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Adolescent sexual behaviour in Navrongo: Does family count?

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ADOLESCENT SEXUAL BEHAVIOUR IN NAVRONGO: DOES FAMILY COUNT?

A Research Report submitted to the faculty of Health sciences, University of the Witwatersrand, Johannesburg in partial fulfilment of the requirements for the degree of
Master of Medic ine in the branch of Population Based Field Epidemiology.

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Johannesburg, 2006.

Declaration

I Kanyiva Muindi declare that this research report is my own work. It is being submitted for the degree of MSc Med in the field of Population Based Field Epidemiology in the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at this or any other university.

Signature…….

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09th day of November, 2006.

To my mother
Koki Muindi
For her love.

Abstract

In the face of diminishing traditional controls on adolescent sexual behaviour, parents are becoming the focal point of guidance on sexual issues. The main objective of the study is to establish if residing with one's parents has any effect on one's sexual behaviour among adolescents in the Kassena-Nankana District of Northern Ghana. A sample of 7056 adolescents aged between 10 and 24 years were interviewed between April and October 2003 while the 2004 household socio-economic data was used to generate a household wealth index. Females are less likely to have had sex (AOR 0.75; CI: 0.63; 0.88) and also less likely to initiate sex before age 16 (AOR 0.30; CI: 0.21; 0.43) compared to males. Living with one's father only is associated with a 36% decrease in the likelihood of having had sex among males (AOR 0.64; CI: 0.42; 0.96) compared to living with both parents. Females living with neither parent were 76% more likely to have had sex than those living with both parents (AOR 1.76 CI: 1.21; 2.55). Discussion of sexual matters with parents increased the likelihood of initiating sex. Family structure is an important predictor of sexual behaviour among adolescents and therefore should be considered when designing and implementing interventions. Longitudinal and qualitative studies are recommended

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Definition of Terms

Adolescent	In this study an adolescent is any person aged between 10 and 24 years This definition has been adopted from that used in the primary survey.
Co-residence	Living with biological parents in the same household.
Early initiation of sex	This has been defined as the initiation of sex before the age of 16 years, which is the legal age of sexual consent in Ghana.
Family	For the purposes of this study, family has been defined as biologica parents.

Household	A social unit usually defined in the Demographic Surveillance System (DSS) as people who share a common cooking and eating arrangement and recognize a certain individual as the head.
Sexual behaviour	It has been defined as having had sexual intercourse and also includes other factors/activities such as sexual activity, condom use, and early initiation of sex.
Sexual initiation	This has been defined as having the first sexual encounter
Sexual intercourse	This has been defined as penile-vaginal intercourse.

Acronyms

AIDS	Acquired Immuno-deficiency Syndrome
AOR	Adjusted odds ratio
DHS	Demographic and Health Survey
DSS	Demographic Surveillance System
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
INDEPTH	International Network for Demographic Evaluation of Populations and Their Health
STIs	Sexually Transmitted Infections
UNAIDS	Joint United Nations Program on HIV/AIDS

CHAPTER 1

1.0. Introduction

Adolescence is a time of change in an individual's life. It is a time when most young people experiment with a variety of activities, including but not limited to sexual activity. It is also a time when they are most prone to coercion and influence from their peers, leading to the adoption of risky behaviours. At this formative stage, parental guidance becomes a crucial part of an adolescent's life, since it is a time when they are making certain choices and decisions; which will ultimately shape their future. In many of the traditional African societies, guidance to adolescents was provided by elders from the community or by relatives; especially the grandmothers of initiates during the initiation period. This placed the control of sexual behaviour in the hands of the community (1, 2).

With westernisation and modernisation and especially with the introduction of formal education, which may involve long periods when adolescents are away from home, the decision and control over sexual behaviour has become an individual affair. This is because parents are no longer able to monitor their children who spend most of their time in school as has been noted elsewhere (3). Most of the traditional and religious controls that were previously in place to protect adolescents from engaging in early sexual activity have broken down, been replaced with secular institutions or are viewed as outdated and ineffective. Studies show that adolescent sexual activity is increasingly being tolerated even in communities where traditionally, such activities were not accepted (1, 4, 5).

There is growing interest in the study of adolescent sexual and reproductive health in sub-Saharan Africa. This can be attributed to the consequences of adolescent sexual activity such as unwanted pregnancy, unsafe abortion and STIs including HIV/AIDS. Few studies have been carried out in several African countries to investigate parent-child interactions and communication on sexual and reproductive health issues. There have been consistent results showing that sexual and reproductive health issues that are a concern for the adolescent are rarely discussed within the family setting citing taboos that discourage discussing sexual issues with children. Other studies show that parents are ignorant of reproductive health issues thus acting as barriers to discussions with their children (6, 7).

In sub-Saharan Africa, both premarital and marital adolescent sexual activity has been shown to be high with associated adverse social and health outcomes (4, 8). Sexual activity levels among adolescents aged 15 to 19 years have been estimated at 29% compared to 24% in Latin America & the Caribbean (9). Adolescent pregnancy and school discontinuation for girls, unsafe abortion, poor health outcomes for infants born to young mothers, high maternal morbidity and mortality, HIV/AIDS and other sexually transmitted infections (STIs) have been documented as some of the consequences of sexual activity among adolescents (4, 10). The United Nations (UN) estimates that most of the HIV/AIDS infections occur in people below the age of 25. (11).

