL RESPONDENTS			
FILTER: CHECK QUESTION 502/503:			
R HAS HAD SEXUAL INTERCOURSE [<input type="checkbox"/>]		R NEVER HAD SEXUAL INTERCOURSE : [<input type="checkbox"/>] → 601	
↓			
504	At what age did you first have sexual intercourse?	AGE IN YEARS DON'T REMEMBER NR/REFUSE	[<input type="text"/>] 1 -3
505	How old was the person with whom you first had sex?	AGE IN YEARS DON'T REMEMBER NR/REFUSE	[<input type="text"/>] 1 -3
506	The first time you had sex, did you talk about using contraception with your partner?	YES NO	1 2
507	The first time you had sexual intercourse, did you use contraception to prevent pregnancy?	YES NO	1 2
508	Which method did you use? Interviewer: Do not read out Probe for the method!	PILL IUD/LOOP INJECTABLE/DEPOPROVERA CONDOM FEMALE CONDOM TRADITIONAL METHOD/HERBS (Specify _____) NON PENETRATIVE SEX/THIGH SEX SAFE DAYS/ABSTINENCE WITHDRAWAL BEFORE EJACULATION OTHER (specify) _____	1 2 3 4 5 6 7 8 9 10
509	The first time you had sex did you use a method to prevent disease?	YES NO	1 2

510	Which method did you use? Interviewer: Do <i>not</i> read out	PILL 1 INJECTABLE/DEPOPROVERA 2 CONDOM 3 FEMALE CONDOM 4 TRADITIONAL METHOD/HERBS (Specify _____) 5 WASHING/DOUCHING WITH (specify) _____ 6 NON PENETRATIVE SEX/THIGH SEX 7 SAFE DAYS/ABSTINENCE 8 WITHDRAWAL BEFORE EJACULATION 9 OTHER(specify) _____ 10	
511	Thinking about first time you had sexual intercourse, could you tell me which statement best describes your experience? Read out: “I was willing” “I was persuaded” “I was tricked” “I was forced” “I was raped”	WILLING 1 PERSUADED 2 TRICKED 3 FORCED 4 RAPED 5 REFUSE -3	
512	Have you ever received anything such as money, gifts, help with schoolwork or something else, which was given to you so you would have sex with him/her?	YES 1 NO 2 DON’T KNOW/DON’T REMEMBER -1 NR/REFUSE -3	→514 →514 →514
513	What did you receive? Do <i>not</i> read out. Multiple responses possible Probe: Anything else? If R says “gift”, probe for type of gift!	MONEY 1 FOOD 2 SCHOOL FEES 3 HELP WITH SCHOOLWORK 4 DRUGS (including glue) 5 ALCOHOL 6 SHELTER / RENT 7 CLOTHES 8 TRANSPORT 9 JEWELRY 10 ENTERTAINMENT (movies / video games) 11 OTHER (specify) _____ 12	
514	Have you ever given anything to someone so they would have sex with you?	YES 1 NO 2 DON’T KNOW/DON’T REMEMBER -1 NR/REFUSE -3	→516 →516 →516
515	What did you give? Do not read out. Multiple responses possible Probe: Anything else? If R says “gift”, probe for type of gift!	MONEY 1 FOOD 2 SCHOOL FEES 3 HELP WITH SCHOOLWORK 4 DRUGS (including glue) 5 ALCOHOL 6 SHELTER / RENT 7 CLOTHES 8 TRANSPORT 9 JEWELRY 10 ENTERTAINMENT (movies / video games) 11 OTHER (specify) _____ 12	
516	Has any man or woman ever touched you in an unwanted sexual way, such as touching, kissing, grabbing or fondling?	YES 1 NO 2 DON’T KNOW/DON’T REMEMBER -1 NR/REFUSE -3	
517	Have you ever had sexual intercourse when somebody was physically forcing you , hurting you, or threatening you?	YES 1 NO 2	→519
518	Have you ever tried to refuse sex but not been successful?	YES 1 NO 2	

