**HIV/AIDS and Education: Biomarker Follow-up Study Survey**

**SECTION A: Before beginning**

**A1. Before Arriving at the House**

1. Fill in the following important information on the survey:
   * Mark whether the respondent is sampled for VCT on page 33
   * Mark whether the respondent is sampled for the condom intervention on page 40
   * The nearest VCT center where the respondent can get tested for HIV
   * Whether the respondent is sampled for quality control on page 39
2. Make sure that you have all materials
   * HIV test kits (1 Determine, 1 Bioline, 1 Unigold) with each of the three types of buffer
   * Supplies for VCT/HIV testing (gloves, alcohol swabs, dry cotton, lancets, pipettes for each test kit, condoms, penis model, waste container)
   * Filter paper for dried blood spots
   * Card for STI clinic, CCC, and mobile clinic
   * Condoms for respondents sampled for the condom intervention
   * Lesso
   * VCT Protocol
   * Stickers with biomarker IDs

**A2. Identification Verification**

FO: *ask the respondent what school he/she attended for 2003 and what standard. If the information is incorrect, try to determine if there is another reason why our information does not match besides that he/she is not the target.*

**If the respondent is the target:**

1. Stick the sticker with the relevant Biomarker ID number on the cover.
2. Put the checklist and the page with tracking information away in a separate envelope.

**To be completed at the time of data entry:**

|  |  |
| --- | --- |
|  | Data Entry Person’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Data Entry Person’s ID: *|\_\_|\_\_|\_\_|* |
|  | Comments on Data entry: |

|  |  |  |
| --- | --- | --- |
|  | Respondent ID information: | *see front* |
|  | Field Officer: | |\_\_|\_\_|\_\_| |
|  | Observer (other FO, VCT nurse) , if any | |\_\_|\_\_|\_\_| |
|  | Date: | \_\_ / \_\_ / 200\_\_ |

**A3. Consent Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Date of birth of the respondent:  *FO: use this grid:*   |  |  | | --- | --- | | **Age** | **Year of Birth** | | 19 | 1992 | | 20 | 1991 | | 21 | 1990 | | 22 | 1989 | | 23 | 1988 | | 24 | 1987 | | 25 | 1986 | | 26 | 1985 | | 19|\_\_|\_\_| |
|  | Was the respondent born in 1992 or later (and is not a mature minor)? | 1. [ ] Yes >> Parent Consent required. Go to page 3. 2. [ ] No >> Skip to page 4. |

PARENTAL CONSENT FOR MINOR TO PARTICIPATE IN THE

**FOLLOW-UP QUESTIONNAIRE**

Study title: **Education and HIV/AIDS**

Hello. My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*.* I am a field officer from Innovations for Poverty Action (IPA).

Your child has been selected to participate in a research study conducted by Innovations for Poverty Action. The purpose of the study is to learn more about the role of education in the fight against HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome). Back in 2003, your child was enrolled in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ primary school. According to our records, this school was involved in a large project conducted by our partner organization, called International Child Support (ICS).

Your child was selected as a possible participant in this study because he/she was in class \_\_\_ in 200\_\_, when International Child Support (ICS) conducted the program, and we want to interview your child today to understand more about how the International Child Support (ICS) program worked.

You should read the information below, and ask questions about anything you do not understand, before deciding whether or not to let your child participate.

• The questionnaire is voluntary. Your child has the right not to answer any question, and to stop answering questions at any time. We expect that the questionnaire will take about 2 hours.

• The questionnaire contains multiple sections. First, your child will be asked to answer some questions about his/her general attitudes and opinions on several topics, such as education and politics. Second, we will ask some questions related to Human Immunodeficiency Virus (HIV). Third, your child will be asked to answer questions on sexual behavior, past and current sexual partners, if any; and about marriage and fertility.

• Your child will be compensated for this questionnaire: we will give your child a [DESCRIBE GIFT] at the end of our visit.

• The information your child tell us will be confidential. We will not share it with you or anyone else.

• This project will be completed by December 2011. All questionnaires will be stored in a secure work space until 1 year after that date. The hard copies of the questionnaires will then be destroyed.

Do you agree to let your child participate in the questionnaire? [ ] Yes [ ] No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Name (print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Legal Guardian Name (print) Parent Signature and Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Study Staff Conducting Study Staff Signature and Date

You can ask any questions that you have about the study now. Please contact Grace Makana, the study coordinator, at 055-22244 or 0736-353000 with any questions or concerns that you may have after today. If you feel you have been treated unfairly, or you have questions regarding your rights as a research subject, you may contact Carolyne Nekesa, the Chairman of the Innovations for Poverty Action (IPA) Internal Review Board at 055-22244 or 0720-288640. You can also call the Chairman of the KEMRI/National Ethical Review Committee at 020-2722541, 020-2713349, 0722-205901, 0733-400003. You can also call the Chairman of the Committee on the Use of Humans as Experimental Subjects, M.I.T., Room E25-143b, 77 Massachusetts Ave, Cambridge, MA 02139, phone +1-617-253-6787 in the United States.

CONSENT / ASSENT TO PARTICIPATE IN THE

**FOLLOW-UP QUESTIONNAIRE**

Study title: **Education and HIV/AIDS**

Hello. My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*.* I am a field officer from Innovations for Poverty Action (IPA).

You have been selected to participate in a research study conducted by Innovations for Poverty Action (IPA). The purpose of the study is to learn more about the role of education in the fight against HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome). Back in 2003, you were enrolled in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ primary school. According to our records, this school was involved in a large project conducted by our partner organization, called International Child Support (ICS). Do you remember International Child Support (ICS)?

You were selected as a possible participant in this study because you were in class \_\_\_ in 200\_\_, when International Child Support (ICS) conducted the program, and we want to interview you to understand more about how the International Child Support (ICS) program worked.

You should read the information below, and ask questions about anything you do not understand, before deciding whether or not to participate.

• This questionnaire is voluntary. You have the right not to answer any question, and to stop answering questions at any time. We expect that the questionnaire will take about 2 hours.

• The questionnaire contains multiple sections. First, you will be asked to answer some questions about your general attitudes and opinions on several topics, such as education and politics. Second, we will ask some questions related to Human Immunodeficiency Virus (HIV). Third, you will be asked to answer questions on your sexual behavior, your past and current sexual partners, if any; and about marriage and fertility.

• You will be compensated for this questionnaire: we will give you a [DESCRIBE GIFT] at the end of our visit.

• The information you tell us will be confidential. We will not share it with your parents or with anyone else.

• This project will be completed by December 2011. All questionnaires will be stored in a secure work space until 1 year after that date. The hard copies of the questionnaires will then be destroyed.

[ ] I understand the procedures described above. My questions have been answered to my satisfaction.

[ ] I agree to participate in this questionnaire

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Name (print) Participant Signature and Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Study Staff Conducting Study Staff Signature and Date

You can ask any questions that you have about the study now. Please contact Grace Makana, the study coordinator, at 055-22244 or 0736-353000 with any questions or concerns that you may have after today. If you feel you have been treated unfairly, or you have questions regarding your rights as a research subject, you may contact Carolyne Nekesa, the Chairman of the Innovations for Poverty Action (IPA) Internal Review Board at 055-22244 or 0720-288640. You can also call the Chairman of the KEMRI/National Ethical Review Committee at 020-2722541, 020-2713349, 0722-205901, 0733-400003. You can also call the Chairman of the Committee on the Use of Humans as Experimental Subjects, M.I.T., Room E25-143b, 77 Massachusetts Ave, Cambridge, MA 02139, phone +1-617-253-6787 in the United States.

**SECTION B: SURVEY**

***FOs:***

#### *Let’s talk before starting*

*This questionnaire asks questions related to knowledge, attitudes and behavior on sensitive issues such as HIV/ AIDS and sexual experience. The purpose is to help us understand youth. Please provide accurate answers.*

*Your answers are confidential and I will not tell your teachers, parents or anybody else.*

*Please listen and answer carefully. Answer accurately and do not worry about whether there is a correct answer. Your answers will have no affect on your personal life or study. As mentioned above, this information is confidential, only the researchers can access the data. Data will not be reported to individuals, only institutions. Honest answers will help in planning programs for Kenyan youth.*

*☺ … Thank you for your good cooperation … ☺*

**B1. Demographic/SES Information**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Are you currently enrolled in school? What type of school?  ***FO: if the survey is done in-between school years, (in December or January), ask:***  Up to last November, were you enrolled in school? What type of school? | 1. [ ] Not in school **>>>>>>>skip to 12**  2. [ ] In primary school  3. [ ] In secondary school  4. [ ] In a Polytechnic / Vocational school  5. [ ] College  6. [ ] University | |
|  | How much school fees do you have to pay per year in the school you are currently attending?  **FO: if the survey is done in December or January, ask:**  How much school fees did you have to pay in the school year that just ended?  *Write 99 if doesn’t know.* | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| Ksh   |\_\_|\_\_| Don’t know | |
| 11a. | Do you receive financial support (bursary)? | 1. [ ] Yes 2. [ ] No**>>>>>>skip to 12** | |
| 11b. | From where do you receive this? | 1. [ ] MOE 2. [ ] CDF  3. [ ] MOE/CDF (unable to distinguish)  3. [ ] NGO  4. [ ] Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | What is the highest level of formal education you have attained?  *(Circle highest class attended)* | 6 7 8  F1 F2 F3 F4Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | In total, up to now, how many years have you spent in formal school since Standard 1?  *(include the years you repeated a grade, but do not include ECD, and do not include vocational school)* | |\_\_|.|\_\_| years | |
|  | Have you ever attended a polytechnic/vocational school? | 1. [ ] YES  2. [ ] NO**>>>>>>>>>>>skip to 16** | |
|  | For how many years have you attended polytechnic/vocational school? | |\_\_|.|\_\_| years  *(if less than 12 months, write 0.5 years)* | |
|  | The building that you sleep in currently – of what material are the walls made?  *(Tick all that apply)* | 1. [ ] Stone, Solid Cement  2. [ ] Fired Brick  3. [ ] Sun-dried bricks  4. [ ] Mud, cement  5. [ ] Mud, sticks, reeds  6. [ ] Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | What is the roof of this building made of? | 1. [ ] Iron  2. [ ] Grass or reeds  3. [ ] Mud, branches  4. [ ] Palm leaves  5. [ ] Mud, cement  6. [ ] Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | What is the floor of your house made of? | 1. [ ] Cement  2. [ ] Mud  3. [ ] Cow dung and mud  4. [ ] Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 18a. | How many latrines do you have at your current home? | [ ]   **If 0 >>>>skip to 21** | |
|  | Is the latrine you use the most indoors or outdoors? | 1. [ ] indoors  2. [ ] outdoors | |
|  | Is it private to your household or shared with another household? (shared beyond those in the family) | 1. [ ] Private 2. [ ] Shared | |
|  | If one walked at an average pace, approximately how many minutes would it take to walk from your home to the nearest place where you can catch a matatu/bus? | | |\_\_|\_\_|\_\_| minutes |