Adolescent sexual behaviour in the developed countries, especially in the United States of America has been studied extensively and the protective and risk factors for the adoption of risky sexual behaviour identified. Parental presence in the home has been

identified as crucial in supporting healthy adolescent development. Because parents are a constant presence in adolescents' life, they can exercise some degree of authority over their children's behaviour. Other protective factors identified include strong parent-child communication and high parental expectations of their children (12, 13, 14, 15, 16).

A study carried out in the informal settlements of Nairobi, Kenya shows that fathers have a positive influence on the reproductive health outcomes of their adolescent children, especially their daughters. This was attributed to the strict rules fathers have regarding relationships of their daughters with the opposite sex. It was also thought that since one of the outcomes investigated was reported unwanted pregnancy, daughters who fell pregnant were likely to be chased out of their parental house and forced to live with their mothers or other relatives therefore increasing the numbers reporting sexual activity and pregnancy among those living without the father. In the same study, mothers' presence alone is negatively associated with adolescents' reproductive health outcomes (17). Other studies including a study conducted in Ghana do not find parental presence in the home a significant factor in adolescent sexual behaviour (10, 18). Most of these studies have however revealed a high incidence of pregnancy, multiple sexual partners, unsafe abortions and STIs including HIV/AIDS as well as low levels of contraceptive usage among adolescents (11, 18).

Theoretical frameworks exist that have informed many studies on family process variables and their role in the development of adolescent behaviour. The social learning theory recognises family process variables as influential in learning and subsequent performance of behaviour (19, 20). Adolescent sexual behaviour will thus be influenced

by what they see through the process of modelling and their interaction with the environment in which they live as well as by existing norms and attitudes towards sex and contraception. Parents' behaviour and attitude especially maternal attitudes have been identified as important process variables in the sexual socialization of adolescents. The study cited above (20) reveals that parental monitoring or supervision of adolescents' social activities and general and sexual communication are other variables associated with less risky sexual behaviour or delayed sexual initiation.

In the developing countries adolescents are estimated to make up more than half of the total population (11). In most of these countries policies on adolescent reproductive health do not exist, and where they exist, they have not been translated into action. This situation has persisted even after several governments endorsed the Program of Action (POA) at the International Conference on Population and Development (ICPD) in Cairo in 1994. This program aimed at promoting the rights of adolescents to reproductive health education and care and the reduction of adolescent pregnancies. This lack of policies has left adolescents without access to reliable sexual and reproductive health information and services, leading to poor reproductive health outcomes among adolescents.

According to the National Population Council of Ghana, youth aged between 15 and 24 years make up 30% of Ghana's total population (7, 21). The government of Ghana, in recognition of the need for action, endorsed the ICPD-POA of 1994. It also endorsed the Platform for Action (PA) in the Fourth Women's Conference in Beijing in 1995. In addition it has developed its own youth policy as well as the Adolescent Reproductive Health Policy (21, 22). However there are still some gaps in the implementation of

these policies, leaving adolescent reproductive issues inadequately addressed (22).

Challenges to these policies exist; for instance the 1998 Ghana Demographic and Health Survey (GDHS) shows that the median age at marriage among Ghanaian females was 19.8 years while among males it was 24.8 years (23). This has been attributed to the traditional practise of early marriage among girls, which was done even before the age of 15, immediately after girls underwent the puberty rites (24). This practice of early marriage for girls does not seem to have changed considerably. For instance, among women aged 20-49 years, the median age has risen slightly from 19.1 to 19.6 as reported in the 2003 GDHS.

In addition, many African communities held and some still hold ambivalent views regarding adolescent sexual activity. Girls on the one hand were expected to remain virgins and maintain the family honour, while on the other hand it was acceptable for boys to have multiple sexual partners; which was taken as a sign of their manhood (23). Among the Kassena and Nankana people of northern Ghana however, girls were only expected to remain virgins until they underwent the initiation rites soon after which most were given in marriage. The practice of early marriage and societal attitudes towards adolescent sexual activity increase the vulnerability of this group to adverse reproductive health outcomes including HIV/AIDS. Estimates for Ghana indicate that in females, most HIV infections occur when they are below 20 years while males are infected in their early 20s (21).

With the changes that have been experienced in most parts of Africa especially with regard to the family, adolescents now have to grow up within families that lack the

extended network which ensured they were well guided on sexual matters. With the weakening of the extended family and the traditional fibre that ensured adolescents received relevant guidance on sexual matters, attention is now turning to parents. The question that is being asked is what is the role of parents in the sexual behavior of their adolescent children? Are today's parents taking on the role of guiding their adolescent children and is this being seen in the sexual and reproductive lives of adolescents? This study attempts to find answers to these and other relevant questions.

1.1. Rationale

In most African societies, sex and reproductive health issues still remain sensitive subjects for discussion between adolescents and their families. There appears to be indecision about who is responsible for instructing adolescents on sexual issues. Educational institutions on the one hand appear unwilling to offer family life education, while on the other hand parents have continued to look to these institutions as the place where adolescents can receive guidance on reproductive health and sexual issues (2, 10). In addition, parents and policy makers feel that providing information on reproductive health to adolescents will encourage them to become sexually active. (25)

Adolescents thus tend to turn to unreliable sources of information such as the media, their peers and siblings; who are most likely not well informed having received little or no guidance of their own. The family can therefore play a very important role in the provision of education on sexual and reproductive health and therefore bridge the gap that exists in the guidance of adolescent children and help reduce the incidence of adverse reproductive health and social outcomes.

