

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:

1.	Data Entry Person's Name: _____
2.	Data Entry Person's ID: /___/___/___/
3.	Comments on Data entry:

4.	Respondent ID information:	<i>see front</i>
5.	Field Officer:	_ _ _
6.	Observer (other FO, VCT nurse) , if any	_ _ _
7.	Date:	___ / ___ / 200___

A3. Consent Information

8.	<p>Date of birth of the respondent: FO: use this grid:</p> <table border="1"> <thead> <tr> <th>Age</th> <th>Year of Birth</th> </tr> </thead> <tbody> <tr><td>17</td><td>1992</td></tr> <tr><td>18</td><td>1991</td></tr> <tr><td>19</td><td>1990</td></tr> <tr><td>20</td><td>1989</td></tr> <tr><td>21</td><td>1988</td></tr> <tr><td>22</td><td>1987</td></tr> <tr><td>23</td><td>1986</td></tr> <tr><td>24</td><td>1985</td></tr> </tbody> </table>	Age	Year of Birth	17	1992	18	1991	19	1990	20	1989	21	1988	22	1987	23	1986	24	1985	19 _ _
Age	Year of Birth																			
17	1992																			
18	1991																			
19	1990																			
20	1989																			
21	1988																			
22	1987																			
23	1986																			
24	1985																			
9.	Was the respondent born in 1992 or later (and is not a mature minor)?	<p>1. [] Yes >> Parent Consent required. Go to page 3.</p> <p>2. [] No >> Skip to page 4.</p>																		

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 Carolyn 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.

FO Comments _____

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 Carolyn 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.

FO Comments _____

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

10.	<p>Are you currently enrolled in school? What type of school?</p> <p>FO: if the survey is done in-between school years, (in December or January), ask:</p> <p>Up to last November, were you enrolled in school? What type of school?</p>	<p>1. <input type="checkbox"/> Not in school >>>>>>skip to 12</p> <p>2. <input type="checkbox"/> In primary school</p> <p>3. <input type="checkbox"/> In secondary school</p> <p>4. <input type="checkbox"/> In a Polytechnic / Vocational school</p>
11.	<p>How much school fees do you have to pay per year in the school you are currently attending?</p> <p>FO: if the survey is done in December or January, ask:</p> <p>How much school fees did you have to pay in the school year that just ended?</p> <p>Write 99 if doesn't know.</p>	<p> _ _ _ _ _ _ _ _ Ksh</p> <p> _ _ Don't know</p>
11a.	Do you receive financial support (bursary)?	<p>1. <input type="checkbox"/> Yes</p> <p>2. <input type="checkbox"/> No>>>>>>skip to 12</p>
11b.	From where do you receive this?	<p>1. <input type="checkbox"/> MOE</p> <p>2. <input type="checkbox"/> CDF</p> <p>3. <input type="checkbox"/> NGO</p> <p>4. <input type="checkbox"/> Other (specify)_____</p>
12.	<p>What is the highest level of formal education you have attained?</p> <p>(Circle highest class attended)</p>	<p>6 7 8</p> <p>F1 F2 F3 F4</p> <p>Other: _____</p>
13.	<p>In total, up to now, how many years have you spent in formal school since Standard 1?</p> <p>(include the years you repeated a grade, but do not include ECD, and do not include vocational school)</p>	<p> _ . _ years</p>
14.	Have you ever attended a polytechnic/vocational school?	<p>1. <input type="checkbox"/> YES</p> <p>2. <input type="checkbox"/> NO>>>>>>>>>>skip to 16</p>
15.	For how many years have you attended polytechnic/vocational school?	<p> _ . _ years</p> <p>(if less than 12 months, write 0.5 years)</p>
16.	<p>The building that you sleep in – of what material are the walls made?</p> <p>(Tick all that apply)</p>	<p>1. <input type="checkbox"/> Stone, Solid Cement</p> <p>2. <input type="checkbox"/> Fired Brick</p> <p>3. <input type="checkbox"/> Sun-dried bricks</p> <p>4. <input type="checkbox"/> Mud, cement</p> <p>5. <input type="checkbox"/> Mud, sticks, reeds</p> <p>6. <input type="checkbox"/> Other (specify)_____</p>

17.	What is the roof of this building made of?	1. <input type="checkbox"/> Iron 2. <input type="checkbox"/> Grass or reeds 3. <input type="checkbox"/> Mud, branches 4. <input type="checkbox"/> Palm leaves 5. <input type="checkbox"/> Mud, cement 6. <input type="checkbox"/> Other (specify) _____
18.	What is the floor of your house made of?	1. <input type="checkbox"/> Cement 2. <input type="checkbox"/> Mud 3. <input type="checkbox"/> Cow dung and mud 4. <input type="checkbox"/> Other (specify) _____
18a.	How many latrines do you have at your home?	<input type="checkbox"/> If 0 >>>>skip to 21
19.	Is the latrine you use the most indoors or outdoors?	1. <input type="checkbox"/> indoors 2. <input type="checkbox"/> outdoors
20.	Is it private to your household or shared with another household? (shared beyond those in the family)	1. <input type="checkbox"/> Private 2. <input type="checkbox"/> Shared
21.	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