**B2. General Attitudes and Perceptions**

|  |  |  |
| --- | --- | --- |
|  | Do you work for any other person or as an apprentice? | 1. [ ] Paid Employee  2. [ ] Apprentice  3. [ ] Help relative with business  4. [ ] No **>>> skip to question 26** |
|  | What type of business are you working in? | 1. [ ] Housemaid 2. [ ] Mechanic 3. [ ] Retail staff 4. [ ] Clerk 5. [ ] Manager 6. [ ] Electrician 7. [ ] Plumber 8. [ ] Carpenter 9. [ ] Welder 10. [ ] Insurance broker 11. [ ] Land surveyor 12. [ ] Pit/well digger 13. [ ] Agent/broker 14. [ ] Matatu/bus driver or tout 15. [ ] Clinic/hospital health worker 16. [ ] Clinical/hospital staff 17. [ ] Lumbering 18. [ ] Restaurant/food kiosk staff 19. [ ] Bar staff 20. [ ] Tailoring shop 21. [ ] Farm/agricultural worker 22. [ ] Boda boda 23. [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | How long have you been employed/ working as an apprentice/ helping out? | |\_\_|\_\_| years  |\_\_|\_\_|\_\_| months  |\_\_|\_\_| days |
|  | What is your average wage?  ***(if unpaid, write 0)*** | |\_\_|\_\_|\_\_| KSH  Day Week Month |
|  | Do you have any business for which you get money even if only occasionally or if you work for it for only a few hours in a day? | 1. [ ] YES  2. [ ] NO **>>>>>>>skip to question 29** |

|  |  |  |
| --- | --- | --- |
|  | What is the primary activity of your business?  *(Tick all that apply)* | 1. [ ] Market vendor  2. [ ] Own store  3. [ ] Own food/drink stall  4. [ ] Sell agricultural produce from home  5. [ ] Sewing / Tailoring  6. [ ] Cleaning for other people  7. [ ] Washing clothes for other people  8. [ ] Working on other people’s farm  9. [ ] Fishing  10. [ ] Boda boda  11. [ ] Matatu tout or driver  12. [ ] Saloon Owner / Barber  13. [ ] Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_ |
|  | What is your average profit (your income net of costs) from your business ?? | |\_\_|\_\_|\_\_|\_\_|\_\_| KSH  Day Week Month  *(if respondent gives a bracket, enter the average; e.g. 500-1000 🡺 enter 750)* |

|  |  |  |
| --- | --- | --- |
| **Are you a member of any of the following voluntary organizations?** | | |
|  | Self-help Group/ ROSCA | 1. [ ] Yes  2. [ ] No |
|  | Registered community-based organization (If yes, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | 1. [ ] Yes  2. [ ] No |
|  | Sports, art or recreational organization | 1. [ ] Yes  2. [ ] No |
|  | Civic association (like environmental, social or humanitarian associations) | 1. [ ] Yes  2. [ ] No |
|  | Other organization (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1. [ ] Yes  2. [ ] No |

|  |  |  |
| --- | --- | --- |
|  | How do you get news most often?  Tick one only | 1. [ ] Newspaper  2. [ ] Radio  3. [ ] Television  4. [ ] Friends  5. [ ] Teachers  6. [ ] Family  7. [ ] Colleagues  8. [ ] Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | How often do you read or listen to politics in the news (through the source identified in Question 35)? | 1. [ ] Everyday  2. [ ] Once a week  3. [ ] Several times a week  4. [ ] Once or twice a month  5. [ ] Once or twice a year  6. [ ] Never |
|  | How interested are you in political affairs? Very, somewhat, not very or not all? | 1. [ ] Very interested  2. [ ] Somewhat interested  3. [ ] Not very interested  4. [ ] Not at all interested  5. [ ] Don’t know |

*FO: Now I will ask you some questions about your opinions on education.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | How important is it for someone like you to get an education?  ***READ aloud these options. Let the respondent answer, and indicate his/her response. SINGLE response only.*** | 1. [ ] Very important 2. [ ] Important 3. [ ] Somewhat important 4. [ ] Not very important **>> skip to 39** 5. [ ] Not important at all **>> skip to 39** | |
|  | Why do you think it is important to get an education? Give me the main reasons why you think it is important.  ***Do NOT read aloud these options or prompt. Let the respondent answer, and indicate his/her first THREE responses only.***  ***If respondent only offers 1 or 2 reasons, and no other reason(s) are given after 10 seconds, then move on to the next question.*** | 1. [ ] To read/write 2. [ ] To know more about the world 3. [ ] To get a good job/ earn more money 4. [ ] To run a family business 5. [ ] To bring new technologies to my family/ community 6. [ ] To avoid being cheated 7. [ ] To help the country reduce poverty 8. [ ] To get more (government) resources to my family/community 9. [ ] To gain respect 10. [ ] To find a better spouse 11. [ ] To be a better parent 12. [ ] Self-awareness 13. [ ] To share knowledge with others 14. [ ] To be able to travel 15. [ ] To improve housing/living conditions 16. [ ] Other (specify):   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | If a **boy** from this area never goes to secondary school, what types of work do you think that person would do when he is 25 years old?  ***Do NOT read aloud these options or prompt.  If respondent only offers 1 or 2 reasons, and no other reason(s) are given after 10 seconds, then move on to the next question. Multiple responses are possible here.*** | | 1. [ ] Farming 2. [ ] Housework 3. [ ] Fishing 4. [ ] Factory work 5. [ ] Driver 6. [ ] Untrained teacher 7. [ ] Teaching 8. [ ] Work for government 9. [ ] Security Guard 10. [ ] Policeman 11. [ ] Street vending/Hawking 12. [ ] Shop owner (i.e. duka, salon) 13. [ ] Construction worker 14. [ ] Tailoring 15. [ ] Salonist/barber 16. [ ] Mechanic/welder/carpenter 17. [ ] Office/store clerk, cashier, or secretary 18. [ ] Supervisor/manager 19. [ ] Cook 20. [ ] Boda boda 21. [ ] Casual labor 22. [ ] Other (specify)   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. [ ] Don’t know |
|  | If a **boy** from this area never goes to secondary school, how much income do you think that person would make when he is 25 years old? | | |\_\_|\_\_|\_\_|\_\_|\_\_| Ksh  ***Probe respondent for an amount.***  ***Write 99 if doesn’t know.***  ***Day Week Month***  |\_\_|\_\_| Don’t know |
|  | If a **girl** from this area never goes to secondary school, what types of work do you think that person would do when she is 25 years old?  ***Do NOT read aloud these options or prompt.  If respondent only offers 1 or 2 reasons, and no other reason(s) are given after 10 seconds, then move on to the next question. Multiple responses are possible here.*** | | 1. [ ] Farming 2. [ ] Housework 3. [ ] Fishing 4. [ ] Factory work 5. [ ] Driver 6. [ ] Untrained teacher 7. [ ] Teaching 8. [ ] Work for government 9. [ ] Security Guard 10. [ ] Policeman 11. [ ] Street vending/Hawking 12. [ ] Shop owner (i.e. duka, salon) 13. [ ] Construction worker 14. [ ] Tailoring 15. [ ] Salonist/barber 16. [ ] Mechanic/welder/carpenter 17. [ ] Office/store clerk, cashier, or secretary 18. [ ] Supervisor/manager 19. [ ] Cook 20. [ ] Boda boda 21. [ ] Casual labor 22. Other (specify) :   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. [ ] Don’t know |
|  | If a **girl** from this area never goes to secondary school, how much money do you think that person would make when she is 25 years old? | | |\_\_|\_\_|\_\_|\_\_|\_\_| Ksh  ***Probe respondent for an amount.***  ***Write 99 if doesn’t know.***  ***Day Week Month*** |\_\_|\_\_| Don’t know |
|  | If a **boy** from this area completes secondary school, what types of work do you think he/she would do when he is 25 years old?  ***Do NOT read aloud these options or prompt.  If respondent only offers 1 or 2 reasons, and no other reason(s) are given after 10 seconds, then move on to the next question. Multiple responses are possible here.*** | | 1. [ ] Farming 2. [ ] Housework 3. [ ] Fishing 4. [ ] Factory work 5. [ ] Driver 6. [ ] Untrained teacher 7. [ ] Teaching 8. [ ] Work for government 9. [ ] Security Guard 10. [ ] Policeman 11. [ ] Street vending/Hawking 12. [ ] Shop owner (i.e. duka, salon) 13. [ ] Construction worker 14. [ ] Tailoring 15. [ ] Salonist/barber 16. [ ] Mechanic/welder/carpenter 17. [ ] Office/store clerk, cashier, or secretary 18. [ ] Supervisor/manager 19. [ ] Cook 20. [ ] Boda boda 21. [ ] Casual labor 22. [ ] Other (specify) :   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  99. [ ] Don’t know |
|  | If a **boy** from this area completes secondary school, how much money do you think that person would make when he is 25 years old? | | |\_\_|\_\_|\_\_|\_\_|\_\_| Ksh  ***Probe respondent for an amount.***  ***Write 99 if doesn’t know.***  ***Day Week Month*** |\_\_|\_\_| Don’t know |
|  | If a **girl** from this area completes secondary school, what types of work do you think he/she would do when he is 25 years old?  ***Do NOT read aloud these options or prompt.  If respondent only offers 1 or 2 reasons, and no other reason(s) are given after 10 seconds, then move on to the next question.***  ***Multiple responses are possible here.*** | | 1. [ ] Farming 2. [ ] Housework 3. [ ] Fishing 4. [ ] Factory work 5. [ ] Driver 6. [ ] Untrained teacher 7. [ ] Teaching 8. [ ] Work for government 9. [ ] Security Guard 10. [ ] Policeman 11. [ ] Street vending/Hawking 12. [ ] Shop owner (i.e. duka, salon) 13. [ ] Construction worker 14. [ ] Tailoring 15. [ ] Salonist/barber 16. [ ] Mechanic/welder//carpenter 17. [ ] Office/store clerk, cashier, or secretary 18. [ ] Supervisor/manager 19. [ ] Cook 20. [ ] Boda boda 21. [ ] Casual labor 22. [ ] Other (specify) :   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. [ ] Don’t know |
|  | If a **girl** from this area completes secondary school, how much money do you think that person would make when he is 25 years old? | |\_\_|\_\_|\_\_|\_\_|\_\_| Ksh  Day Week Month  ***Probe respondent for an amount. Write 99 if doesn’t know.*** |\_\_|\_\_| Don’t know | |
|  | Between two jobs, one job that pays well but where you are unsure whether you will have the job next month, and one job doesn’t pay as well but you know you will have the job in the near future.  Which one would you prefer?  ***(read first and second options only)*** | 1. [ ] A job that pays well but where you are  unsure whether you will have the  job next month  2. [ ] A job that doesn’t pay as well but  where you know that you will have  the job in the near future  3. [ ] Don’t Know | |