In Ghana, as in many other sub-Saharan African countries, there is growing concern that previously observed low HIV/AIDS prevalence rates especially in the rural areas are currently on the increase. Data from UNAIDS indicates for instance that the HIV/AIDS prevalence rate for Navrongo increased from 2.36% in 2001 to 5.07% in 2002 (26). Therefore if Africa is to achieve one of the millennium development goals, namely to reverse the infection trends observed for HIV/AIDS and in addition avert an eminent social crisis of increasing adolescent childbearing and unsafe abortions and their attendant socio-economic problems, the reproductive and sexual health needs of adolescents need to be matters of priority for parents as well as policy makers.

Few studies on the role of the family in adolescent sexual behaviour have been carried out in Africa. Most of these studies have been based largely on samples drawn from institutions such as schools/colleges; however these samples are not representative of the general adolescent population. Majority of these studies have investigated knowledge, attitude and practice concerning sexual issues among adolescents with only a few investigating the risk and protective factors of adolescent sexual behaviour. This study seeks to find out the role of the family in the sexual behaviour of adolescents in a non-institutional sample in Northern Ghana. It is hoped that the study will provide information that is useful in reproductive health programs/interventions targeting adolescents and in addition enrich the existing literature.

Hypothesis:

In this study, we hypothesize that the presence of biological parents in the home is protective against the initiation of sexual activity among adolescents. We do not

consider the presence of figures of authority such as grandmothers or other relatives who might be influential in the sexual lives of adolescents.

1.2. Aims and Objectives

The aim of this study is to establish the association between parental presence in the home and adolescent sexual behaviour. The specific objectives of the study are:

1) To assess the sexual behaviour of adolescents and its variation by gender.

2) To determine if there are differences in the sexual behaviour of unmarried adolescents living with one parent, both parents and those living without any parent.

3) To determine the factors that influence sexual behaviour among adolescents.

1.3. Background to the Kassena-Nankana District

The Kassena-Nankana District is on Ghana's northern border with Burkina Faso. The area is dry with low rainfall experienced from June to October. Subsistence agriculture, mainly food crop farming and livestock rearing is dominant and the district has been classified as one of the poorest in the nation. Most of the district is rural with majority of the population living in areas that lack modern amenities such as electricity (27, 28). In the year 2002, the district had a population of 96,833 (29), with the Kassem and Nankam being the two predominant ethnic groups. The two groups, although having different languages have been identified as having similar cultural practices (30).

Families in the district live in residential units referred to as compounds whose head is often a male since the community is patrilineal. Within a compound are found mostly mud houses belonging to the head and his wife/wives as well as their sons and their families. A single compound can have more than 20 individuals (28, 30). This exposes adolescents to several relatives other than their biological parents, who may be involved in their upbringing.

With regard to initiation into adulthood, traditionally, the Kassem and Nankam people did not consider female virginity until marriage a virtue. However, girls were expected to remain virgins until their initiation rites were performed. Immediately after the initiation, sexual unions were accepted especially if the two intended to marry. Most often however, girls were married off soon after initiation (30). Estimates of female genital cutting (FGC) in the district for the year 2000 indicate that about 83% of women aged 35 years and above and 8% of 15 to 19-year-old girls had undergone the rite. (31). Traditionally male circumcision was not practised as it was considered a taboo; however this is no longer the case due to changes in practices where more men are seeking circumcision while female circumcision has been on the decline due to government laws forbidding the practice (32).

The district has one of the highest illiteracy levels in the nation with illiteracy levels among females aged 6 years and above reaching about 62% (33). Males achieve higher levels of education than females according to the 2003 Ghana DHS. A higher proportion of females in the Upper East Region have no education (72.4%) compared to 48.9% of males (34). This low level of educational attainment among females could

have a bearing on the sexual behaviour of adolescents who may be forced into risky behaviours due to their limited economic choices.

With regard to access to health care, the district has several primary health care clinics and community based health workers that serve the community. Decisions to access modern health services especially for women are however made by the male head of the compound, who, often has to first seek the services of a soothsayer to interpret illness or obtain assent from the spirits (28). These issues highlighted above and the fact that reproductive health services to the youth have not been improved to fit in with the ICPD and Beijing resolutions may inhibit utilization of services by adolescents.

Therefore given the prevailing poverty, poor educational attainment, the male-dominated social structure and the prevailing reproductive health service delivery system that has not factored in adolescents as possible clients, it is evident that adolescents in this community face challenges that may lead to poor reproductive health outcomes.

CHAPTER 2

2.0. Methodology

2.1. Study Design

The study involves secondary analysis of data collected by the Navrongo Health Research Centre. The two data sets used in this study come from the 2003 cross-sectional adolescent health survey which was conducted as part of the adolescent sexual and reproductive health (ASRH) project; and the 2004 household socio-economic data collected as part of the Demographic Surveillance System (DSS).

2.1.1. About the ASRH Project

The adolescent sexual and reproductive health project is an on-going study being conducted in the Kassena-Nankana District of northern Ghana. It aims at providing adolescents in the district with essential skills that will ensure they enjoy healthy sexual and reproductive lives; through several intervention programs both for the in and out of school adolescents. As part of the initial activities, a cross-section of the adolescents who live in the five zones of the district was interviewed.

Information was collected in 2003 from April to November using structured questionnaires (see appendix A1). Interviewers were well trained for the survey, and the languages used during the interviews were Kassem and Nankam which are the widely spoken dialects in the district. During the data collection phase, field supervisors were charged with ensuring data quality by conducting spot-checks and re-interviews to

check how well the interviewers were handling the questionnaire. Completed questionnaires were edited to ensure they were complete and consistent before being passed on to the data entry team, which captured the data using software that had in-built consistency checks.