22.	Do you work for any other person or as an apprentice?	1. <input type="checkbox"/> Paid Employee 2. <input type="checkbox"/> Apprentice 3. <input type="checkbox"/> Help relative with business 4. <input type="checkbox"/> No >>> skip to question 26
23.	What type of business are you working in?	1. <input type="checkbox"/> Housemaid 2. <input type="checkbox"/> Mechanic 3. <input type="checkbox"/> Retail staff 4. <input type="checkbox"/> Clerk 5. <input type="checkbox"/> Manager 6. <input type="checkbox"/> Electrician 7. <input type="checkbox"/> Plumber 8. <input type="checkbox"/> Carpenter 9. <input type="checkbox"/> Welder 10. <input type="checkbox"/> Insurance broker 11. <input type="checkbox"/> Land surveyor 12. <input type="checkbox"/> Pit/well digger 13. <input type="checkbox"/> Agent/broker 14. <input type="checkbox"/> Matatu/bus driver or tout 15. <input type="checkbox"/> Clinic/hospital health worker 16. <input type="checkbox"/> Clinical/hospital staff 17. <input type="checkbox"/> Lumbering 18. <input type="checkbox"/> Restaurant/food kiosk staff 19. <input type="checkbox"/> Bar staff 20. <input type="checkbox"/> Tailoring shop 21. <input type="checkbox"/> Farm/agricultural worker 22. <input type="checkbox"/> Other _____
24.	How long have you been employed/ working as an apprentice/ helping out?	<div> <input type="text"/> <input type="text"/> <input type="text"/> years </div> <div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> months </div> <div> <input type="text"/> <input type="text"/> <input type="text"/> days </div>
25.	What is your average daily wage? <i>(if unpaid, write 0)</i>	<div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> KSH </div>
26.	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. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO >>>>>>> skip to question 29

27.	What is the primary activity of your business? (Tick all that apply)	1. <input type="checkbox"/> Market vendor 2. <input type="checkbox"/> Own store 3. <input type="checkbox"/> Own food/drink stall 4. <input type="checkbox"/> Sell agricultural produce from home 5. <input type="checkbox"/> Sewing / Tailoring 6. <input type="checkbox"/> Cleaning for other people 7. <input type="checkbox"/> Washing clothes for other people 8. <input type="checkbox"/> Working on other people's farm 9. <input type="checkbox"/> Fishing 10. <input type="checkbox"/> Boda boda 11. <input type="checkbox"/> Matatu tout or driver 12. <input type="checkbox"/> Saloon Owner / Barber 13. <input type="checkbox"/> Other (specify) _____
28.	What is your average profit (your income net of costs) from your business in an average week?	<div style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> KSH <i>(if respondent gives a bracket, enter the average; e.g. 500-1000 → enter 750)</i> </div>

Are you a member of any of the following voluntary organizations?		
29.	Self-help Group/ ROSCA	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
30.	Registered community-based organization (If yes, specify _____)	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
31.	Sports, art or recreational organization	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
32.	Civic association (like environmental, social or humanitarian associations)	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
33.	Other organization (Specify) _____	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No

34.	How do you get news most often? Tick one only	1. <input type="checkbox"/> Newspaper 2. <input type="checkbox"/> Radio 3. <input type="checkbox"/> Television 4. <input type="checkbox"/> Friends 5. <input type="checkbox"/> Teachers 6. <input type="checkbox"/> Family 7. <input type="checkbox"/> Colleagues 8. <input type="checkbox"/> Other (specify) _____
35.	How often do you read or listen to politics in the news (through the source identified in Question 35)?	1. <input type="checkbox"/> Everyday 2. <input type="checkbox"/> Once a week 2. <input type="checkbox"/> Several times a week 3. <input type="checkbox"/> Once or twice a month 4. <input type="checkbox"/> Once or twice a year 5. <input type="checkbox"/> Never

36.	How interested are you in political affairs? Very, somewhat, not very or not all?	1. <input type="checkbox"/> Very interested 2. <input type="checkbox"/> Somewhat interested 3. <input type="checkbox"/> Not very interested 4. <input type="checkbox"/> Not at all interested 5. <input type="checkbox"/> Don't know
-----	---	--

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

37.	Do you think that it is important 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. <input type="checkbox"/> Very important 2. <input type="checkbox"/> Important 3. <input type="checkbox"/> Somewhat important 4. <input type="checkbox"/> Not very important >> skip to 39 5. <input type="checkbox"/> Not important at all >> skip to 39
38.	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. <input type="checkbox"/> To read/write 2. <input type="checkbox"/> To know more about the world 3. <input type="checkbox"/> To get a good job/ earn more money 4. <input type="checkbox"/> To run a family business 5. <input type="checkbox"/> To bring new technologies to my family/ community 6. <input type="checkbox"/> To avoid being cheated 7. <input type="checkbox"/> To help the country reduce poverty 8. <input type="checkbox"/> To get more (government) resources to my family/community 9. <input type="checkbox"/> To gain respect 10. <input type="checkbox"/> To find a better spouse 11. <input type="checkbox"/> To be a better parent 12. <input type="checkbox"/> Self-awareness 13. <input type="checkbox"/> To share knowledge with others 14. <input type="checkbox"/> To be able to travel 15. <input type="checkbox"/> To improve housing/living conditions 16. <input type="checkbox"/> Other (specify): _____ _____ _____ _____
39.	If a boy from around here 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. <input type="checkbox"/> Farming 2. <input type="checkbox"/> Housework 3. <input type="checkbox"/> Fishing 4. <input type="checkbox"/> Factory work 5. <input type="checkbox"/> Driver 6. <input type="checkbox"/> Untrained teacher 7. <input type="checkbox"/> Teaching 8. <input type="checkbox"/> Work for government 9. <input type="checkbox"/> Security Guard 10. <input type="checkbox"/> Policeman 11. <input type="checkbox"/> Street vending/Hawking 12. <input type="checkbox"/> Shop owner (i.e. duka, salon) 13. <input type="checkbox"/> Construction worker 14. <input type="checkbox"/> Tailoring 15. <input type="checkbox"/> Salonist/barber 16. <input type="checkbox"/> Mechanic/welder/carpenter