519	With how many partners have you had sex in the last 12 months?	NUMBER OF PARTNERS [] NO PARTNERS IN THE PAST 12 MONTHS NR/REFUSE	96 -3	→537 →537
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Interviewer: Ask 520-536 about the <u>most recent</u> sexual partner in the last 12 months, then ask 520-536 about the 2nd most recent partner in the last 12 months and finally about the third most recent partner in the last 12 months.		Partner 1 (MOST RECENT)	Partner 2	Partner 3
520	Think about your <u>most recent</u> sexual partner. How would you describe this partner? [Read out options] 1. Spouse 2. Casual acquaintance 3. Friend 4. Girlfriend/Boyfriend 5. Fiancé(e) 6. Relative 7. Partner is/was teacher 8. Partner is/was sex worker 9. Other (specify)	1 2 3 4 5 6 7 8 9 _____	1 2 3 4 5 6 7 8 9 _____	1 2 3 4 5 6 7 8 9 _____
521	How old is/was this partner? AGE IN YEARS DON'T KNOW -1 REFUSE -3	[] -1 -3	[] -1 -3	[] -1 -3
522	What is/was his/her race? 1. Black 2. Coloured 3. Indian 4. White 5. Other (specify)	1 2 3 4 5 _____	1 2 3 4 5 _____	1 2 3 4 5 _____
523	What is/was their sex?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
524	Does he/she live in the same neighbourhood /area?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
525	When did you start your sexual relationship?	Month [] Year ____	Month [] Year ____	Month [] Year ____
526	How many times did you have sex with him/her in the last month?	[]	[]	[]
526a	Have you ever had dry sex with him/her?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
527	Is he/she still your sexual partner?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
528	Have/had you ever talked to him/her about: (read out each option and circle answer) a) Avoiding or delaying sex b) Ways to avoid pregnancy c) Use of condoms d) Avoiding HIV/AIDS e) Avoiding sexually transmitted diseases	YES NO 1 2 1 2 1 2 1 2 1 2	YES NO 1 2 1 2 1 2 1 2 1 2	YES NO 1 2 1 2 1 2 1 2 1 2
529	How confident are you that you could convince him / her that he or she should use a condom if you wanted to use one?	VERY 1 FAIRLY 2 NOT 3	VERY 1 FAIRLY 2 NOT 3	VERY 1 FAIRLY 2 NOT 3

530	The last time you had sex with him/her, did you or you partner use a condom?	YES 1 NO 2 →533	YES 1 NO 2 →533	YES 1 NO 2 → 533
537	Have you had abnormal genital discharge during the past 12 months?	YES NO NR/REFUSE		1 2 -3
531	What was the <u>main</u> reason you used a condom? Do not read options 1. Own concern to prevent pregnancy 2. Own concern to prevent STD/HIV 3. Own concern to prevent pregnancy and STD/HIV 4. Did not trust partner/feels partners has other partners 5. Partner insisted/partners choice 6. Other (specify) 8. Don't know	1 2 3 4 5 6 _____ -1	1 2 3 4 5 6 _____ -1	1 2 3 4 5 6 _____ -1
532	The last time you had sex, who made the decision to use a condom	SELF 1 PARTNER 2 BOTH 3 OTHER 4 (specify) _____ DON'T KNOW -1	SELF 1 PARTNER 2 BOTH 3 OTHER 4 (specify) _____ DON'T KNOW -1	SELF 1 PARTNER 2 BOTH 3 OTHER 4 (specify) _____ DON'T KNOW -1
533	How often do/did you use a condom with this partner?	ALWAYS 1 USUALLY 2 SOMETIMES 3 RARELY 4 NEVER 5	ALWAYS 1 USUALLY 2 SOMETIMES 3 RARELY 4 NEVER 5	ALWAYS 1 USUALLY 2 SOMETIMES 3 RARELY 4 NEVER 5
534	The last time you had sex with him/her, did you or your partner use or do something to prevent pregnancy?	YES 1 NO 2 → if other partner →520 if no partner →537	YES 1 NO 2 → if other partner →520 If no partner →537	YES 1 NO 2 →537
535	What do/did you use? Do not read 1. Pill 2. IUD 3. Injectable/Depo-Provera 4. Condom 5. Female condom 6. Traditional method/Herbs (specify) 7. Non penetrative sex/thigh sex 8. Safe days/abstinence 9. Other (specify)	1 2 3 4 5 6 7 8 9 _____	1 2 3 4 5 6 7 8 9 _____	1 2 3 4 5 6 7 8 9 _____
536	The last time you had sex, who made the decision to use something to prevent pregnancy?	SELF 1 PARTNER 2 BOTH 3 OTHER 4 _____ DON'T KNOW -1	SELF 1 PARTNER 2 BOTH 3 OTHER 4 _____ DON'T KNOW -1	SELF 1 PARTNER 2 BOTH 3 OTHER 4 _____ DON'T KNOW -1