The adolescent survey targeted individuals aged between 10 and 24 years. Sampling for the primary study was done from the large population that is currently under surveillance in the on-going DSS. Compounds were randomly selected from the DSS and in each compound; eligible adolescents were identified and interviewed. Overall, a total of 7,056 adolescents (3,612 males and 3,444 females) were interviewed.

The questionnaires used in the survey were adapted from the Demographic and Health Survey (DHS) with modifications to suit the community and to collect extra information not usually collected in the DHS. The questionnaires were different for females and males; however the content for most of the issues covered was the same. The questionnaires had sections covering diverse issues including background information, sexual activity and pregnancy, contraceptive usage, STI/HIV/AIDS knowledge and attitudes, sexuality and gender norms, health seeking behaviour, exposure to the media and community concerns.

2.1.2. Household Socio-economic data

Since the adolescent survey did not collect data on the economic status of households, this information was obtained from the DSS data. The DSS is a longitudinal study that involves visiting each compound within the district once every four months (previously

this was done once every three months) to collect information on demographic events such as births, migration and deaths. Also collected are indicators of the economic status of each household. This is done using the INDEPTH Network's socio-economic status tool that has been developed for use by various DSS sites. It involves the collection of information on the possession of certain household goods and assets such as cattle, land, motor vehicles, radios and the availability of amenities like piped water, electricity, etc. This information was then used to generate an index of household socio-economic status.

In this study, household information collected in 2004 was used to generate the socio-economic status indicators. This was more preferred to the information collected before 2004 because previous years' information was collected at the compound level which would have made it difficult to define the household economic status, which was of interest in this study. Also the 2004 information was collected shortly after the adolescent survey and it was considered to be more representative of the economic status prevailing during the time the survey was conducted.

2.1.3. Description of Variables

2.1.3.1. Outcome Variables

The primary outcome variable being measured was sexual initiation among adolescents which was measured using the report of ever having had sex. Other outcome variables that were considered were; early sexual initiation (which was defined as initiation of sex before the age of 16 years), condom use at last sexual encounter and sexual activity reported in the three month period preceding the survey.

2.1.3.2. Explanatory Variables

The primary explanatory variable being considered was the co-residence of adolescents with their biological parent(s), a factor that has been shown to be influential in the sexual and reproductive health of adolescents. There were four types of co-residence; those who live with both of their parents, those living with the father only, those living with the mother only and those living with neither parent. In addition, the question addressing whether adolescents ever discussed sexual and reproductive health matters with their parents was used as an indirect measure of adolescent-parent communication on sexual and reproductive health.

Age and sex as well as education status and religion of the adolescents were used to investigate any differentials in sexual behaviour that may exist, since studies show that sexual behaviour varies with age, sex and educational status (1, 4). Age was of particular importance in determining the proportions of adolescents who initiate sex at an early age.

The economic status of the family was of interest since other studies have shown an association between adolescent sexual behaviour and household economic status (10, 11). This was measured using a wealth index computed from data on the possession of certain household assets as an indicator of a household's economic status because direct information on income and consumption is lacking. These possessions included among other things motor vehicle(s), television, radio, electricity and tap water in residence and number of cattle owned.

2.1.4. Data Management

Data cleaning was done to resolve any inconsistencies; nine respondents were excluded from the analysis for the primary outcome ever had sex, since they had conflicting information regarding their sexual initiation status. Also excluded from the analysis for the primary outcome were 581 individuals (468 females and 113 males) who reported being in a marital union (either married or in a cohabiting relationship) at the time of the survey. Fifty three individuals stated they did not know the age at first sex or were aged five or less at first sex, hence were excluded from some of the analyses. Four females were excluded from all analyses because they did not know their age at the time of the survey.

Some variables were recoded into categories which would make analysis and the interpretation of the results easy. Four categories of education levels were created namely, no education, primary, junior secondary school (JSS) and higher which included the senior secondary and higher levels. Tertiary education levels were combined with senior secondary school due to the small numbers in each of these levels.

Religion was categorised into four groups with all Christian denominations coming under one category, 'Christian'; Muslim; traditional religion and other religions were grouped into one category, 'traditional/other'; and no religion.

Age was used as a continuous variable for some of the outcomes because of few numbers of individuals in the younger (below 13 years) and older respondents (20 years

and above), which would have resulted in improper estimates of the association between age and the outcomes.

All four outcomes were dichotomised to enable the use of logistic regression models in the multivariate analysis. For the outcome 'ever had sex' the entire sample of unmarried adolescents was considered while for the other three outcomes; early initiation of sex, condom usage and sexual activity in the three months before the survey, a sub-sample comprising those who reported to have ever had sex was used.

For early initiation of sex two categories were created; those who initiated sex before age 16 years and those who initiated sex at age 16 years and above. This age was chosen because it is the age of sexual consent in Ghana. A sub-sample of the respondents reporting they ever had sex was taken. This sub-sample included respondents who were aged 16 years or above during the time of the survey and those who were aged below 16 years and had reported to have ever had sex. This is because the interest was in those who had already initiated sex.

Condom usage was considered at last sexual encounter since the survey did not collect information on the consistency of condom use among adolescents. This was considered as an important outcome since condoms play a dual protective role against STIs including HIV/AIDS and unplanned pregnancies.