		17. <input type="checkbox"/> Office/store clerk, cashier, or secretary 18. <input type="checkbox"/> Supervisor/manager 19. <input type="checkbox"/> Cook 20. <input type="checkbox"/> Boda boda 21. <input type="checkbox"/> Casual labor 22. <input type="checkbox"/> Other (specify) _____ _____ 99. <input type="checkbox"/> Don't know
40.	If a boy from around here never goes to secondary school, how much income do you think that person would make in one average week when he is 25 years old?	_ _ _ _ _ Ksh Probe respondent for an amount. Write 99 if doesn't know. _ _ _ Don't know
41.	If a girl from around here 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. <input type="checkbox"/> Farming 2. <input type="checkbox"/> Housework 3. <input type="checkbox"/> Fishing 4. <input type="checkbox"/> Factory work 5. <input type="checkbox"/> Driver 6. <input type="checkbox"/> Untrained teacher 7. <input type="checkbox"/> Teaching 8. <input type="checkbox"/> Work for government 9. <input type="checkbox"/> Security Guard 10. <input type="checkbox"/> Policeman 11. <input type="checkbox"/> Street vending/Hawking 12. <input type="checkbox"/> Shop owner (i.e. duka, salon) 13. <input type="checkbox"/> Construction worker 14. <input type="checkbox"/> Tailoring 15. <input type="checkbox"/> Salonist/barber 16. <input type="checkbox"/> Mechanic/welder/carpenter 17. <input type="checkbox"/> Office/store clerk, cashier, or secretary 18. <input type="checkbox"/> Supervisor/manager 19. <input type="checkbox"/> Cook 20. <input type="checkbox"/> Boda boda 21. <input type="checkbox"/> Casual labor 22. Other (specify) : _____ _____ 99. <input type="checkbox"/> Don't know
42.	If a girl from around here never goes to secondary school, how much money do you think that person would make in one average week when she is 25 years old?	_ _ _ _ _ Ksh Probe respondent for an amount. Write 99 if doesn't know. _ _ _ Don't know

<p>43.</p>	<p>If a boy from around here completes secondary school, what types of work do you think he/she would do when he is 25 years old?</p> <p>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.</p>	<ol style="list-style-type: none"> 1. <input type="checkbox"/> Farming 2. <input type="checkbox"/> Housework 3. <input type="checkbox"/> Fishing 4. <input type="checkbox"/> Factory work 5. <input type="checkbox"/> Driver 6. <input type="checkbox"/> Untrained teacher 7. <input type="checkbox"/> Teaching 8. <input type="checkbox"/> Work for government 9. <input type="checkbox"/> Security Guard 10. <input type="checkbox"/> Policeman 11. <input type="checkbox"/> Street vending/Hawking 12. <input type="checkbox"/> Shop owner (i.e. duka, salon) 13. <input type="checkbox"/> Construction worker 14. <input type="checkbox"/> Tailoring 15. <input type="checkbox"/> Salonist/barber 16. <input type="checkbox"/> Mechanic/welder/carpenter 17. <input type="checkbox"/> Office/store clerk, cashier, or secretary 18. <input type="checkbox"/> Supervisor/manager 19. <input type="checkbox"/> Cook 20. <input type="checkbox"/> Boda boda 21. <input type="checkbox"/> Casual labor 22. <input type="checkbox"/> Other (specify) : _____ _____ <p>99. <input type="checkbox"/> Don't know</p>
<p>44.</p>	<p>If a boy from around here completes secondary school, how much money do you think that person would make in one average week when he is 25 years old?</p>	<p> _ _ _ _ Ksh Probe respondent for an amount. Write 99 if doesn't know.</p> <p> _ _ _ Don't know</p>
<p>45.</p>	<p>If a girl from around here completes secondary school, what types of work do you think he/she would do when he is 25 years old?</p> <p>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.</p>	<ol style="list-style-type: none"> 1. <input type="checkbox"/> Farming 2. <input type="checkbox"/> Housework 3. <input type="checkbox"/> Fishing 4. <input type="checkbox"/> Factory work 5. <input type="checkbox"/> Driver 6. <input type="checkbox"/> Untrained teacher 7. <input type="checkbox"/> Teaching 8. <input type="checkbox"/> Work for government 9. <input type="checkbox"/> Security Guard 10. <input type="checkbox"/> Policeman 11. <input type="checkbox"/> Street vending/Hawking 12. <input type="checkbox"/> Shop owner (i.e. duka, salon) 13. <input type="checkbox"/> Construction worker 14. <input type="checkbox"/> Tailoring 15. <input type="checkbox"/> Salonist/barber 16. <input type="checkbox"/> Mechanic/welder//carpenter 17. <input type="checkbox"/> Office/store clerk, cashier, or secretary 18. <input type="checkbox"/> Supervisor/manager 19. <input type="checkbox"/> Cook 20. <input type="checkbox"/> Boda boda 21. <input type="checkbox"/> Casual labor 22. <input type="checkbox"/> Other (specify) : _____ _____ <p>99. <input type="checkbox"/> Don't know</p>

46.	If a girl from around here completes secondary school, how much money do you think that person would make in one average week when he is 25 years old?	_ _ _ _ _ Ksh Probe respondent for an amount. Write 99 if doesn't know. _ _ _ Don't know
47.	Imagine you are looking for a job. Which of the following jobs 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
48.	When jobs are hard to find, men should have more of a right to a job than women.							
49.	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.							
50.	A woman has to have children in order to be happy in life.							
51.	A secondary school education is more important for a boy than for a girl.							
52.	Polygamy should remain allowed by the government.							
53.	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? <i>FO: put tick in correct column, then enter code on the right</i>		1 Very Important	2 Important	3 Not very Important	4 Not important at all	5 Don't know	ENTER CODE
54.	Tribe						
55.	Religion (e.g.Christian, Muslim, Hindu)						
56.	Denomination (e.g. Anglican, Catholic, Baptist)						
57.	Handsome/Beautiful						
58.	Good employment or business						
59.	Wealthy family						