*FO, say: Now we will talk a little bit about jobs. Please tell me if you strongly agree, agree, neither agree nor disagree, or strongly disagree with the following statements. Please remember that you will not be judged or evaluated in any way on the basis of your responses and that your answers will not be shared with your family, friends, or anyone else.*

**FO: Do not state “don’t know” as an option.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Do you agree with the following statements?**  *FO: put tick in correct column,*  *then enter code on the right* | | **1**  **Strongly**  **Agree** | **2**  **Agree** | **3**  **Neither Agree nor Disagree** | **4**  **Disagree** | **5**  **Strongly Disagree** | **6**  **Don’t know** | **ENTER CODE** |
|  | When jobs are hard to find, men should have more of a right to a job than women. |  |  |  |  |  |  |  |
|  | Women should only work on household tasks such as taking care of children, collecting firewood, cleaning and cooking. They should not take employment for money. |  |  |  |  |  |  |  |
|  | A woman has to have children in order to be happy in life. |  |  |  |  |  |  |  |
|  | A secondary school education is more important for a boy than for a girl. |  |  |  |  |  |  |  |
|  | Polygamy should remain allowed by the government. |  |  |  |  |  |  |  |
|  | A man who marries should pay a dowry to the family of the bride. |  |  |  |  |  |  |  |

*FO, say: Now I would like to ask you some general questions about marriage. Please indicate if you think the following characteristics are very important, important, not very important, or not important at all when choosing a spouse. If you do not know, that is fine as well.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Which of the following characteristics were/are important to you in choosing a spouse?**  *FO: put tick in correct column,*  *then enter code on the right* | | **1**  **Very Important** | **2**  **Important** | **3**  **Not very Important** | **4**  **Not important at all** | **5**  **Don’t know** | **ENTER CODE** |
|  | Tribe |  |  |  |  |  |  |
|  | Religion (e.g.Christian, Muslim, Hindu) |  |  |  |  |  |  |
|  | Denomination (e.g. Anglican, Catholic, Baptist) |  |  |  |  |  |  |
|  | Handsome/Beautiful |  |  |  |  |  |  |
|  | Good employment or business |  |  |  |  |  |  |
|  | Wealthy family |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | What is the ideal number of children that you would like to have by the time you are 50?  Write 99 for don’t know. | |\_\_|\_\_| |
|  | According to you, in a couple, how should the number of children be decided? Should it be primarily the husband's decision, the wife's decision, or a joint decision? | 1. [ ] The wife  2. [ ] The husband  3. [ ] Both should have an equal say |
|  | What age do you think is a good age for a man to have his first child? | |\_\_|\_\_| years old  *Probe respondent for a number. Write 99 for “don’t know”.* |
|  | If someday you have **a son**, what is the **minimum** level of education would you like him to have? | 1. [ ] None  2. [ ] Primary  3. [ ] Secondary  4. [ ] Polytechnic  5. [ ] College (non-University)  6. [ ] University  7. [ ] Graduate School (Masters, PHD, Medicine) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | What job would you like your **son** to have? Tick ONE only | 1. [ ] Teacher/lecturer  2. [ ] Farmer  3. [ ] Business man  4. [ ] Supervisor/manager  5. [ ] Office/store clerk, cashier, or secretary  6. [ ] Other government worker  7. [ ] Politician  8. [ ] Doctor 9. [ ] Lawyer  10. [ ] Pastor/priest/sister  11. [ ] Policeman/Soldier  12. [ ] Taxi driver  13. [ ] NGO worker  14. [ ] Nurse/Health care worker  15. [ ] Engineer  16. [ ] Pilot  17. [ ] Whatever he wants/is good at  18. [ ] Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | What age do you think is a good age for a woman to have her first child? | | | |\_\_|\_\_| years old  *(Probe respondent for a number. Write 99 for “don’t know”)* |
|  | If someday you have **a daughter**, what is the **minimum** level of education would you like her to have? | | | 1. [ ] None  2. [ ] Primary  3. [ ] Secondary  4. [ ] Polytechnic  5. [ ] College (non-University)  6. [ ] University  7. [ ] Graduate School (Masters, PHD, Medicine) |
|  | What job would you like your **daughter** to have?  Tick ONE only | | 1. [ ] Teacher/lecturer  2. [ ] Farmer  3. [ ] Business woman  4. [ ] Supervisor/manager  5. [ ] Office/store clerk, cashier, or secretary  6. [ ] Other government worker  7. [ ] Politician  8. [ ] Doctor  9. [ ] Lawyer  10. [ ] Pastor Priest/ Sister  11. [ ] Policeman/Soldier  12. [ ] Taxi driver  13. [ ] NGO worker  14. [ ] Nurse/Health care worker  15. [ ] Engineer  16. [ [ Pilot  16. [ ] Whatever she wants/is good at  17. [ ] Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

*FO, say: Now, I would like to talk to you about your opinions on how men and women compare to each other. Please tell me if you think men are better, women are better, or both are the same with respect to the following qualities. If you do not know, that is fine as well.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **How do men and women compare to each other with respect to the following traits?**  *FO: put tick in correct column,*  *then enter code on the right* | | **1**  **Men are better** | **2**  **Women are better** | **3**  **Both are the same** | **4**  **Don’t Know** | **ENTER CODE** |
|  | Intellectuality |  |  |  |  |  |
|  | Spirituality (Religion) |  |  |  |  |  |
|  | Morality and ethics |  |  |  |  |  |
|  | Management of daily affairs |  |  |  |  |  |

**B3. Health Knowledge**

|  |  |  |
| --- | --- | --- |
|  | What is the cause of mental illness? Tick all that are mentioned    ***DO NOT PROMPT FOR MORE THAN ONE ANSWER*** | It is caused by :  1. [ ] A curse/evil spirits/witchcraft  2. [ ] Heredity  3. [ ] Improper behavior/vice  4. [ ] Body dis-function/disease (specify if applicable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  5. [ ] Poor sanitation/ lack of cleanliness  6. [ ] Poor health care  7. [ ] Mosquito bite  8. [ ] Drug/alcohol use  9. [ ] Stress  10. [ ] Don’t Know  11. [ ] Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | What is the cause of epilepsy/convulsions? Tick all that are mentioned    ***DO NOT PROMPT FOR MORE THAN ONE ANSWER*** | It is caused by :  1. [ ] A curse/evil spirits/witchcraft  2. [ ] Heredity  3. [ ] Improper behavior/vice  4. [ ] Body dis-function  5. [ ] Poor sanitation/ lack of cleanliness  6. [ ] Poor health care  7. [ ] Mosquito bite  8. [ ] Don’t Know  9. [ ] Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | What is the cause of leprosy?  Tick all that are mentioned  ***DO NOT PROMPT FOR MORE THAN ONE ANSWER*** | It is caused by :  1. [ ] A curse/evil spirits/witchcraft  2. [ ] Heredity  3. [ ] Improper behavior/vice  4. [ ] Body dis-function/disease (specify if applicable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  5. [ ] Poor sanitation/ lack of cleanliness  6. [ ] Poor health care 7. [ ] Poor nutrition/lack of food  8. [ ] Mosquito bite  9. [ ] Don’t Know  10. [ ] Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | What is the cause of malaria?  Tick all that are mentioned  ***DO NOT PROMPT FOR MORE THAN ONE ANSWER*** | It is caused by :  1. [ ] A curse/evil spirits/witchcraft  2. [ ] Heredity  3. [ ] Improper behavior/vice  4. [ ] Body dis-function/disease (specify if applicable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  5. [ ] Poor sanitation/ lack of cleanliness  6. [ ] Poor health care  7. [ ] Mosquito bite / Plasmodium  8. [ ] Exposure to cold  9. [ ] Walking in water  10. [ ] Don’t Know  11. [ ] Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*FO: Now I would like to ask you a few questions about HIV/AIDS and what you already know about the virus, how it is spread, and how you can protect yourself.*