Due to the lack of information on income and consumption which are a direct measure of economic status of the households, a wealth index was computed using the principal component analysis (PCA) method. This is a statistical technique in which, "the

variation in a set of data is described in terms of a set of uncorrelated linear combination of the original variables" (35). The method seeks to explain the largest variation in the original data and assigns weights to each asset included in the calculation of the wealth index. The technique has however been criticized as lacking a theoretical base to guide in the choice of variables and weights to be used in the index calculation.

A score of the variables included in the generation of the wealth index was obtained in STATA software. These variables included possession of household goods such as television, refrigerator, radio; type of floor and roofing material, source of drinking water and ownership of cattle. This score is a sum of all variables weighted by the vectors associated with each component generated. After the score was calculated, quintiles were generated to represent levels of wealth. The choice of five levels of wealth was justified by the fact that the study area is classified as one of the poorest in the country with approximately nine out of ten people living below the poverty line (33). Therefore, five levels would better represent any economic differences that may exist within the communities.

2.1.5. Data Analysis

Data were already in STATA format and analysis was done using STATA software release 8.1 (STATA corp., Texas). Three levels of analysis were adopted; the first level was simple tabulation of demographic and socio-economic characteristics to get a profile of the respondents. The second level involved bivariate analysis which was carried out to establish the relationship between the outcome variables and the explanatory variables. Chi square tests were done to establish if there were significant

associations between the outcomes and the explanatory variables. The tests also indicated if there were significant differences in the proportions.

The third level was the univariate and multivariate logistic regressions, which were done to find out which variables were associated with the outcomes. Logistic regression models were used because the outcome variables are dichotomous. All variables were included in the models except for some outcomes where some categories were having missing values.

2.1.6. Ethical Considerations

Studies on sexual behaviour are sensitive due to the intimate information respondents are required to provide. Therefore the primary data was collected only from respondents who gave their written consent if they were 16 years or older while for individuals younger than 16, parental consent and individual assent were obtained.

Ethical clearance for the primary study was obtained from the review committee of the Ghana Ministry of Health and the institutional review board of the Navrongo Health Research Center. This study received ethical clearance from both the institutional review board of the Navrongo Health Research Centre and the ethics committee at the University of the Witwatersrand (see appendix A2).

2.1.7. Limitations

The primary outcome variable is measured by self-reported behaviour, a fact that can lead to inaccurate estimates of the age at which adolescents initiate sexual activity as well as the level of sexual activity and condom use in the different gender groups.

The wide age range used in this study presents some challenges in that most of the older adolescents may be already married, given the practice of early marriage especially among girls. This would increase the proportion of adolescents who ever had sex; consequently their exclusion from the analysis of sexual behaviour and co-residence with parents on the basis of their marital status would reduce the analytical sample size for the secondary outcomes that are dependent on a sample of those who ever had sex. Also the older adolescents are more likely to have initiated sex at the time of the survey and therefore this may lead to an overestimate of the effect of age on the outcomes.

Lack of qualitative data on the parent-child interactions especially with regards to sexual and reproductive health issues is a major limitation. There is therefore no opportunity to explore why the different family structures have different effects on the sexual behaviour of adolescents.

Being a cross-sectional study, there is no way of establishing if sexual initiation and adoption of other sexual behaviours preceded discussion of sexual issues with parents or vice versa. One therefore cannot state conclusively if the observed relationships between the explanatory variables and the outcomes are causal.

CHAPTER 3

3.0. Results

3.1. Descriptive Results

3.1.1. Adolescents' Background characteristics

Table 3.1 summarizes the background characteristics of the overall sample of both married and unmarried adolescents. Majority of the respondents in both sexes were aged between 13 and 19 years with a higher proportion of males (60.6%) compared to 58.7% of females being found in this age range. Most of the respondents had attained primary school education and were in school at the time of the survey. A larger proportion of females (15.0%) than males (11.5%) had no education while females also formed the larger proportion of adolescents who were in a marital union at the time of the survey (13.6% compared to 3.1% of males). An investigation of adolescents who were married (results not shown) shows that majority of the females either had no education (39.7%) or had a primary level education (35.3%). Among the males, majority of the married had a primary level education (43.4%).

When the co-residence status was considered, more males than females were found in each category except the category in which the adolescent lives with neither parent. Christianity appeared to be the dominant religion while the two major ethnic groups in the district, the Kassem and Nankam dominated the sample.

Table 3.1 Distribution of Unmarried Respondents by Background Characteristics

Characteristic	Female = **2975 (45.9%)** Frequency	Percentage	Male = **3499 (54.1%)** Frequency	Percentage
Age (years)				
Pre-teen(10-12)	826	27.8	787	22.5
Teen (13-19)	1886	63.4	2189	62.2
Post-teen (20-24)	263	8.8	635	15.3
Total	**2975**	**100.0**	**3499**	**100.0**
Education				
No education	331	11.1	378	10.8
Primary level	1881	63.2	2250	64.3
JSS level	553	18.6	632	18.1
SSS & higher	210	7.1	239	6.8
Total	**2975**	**100.0**	**3499**	**100.0**
Ethnicity				
Kassem	1405	47.2	1732	49.5
Nankam	1396	46.9	1591	45.5
Other	174	5.9	176	5.0
Total	**2975**	**100.0**	**3499**	**100.0**
Religion				
Christian	2466	82.9	2215	63.3
Muslim	163	5.5	237	6.8
Traditional/other	263	8.8	707	20.2
No religion	89	2.8	340	9.7
Total	**2975**	**100.0**	**3499**	**100.0**
Co-residence				
Living with father	213	7.2	295	8.4
Living with mother	688	23.1	885	25.3
Living with both	1575	52.9	1881	53.8
Living with neither	499	16.8	438	12.5
Total	**2975**	**100.0**	**3499**	**100.0**
Wealth index				
Poorest	553	18.8	683	19.7
Poorer	579	19.7	786	22.6
Poor	774	26.4	929	26.7
Less poor	499	17.0	571	16.4
Least poor	531	18.1	505	14.5
Total	**2936**	**100.0**	**3474**	**100.0**
Place of residence				
Rural	2662	89.5	3232	92.4
Urban	313	10.5	267	7.6
Total	**2975**	**100.0**	**3499**	**100.0**