60.	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.	_ _					
61.	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					
62.	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".					
63.	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)					

64.	What job would you like your son to have? Tick ONE only	1. <input type="checkbox"/> Teacher/lecturer 2. <input type="checkbox"/> Farmer 3. <input type="checkbox"/> Business man 4. <input type="checkbox"/> Supervisor/manager 5. <input type="checkbox"/> Office/store clerk, cashier, or secretary 6. <input type="checkbox"/> Other government worker 7. <input type="checkbox"/> Politician 8. <input type="checkbox"/> Doctor 9. <input type="checkbox"/> Lawyer 10. <input type="checkbox"/> Pastor/priest/sister 11. <input type="checkbox"/> Policeman/Soldier 12. <input type="checkbox"/> Taxi driver 13. <input type="checkbox"/> NGO worker 14. <input type="checkbox"/> Nurse/Health care worker 15. <input type="checkbox"/> Engineer 15. <input type="checkbox"/> Whatever he wants/is good at 17. <input type="checkbox"/> Other (specify) _____
65.	What age do you think is a good age for a woman to have her first child?	__ years old <i>(Probe respondent for a number. Write 99 for "don't know")</i>
66.	If someday you have a daughter , what is the minimum level of education would you like her to have?	1. <input type="checkbox"/> None 2. <input type="checkbox"/> Primary 3. <input type="checkbox"/> Secondary 4. <input type="checkbox"/> Polytechnic 5. <input type="checkbox"/> College (non-University) 6. <input type="checkbox"/> University 7. <input type="checkbox"/> Graduate School (Masters, PHD, Medicine)
67.	What job would you like your daughter to have? Tick ONE only	1. <input type="checkbox"/> Teacher/lecturer 2. <input type="checkbox"/> Farmer 3. <input type="checkbox"/> Business woman 4. <input type="checkbox"/> Supervisor/manager 5. <input type="checkbox"/> Office/store clerk, cashier, or secretary 6. <input type="checkbox"/> Other government worker 7. <input type="checkbox"/> Politician 8. <input type="checkbox"/> Doctor 9. <input type="checkbox"/> Lawyer 10. <input type="checkbox"/> Pastor Priest/ Sister 11. <input type="checkbox"/> Policeman/Soldier 12. <input type="checkbox"/> Taxi driver 13. <input type="checkbox"/> NGO worker 14. <input type="checkbox"/> Nurse/Health care worker 15. <input type="checkbox"/> Engineer 16. <input type="checkbox"/> Whatever she wants/is good at 17. <input type="checkbox"/> 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? <i>FO: put tick in correct column, then enter code on the right</i>		1 Men are better	2 Women are better	3 Both are the same	4 Don't Know	ENTER CODE
68.	Intellectuality					
69.	Spirituality					
70.	Morality and ethics					
71.	Management of daily affairs					

B3. Health Knowledge

72.	<p>What is the cause of mental illness? Tick all that are mentioned</p> <p>DO NOT PROMPT FOR MORE THAN ONE ANSWER</p>	<p>It is caused by :</p> <p>1. <input type="checkbox"/> A curse/evil spirits/witchcraft 2. <input type="checkbox"/> Heredity 3. <input type="checkbox"/> Improper behavior/vice 4. <input type="checkbox"/> Body dis-function/disease (specify if applicable _____) 5. <input type="checkbox"/> Poor sanitation/ lack of cleanliness 6. <input type="checkbox"/> Poor health care 7. <input type="checkbox"/> Mosquito bite 8. <input type="checkbox"/> Drug/alcohol use 9. <input type="checkbox"/> Stress 10. <input type="checkbox"/> Don't Know 11. <input type="checkbox"/> Other (specify): _____</p>
73.	<p>What is the cause of epilepsy/convulsions? Tick all that are mentioned</p> <p>DO NOT PROMPT FOR MORE THAN ONE ANSWER</p>	<p>It is caused by :</p> <p>1. <input type="checkbox"/> A curse/evil spirits/witchcraft 2. <input type="checkbox"/> Heredity 3. <input type="checkbox"/> Improper behavior/vice 4. <input type="checkbox"/> Body dis-function 5. <input type="checkbox"/> Poor sanitation/ lack of cleanliness 6. <input type="checkbox"/> Poor health care 7. <input type="checkbox"/> Mosquito bite 8. <input type="checkbox"/> Don't Know 9. <input type="checkbox"/> Other (specify): _____</p>
74.	<p>What is the cause of leprosy? Tick all that are mentioned</p> <p>DO NOT PROMPT FOR MORE THAN ONE ANSWER</p>	<p>It is caused by :</p> <p>1. <input type="checkbox"/> A curse/evil spirits/witchcraft 2. <input type="checkbox"/> Heredity 3. <input type="checkbox"/> Improper behavior/vice 4. <input type="checkbox"/> Body dis-function/disease (specify if applicable _____) 5. <input type="checkbox"/> Poor sanitation/ lack of cleanliness 6. <input type="checkbox"/> Poor health care 7. <input type="checkbox"/> Poor nutrition/lack of food 8. <input type="checkbox"/> Mosquito bite 9. <input type="checkbox"/> Don't Know 10. <input type="checkbox"/> Other (specify): _____</p>
75.	<p>What is the cause of malaria? Tick all that are mentioned</p> <p>DO NOT PROMPT FOR MORE THAN ONE ANSWER</p>	<p>It is caused by :</p> <p>1. <input type="checkbox"/> A curse/evil spirits/witchcraft 2. <input type="checkbox"/> Heredity 3. <input type="checkbox"/> Improper behavior/vice 4. <input type="checkbox"/> Body dis-function/disease (specify if applicable _____) 5. <input type="checkbox"/> Poor sanitation/ lack of cleanliness 6. <input type="checkbox"/> Poor health care 7. <input type="checkbox"/> Mosquito bite 8. <input type="checkbox"/> Exposure to cold 9. <input type="checkbox"/> Walking in water 10. <input type="checkbox"/> Don't Know 11. <input type="checkbox"/> Other (specify): _____</p>

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.