|  |  |  |
| --- | --- | --- |
|  | Have you ever discussed HIV/AIDS with anyone? | 1. [ ] YES  2. [ ] NO **>>>>>>>>>>>>>>>>>>skip to question 78** |
|  | Who have you discussed HIV/AIDS with?  ***DO NOT PROMPT***  ***Tick all that apply*** If the respondent is silent for 5 seconds, move on to the next section | 1. [ ] Mother/Father/Guardian  2. [ ] Brother/sister  3. [ ] Other family member  4. [ ] Friend  5. [ ] Colleagues  6. [ ] Healthcare worker/doctor/nurse  7. [ ] During VCT  8. [ ] At an NGO/peer educator  9. [ ] At Church/fellow church members  10. [ ] At School  11. [ ] Girlfriend/spouse  12. [ ] Other (specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
|  | Please mention all of the ways you believe a person can get infected with HIV/AIDS.  *FO: do NOT read the list, tick off all that are mentioned.*  ***DO NOT PROMPT***  ***Tick all that apply*** If the respondent is silent for 5 seconds, move on to the next section | 1. [ ] Sexual intercourse 2. [ ] Sexual intercourse without condom use 3. [ ] Sexual intercourse with someone infected with HIV 4. [ ] Having many sexual partners/promiscuity 5. [ ] Sharing needles or sharp objects 6. [ ] Drug use 7. [ ] Unclean medical equipment (including shared circumcision equipment) 8. [ ] Contaminated blood transfusions 9. [ ] During pregnancy 10. [ ] During birth 11. [ ] Through breast milk 12. [ ] Mosquito/insect bite 13. [ ] Contact with blood of infected person 14. [ ] Contact with infected person’s toothbrush 15. [ ] Casual contact with infected person (i.e. sharing   food, cup, glass, handshake, hugging, clothes)  16. [ ] Kissing  17. [ ] Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  18. [ ] Has not heard about HIV/AIDS  19. [ ] Don’t know/Don’t remember |
|  | Is there anything a person can do to avoid getting infected with HIV, the virus that causes AIDS? | 1. [ ] YES  2. [ ] NO **>>>>>>>>>>>>>>>>>>>>>>skip to question 81**  3. [ ] Don’t Know |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Can you tell me all the ways you know of that people can protect themselves from HIV?  *FO: tick all that are mentioned.*  ***DO NOT PROMPT***  If the respondent is silent for 5 seconds, move on to the next section. | 1. [ ] Abstinence  2. [ ] Being faithful  3. [ ] Using condoms  4. [ ] Using condoms correctly and consistently  5. [ ] Going for VCT before engaging in sex  6. [ ] Not sharing sharp objects  7. [ ] Avoiding drugs/alcohol/anything which hampers  judgment  8. [ ] Avoiding bad company  9. [ ] Avoiding prostitution  10. [ ] Avoiding walking alone at night  11. [ ] Avoiding contact between bloody wounds and skin  12. [ ] Ensuring safe blood transfusions  13. [ ] Ensuring clean medical equipment  14. [ ] Avoiding circumcision with unsafe tools  15. [ ] Avoiding wife-inheritance  16. [ ] Avoiding sugar daddies/mummies  17. [ ] Avoiding multiple sexual partners  18. [ ] Other (specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  19. [ ] Don’t know/ Don’t remember | |
|  | Do you think that a healthy-looking person can have HIV? | | 1. [ ] YES  2. [ ] NO  3. [ ] Don’t Know |
|  | If one has a sexually transmitted infection (STI), is the risk of getting infected with HIV increased, decreased, or unchanged? | | 1. [ ] Increased  2. [ ] Decreased  3. [ ] Unchanged  4. [ ] Don’t know |
|  | Can a pregnant woman infected with HIV transmit the virus to her baby in the womb? | | 1. [ ] YES  2. [ ] NO  3. [ ] Don’t Know |
|  | Can a mother infected with HIV transmit the virus to her newborn baby through breastfeeding? | | 1. [ ] YES  2. [ ] NO  3. [ ] Don’t Know |
|  | Who is more likely to be infected with HIV, a man of age 20 or a woman of age 20?  Do not read BOTH as an option | | 1. [ ] A man of age 20  2. [ ] A woman of age 20  3. [ ] Both are equally likely  4. [ ] Don’t Know |
|  | Who is more likely to be infected with HIV, a man of age 20 or a man of age 27?  Do not read BOTH as an option | | 1. [ ] A man of age 20  2. [ ] A man of age 27  3. [ ] Both are equally likely  4. [ ] Don’t Know |
|  | Can a person get the HIV virus by sharing a meal with someone who is infected? | | 1. [ ] YES  2. [ ] NO  3. [ ] Don’t Know |

|  |  |  |
| --- | --- | --- |
|  | Can HIV spread through mosquito bites? | 1. [ ] YES  2. [ ] NO  3. [ ] Don’t Know |
|  | Do you personally know anyone who has HIV/AIDS or who died from AIDS? | 1. [ ] YES  2. [ ] NO  3. [ ] Don’t Know |
|  | If a student has HIV, should he or she be allowed to attend school with restrictions on what he or she can do? | 1. [ ] YES  2. [ ] NO**>>>>>>>>>>>skip to question 92**  3. [ ] Don’t Know |
|  | If a student has HIV, should he or she be allowed to attend school as a regular pupil? | 1. [ ] YES  2. [ ] NO  3. [ ] Don’t Know |
|  | If a member of your family got infected with HIV, would you want it to remain a secret? | 1. [ ] YES  2. [ ] NO  3. [ ] Don’t Know |
|  | If a shopkeeper or food seller was infected with the HIV virus, should people buy food from him? | 1. [ ] YES  2. [ ] NO  3. [ ] Don’t Know |
|  | Do you know of a place where you can get an HIV test? | 1. [ ] YES  2. [ ] NO  3. [ ] Don’t Know |
|  | If your blood test for HIV was positive, would you tell anyone the results? | 1. [ ] YES  2. [ ] NO  3. [ ] Don’t Know |
|  | Have you ever had a blood test for HIV? | 1. [ ] YES  2. [ ] NO **>>>>>>>>>>skip to question 98** |
|  | When was the last time you had a blood test for HIV/AIDS? | |\_\_|\_\_| month |\_\_|\_\_| year |
|  | How worried are you that you might catch HIV/AIDS?  Read options | 1. [ ] Not worried at all  2. [ ] Worried a little  3. [ ] Worried a lot  4. [ ] Don’t know |
|  | In your opinion, what is the likelihood (chance) that you are infected with HIV/AIDS now?  Read options | 1. [ ] No likelihood  2. [ ] Low  3. [ ] Medium  4. [ ] High  5. [ ] Don’t know |
|  | In your opinion, what is the likelihood (chance) that you will become infected with HIV/AIDS in the future? Read options | 1. [ ] No likelihood  2. [ ] Low  3. [ ] Medium  4. [ ] High  5. [ ] Don’t know |
|  | In your opinion, what is the likelihood (chance) that your partner (if applicable) is infected with HIV/AIDS now? Read options | 1. [ ] No likelihood  2. [ ] Low  3. [ ] Medium  4. [ ] High  5. [ ] Don’t know  6. [ ] Not applicable |
|  | Do you know a place where you can get condoms? | 1. [ ] YES  2. [ ] NO **>>>>>>>>>skip to question 104** |
|  | Can you tell me all of the places you can get condoms?  ***DO NOT PROMPT*** *Tick all that are mentioned.*  If the respondent is silent for 10 seconds, move on to the next section. | 1. [ ] Health worker  2. [ ] Clinic/hospital  3. [ ] School  4. [ ] Chemist  5. [ ] Friends  6. [ ] Street vendor  7. [ ] Restaurant/bar/club  8. [ ] Duka/kiosk  9. [ ] NGO office  10. [ ] Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*FO, say: The objective of the next section is to find out your opinions about HIV/AIDS. I will read a statement. Please tell me if you strongly agree/agree/neither agree nor disagree/ disagree or strongly disagree with each statement.*

**FO: Do not state “Don’t know” as an option.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Do you agree with the following statement?**  *FO: put tick in correct column,*  *then enter code on the right* | | **1**  **Strongly**  **Agree** | **2**  **Agree** | **3**  **Neither Agree nor Disagree** | **4**  **Disagree** | **5**  **Strongly Disagree** | **6 Don’t Know** | **ENTER CODE** |
|  | Using condoms reduces sexual pleasure. |  |  |  |  |  |  |  |
|  | It is embarrassing to buy or ask for condoms. |  |  |  |  |  |  |  |
|  | Using a condom is a sign of not trusting your partner. |  |  |  |  |  |  |  |
|  | Men need to have more than one sexual partner, often at the same time. |  |  |  |  |  |  |  |
|  | It is necessary to have sex to keep one’s boyfriend or girlfriend. |  |  |  |  |  |  |  |
|  | HIV/AIDS is a punishment for bad behavior. |  |  |  |  |  |  |  |
|  | It is women prostitutes that spread HIV in our community. |  |  |  |  |  |  |  |
|  | It is promiscuous men that spread HIV in our community. |  |  |  |  |  |  |  |
|  | People with HIV/AIDS should be treated the same as people without HIV/AIDS. |  |  |  |  |  |  |  |
|  | You would be ashamed if someone in your family had HIV/AIDS. |  |  |  |  |  |  |  |