538	Have you had an <u>ulcer</u> or <u>sore</u> on your private parts during the past 12 months?	YES NO NR/REFUSE	1 2 -3
-----	--	------------------------	--------------

	FILTER: CHECK 537 AND 538																															
	HAD GENITAL DISCHARGE AND/OR GENITAL ULCER/SORE [] IN LAST 12 MONTHS	NO DISCHARGE OR ULCER [] → 601 IN LAST 12 MONTHS																														
539	Did you do any of the following the last time you had a genital ulcer/sore or abnormal genital discharge: Read out. Circle appropriate answers. Probe for anything else. a. Seek advice/medicine from a health worker in a government clinic? A2. Seek advice/medicine from a private doctor? b. Seek advice/medicine from a pharmacist ? c. Seek advice/medicine from a traditional healer? d. Took medicine you had at home? e. Tell your sexual partner about the discharge/ sore? f. Stop having sex when you had the symptoms? g. Use a condom when having sex during the time you had the symptoms? h. Obtain a diagnosis? i. Anything else? Specify: _____	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>1</td> <td>2</td> </tr> <tr> <td></td> <td>1</td> <td>2</td> </tr> <tr> <td></td> <td>1</td> <td>2</td> </tr> <tr> <td></td> <td>1</td> <td>2</td> </tr> <tr> <td></td> <td>1</td> <td>2</td> </tr> <tr> <td></td> <td>1</td> <td>2</td> </tr> <tr> <td></td> <td>1</td> <td>2</td> </tr> <tr> <td></td> <td>1</td> <td>2</td> </tr> </table>		YES	NO					1	2		1	2		1	2		1	2		1	2		1	2		1	2		1	2
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Section 6 Condom use and accessibility

I would like to ask you some questions about condoms and condom use.			
601	Do you know of a place where one can get condoms?	YES NO	1 2 →604
602	Where is that? Do not read out Probe: Any other places? Circle all mentioned by R	HOSPITAL/HEALTH CENTER/CLINIC MOBILE CLINIC HEALTH WORKER PHARMACY PRIVATE DOCTOR SHOP CHURCH SCHOOL / SCHOOL CLINIC FRIENDS/RELATIVES TRADITIONAL HEALER PRIVATE SALE BY NURSE / SISTER AT WORK GARAGE VENDING MACHINE OTHER (specify) _____	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
603	How confident are you that you could get a condom if you needed one?	VERY CONFIDENT SOMEWHAT CONFIDENT NOT CONFIDENT	1 2 3
604	How confident do you feel that you know how to use a condom effectively?	VERY CONFIDENT SOMEWHAT CONFIDENT NOT CONFIDENT	1 2 3
604a	How many boys/girls your age in your circle of friends do you think regularly use a condom?	NONE A FEW HALF MOST DON'T KNOW	1 2 3 4 -1

604 b	Would your friends laugh at you for only having sex using a condom?	YES NO DON'T KNOW	1 2 -1	
605	Now I am going to read some statements. After I read each statement, I want you to tell me whether you agree or disagree with the statement.		AGREE	DISAGREE
	a) You can easily get condoms any time you want to.		1	2
	b) Carrying condoms is difficult because it makes it look as if one has planned to have sex.		1	2
	c) Using condoms reduces sexual pleasure.		1	2
	d) When a relationship moves from casual to serious, it is no longer necessary to use a condom.		1	2
	e) A woman loses a man's respect if she asks him to use a condom.		1	2
	f) It is embarrassing to buy or ask for condoms		1	2
	g) Using a condom is a sign of not trusting your partner.		1	2