76.	Have you ever discussed HIV/AIDS with anyone?	1. [] YES 2. [] NO >>>>>>>>>>>>>>>>>>>skip to question 78
77.	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_____)
78.	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) 15. [] Kissing 16. [] Other (specify_____ 17. [] Has not heard about HIV/AIDS 18. [] Don't know/Don't remember
79.	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

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

	your partner (if applicable) is infected with HIV/AIDS now? Read options	2. [] Low 3. [] Medium 4. [] High 5. [] Don't know 6. [] Not applicable
102.	Do you know a place where you can get condoms?	1. [] YES 2. [] NO >>>>>>>>>skip to question 104
103.	Can you tell me all of the places you can get condoms? DO NOT PROMPT <i>Tick all that are mentioned.</i> 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? <i>FO: put tick in correct column, then enter code on the right</i>		1 Strongly Agree	2 Agree	3 Neither Agree nor Disagree	4 Disagree	5 Strongly Disagree	6 Don't Know	ENTER CODE
104.	Using condoms reduces sexual pleasure.							
105.	It is embarrassing to buy or ask for condoms.							
106.	Using a condom is a sign of not trusting your partner.							
107.	Men need to have more than one sexual partner, often at the same time.							
108.	It is necessary to have sex to keep one's boyfriend or girlfriend.							
109.	HIV/AIDS is a punishment for bad behavior.							
110.	It is women prostitutes that spread HIV in our community.							
111.	It is promiscuous men that spread HIV in our community.							
112.	People with HIV/AIDS should be treated the same as people without HIV/AIDS.							

113.	I would be ashamed if someone in my 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.

114.	Are you married?	1. <input type="checkbox"/> Currently married 2. <input type="checkbox"/> Divorced or separated >>skip to 117 3. <input type="checkbox"/> Widowed >>>skip to 117 4. <input type="checkbox"/> Never been married >>>skip to 117
115.	For how long have you been married?	____ months (if 2 years, write 24 months)
116.	How old is your spouse?	____ years old
117.	Have you ever played sex?	1. <input type="checkbox"/> YES 3. <input type="checkbox"/> NO, never >>> Skip to question 130
118.	Have you played sex with one person or more than one person?	1. <input type="checkbox"/> One person 2. <input type="checkbox"/> More than one person

119.	How old were you when you played sex for the first time?	____ years
120.	In the last 6 months, how many sexual partners have you had in total?	____ partners
121.	Currently, is there someone with whom you play sex regularly?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO >>>>>>> skip to question 124
122.	How old is (s)he?	____ years old
123.	Did you use a condom last time you played sex with him/her?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO
124.	Among the men/women with whom you played sex so far, how old was the oldest one?	____ years old <i>If the respondent answers with "Don't know," press for a guess.</i>
125.	Have you ever received money or gifts from a sexual partner (before you got married, if applicable)?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO
126.	Have you <u>ever</u> used a condom?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO >>>>>>> skip to question 129

	(Do not read options. Do not prompt. Tick all that are mentioned)	intercourse 3. <input type="checkbox"/> Restricted sex to one partner/monogamy 4. <input type="checkbox"/> Reduced number of partners 5. <input type="checkbox"/> Talked to partner about their HIV status 6. <input type="checkbox"/> Got an HIV test 7. <input type="checkbox"/> Ask partner(s) to get HIV test 8. <input type="checkbox"/> Other (specify)_____
137.	What do you think your risk of HIV infection is? Is it low, medium, high, or are you at no risk?	1. <input type="checkbox"/> No risk 2. <input type="checkbox"/> Low risk 3. <input type="checkbox"/> Medium risk 4. <input type="checkbox"/> High risk
138.	Why do you think your risk is at that level? (Do not read options. Do not prompt. Tick all that are mentioned)	1. <input type="checkbox"/> Got tested (know status) 2. <input type="checkbox"/> Abstinent/no sex 3. <input type="checkbox"/> Have only one partner 4. <input type="checkbox"/> Always use condoms 5. <input type="checkbox"/> Use contraceptive pills 6. <input type="checkbox"/> Use traditional medicine 7. <input type="checkbox"/> Partner is faithful 8. <input type="checkbox"/> Partner is/may be unfaithful 9. <input type="checkbox"/> Have multiple partners 10. <input type="checkbox"/> Partner is infected 11. <input type="checkbox"/> Have unprotected sex 12. <input type="checkbox"/> Sleep under net to protect from mosquito bites 13. <input type="checkbox"/> Has had sex 14. <input type="checkbox"/> Other (specify)_____

B6. Reproductive Health and STIs

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

For Women

139.	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO	>>>>skip to 144
140.	Do you have any sons or daughters to whom you have given birth who are now living with you?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO	>>>skip to 142
141.	How many sons live with you? And how many daughters live with you? If none, record '00'	Sons at home..... <input type="checkbox"/> <input type="checkbox"/> Daughters at home.... <input type="checkbox"/> <input type="checkbox"/>	
142.	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO	>>>>skip to 144
143.	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..... <input type="checkbox"/> <input type="checkbox"/> Daughters elsewhere <input type="checkbox"/> <input type="checkbox"/>	
144.	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. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO	>>>>skip to 148