**B4. Behavior Questions**

*FO: Now I am going to ask you some more questions. These ones will be about some topics that may seem embarrassing. Again, this is totally confidential and I won’t share this information with your parents or teachers or anyone else around you.*

|  |  |  |
| --- | --- | --- |
|  | Are you married? | 1. [ ] Currently married 2. [ ] Divorced or separated**>>skip to 117** 3. [ ] Widowed**>>>skip to 117** 4. [ ] Never been married **>>>skip to 117** |
|  | For how long have you been married? | |\_\_|\_\_| months  *(if 2 years, write 24 months)* |
|  | How old is your spouse? | |\_\_|\_\_| years old |
|  | Have you ever played sex? | 1. [ ] YES  3. [ ] NO, never **>>> Skip to question 130** |
|  | Have you played sex with one person or more than one person? | 1. [ ] One person  2. [ ] More than one person |

|  |  |  |
| --- | --- | --- |
|  | How old were you when you played sex for the first time? | |\_\_|\_\_| years |
|  | In the last 6 months, how many sexual partners have you had in total? | |\_\_|\_\_| partners |
|  | Currently, is there someone with whom you play sex regularly? | 1. [ ] YES  2. [ ] NO **>>>>>>>> skip to question 124** |
|  | How old is (s)he? | |\_\_|\_\_| years old |
|  | Did you use a condom last time you played sex with him/her? | 1. [ ] YES  2. [ ] NO |
|  | Among the men/women with whom you played sex so far, how old was the oldest one? | |\_\_|\_\_| years old  *If the respondent answers with “Don’t know,” press for a guess.* |
|  | Have you ever received money or gifts from a sexual partner (before you got married, if applicable)? | 1. [ ] YES  2. [ ] NO |
|  | Have you **ever**used a condom? | 1. [ ] YES  2. [ ] NO **>>>>>>>> skip to question 129** |
|  | Did you use a condom **last time you played sex**? | 1. [ ] YES  2. [ ] NO **>>>>>>>>skip to question 129**  3. [ ] Not sure **>>>>skip to question 130** |
|  | What were the reasons you used a condom?  *(DO NOT read options. Do not prompt. Wait 10 seconds before moving on to the next question. Tick all that are mentioned)* | 1. [ ] Own concern to prevent pregnancy**>>**  2. [ ] Own concern to prevent STI/HIV**>>**  3. [ ] Partner insisted/ Partner’s choice**>>**  4. [ ] Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **>>>>>>>>> skip to 130 for all responses** |
|  | What were the reasons you did not use a condom?  *(DO NOT read options. Do not prompt. Wait 10 seconds before moving on to the next question. Tick all that are mentioned)* | 1. [ ] Condoms are uncomfortable  2. [ ] Embarrassing to use condoms  3. [ ] Unable to get condoms  4. [ ] Had sex with a partner who was not a  sex worker  5. [ ] Had sex with my regular partner/spouse  6. [ ] Partner did not want  7. [ ] Knew that partner did not have HIV  8. [ ] Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Would you like to use a condom next time/the first time you play sex? | 1. [ ] YES  2. [ ] NO**>>>>>>>>>>>>>>>skip to 132**  3. [ ] I Don’t Know (specify if applicable \_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_)>>skip to 132** |
|  | Why would you like to use a condom next time?  Do not prompt. Tick all that apply. | 1. [ ] To protect from STI’s  2. [ ] As a form of family planning/to prevent pregnancy 3. [ ] Other (specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
|  | If the subject of condom use is brought up, who will decide on its use?” | 1. [ ] Self  2. [ ] Partner  3. [ ] Both  4. [ ] Not sure |
|  | How confident are you that you could convince your partner to use a condom if you wanted to use one? Not at all, somewhat, confident or very confident? | 1. [ ] Not at all confident  2. [ ] Somewhat confident  3. [ ] Confident  4. [ ] Very confident |
|  | What would you do if your partner refused or declined to use a condom? *(DO NOT read options,)* | 1. [ ] Have sex without condom  2. [ ] Talk it over and use condom  3. [ ] Talk it over and not use condom  4. [ ] Would not have sex  5. [ ] Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  6. [ ] Don’t Know |

**B5. Risk Assessment**

|  |  |  |
| --- | --- | --- |
|  | If HIV/AIDS did not exist, would your sexual behavior be different? | 1. [ ] YES  2. [ ] NO **>>>>>>>>skip to question 137** |
|  | How would your behavior change?  *(Do not read options. Do not prompt. Tick all that are mentioned)* | 1. [ ] I would not abstain anymore  2. [ ] I would never/less frequently use condoms.  3. [ ] I would have more than one partner  4. [ ] Reduced number of partners  5. [ ] Talked to partner about their HIV  status  6. [ ] Got an HIV test  7. [ ] Ask partner(s) to get HIV test  8. [ ] Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | What do you think your risk of HIV infection is? Is it low, medium, high, or are you at no risk? | 1. [ ] No risk  2. [ ] Low risk  3. [ ] Medium risk  4. [ ] High risk |
|  | Why do you think your risk is[Answer from 137] ?  *(Do not read options. Do not prompt. Tick all that are mentioned)* | 1. [ ] Got tested (know status)  2. [ ] Abstinent/no sex  3. [ ] Have only one partner  4. [ ] Always use condoms  5. [ ] Use contraceptive pills  6. [ ] Use traditional medicine  7. [ ] Partner is faithful  8. [ ] Partner is/may be unfaithful  9. [ ] Have multiple partners  10. [ ] Partner is infected  11. [ ] Have unprotected sex  12. [ ] Sleep under net to protect from mosquito bites 13. [ ] Has had sex  14.[ ] Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**B6. Reproductive Health and STIs**

FO: Now I would like to ask you some questions about pregnancies and children.

**For Women**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Now I would like to ask about all the births you have had during your life. Have you ever given birth? | 1. [ ] YES 2. [ ] NO | **>>>>skip to 144** |
|  | Do you have any sons or daughters to whom you have given birth who are now living with you? | 1. [ ] YES 2. [ ] NO | **>>>skip to 142** |
|  | How many sons live with you?  And how many daughters live with you?  *If none, record ‘00’* | Sons at home………..□□  Daughters at home….□□ |  |
|  | Do you have any sons or daughters to whom you have given birth who are alive but do not live with you? | 1. [ ] YES 2. [ ] NO | **>>>>skip to 144** |
|  | How many sons are alive but do not live with you?  And how many daughters are alive but do not live with you?  *If none, record ‘00’.* | Sons elsewhere…….□□  Daughters elsewhere□□ |  |
|  | Have you ever given birth to a boy or girl who was born alive but later died?  *If no, probe: any baby who cried or showed signs of life but did not survive?* | 1. [ ] YES 2. [ ] NO | **>>>>skip to 148** |
|  | How many boys have died?  And how many girls have died?  If NONE, RECORD ‘00’ | Boys dead……………□□  Girls dead…………….□□ |  |
|  | How old was this child when s/he passed away? | Child 1 |\_\_|\_\_| days |\_\_|\_\_| months |\_\_|\_\_| yrs  Child 2 |\_\_|\_\_| days |\_\_|\_\_| months |\_\_|\_\_| yrs  Child3 |\_\_|\_\_| days |\_\_|\_\_| months |\_\_|\_\_| yrs | |
|  | When did this child pass away? | Child 1 |\_\_|\_\_| month |\_\_|\_\_|\_\_|\_\_| yr  Child 2 |\_\_|\_\_| month |\_\_|\_\_|\_\_|\_\_| yr  Child 3 |\_\_|\_\_| month |\_\_|\_\_|\_\_|\_\_| yr | |
|  | **Field Officer Check (Do not read aloud):** SUM ANSWERS TO 141, 143, AND 145, AND ENTER TOTAL. IF NONE, RECORD ’00’. | Total □□ | |
|  | **Field Officer Check:** Just to make sure that I have this right, you have had in TOTAL \_\_ births during your life. Is that correct? RECORD TWINS AND TRIPLETS AS MULTIPLE BIRTHS, I.E. TWINS SHOULD BE RECORDED AS TWO BIRTHS. | Yes: □ **Go to 150**  No: □ **Probe and correct 139-148 as necessary** | |
|  | **Field Officer Check (Do not read aloud):**  Are there one or more births? | 1. [ ] YES  2. [ ] NO | **>>>>skip to 161** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Now I would like to record the names of all your children, whether still alive or not, starting with the first. RECORD NAMES OF ALL THE BIRTHS IN 148. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. (IF THERE ARE MORE THAN 3 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE SHEET). | | | | | | | | |
| 1. What name was given to your (first/next) baby? | 1. Were any of these births twins? | 1. Is (NAME) a boy or a girl? | 1. In what month and year was (NAME) born?   *Probe: What is his/her birthday?* | 1. Is (NAME) still alive? | 1. **IF ALIVE:**   How old was (NAME) at his/her last birthday?  Record age in completed years | 1. **IF ALIVE:**   Is (NAME) living with you? | 1. **IF DEAD:**   How old was (NAME) when he/she died?  *If 0, 1, or 2 years, probe: How many days / months old was (NAME)? Record days if less than 1 month, months if less than two years, or years.* | 1. **Field Officer Check:** Were there any other live births after (NAME), including any children who died after birth? |
| a. | 1. [ ] Single  2. [ ] Multiple | 1. [ ] Boy  2. [ ] Girl | Month  □□  Year  □□□□ | 1. [ ] YES  2. [ ] NO**>>>skip to 158** | Years  □□  Months □□ | 1. [ ] YES**>>>>>**  2. [ ] NO**>>>skip to 159** | Days □□  Months □□  Years □□ | 1. [ ] YES  2. [ ] NO **>>>> skip to 160** |
| b. | 1. [ ] Single  2. [ ] Multiple | 1. [ ] Boy  2. [ ] Girl | Month  □□  Year  □□□□ | 1. [ ] YES  2. [ ] NO**>>>skip to 158** | Years  □□  Months □□ | 1. [ ] YES**>>>>>**  2. [ ] NO**>>>skip to 159** | Days □□  Months □□  Years □□ | 1. [ ] YES  2. [ ] NO**>>>> skip to 160** |
| c. | 1. [ ] Single  2. [ ] Multiple | 1. [ ] Boy  2. [ ] Girl | Month  □□  Year  □□□□ | 1. [ ] YES  2. [ ] NO**>>>skip to 158** | Years  □□  Months □□ | 1. [ ] YES**>>>>>**  2. [ ] NO**>>>skip to 159** | Days □□  Months □□  Years □□ | 1. [ ] YES  2. [ ] NO**>>>> skip to 160** |
|  | Just to confirm, have you had any live births since the birth of (NAME OF LAST BIRTH?)  IF YES, RECORD BIRTH(S) IN TABLE | | | | | 1. [ ] YES**>>>return to table**  2. [ ] NO | | |
| COMPARE TABLE WITH NUMBER OF BIRTHS IN HISTORY FROM **148** AND MARK:  NUMBERS ARE THE SAME □ NUMBERS ARE DIFFERENT □ → PROBE AND RECONCILE  ↓  CHECK FOR EACH BIRTH:  YEAR OF BIRTH IS RECORDED □  FOR EACH BIRTH SINCE JANUARY 2001: MONTH AND YEAR OF BIRTH ARE RECORDED □  FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED □  FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED □  FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS □ | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Are you pregnant now? | 1. [ ] YES 2. [ ] NO   99. [ ] DON’T KNOW | **>>skip to 163 >>skip to 163** |
|  | How many months pregnant are you?  RECORD NUMBER OF COMPLETED MONTHS. IF NOT known, enter ‘99’ | Months . . . . . . . □□ |  |
|  | At the time you first became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to have any more children at all? | 1. [ ] THEN  2. [ ] LATER  3. [ ] NOT AT ALL  4. [ ] NOT APPLICABLE |  |
|  | Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth? | 1. [ ] YES  2. [ ] NO | **>>skip to 171** |
|  | How many such pregnancies have you had? | Number of miscarriages, abortions, and/or still births  □□ |  |