Section 7 Alcohol and Risk Taking

701	During the last 4 weeks how often have you had drinks containing alcohol?	EVERY DAY MORE THAN 3 TIMES A WEEK 1- 3 TIMES A WEEK LESS THAN ONCE A WEEK DID NOT DRINK ALCOHOL IN LAST 4 WEEKS NEVER DRINKS ALCOHOL NR/REFUSE	1 2 3 4 5 6 -3	→704 →708 →708
702	During the last 4 weeks, where did you most often drink alcohol?	AT HOME AT FRIENDS HOME IN BARS / CLUBS / SHEBEEN AT SCHOOL IN STREET/BEACHES OTHER (specify) _____ NR/ REFUSE	1 2 3 4 5 6 -3	
703	The last time you had drinks containing alcohol, how many drinks did you consume?	1-2 DRINKS 3-5 DRINKS 6+ DRINKS DON'T KNOW/DON'T REMEMBER NR/REFUSE	1 2 3 -1 -3	
704	The last time you had alcohol, did you have sex?	YES NO NEVER HAD SEX DON'T KNOW/DON'T REMEMBER NR/REFUSE	1 2 3 -1 -3	
708	In the past year have you ever		YES	NO
	a. Painted graffiti		1	2
	b. Driven while drunk or after drugs		1	2
	c. Brought or sold illegal substances		1	2
	d. Taken part in a physical fight		1	2
	e. Vandalized something belonging to someone else		1	2
	f. Sold any stolen goods		1	2
	g. Been involved in any gang activity		1	2
	h. Driven without being licensed		1	2

Section 8 Reproductive Health

Now I would like to ask you some questions about pregnancy and having children.			
801	During which part of the monthly cycle does a woman have the greatest chance of becoming pregnant? [If R answers “at ovulation” probe for when R thinks ovulation takes place]	IN THE MIDDLE OF HER CYCLE DURING HER PERIOD RIGHT AFTER HER PERIOD HAS ENDED JUST BEFORE HER PERIOD BEGINS SAME CHANCE ALL THE TIME OTHER (Specify _____) DON'T KNOW /DON'T REMEMBER	1 2 3 4 5 6 -1
802	Can a girl get pregnant if she has sex only once?	YES NO DON'T KNOW/DON'T REMEMBER	1 2 -1
804	Which family planning methods do you know to avoid getting pregnant? Circle all methods mentioned by R Probe: “Any other method you know of?”	PILL INJECTABLE/DEPOPROVERA CONDOM FEMALE CONDOM TRADITIONAL METHOD/HERBS (Specify _____) WASHING/DOUCHING WITH (specify) _____ NON PENETRATIVE SEX/THIGH SEX SAFE DAYS/ABSTINENCE WITHDRAWAL BEFORE EJACULATION OTHER(specify) _____	1 2 3 4 5 6 7 8 9 10

I would like to discuss what young people, such as yourself and your friends, talk about. Young people may talk to different people about different things that concern them. They may talk to family members, friends, teachers or health personnel/counselors. I am going to read a list of topics that young people may talk about. I would like you to tell me whether you have discussed this topic in the last six months and, if so, with whom you have discussed the topic.

805	Have you discussed [read topic] in the <u>last 6 months</u> ?	YES NO	[If “YES”] With whom did you discuss? Probe: “Anyone else?”. See codes in next column.	Codes: 1. mother 2. father 3. brother/sister 4. aunt 5. Uncle 5b spouse/partner 6. grandparent 7. boy/girlfriend 8. teacher/counsellor 9. health personnel 10. Friends 11. peer educators at sch 12. neighbours 13. other (specify)
	a) Relationships with the opposite sex	1 2	[] ,	
	b) Body changes during puberty	1 2	[] ,	
	c) Whether or not to have sex	1 2	[] ,	
	d) Pregnancy	1 2	[] ,	
	e) Contraception	1 2	[] ,	
	f) Abortion	1 2	[] ,	
	g) STD's	1 2	[] ,	
	h) Concerns about HIV/AIDS	1 2	[] ,	
	i) Sexual abuse/violence	1 2	[] ,	
806	If you could choose at which age you would have your first child, when would that be?	AT AGE [] WHEN FINANCIALLY STABLE 1 CANNOT HAVE CHILDREN 2		→809
807	If you could choose the number of children to have in your whole life, how many would that be?	NUMBER []		
808	In the next few weeks, if you discovered that you were pregnant (Interviewer: for boys read: “If you discovered your partner was pregnant”), would that be a big problem, a small problem or no problem for you?	BIG PROBLEM 1 SMALL PROBLEM 2 NO PROBLEM 3 STILL A VIRGIN 4 SAYS SHE CANNOT GET PREGNANT 5 DON'T KNOW -1		