3.1.2. Sexual Behaviour

The first objective of the study sought to assess the sexual behaviour of adolescents and its variation by sex. Of the 7056 respondents interviewed, 468 females and 113 males

were in a marital union (those who were married or in a cohabiting relationship) at the time of the interview, so they were excluded from the analysis. Of the remaining 6474 unmarried adolescents, 361 females (12.1%) reported ever having had sex compared to 589 males (16.8%). The distribution of the respondents by their sexual status (ever had sex) is shown in Figure 3.1.

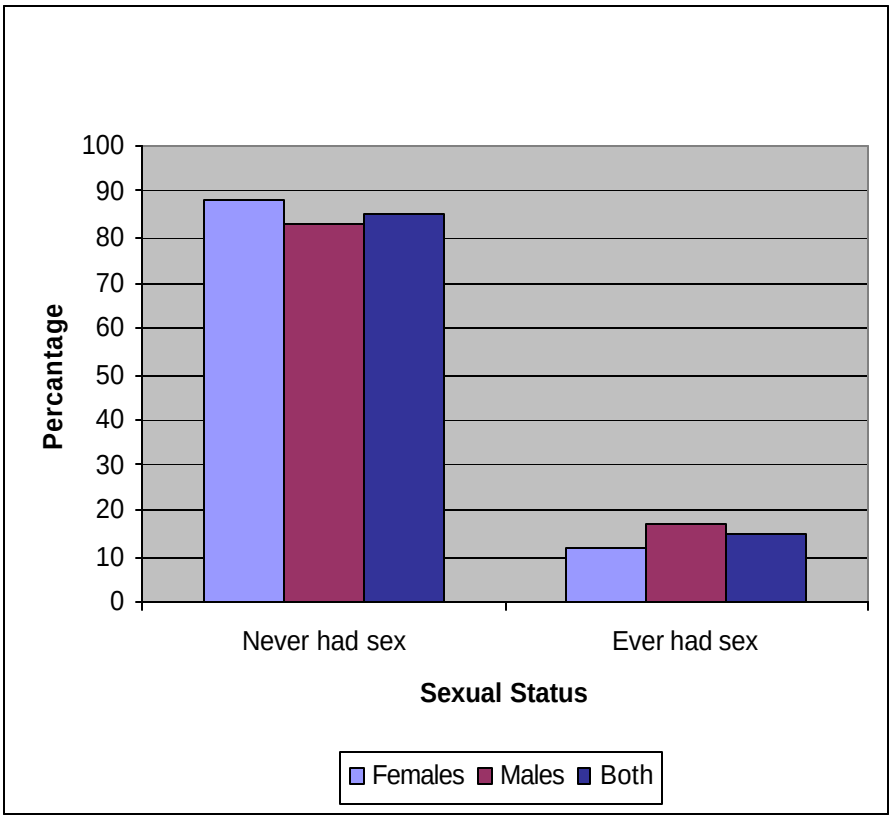


Figure 3.1 Proportions of respondents by sexual status at time of interview

Figure 3.2 shows the distribution of the respondents depending on whether they initiated sex before the age of 12 years, between 13 and 15 years of age, between 16 and 19 years and at the age of 20 and above. Males had the highest proportion who had initiated sex at or before the age of 12 years (26.3% compared to 5.6% among the females). On the other hand females had the highest proportion (49.1%) who reported initiating sex between ages 16 and 19; compared to 31.7% for males (see appendix A3-i

for the data table). The median age at first sex for females was 17 years while among males it was 16 years.