|  |  |  |
| --- | --- | --- |
|  | For each miscarried, aborted, or still birth pregnancy ask: | |
|  | a. When did the (first/next/last) miscarriage/abortion/still birth occur? | b. How many months pregnant were you when the pregnancy ended? |
|  | Month □□ Year □□□□ | Months □□ |
|  | Month □□ Year □□□□ | Months □□ |
|  | Month □□ Year □□□□ | Months □□ |

|  |  |  |
| --- | --- | --- |
|  | Now I have some questions about the future. Would you like to have a/another child/children (after the child you are expecting now if applicable) or would you prefer not to have any (more) children? | * 1. [ ] Have a(nother) child   2. [ ] No more/none   3. [ ] Says she cannot get pregnant   4. [ ] Undecided/Don’t know and currently pregnant   5. [ ] Undecided/Don’t know and currently not pregnant or unsure |
|  | If you could go back to the time you did not have any children (if applicable) and could choose exactly the number of children to have in your whole life, how many would that be? | □□ Write 99 for don’t know.  If 0 or don’t know >>>>skip to 202 |
|  | How many of these children would you like to be boys, how many would you like to be girls, and for how many would the sex not matter?  Write 88 if not applicable, 99 for don’t know. | □□ Boys>>> □□ Girls>>> SKIP TO 202 □□ Either>>> |

**For Men**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Now I would like to ask about any children you have fathered during your life. Have you ever fathered a child? | 1. [ ] YES 2. [ ] NO | | **>>>skip to 179** |
|  | Did you have any sons or daughters whom you have fathered who are now living with you? | 1. [ ] YES 2. [ ] NO | | **>>>skip to 177** |
|  | How many sons live with you?  And how many daughters live with you?  If NONE, RECORD ‘00’ | Sons at home……….□□  Daughters at home...□□ | |  |
|  | Do you have any sons or daughters whom you have fathered who are alive but do not live with you? | 1. [ ] YES 2. [ ] NO | | **>>>skip to 179** |
|  | How many sons are alive but do not live with you?  And how many daughters are alive but do not live with you?  IF NONE, RECORD ‘00’. | Sons elsewhere…….□□  Daughters elsewhere□□ | |  |
|  | Have you ever fathered a boy or girl who was born alive but later died?  IF NO, PROBE: Any baby who cried or showed signs of life but did not survive? | 1. [ ] YES 2. [ ] NO | | **>>>skip to 183** |
|  | How many boys have died?  And how many girls have died?  If NONE, RECORD ‘00’ | Boys dead…………...□□  Girls dead……………□□ | |  |
|  | How old was this child when s/he passed away? | Child 1 |\_\_|\_\_| days |\_\_|\_\_| months |\_\_|\_\_| yrs  Child 2 |\_\_|\_\_| days |\_\_|\_\_| months |\_\_|\_\_| yrs  Child3 |\_\_|\_\_| days |\_\_|\_\_| months |\_\_|\_\_| yrs | | |
|  | When did this child pass away? | Child 1 |\_\_|\_\_| month |\_\_|\_\_|\_\_|\_\_| yr  Child 2 |\_\_|\_\_| month |\_\_|\_\_|\_\_|\_\_| yr  Child 3 |\_\_|\_\_| month |\_\_|\_\_|\_\_|\_\_| yr | | |
|  | Field Officer Check (Do not read aloud) SUM ANSWERS TO 176, 178, AND 180, AND ENTER TOTAL. IF NONE, RECORD ’00’. | Total □□ | | |
|  | Field Officer Check:  Just to make sure that I have this right, you have fathered TOTAL \_\_ children during your life. Is that correct?  RECORD TWINS AND TRIPLETS AS MULTIPLE BIRTHS, I.E. TWINS SHOULD BE RECORDED AS TWO BIRTHS. | Yes: □ **Go to 185**   No: □ **Probe and correct 174-183 as necessary** | | |
|  | Field Officer Check **(Do not read aloud):**  Are there one or more births? | 1. [ ] YES 2. [ ] NO | **>>>skip to 196** | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Now I would like to record the names of all the children you have fathered, whether still alive or not, starting with the first. RECORD NAMES OF ALL THE BIRTHS IN 183. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. (IF THERE ARE MORE THAN 3 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE SHEET). | | | | | | | | |
| 1. What name was given to your (first/next) baby? | Were any of these births twins? | Is (NAME) a boy or a girl? | In what month and year was (NAME) born?  *Probe: What is his/her birthday?* | Is (NAME) still alive? | **IF ALIVE:**  How old was (NAME) at his/her last birthday?  *Record age in completed years* | **IF ALIVE:**  Is (NAME) living with you? | **IF DEAD:**  How old was (NAME) when he/she died?  *IF 0, 1, or 2 years, probe: how many days / months old was (NAME)? Record days if less than 1 month, months if less than two years, or years.* | 1. **Field Officer Check:**   Were there any other live births after (NAME), including any children who died after birth? |
| a. | 1. [ ] Single  2. [ ] Multiple | 1. [ ] Boy  2. [ ] Girl | Month  □□  Year  □□□□ | 1. [ ] YES  2. [ ] NO**>>>> >>skip to 193** | Age in years  □□ | 1. [ ] YES**>>>**  2. [ ] NO**>>>> >>skip to 194** | Days □□  Months □□  Years □□ | 1. [ ] YES  2. [ ] NO **>>> skip to 195** |
| b. | 1. [ ] Single  2. [ ] Multiple | 1. [ ] Boy  2. [ ] Girl | Month  □□  Year  □□□□ | 1. [ ] YES  2. [ ] NO**>>>> >>skip to 193** | Age in years  □□ | 1. [ ] YES**>>>**  2. [ ] NO**>>>> >>skip to 194** | Days □□  Months □□  Years □□ | 1. [ ] YES  2. [ ] NO **>>> skip to 195** |
| c. | 1. [ ] Single  2. [ ] Multiple | 1. [ ] Boy  2. [ ] Girl | Month  □□  Year  □□□□ | 1. [ ] YES  2. [ ] NO**>>>> >>skip to 193** | Age in years  □□ | 1. [ ] YES**>>>**  2. [ ] NO**>>>> >>skip to 194** | Days □□  Months □□  Years □□ | 1. [ ] YES  2. [ ] NO **>>> skip to 195** |
| 1. Have you had any live births since the birth of (NAME OF LAST BIRTH?)  IF YES, RECORD BIRTH(S) IN TABLE | | | | | | YES . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 1  NO . . . . . . .. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 2 | | |
| COMPARE TABLE WITH NUMBER OF BIRTHS IN HISTORY FROM **183** ABOVE AND MARK:  NUMBERS ARE THE SAME □ NUMBERS ARE DIFFERENT □  ↓ → PROBE AND RECONCILE  CHECK:  FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED □  FOR EACH BIRTH SINCE JANUARY 2001: MONTH AND YEAR OF BIRTH ARE RECORDED □  FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED □  FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED □  FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS □ | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Is your wife/girlfriend pregnant now? | 1. [ ] YES 2. [ ] NO   3. [ ] DON’T KNOW  4. [ ] Not Applicable | **>>skip to 198**  **>>skip to 198**  **>>skip to 198** |
|  | How many months pregnant is your wife/girlfriend?  RECORD NUMBER OF COMPLETED MONTHS. IF NOT known, enter ‘99’ | Months □□ |  |
|  | At the time your wife/girlfriend became pregnant, did you want her become pregnant then, did you want to wait until later, or did you not want to have any more children at all? | 1. [ ] THEN 2. [ ] LATER 3. [ ] NOT AT ALL 4. [ ] NOT APPLICABLE |  |

|  |  |  |
| --- | --- | --- |
|  | Now I have some questions about the future. Would you like to have a/another child/children (after the child you are expecting now if applicable) or would you prefer not to have any (more) children? | * 1. [ ] Have a(nother) child   2. [ ] No more/none   3. [ ] Says girlfriend/wife cannot get pregnant   4. [ ] Undecided/Don’t know and girlfriend/wife currently pregnant   5. [ ] Undecided/Don’t know and girlfriend/wife currently not pregnant or unsure |
|  | If you could go back to the time you did not have any children (if applicable) and could choose exactly the number of children to have in your whole life, how many would that be? | □□ Write 99 for don’t know.  If 0 or don’t know>>>>skip to 202 |
|  | How many of these children would you like to be boys, how many would you like to be girls, and for how many would the sex not matter? | □□ Boys □□ Girls □□ Either |