809	How many of your female friends do you know that have ever ended a pregnancy?	NUMBER [] DON'T KNOW/DON'T REMEMBER	-1	
810	Have you known anyone who died from trying to end a pregnancy?	YES NO DON'T KNOW/DON'T REMEMBER	1 2 -1	
811	Have you heard about family planning during the last month : Read out a) On the radio? b) On television? c) In a newspaper or magazine?	ON THE RADIO ON TELEVISION IN NEWSPAPER/MAGAZINE	YES NO 1 2 1 2 1 2	
811a	From which programs on TV and Radio do you get your information on HIV/AIDS or family planning? Interviewer: Do NOT READ OUT	SOUL CITY LOVELIFE TAKE FIVE S'CAMTHO YIZO YIZO OTHER	1 2 3 4 5 6	
812 FILTER: RESPONDENT IS FEMALE [] RESPONDENT IS MALE: [] → SECTION 9				
↓				
FILTER: CHECK QUESTION 502:				
GIRL HAS HAD SEXUAL INTERCOURSE [] GIRL NEVER HAD SEXUAL INTERCOURSE : [] → FUN Q'S				
↓				
Now I would like to talk with you about pregnancy, and any children you may have had.				
812	I would like to know if you have ever been pregnant. Even if you did not actually give birth – if you had a miscarriage, or an abortion, or the baby died before or just after birth – that still counts for me as a pregnancy. Keeping this in mind, have you ever been pregnant? (Interviewer: If the answer is “NO”, probe once: Including pregnancies that ended in miscarriage or abortion, or in which the baby died?)	YES NO DON'T KNOW/DON'T REMEMBER NR/REFUSE	1 2 -1 -3	 →Fun Q →Fun Q →Fun Q
	How old were you when you first got pregnant?	AGE [] []		
812a	Are you currently pregnant?	YES NO DON'T KNOW/DON'T REMEMBER NR/REFUSE	1 2 -1 -3	 →F. 813 →F. 813 →F. 813
812b	Did you want to become pregnant?	YES NO DON'T KNOW	1 2 -1	
FILTER 813: CHECK 812 AND 812A				
GIRL HAS BEEN PREGNANT OR IS CURRENTLY PREGNANT [] GIRL HAS NEVER BEEN PREGNANT : [] → FUN Q'S				
↓				
813	How many times have you been pregnant? (interviewer: INCLUDE current pregnancy)	[] TIMES		
814	Were you in school when you first fell pregnant?	YES NO	1 2	→818
815	Did you ever leave school because you fell pregnant?	YES NO	1 2	→818
816	Did you resume school after the pregnancy?	YES NO STILL PREGNANT WITH FIRST BABY	1 2 3	→818

828-841. Now we would like to talk to you about the child/children you have given birth to, starting with the **MOST RECENT** one you had.