145.	How many boys have died? And how many girls have died? If NONE, RECORD '00'	Boys dead..... <input type="text"/> <input type="text"/> Girls dead..... <input type="text"/> <input type="text"/>	
146.	How old was this child when s/he passed away?	Child 1 <input type="text"/> <input type="text"/> days <input type="text"/> <input type="text"/> months <input type="text"/> <input type="text"/> yrs Child 2 <input type="text"/> <input type="text"/> days <input type="text"/> <input type="text"/> months <input type="text"/> <input type="text"/> yrs Child3 <input type="text"/> <input type="text"/> days <input type="text"/> <input type="text"/> months <input type="text"/> <input type="text"/> yrs	
147.	When did this child pass away?	Child 1 <input type="text"/> <input type="text"/> month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> yr Child 2 <input type="text"/> <input type="text"/> month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> yr Child 3 <input type="text"/> <input type="text"/> month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> yr	
148.	Field Officer Check (Do not read aloud): SUM ANSWERS TO 141, 143, AND 145, AND ENTER TOTAL. IF NONE, RECORD '00'.	Total <input type="text"/> <input type="text"/>	
149.	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: <input type="checkbox"/> Go to 150 No: <input type="checkbox"/> Probe and correct 139-148 as necessary	
150.	Field Officer Check (Do not read aloud): Are there one or more births?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> 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).**

151. What name was given to your (first/next) baby?	152. Were any of these births twins?	153. Is (NAME) a boy or a girl?	154. In what month and year was (NAME) born? <i>Probe: What is his/her birthday?</i>	155. Is (NAME) still alive?	156. IF ALIVE: How old was (NAME) at his/her last birthday? Record age in completed years	157. IF ALIVE: Is (NAME) living with you?	158. IF DEAD: How old was (NAME) when he/she died? <i>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.</i>	159. Field Officer Check: Were there any other live births after (NAME), including any children who died after birth?
a.	1. <input type="checkbox"/> Single 2. <input type="checkbox"/> Multiple	1. <input type="checkbox"/> Boy 2. <input type="checkbox"/> Girl	Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO>>>skip to 158	Years <input type="text"/> <input type="text"/> Months <input type="text"/> <input type="text"/>	1. <input type="checkbox"/> YES>>>>> 2. <input type="checkbox"/> NO>>>skip to 159	Days <input type="text"/> <input type="text"/> Months <input type="text"/> <input type="text"/> Years <input type="text"/> <input type="text"/>	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO >>>>skip to 160
b.	1. <input type="checkbox"/> Single 2. <input type="checkbox"/> Multiple	1. <input type="checkbox"/> Boy 2. <input type="checkbox"/> Girl	Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO>>>skip to 158	Years <input type="text"/> <input type="text"/> Months <input type="text"/> <input type="text"/>	1. <input type="checkbox"/> YES>>>>> 2. <input type="checkbox"/> NO>>>skip to 159	Days <input type="text"/> <input type="text"/> Months <input type="text"/> <input type="text"/> Years <input type="text"/> <input type="text"/>	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO>>>>skip to 160
c.	1. <input type="checkbox"/> Single 2. <input type="checkbox"/> Multiple	1. <input type="checkbox"/> Boy 2. <input type="checkbox"/> Girl	Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO>>>skip to 158	Years <input type="text"/> <input type="text"/> Months <input type="text"/> <input type="text"/>	1. <input type="checkbox"/> YES>>>>> 2. <input type="checkbox"/> NO>>>skip to 159	Days <input type="text"/> <input type="text"/> Months <input type="text"/> <input type="text"/> Years <input type="text"/> <input type="text"/>	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO>>>>skip to 160
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. <input type="checkbox"/> YES>>>return to table 2. <input type="checkbox"/> 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

☐

161.	Are you pregnant now?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO 99. <input type="checkbox"/> DON'T KNOW	>>skip to 163 >>skip to 163
162.	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. IF NOT known, enter '99'	Months <input type="text"/> <input type="text"/>	
163.	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. <input type="checkbox"/> THEN 2. <input type="checkbox"/> LATER 3. <input type="checkbox"/> NOT AT ALL 4. <input type="checkbox"/> NOT APPLICABLE	
164.	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO	>>skip to 171
165.	How many such pregnancies have you had?	Number of miscarriages, abortions, and/or still births <input type="text"/> <input type="text"/>	

166.	For each miscarried, aborted, or still birth pregnancy ask:	
167.	a. When did the (first/next/last) miscarriage/abortion/still birth occur?	b. How many months pregnant were you when the pregnancy ended?
168.	Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Months <input type="text"/> <input type="text"/>
169.	Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Months <input type="text"/> <input type="text"/>
170.	Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Months <input type="text"/> <input type="text"/>

171.	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. <input type="checkbox"/> Have a(nother) child 2. <input type="checkbox"/> No more/none 3. <input type="checkbox"/> Says she cannot get pregnant 4. <input type="checkbox"/> Undecided/Don't know and currently pregnant 5. <input type="checkbox"/> Undecided/Don't know and currently not pregnant or unsure
172.	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?	<input type="text"/> <input type="text"/> Write 99 for don't know. If 0 or don't know >>>>skip to 202
173.	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.	<input type="text"/> <input type="text"/> Boys>>> <input type="text"/> <input type="text"/> Girls>>> SKIP TO 202 <input type="text"/> <input type="text"/> Either>>>