**For Both Men and Women**

FO: Now I would like to ask you some questions about your health in the last 12 months

|  |  |  |
| --- | --- | --- |
|  | During the **last 12 months**, have you had a sexually transmitted infection (i.e. syphilis, gonorrhea, Chlamydia, herpes? | 1. [ ] YES  2. [ ] NO  3. [ ] Don’t know |
|  | Sometimes (men/women) experience an abnormal discharge.  During the **last 12 months,** have you had an abnormal genital discharge? | 1. [ ] YES  2. [ ] NO  3. [ ] I Don’t Know |
|  | Sometimes (women experience a genital sore or ulcer/ men experience a sore or ulcer on or near their penis)  During the **last 12 months**, have you had a genital sore or ulcer? | 1. [ ] YES  2. [ ] NO  3. [ ] I Don’t Know |
|  | *FO: Check 202,203,204– Has the respondent ever had an STI (Did the respondent answer Yes to Q202, 203,* ***OR*** *204)?* | *1. [ ] YES****>>>>>Continue to question 206***  *2. [ ] NO* ***>>>>>>>>skip to Section C*** |
|  | The last time you had an infection/discharge/ulcer did you seek any kind of treatment or help? | 1. [ ] YES  2. [ ] NO **>>>>>>>>skip to question 208** |
|  | What kind of treatment or help did you seek? | 1. [ ] Went to a clinic, hospital or doctor  2. [ ] Went to a traditional healer  3. [ ] Went to buy medicine from chemist  4. [ ] Asked advice from friends or relatives  5. [ ] Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | The last time you had an infection/discharge/ulcer did you tell the person(s) with whom you were playing sex? | 1. [ ] YES  2. [ ] NO  3. [ ] Some/not all |
|  | The last time you had an infection/discharge/ulcer did you stop playing sex when you had the symptoms? | 1. [ ] YES, stopped playing sex completely  2. [ ] YES, played sex less often  3. [ ] NO, did not stop playing sex |
|  | The last time you had an infection/discharge/ulcer did you use a condom when playing sex when you had the symptoms? | 1. [ ] YES, used a condom always  2. [ ] YES, used a condom sometimes  3. [ ] NO, did not use a condom |

**SECTION C: VCT Intervention**

**C1. Consent Forms**

|  |  |  |
| --- | --- | --- |
|  | Was the respondent sampled to receive VCT? | 1. [ ] YES  2. [ ] NO **>skip to section D, Q. 224** |
|  | Was the respondent born in 1992 or later? | 1. [ ] YES >>**Parental Consent Required – go to page 33.**  2. [ ] NO**>>>>>>>>>skip to page 35.** |

PARENTAL CONSENT FOR MINOR TO PARTICIPATE IN

**VOLUNTARY COUNSELLING AND TESTING FOR HIV**

Study Title: **Education and HIV/AIDS**

Hello. My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*.* I am a field officer from Innovations for Poverty Action (IPA).

STUDY PURPOSE

Your child \_\_\_\_\_\_\_\_\_\_\_\_*(name)* has been selected to participate in a research study conducted by Innovations for Poverty Action (IPA). The purpose of the study is to learn more about the role of education in the fight against HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome). Back in 2003, your child was enrolled in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ primary school. According to our records, this school was involved in a large project conducted by our partner organization, called International Child Support (ICS).

Your child was selected as a possible participant in this study because (s)he was in class \_\_\_\_ in 200\_\_, when International Child Support (ICS) conducted the program. We would like to conduct a health follow-up with him/her. That is, we would like to take a small blood sample from his/her finger and use this sample to test for Human Immunodeficiency Virus (HIV).

Before you decide whether you agree to let your child undergo the testing procedures, we would like to explain their purpose, the risks and benefits to your child, and what is expected of your child. I am here to discuss the information with you. I will answer any questions you may have. After the screening procedures have been fully explained to you, you can decide whether or not you want to let your child participate. If you understand the tests and agree to let your child participate, you will be asked to sign this consent form or make your mark. You will be offered a copy of this form to keep.

If you child agrees to participate him/herself, and you also agree to let him/her to participate, then we will proceed. If you agree to let your child to participate but your child does not agree, then we will not proceed.

Please note that:

1. • Your child’s participation in the test is entirely voluntary.
2. • Your child may decide not to take part or to withdraw from the testing process at any time without losing the Innovations for Poverty Action (IPA) benefits that you, your family, or your community might be entitled to in the future.
3. • You may decide not to let your child take part in the testing process at any time without losing the Innovations for Poverty Action (IPA) benefits that you, your family, or your community might be entitled to in the future.
4. • If your child decides to participate, and if you agree to let your child participate, you will not be told the result of your child’s test.

PROCEDURES

Your child and I would sit in a private place, without anyone else. That is, I would ask you to leave the room and close the door, or I would go outside in a quiet place with your child.

Before I draw your child’s blood, I will talk with him/her about the Human Immunodeficiency Virus (HIV) test, what it may mean to know one’s Human Immunodeficiency Virus (HIV) status, and whether (s)he is prepared to learn his/her HIV status.

* If your child decides that (s)he is prepared to learn his/her Human Immunodeficiency Virus (HIV) status, then (s)he can choose to receive “Voluntary HIV Counseling and Testing”. This is what’s called VCT. This would involve the following:
  + *Pre-test counseling*: First, we would ask your child questions about his/her sexual behavior, his/her partners, if any.
  + *Testing*: Second, I would perform the test right here, using a “rapid testing kit”. I would prick your child’s finger, take the blood, put it on the testing kit, and then we would wait 5-10 minutes for the result to show. Sometimes an Human Immunodeficiency Virus (HIV) test is not clearly positive or negative. If this happens, I would test your child’s blood again until I know the result for sure.
  + *Post-test counseling:* Once the result is ready, I would tell your child if his/her Human Immunodeficiency Virus (HIV) test is positive or negative. Then I would discuss with your child about what the result means and what the next steps are. In particular, if I discover that your child is Human Immunodeficiency Virus (HIV) negative, I would discuss ways for him/her to make sure (s)he remains negative. If (s)he is Human Immunodeficiency Virus (HIV) positive, I would discuss ways for him/her to fight the disease, where (s)he can receive treatment and care, etc.

**Note that I would not tell you or anyone else in the family the result. Only your child would learn about his/her own status.**

CONFIDENTIALITY: (Who May See Your Child’s Records)

The results of your child’s test will be kept confidential. First, as I said earlier, you yourself will NOT have access to the test results. Second, we will never use your child’s name on any document, only a coded number. No one will know that the coded number identifies your child, except the principal investigators of the study. The coded records will be kept in a secured area and locked in a file cabinet in the Innovations for Poverty Action (IPA) offices.

RISKS

When I prick your child’s finger to get a few drops of blood, your child will feel it. Some people fear it very much, and they may faint just out of fear, but that’s very rare. The pricking takes less than one second, and the pain is very minor. Pricking a finger is a common procedure that is done even with small children.

POTENTIAL BENEFITS:

Your child may get no direct benefit from the testing procedure. However, your child will receive counseling about Human Immunodeficiency Virus (HIV) and, if (s)he chooses to, (s)he will receive information on his/her Human Immunodeficiency Virus (HIV) status. Your child will receive information about how to prevent the spread of Human Immunodeficiency Virus (HIV). If your child decide (s)he wants to know the result of the test, and we find out that (s)he is infected with Human Immunodeficiency Virus (HIV), (s)he will be told where (s)he can receive health care, counseling, and other services.

ALTERNATIVES:

You may choose not to let your child participate in this test.

If you don’t want your child to participate, you don’t have to. Letting your child participate in this study is up to you and no one will be upset if you don’t want your child to participate.

You can ask any questions that you have about the study now. Please contact Grace Makana, the study coordinator, at 055055-22244 or 0736-353000 with any questions or concerns that you may have after today. If you feel you have been treated unfairly, or you have questions regarding your rights as a research subject, you may contact Carolyne Nekesa, the Chairman of the Innovations for Poverty Action (IPA) Internal Review Board at 055-22244 or 0720-288640. You can also call the Chairman of the KEMRI/National Ethical Review Committee at 020-2722541, 020-2713349, 0722-205901, 0733-400003. You can also call the Chairman of the Committee on the Use of Humans as Experimental Subjects, M.I.T., Room E25-143b, 77 Massachusetts Ave, Cambridge, MA 02139, phone +1-617-253-6787 in the United States.