27

	BIRTH #1	BIRTH #2	BIRTH #3	BIRTH #4
828. Record single or multiple birth status	SINGLE = 1 MULTIPLE = 2	SINGLE = 1 MULTIPLE = 2	SINGLE = 1 MULTIPLE = 2	SINGLE = 1 MULTIPLE = 2
829. Is [birth] a boy or a girl?	BOY = 1 GIRL = 2	BOY = 1 GIRL = 2	BOY = 1 GIRL = 2	BOY = 1 GIRL = 2
830. In what month and year was [birth] born? Probe: What is his/her birthday	Month [][] Year [][] MO. NOT KNOWN=98 YR. NOT KNOWN=00	Month [][] Year [][] MO. NOT KNOWN=98 YR. NOT KNOWN=00	Month [][] Year [][] MO. NOT KNOWN=98 YR. NOT KNOWN=00	Month [][] Year [][] MO. NOT KNOWN=98 YR. NOT KNOWN=00
831. When you were pregnant with [birth], did you go for any antenatal care?	YES = 1 NO = 2 DK = 9	YES = 1 NO = 2 DK = 9	YES = 1 NO = 2 DK = 9	YES = 1 NO = 2 DK = 9
832. Where was [birth] born? At home, or at a medical institution?	AT HOME =1 AT MEDICAL INSTITUTION =2	AT HOME =1 AT MEDICAL INSTITUTION =2	AT HOME =1 AT MEDICAL INSTITUTION =2	AT HOME =1 AT MEDICAL INSTITUTION =2
833. Who assisted at the birth of [birth]? Circle all that apply	NO ONE =1 RELATIVE/FRIEND =2 TRADITIONAL PRACT. =3 MEDICAL PERSON =4 DK =9	NO ONE =1 RELATIVE/FRIEND =2 TRADITIONAL PRACT. =3 MEDICAL PERSON =4 DK =9	NO ONE =1 RELATIVE/FRIEND =2 TRADITIONAL PRACT. =3 MEDICAL PERSON =4 DK =9	NO ONE =1 RELATIVE/FRIEND =2 TRADITIONAL PRACT. =3 MEDICAL PERSON =4 DK =9
834. Did you ever breastfeed [birth]?	YES = 1 NO = 2	YES = 1 NO = 2	YES = 1 NO = 2	YES = 1 NO = 2
835. Is [birth] still alive?	YES = 1 NO = 2 [Go to 839] DK = 9	YES = 1 NO = 2 [Go to 839] DK = 9	YES = 1 NO = 2 [Go to 839] DK = 9	YES = 1 NO = 2 [Go to 839] DK = 9
836. Who is the primary caregiver of the child?	MYSELF 1 CHILD'S FATHER 2 CHILD'S MATERNAL GRANDPARENT 3 CHILD'S PATERNAL GRANDPARENTS 4 OTHER RELATIVE 5 NON-RELATIVE 6	MYSELF 1 CHILD'S FATHER 2 CHILD'S MATERNAL GRANDPARENT 3 CHILD'S PATERNAL GRANDPARENTS 4 OTHER RELATIVE 5 NON-RELATIVE 6	MYSELF 1 CHILD'S FATHER 2 CHILD'S MATERNAL GRANDPARENT 3 CHILD'S PATERNAL GRANDPARENTS 4 OTHER RELATIVE 5 NON-RELATIVE 6	MYSELF 1 CHILD'S FATHER 2 CHILD'S MATERNAL GRANDPARENT 3 CHILD'S PATERNAL GRANDPARENTS 4 OTHER RELATIVE 5 NON-RELATIVE 6

837. Do you receive any support from the father of this child? What type of support?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>FINANCIAL</td><td>1</td><td>2</td></tr> <tr><td>CLOTHING</td><td>1</td><td>2</td></tr> <tr><td>FOOD</td><td>1</td><td>2</td></tr> <tr><td>MEDICAL</td><td>1</td><td>2</td></tr> <tr><td>SCHOOL FEES</td><td>1</td><td>2</td></tr> <tr><td>TIME/CARE</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	FINANCIAL	1	2	CLOTHING	1	2	FOOD	1	2	MEDICAL	1	2	SCHOOL FEES	1	2	TIME/CARE	1	2	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>FINANCIAL</td><td>1</td><td>2</td></tr> <tr><td>CLOTHING</td><td>1</td><td>2</td></tr> <tr><td>FOOD</td><td>1</td><td>2</td></tr> <tr><td>MEDICAL</td><td>1</td><td>2</td></tr> <tr><td>SCHOOL FEES</td><td>1</td><td>2</td></tr> <tr><td>TIME/CARE</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	FINANCIAL	1	2	CLOTHING	1	2	FOOD	1	2	MEDICAL	1	2	SCHOOL FEES	1	2	TIME/CARE	1	2	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>FINANCIAL</td><td>1</td><td>2</td></tr> <tr><td>CLOTHING</td><td>1</td><td>2</td></tr> <tr><td>FOOD</td><td>1</td><td>2</td></tr> <tr><td>MEDICAL</td><td>1</td><td>2</td></tr> <tr><td>SCHOOL FEES</td><td>1</td><td>2</td></tr> <tr><td>TIME/CARE</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	FINANCIAL	1	2	CLOTHING	1	2	FOOD	1	2	MEDICAL	1	2	SCHOOL FEES	1	2	TIME/CARE	1	2	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>FINANCIAL</td><td>1</td><td>2</td></tr> <tr><td>CLOTHING</td><td>1</td><td>2</td></tr> <tr><td>FOOD</td><td>1</td><td>2</td></tr> <tr><td>MEDICAL</td><td>1</td><td>2</td></tr> <tr><td>SCHOOL FEES</td><td>1</td><td>2</td></tr> <tr><td>TIME/CARE</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	FINANCIAL	1	2	CLOTHING	1	2	FOOD	1	2	MEDICAL	1	2	SCHOOL FEES	1	2	TIME/CARE	1	2
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838. About how much do you yourself spend to support this child per month?	[] RAND	[] RAND	[] RAND	[] RAND																																																																																				
839. Check 836: if dead only: How old was he/she when he/she died? If 1 year, probe: How many months old was (birth)? Record days if under 1 month, months if under 2 years, or years.	Day [] Month [] Year [] 99 = DON'T KNOW	Day [] Month [] Year [] 99 = DON'T KNOW	Day [] Month [] Year [] 99 = DON'T KNOW	Day [] Month [] Year [] 99 = DON'T KNOW																																																																																				
840. At the time you became pregnant with (BIRTH), did you want to become pregnant or would you have liked to wait longer?	WANTED PREGNANCY AT THAT TIME 1 2 WOULD HAVE LIKED TO WAIT	WANTED PREGNANCY AT THAT TIME 1 2 WOULD HAVE LIKED TO WAIT	WANTED PREGNANCY AT THAT TIME 1 2 WOULD HAVE LIKED TO WAIT	WANTED PREGNANCY AT THAT TIME 1 2 WOULD HAVE LIKED TO WAIT																																																																																				
841. How old do you want your youngest child to be before having another baby?	[] YEARS DO NOT WANT ANOTHER 96																																																																																							