For Men

174.	Now I would like to ask about any children you have fathered during your life. Have you ever fathered a child?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO	>>>skip to 179
175.	Did you have any sons or daughters whom you have fathered who are now living with you?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO	>>>skip to 177
176.	How many sons live with you? And how many daughters live with you? If NONE, RECORD '00'	Sons at home..... <input type="text"/> <input type="text"/> Daughters at home... <input type="text"/> <input type="text"/>	
177.	Do you have any sons or daughters whom you have fathered who are alive but do not live with you?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO	>>>skip to 179
178.	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..... <input type="text"/> <input type="text"/> Daughters elsewhere <input type="text"/> <input type="text"/>	
179.	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. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO	>>>skip to 183
180.	How many boys have died? And how many girls have died? If NONE, RECORD '00'	Boys dead..... <input type="text"/> <input type="text"/> Girls dead..... <input type="text"/> <input type="text"/>	
181.	How old was this child when s/he passed away?	Child 1 <input type="text"/> <input type="text"/> days <input type="text"/> <input type="text"/> months <input type="text"/> <input type="text"/> yrs Child 2 <input type="text"/> <input type="text"/> days <input type="text"/> <input type="text"/> months <input type="text"/> <input type="text"/> yrs Child3 <input type="text"/> <input type="text"/> days <input type="text"/> <input type="text"/> months <input type="text"/> <input type="text"/> yrs	
182.	When did this child pass away?	Child 1 <input type="text"/> <input type="text"/> month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> yr Child 2 <input type="text"/> <input type="text"/> month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> yr Child 3 <input type="text"/> <input type="text"/> month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> yr	
183.	Field Officer Check (Do not read aloud) SUM ANSWERS TO 176, 178, AND 180, AND ENTER TOTAL. IF NONE, RECORD '00'.	Total <input type="text"/> <input type="text"/>	
184.	Field Officer Check: Just to make sure that I have this right, you have fathered TOTAL <input type="text"/> children during your life. Is that correct? RECORD TWINS AND TRIPLETS AS MULTIPLE BIRTHS, I.E. TWINS SHOULD BE RECORDED AS TWO BIRTHS.	Yes: <input type="checkbox"/> Go to 185 No: <input type="checkbox"/> Probe and correct 174-183 as necessary	
185.	Field Officer Check (Do not read aloud): Are there one or more births?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> 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).

186. What name was given to your (first/next) baby?	187. Were any of these births twins?	188. Is (NAME) a boy or a girl?	189. In what month and year was (NAME) born? <i>Probe: What is his/her birthday?</i>	190. Is (NAME) still alive?	191. IF ALIVE: How old was (NAME) at his/her last birthday? <i>Record age in completed years</i>	192. IF ALIVE: Is (NAME) living with you?	193. IF DEAD: How old was (NAME) when he/she died? <i>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.</i>	194. Field Officer Check: Were there any other live births after (NAME), including any children who died after birth?
a.	1. <input type="checkbox"/> Single 2. <input type="checkbox"/> Multiple	1. <input type="checkbox"/> Boy 2. <input type="checkbox"/> Girl	Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO>>>> >>skip to 193	Age in years <input type="text"/> <input type="text"/>	1. <input type="checkbox"/> YES>>> 2. <input type="checkbox"/> NO>>>> >>skip to 194	Days <input type="text"/> <input type="text"/> Months <input type="text"/> <input type="text"/> Years <input type="text"/> <input type="text"/>	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO >>> skip to 195
b.	1. <input type="checkbox"/> Single 2. <input type="checkbox"/> Multiple	1. <input type="checkbox"/> Boy 2. <input type="checkbox"/> Girl	Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO>>>> >>skip to 193	Age in years <input type="text"/> <input type="text"/>	1. <input type="checkbox"/> YES>>> 2. <input type="checkbox"/> NO>>>> >>skip to 194	Days <input type="text"/> <input type="text"/> Months <input type="text"/> <input type="text"/> Years <input type="text"/> <input type="text"/>	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO >>> skip to 195
c.	1. <input type="checkbox"/> Single 2. <input type="checkbox"/> Multiple	1. <input type="checkbox"/> Boy 2. <input type="checkbox"/> Girl	Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO>>>> >>skip to 193	Age in years <input type="text"/> <input type="text"/>	1. <input type="checkbox"/> YES>>> 2. <input type="checkbox"/> NO>>>> >>skip to 194	Days <input type="text"/> <input type="text"/> Months <input type="text"/> <input type="text"/> Years <input type="text"/> <input type="text"/>	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO >>> skip to 195

195. 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

9

FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS ☐

5

196.	Is your wife/girlfriend pregnant now?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO 3. <input type="checkbox"/> DON'T KNOW 4. <input type="checkbox"/> Not Applicable	>>skip to 198 >>skip to 198 >>skip to 198
197.	How many months pregnant is your wife/girlfriend? RECORD NUMBER OF COMPLETED MONTHS. IF NOT known, enter '99'	Months <input type="text"/> <input type="text"/>	
198.	At the time your wife/girlfriend became pregnant, did you want her become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any more children at all?	1. <input type="checkbox"/> THEN 2. <input type="checkbox"/> LATER 3. <input type="checkbox"/> NOT AT ALL 4. <input type="checkbox"/> NOT APPLICABLE	

199.	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. <input type="checkbox"/> Have a(nother) child 2. <input type="checkbox"/> No more/none 3. <input type="checkbox"/> Says girlfriend/wife cannot get pregnant 4. <input type="checkbox"/> Undecided/Don't know and girlfriend/wife currently pregnant 5. <input type="checkbox"/> Undecided/Don't know and girlfriend/wife currently not pregnant or unsure
200.	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?	<input type="text"/> <input type="text"/> Write 99 for don't know. If 0 or don't know>>>>skip to 202
201.	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?	<input type="text"/> <input type="text"/> Boys <input type="text"/> <input type="text"/> Girls <input type="text"/> <input type="text"/> Either