Do you agree to let your child participate in Voluntary Counseling and Testing for HIV (VCT)? [ ] Yes [ ] No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Name (print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Legal Guardian Name (print) Parent Signature and Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Study Staff Conducting Study Staff Signature and Date

CONSENT / ASSENT TO PARTICIPATE IN

**VOLUNTARY COUNSELLING AND TESTING FOR HIV**

Study Title: **Education and HIV/AIDS**

Hello. My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*.* I am a field officer from Innovations for Poverty Action (IPA).

STUDY PURPOSE

You have been selected to participate in a research study conducted by Innovations for Poverty Action (IPA). The purpose of the study is to learn more about the role of education in the fight against HIV/AIDS (Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome). Back in 2003, you were enrolled in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ primary school. According to our records, this school was involved in a large project conducted by our partner organization, called International Child Support (ICS). Do you remember International Child Support (ICS)?

You were selected as a possible participant in this study because you were in class \_\_\_ in 200\_\_, when International Child Support (ICS) conducted the program. We would like to conduct a health follow-up with you. That is, we would like to take a small blood sample from you and use this sample to test for Human Immunodeficiency Virus (HIV).

Before you decide whether to undergo the testing procedures, we would like to explain their purpose, the risks and benefits to you, and what is expected of you. I am here to discuss the information with you. I will answer any questions you may have. After the screening procedures have been fully explained to you, you can decide whether or not you want to participate. If you understand the tests and agree to participate, you will be asked to sign this consent form or make your mark. You will be offered a copy of this form to keep.

Please note that:

1. • Your participation in the test is entirely voluntary.
2. • You may decide not to take part or to withdraw from the testing process at any time without losing the Innovations for Poverty Action (IPA) benefits that you, your family, or your community might be entitled to in the future.

PROCEDURES

Before I draw your blood, I will talk with you about the Human Immunodeficiency Virus (HIV) test, what it may mean to know your Human Immunodeficiency Virus (HIV) status, and whether you are prepared to learn your Human Immunodeficiency Virus (HIV) status.

* If you decide that you are prepared to learn your HIV status, then you can choose to receive “Voluntary HIV Counseling and Testing”. This is what’s called VCT. This would involve the following:
  + *Pre-test counseling*: First, we would ask you questions about your sexual behavior, your partners, etc.
  + *Testing*: Second, I would perform the test right here, using a “rapid testing kit”. I would need to take a few drops of blood from your finger to perform the test. I would prick your finger, take the blood, put it on the testing kit, and then we would wait 5-10 minutes for the result to show. Sometimes a Human Immunodeficiency Virus (HIV) test is not clearly positive or negative. If this happens, I would test your blood again until I know the result for sure.
  + *Post-test counseling:* Once the result is ready, I would tell you if your Human Immunodeficiency Virus (HIV) test is positive or negative. Then we would discuss what the result means and what the next steps are. In particular, if you discover that you are Human Immunodeficiency Virus (HIV) negative, we would discuss ways for you to make sure you remain negative. If you are Human Immunodeficiency Virus (HIV) positive, we would discuss ways for you to fight the disease, where you can receive treatment and care, etc.

CONFIDENTIALITY: (Who May See Your Records)

The results of your test will be kept confidential. We will not share it with your parents or spouse (if applicable), or with anyone. We will never use your name on any document, only a coded number. No one will know that the coded number identifies you, except the principal investigators of the study. The coded records will be kept in a secured area and locked in a file cabinet in the Innovations for Poverty Action (IPA) offices.

RISKS

When I prick your finger to get a few drops of blood, you will feel it. Some people fear it very much, and they may faint just out of fear, but that’s very rare. The pricking takes less than one second, and the pain is very minor. Pricking a finger is a common procedure that is done even with small children.

POTENTIAL BENEFITS:

You may get no direct benefit from the testing procedure. However, you will receive counseling about Human Immunodeficiency Virus (HIV) and, if you want, information on your Human Immunodeficiency Virus (HIV) status. You will receive information about how to prevent the spread of Human Immunodeficiency Virus (HIV). If you decide you want to know the result of the test, and we find out that you are infected with Human Immunodeficiency Virus (HIV), you will be told where you can receive health care, counseling, and other services.

ALTERNATIVES:

You may choose not to participate in this test.

If you don’t want to participate, you don’t have to. Being in this study is up to you and no one will be upset if you don’t want to participate or even if you first say yes and then you change your mind and want to stop.

You can ask any questions that you have about the study now. Please contact Grace Makana, the study coordinator, at 055-22244 or 0736-353000 with any questions or concerns that you may have after today. If you feel you have been treated unfairly, or you have questions regarding your rights as a research subject, you may contact Carolyne Nekesa, the Chairman of the Innovations for Poverty Action (IPA) Internal Review Board at 055-22244 or 0720-288640. You can also call the Chairman of the KEMRI/National Ethical Review Committee at 020-2722541, 020-2713349, 0722-205901, 0733-400003. You can also call the Chairman of the Committee on the Use of Humans as Experimental Subjects, M.I.T., Room E25-143b, 77 Massachusetts Ave, Cambridge, MA 02139, phone +1-617-253-6787 in the United States.

Do you agree to receive Voluntary Counseling and Testing for HIV (VCT)? [ ] Yes [ ] No >>>SKIP TO Q. 224

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Name (print) Participant Signature and Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Study Staff Conducting Study Staff Signature and Date

**C2. VCT Protocol**

*FO: Because this part of the visit is sensitive, it is important that you have the VCT protocol in your head (or at your fingertips) so that you do not make the respondent uncomfortable by constantly referring to notes. If you feel unprepared, talk to someone – either a supervisor or EC - about getting time to practice*:

This is just a summary. Refer regularly to your protocol from the training and talk to the EC if you need another copy.

* + - 1. Pre-test Counseling (Introduction, Risk Assessment, Risk Reduction Strategies, Preparation for Testing)
      2. Serial testing (This chart is just a reminder but you should *know* this at all times).
         1. Determine
         2. Bioline (If Determine is positive)
         3. Unigold (If Determine and Bioline results are discordant)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Determine | Bioline | Unigold |
| Drops of Blood | 2 | 1 | 2 |
| Drops of Diluent | 1 | 4 | 4 |
| Diluent | Chase buffer | Assay diluents | Wash solution |
| Timing | 15 minutes | 10 minutes **(do not read after 20 mins)** | 10 minutes **(do not read after 12 mins)** |

* + - 1. Post-test Counseling (Giving results, Making risk reduction plan or identifying sources of support, Closure)

**C3. Respondent’s Test Results:**

|  |  |  |
| --- | --- | --- |
|  | What was the result of the Determine HIV test? | 1. [ ] Positive  2. [ ] Negative**>>>>skip to question 217**  3. [ ] Invalid (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4. [ ] Not done (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | What was the result of the Bioline HIV Test? | 1. [ ] Positive  2. [ ] Negative  3. [ ] Invalid (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4. [ ] Not done (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | What was the result of the Unigold HIV test? | 1. [ ] Positive  2. [ ] Negative  3. [ ] Invalid (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4. [ ] Not done (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | What was the final result? | 1. [ ] Positive  2. [ ] Negative  3. [ ] Inconclusive (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**C4. Partner’s Test Results (if applicable):**

|  |  |  |
| --- | --- | --- |
|  | Was the respondent’s partner tested for HIV? | 1. [ ] Yes  2. [ ] No **>>>>>>>>>skip to Question 222** |
|  | What was the result of the partner’s Determine HIV test? | 1. [ ] Positive  2. [ ] Negative **>>>>skip to question 222**  3. [ ] Invalid (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4. [ ] Not done (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | What was the result of the partner’s Bioline HIV Test? | 1. [ ] Positive  2. [ ] Negative  3. [ ] Invalid (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4. [ ] Not done (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | What was the result of the partner’s Unigold HIV test? | 1. [ ] Positive  2. [ ] Negative  3. [ ] Invalid (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4. [ ] Not done (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | What was the final result of the partner’s HIV test? | 1. [ ] Positive  2. [ ] Negative  3. [ ] Inconclusive (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**C5. Collection of Dry Blood Sample for Quality Control**

|  |  |  |
| --- | --- | --- |
|  | Was the respondent sampled for quality control? | 1. [ ] Yes – continue with specimen collection  2. [ ] No **>>>>skip to Section D, Q. 224** |

* 1. **Specimen collection**

Carefully apply 2 drops of blood with a pipette onto filter paper. The blood should be allowed to thoroughly saturate the paper and then the paper should be allowed to air dry for a minimum of 3 hours. Caked or clotted specimens are not acceptable.

* 1. **Labeling**

Affix a sticker with the biomarker ID # to the filter paper.

* 1. **Specimen storage and transportation**

Place the filter paper in a quick drying rack. Once dry, wrap in manila paper and store in high quality bond envelopes. The samples should then be transported to the laboratory for analysis. The dried blood spot can be stored for a maximum of 30 days.

|  |  |  |
| --- | --- | --- |
|  | Did the respondent provide a dried blood sample? | 1. [ ] Yes  2. [ ] No, respondent refused |

**SECTION D: Condom Intervention**

|  |  |  |
| --- | --- | --- |
|  | Was the respondent sampled to receive condoms? | 1. [ ] YES  2. [ ] NO **>>>>>>>>>>END** |

**If the respondent was sampled to receive condoms, offer 50 packs of 3 condoms.**

|  |  |  |
| --- | --- | --- |
|  | Did the respondent take the condoms? | 1. [ ] YES, all of them  1. [ ] YES, some > How many?\_\_\_\_\_\_\_\_\_\_  2. [ ] NO |