[] NOW GO TO 'FUN' QUESTIONS AT END OF QUESTIONNAIRE

Section 9 Paternity

This section is for boys only!

FILTER: CHECK 602		BOY HAS HAD SEXUAL INTERCOURSE []		BOY HAS NEVER HAD SEXUAL INTERCOURSE [] → FUN Q'S AT END OF QUESTIONNAIRE	
↓					
I would like to talk with you about pregnancies and children.					
901	Has any girl or her family ever asked you to pay damages or negotiated Lobola or Dowry or to get married because of a premarital pregnancy?	YES NO NR/REFUSE	1 2 -3		
902	Have you ever made a girl pregnant?	YES NO NR/REFUSE	1 2 -3	→Fun Q →Fun Q	
903	Have you ever fathered a child?	YES NO DON'T KNOW	1 2 -3	→905 →905	
904	How many children have you fathered (including those children no longer alive)?	[] CHILDREN			
	How many living children do you have?	[] LIVING CHILDREN			
905	Were you in school when you made a girl pregnant?	YES NO	1 2		
906	Did you ever leave school because your partner fell pregnant or gave birth?	YES NO	1 2	→908	
907	Did you ever return to school at some point after the baby was born (or will you return to school once the baby is born)?	YES NO	1 2		
908-913	FILTER: CHECK 903 BOY HAS FATHERED A CHILD [] ↓ Complete birth history on next page		BOY HAS NEVER FATHERED A CHILD [] → FUN Q'S AT END OF QUESTIONNAIRE		

908-913 Now I would like to talk to you about the children you have fathered, starting with the MOST RECENT birth..