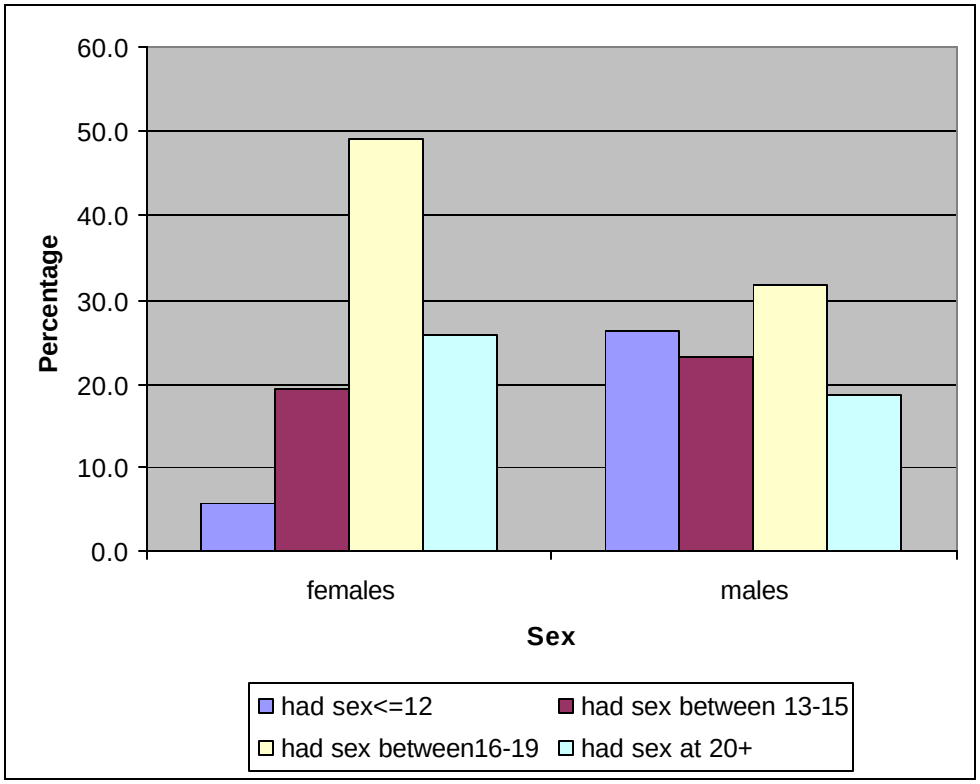


Figure 3.2 Proportion of respondents initiating sex at different ages.

To obtain aggregate proportions for each sex depending on whether they initiated sex before or after the age of 16 years, those who reported to have ever had sex were categorised into two broad categories: those initiating sex before and those initiating sex after the age of 16 years. It was found that 25% of the female respondents had sex before they were aged 16 years while 49.5% of the males had sex before the same age.

Apart from the outcomes ever having had sex and early sexual initiation, the study also examined other indicators of sexual behaviour such as sexual activity in the three months before the survey and condom usage during the first and last sexual encounters.

The results showed low proportions of both males and females who had sex in the three months preceding the survey. Only 15.2% of females and 17.2% of males reported to have been sexually active in the three months before the survey. The larger proportion in both sexes reported no sexual activity in the given time period.

Condom usage among adolescents appeared to be especially low among females during the last sexual encounter, reflecting a substantial drop from the levels reported in the first sexual encounter; 29.4% of females and 40.6% among females and males respectively. During the last sexual encounter condom usage was 6.7% among females and 8.8% among males. Though this level is still higher than the national average reported from national surveys at 5.2% among married women aged 15-19 years and 7.7% among married women aged 20-24, it is still unsatisfactorily low considering the risks in unprotected sex. Other types of contraceptives used were investigated (See Appendix A3-iii).

Chi square tests indicate that sex of respondent was significantly associated with two of the outcomes except reported sexual activity in the last three months and condom use. The tests also indicate that there were differences in the proportions in each of the two outcomes when disaggregated by sex of respondents. Table 3.2 gives a summary of the proportions of the different outcomes.

Table 3.2 Chi square tests for association between the outcomes and sex of respondent.

	Female		Male		Total	
Outcome	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Ever had sex	361	38.0	589	62.0	950	100.0
Never had sex	2614	47.3	2910	52.7	5524	100.0
	Pearson chi^2 (1)=28.3546 Pr = 0.000					
Early initiation of sex	80	22.5	275	77.5	355	100.0
Late initiation of sex	240	46.2	280	53.8	520	100.0
	Pearson chi^2 (1)=50.7348 Pr = 0.000					
Had sex past 3 months	55	35.3	101	64.7	156	100.0
Not sexually active	306	38.5	488	61.5	794	100.0
	Pearson chi^2(1) = 0.5963 Pr = 0.440					
Used condom	24	31.6	52	68.4	76	100.0
Did not use	337	38.6	537	61.4	874	100.0
	Pearson chi^2(1) = 1.4456 Pr = 0.229					

3.2. Multivariate Results

3.2.1. Co-residence with parents and adolescents' sexual behaviour

The second objective was to determine if there were any differences in the sexual behaviour of unmarried adolescents depending on their co-residence with their biological parents. To achieve this objective, bivariate analysis and the chi square test were carried out as well as univariate logistic regression. These were done to determine if there was an association between sexual behaviour and co-residence status as well as establish if there were significant differences in the proportions. Logistic regression was used to estimate the magnitude and direction of the association between co-residence and sexual behaviour.

From the chi square tests, only ever having had sex was significantly associated with co-residence with parents, while sexual activity, condom use and early initiation of sex were not. The proportions reporting they ever had sex were also significantly different for the different types of family structures (as indicated by the variable "co-residence').

When univariate logistic models were fitted for all the outcomes with co-residence as the explanatory variable (see appendix A3-ii), compared to those living with both parents, living with the mother only and living with neither parent were both associated with increased likelihood of having ever had sex. Living with the father only was associated with a reduced likelihood of initiating sex before the age of 16. Sexual activity in the three months before the survey; and condom use were not significantly associated with co-residence with parents.

3.2.2. Factors influencing sexual behaviour among adolescents

The third objective was to determine the factors that influence sexual behaviour among adolescents in the district. From the logistic regression models (see Table 3.3), it was found that education level, ethnicity, co-residence with parents, age, sex, discussion of sexual matters with parents and religion were the factors associated with sexual behaviour among adolescents (both males and females combined).

There was an observed increase in the likelihood of having had sex with an increase in respondent's age. Compared to those aged 13 -19 years, the younger adolescents were less likely to have ever had sex while the older were more likely to have ever had sex and to have been sexually active in the three months preceding the survey.

For the main explanatory variable; co-residence with one's biological parents, all outcomes except ever having had sex, did not have a significant association with this variable. Among respondents who said they lived with the mother only, there was an

22% increase in the likelihood of reporting to ever have had sex compared to those living with both parents.