For Both Men and Women

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

202.	During the last 12 months , have you had a sexually transmitted infection (i.e. syphilis, gonorrhea, Chlamydia, herpes?)	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO 3. <input type="checkbox"/> Don't know
203.	Sometimes (men/women) experience an abnormal discharge. During the last 12 months , have you had an abnormal genital discharge?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO 3. <input type="checkbox"/> I Don't Know
204.	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. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO 3. <input type="checkbox"/> I Don't Know
205.	FO: Check 202,203,204– Has the respondent ever had an STI (Did the respondent answer Yes to Q202, 203, OR 204)?	1. <input type="checkbox"/> YES>>>>>Continue to question 206 2. <input type="checkbox"/> NO >>>>>>>skip to Section C

206.	The last time you had an infection/discharge/ulcer did you seek any kind of treatment or help?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO >>>>>>>>skip to question 208
207.	What kind of treatment or help did you seek?	1. <input type="checkbox"/> Went to a clinic, hospital or doctor 2. <input type="checkbox"/> Went to a traditional healer 3. <input type="checkbox"/> Went to buy medicine from chemist 4. <input type="checkbox"/> Asked advice from friends or relatives 5. <input type="checkbox"/> Other (specify)_____
208.	The last time you had an infection/discharge/ulcer did you tell the person(s) with whom you were playing sex?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO 3. <input type="checkbox"/> Some/not all
209.	The last time you had an infection/discharge/ulcer did you stop playing sex when you had the symptoms?	1. <input type="checkbox"/> YES, stopped playing sex completely 2. <input type="checkbox"/> YES, played sex less often 3. <input type="checkbox"/> NO, did not stop playing sex
210.	The last time you had an infection/discharge/ulcer did you use a condom when playing sex when you had the symptoms?	1. <input type="checkbox"/> YES, used a condom always 2. <input type="checkbox"/> YES, used a condom sometimes 3. <input type="checkbox"/> NO, did not use a condom

SECTION C: VCT Intervention

C1. Consent Forms

211.	Was the respondent sampled to receive VCT?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO >skip to section D, Q. 224
212.	Was the respondent born in 1992 or later?	1. <input type="checkbox"/> YES >>Parental Consent Required – go to page 33. 2. <input type="checkbox"/> 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 your 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:

- Your child's participation in the test is entirely voluntary.
- 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.
- 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.
- 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:

- Your participation in the test is entirely voluntary.
- 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 Carolyn 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).
 - (a) Determine
 - (b) Bioline (If Determine is positive)
 - (c) 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 diluent	Wash solution
Timing	15 minutes	10 minutes (do not read after 20 mins)	10 minutes (do not read after 12 mins)

- (3) Post-test Counseling (Giving results, Making risk reduction plan or identifying sources of support, Closure)

C3. Respondent's Test Results:

213.	What was the result of the Determine HIV test?	1. <input type="checkbox"/> Positive 2. <input type="checkbox"/> Negative >>>> skip to question 217 3. <input type="checkbox"/> Invalid (explain) _____ 4. <input type="checkbox"/> Not done (explain) _____
214.	What was the result of the Bioline HIV Test?	1. <input type="checkbox"/> Positive 2. <input type="checkbox"/> Negative 3. <input type="checkbox"/> Invalid (explain) _____ 4. <input type="checkbox"/> Not done (explain) _____
215.	What was the result of the Unigold HIV test?	1. <input type="checkbox"/> Positive 2. <input type="checkbox"/> Negative 3. <input type="checkbox"/> Invalid (explain) _____ 4. <input type="checkbox"/> Not done (explain) _____
216.	What was the final result?	1. <input type="checkbox"/> Positive 2. <input type="checkbox"/> Negative

		3. <input type="checkbox"/> Inconclusive (explain)_____
--	--	---

C4. Partner's Test Results (if applicable):

217.	Was the respondent's partner tested for HIV?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No >>>>>>>>>skip to Question 222
218.	What was the result of the partner's Determine HIV test?	1. <input type="checkbox"/> Positive 2. <input type="checkbox"/> Negative >>>>skip to question 222 3. <input type="checkbox"/> Invalid (explain)_____ 4. <input type="checkbox"/> Not done (explain)_____
219.	What was the result of the partner's Bioline HIV Test?	1. <input type="checkbox"/> Positive 2. <input type="checkbox"/> Negative 3. <input type="checkbox"/> Invalid (explain)_____ 4. <input type="checkbox"/> Not done (explain)_____
220.	What was the result of the partner's Unigold HIV test?	1. <input type="checkbox"/> Positive 2. <input type="checkbox"/> Negative 3. <input type="checkbox"/> Invalid (explain)_____ 4. <input type="checkbox"/> Not done (explain)_____
221.	What was the final result of the partner's HIV test?	1. <input type="checkbox"/> Positive 2. <input type="checkbox"/> Negative 3. <input type="checkbox"/> Inconclusive (explain)_____

C5. Collection of Dry Blood Sample for Quality Control

222.	Was the respondent sampled for quality control?	1. <input type="checkbox"/> Yes – continue with specimen collection 2. <input type="checkbox"/> No >>>>skip to Section D, Q. 224
------	---	---

i) 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.

ii) Labeling

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

iii) 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.

223.	Did the respondent provide a dried blood sample?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No, respondent refused
------	--	---

SECTION D: Condom Intervention

224.	Was the respondent sampled to receive condoms?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO >>>>>>>>>END
------	--	--

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

225.	Did the respondent take the condoms?	1. <input type="checkbox"/> YES, all of them 1. <input type="checkbox"/> YES, some > How many? _____ 2. <input type="checkbox"/> NO
------	--------------------------------------	---