	BIRTH #1	BIRTH #2	BIRTH #3	BIRTH #4
908. Record single or multiple birth status:	SINGLE = 1 MULTIPLE = 2	SINGLE = 1 MULTIPLE = 2	SINGLE = 1 MULTIPLE = 2	SINGLE = 1 MULTIPLE = 2
909. In what month and year was (BIRTH) born? PROBE: What is his/her birthday? OR In what season was he/she born?	Month [][] Year [][] MO. NOT KNOWN=98 YR. NOT KNOWN=00	Month [][] Year [][] MO. NOT KNOWN=98 YR. NOT KNOWN=00	Month [][] Year [][] MO. NOT KNOWN=98 YR. NOT KNOWN=00	Month [][] Year [][] MO. NOT KNOWN=98 YR. NOT KNOWN=00
910. Is (BIRTH) still alive?	YES = 1 NO = 2 [Go to END] DK = 9	YES = 1 NO = 2 [Go to END] DK = 9	YES = 1 NO = 2 [Go to END] DK = 9	YES = 1 NO = 2 [Go to END] DK = 9
911. Who is the primary caretaker of the child?	MYSELF 1 CHILD'S MOTHER 2 CHILD'S MATERNAL GRANDPARENTS 3 CHILD'S PATERNAL GRANDPARENTS 4 OTHER RELATIVE 5 NON-RELATIVE 6 DON'T KNOW 7	MYSELF 1 CHILD'S MOTHER 2 CHILD'S MATERNAL GRANDPARENTS 3 CHILD'S PATERNAL GRANDPARENTS 4 OTHER RELATIVE 5 NON-RELATIVE 6 DON'T KNOW 7	MYSELF 1 CHILD'S MOTHER 2 CHILD'S MATERNAL GRANDPARENTS 3 CHILD'S PATERNAL GRANDPARENTS 4 OTHER RELATIVE 5 NON-RELATIVE 6 DON'T KNOW 7	MYSELF 1 CHILD'S MOTHER 2 CHILD'S MATERNAL GRANDPARENTS 3 CHILD'S PATERNAL GRANDPARENTS 4 OTHER RELATIVE 5 NON-RELATIVE 6 DON'T KNOW 7
912. How often do you see this child?	CHILD LIVES WITH ME 1 EVERY DAY 2 WEEKENDS 3 ABOUT ONCE A MONTH 4 LESS THAN ONCE A MONTH 5 HOLIDAYS 6 NEVER 7	CHILD LIVES WITH ME 1 EVERY DAY 2 WEEKENDS 3 ABOUT ONCE A MONTH 4 LESS THAN ONCE A MONTH 5 HOLIDAYS 6 NEVER 7	CHILD LIVES WITH ME 1 EVERY DAY 2 WEEKENDS 3 ABOUT ONCE A MONTH 4 LESS THAN ONCE A MONTH 5 HOLIDAYS 6 NEVER 7	CHILD LIVES WITH ME 1 EVERY DAY 2 WEEKENDS 3 ABOUT ONCE A MONTH 4 LESS THAN ONCE A MONTH 5 HOLIDAYS 6 NEVER 7
913. Do you provide any support for this child? What type of support?	YES NO FINANCIAL 1 2 CLOTHING 1 2 FOOD 1 2 MEDICAL 1 2 SCHOOL FEES 1 2 TIME/ CARE 1 2	YES NO FINANCIAL 1 2 CLOTHING 1 2 FOOD 1 2 MEDICAL 1 2 SCHOOL FEES 1 2 TIME/ CARE 1 2	YES NO FINANCIAL 1 2 CLOTHING 1 2 FOOD 1 2 MEDICAL 1 2 SCHOOL FEES 1 2 TIME/ CARE 1 2	YES NO FINANCIAL 1 2 CLOTHING 1 2 FOOD 1 2 MEDICAL 1 2 SCHOOLFEES 1 2 TIME/ CARE 1 2
914. About how much do you spend to support this child per month ?	[] RAND	[] RAND	[] RAND	[] RAND

[] NOW GO TO 'FUN' QUESTIONS AT END OF QUESTIONNAIRE

Use at your discretion

FUN QUESTIONS TO END WITH:
1. What is your favorite radio or TV show? _____
2. Who is your favorite singer or group? _____
3. Who is your favorite sports star? _____

END OF QUESTIONNAIRE

Thank the respondent for his/ her participation.

Also, explain that we would like to obtain his/her name and address and that of two friends/relatives who would know where R. would go if he/she was to move in the next 2 years. It is very important that we know how to locate the respondent for the third round of the study.

Ask for two contact addresses in addition to respondent's address:

1. Name	
Street: nr.	
Flat (apartment)/ Building Name	
Postal Code	
City/town	
Tel: (code)number	()

2. Name	
Street: nr.	

Flat (apartment)/ Building Name	
Postal Code	
City/town	
Tel: (code) number	()

INTERVIEWER: CHECK THAT MATERIALS HAVE BEEN LEFT WITH RESPONDENT

REFERRAL LIST
PAMPHLETS

RECORD TIME AT END OF INTERVIEW ____ : ____