One's religion was significantly associated with having ever had sex; compared to Christians, those reporting to profess the Muslim faith were 62% more likely to report to have ever had sex while those who reported to have no religion were 62% less likely to report to have ever had sex.

In addition to the co-residence with parents, whether adolescents ever discussed sex with their parents was investigated. Compared to those who reported no discussion of sexual matters with their mother, those who reported they ever discussed were more than twice as likely to report to ever have had sex. On the other hand, discussion of sexual issues with the father increased the likelihood of reporting to have had sex by 71%.

Sex of the respondent was significant for the outcomes ever having had sex and early sexual initiation. Females were less likely to report these outcomes compared to males. When household wealth is considered, there was no significant relationship when the poorest households were compared with the least poor. This was observed for all the four outcomes. One's ethnic group was associated with ever having had sex with the Nankam being 63% less likely to report this outcome compared to the Kassem.

Table 3.3 Summary of the logistic regression results for the outcome variables.

	Ever Had sex		Early Sexual initiation		Sex past 3 months		Condom use	
Variable	OR	95% CI	OR	95% CI	OR	95% CI	OR	95%
Age							^0.12*	0.02
13-19 years	**1.00**		**1.00**		**1.00**			
10-12 years	0.33*	0.24; 0.45			0.32	0.08; 1.40		
20-24 years	7.17*	5.92; 8.69	0.18*	0.13; 0.26	1.77*	1.19; 2.62		
Education								
No Education	**1.00**		**1.00**		**1.00**		**1.00**	
Primary	0.66*	0.51; 0.86	1.28	0.75; 2.17	1.03	0.54; 1.96	0.89	0.32
JSS	0.97	0.73; 1.29	0.72	0.41; 1.27	1.22	0.62; 2.39	1.59	0.58
SSS & Higher	1.07	0.76; 1.51	0.41*	0.21; 0.81	1.51	0.75; 3.05	2.29	0.82
Ethnicity								
Kassem	**1.00**		**1.00**		**1.00**		**1.00**	
Nankam	0.63*	0.53; 0.75	0.81	0.56; 1.17	1.05	0.69; 1.60	1.11	0.61
Other	0.81	0.57; 1.14	1.12	0.58; 2.15	0.77	0.38; 1.57	0.81	0.34
Co-residence								
Living with both	**1.00**		**1.00**		**1.00**		**1.00**	
Living with father	0.82	0.60; 1.12	0.68	0.35; 1.33	0.56	0.24; 1.31	1.10	0.39
Living with mother	1.22*	1.01; 1.47	1.00	0.69; 1.45	1.13	0.74; 1.70	1.35	0.75
Living with neither	1.14	0.90; 1.43	1.03	0.63; 1.68	1.05	0.62; 1.78	1.36	0.67
Sex								
Male	**1.00**		**1.00**		**1.00**		**1.00**	
Female	0.75*	0.63; 0.88	0.30*	0.21; 0.43	0.80	0.54; 1.19	0.63	0.36
Wealth Index								
Poorest	**1.00**		**1.00**		**1.00**		**1.00**	
Poorer	1.30	0.99; 1.71	1.84*	1.04; 3.27	1.46	0.68; 3.11	0.59	0.19
Poor	1.34*	1.03; 1.74	1.20	0.69; 2.08	1.73	0.84; 3.58	1.22	0.45
Less poor	1.31	0.98; 1.75	0.82	0.45; 1.50	1.26	0.58; 2.77	0.98	0.34
Least poor	1.19	0.85; 1.67	1.23	0.63; 2.40	1.30	0.55; 3.04	1.57	0.53
Discuss with father								
Never	**1.00**		**1.00**		**1.00**		**1.00**	
Ever	1.71*	1.11; 2.62	1.12	0.54; 2.31	0.93	0.40; 2.15	1.23	0.44
Discuss with mother								
Never	**1.00**		**1.00**		**1.00**		**1.00**	
Ever	2.03*	1.48; 2.79	1.22	0.69; 2.14	1.55	0.88; 2.70	1.64	0.80
Place of Residence								
Rural	**1.00**		**1.00**		**1.00**		**1.00**	
Urban	1.26	0.93; 1.73	1.26	0.69; 2.30	1.71	0.93; 3.12	1.23	0.59
Religion								
Christian	**1.00**		**1.00**		**1.00**		**1.00**	
Muslim	1.62*	1.20; 2.18	0.90	0.52; 1.56	1.48	0.83; 2.62	1.62	0.79
Traditional/other	0.90	0.70; 1.16	0.86	0.51; 1.46	0.73	0.36; 1.46	0.90	0.33
No religion	0.62*	0.43; 0.91	1.61	0.71; 3.66	1.79	0.78; 4.08	1.88	0.58
N	**6409**		**867**		**942**		**942**	

Note:

***:** Significant at 5%

^: This is a coefficient and not Odds ratio.

1.00: This is the reference category

When early sexual initiation was considered, there were very few explanatory variables that had a significant association. Only age, education level and respondent's sex were significantly associated with initiation of sex before the age of 16. All other factors were not significant. Among all the explanatory variables investigated for sexual activity in the three months preceding the survey, only age had a significant association. All other variables were not significant. Condom use was significantly associated with age only (see Table 3.3).

When regression models were fitted while disaggregated by sex (see Tables 3.4a & b), some differences were noted for the factors associated with the outcomes. Among females, age was associated with ever having had sex and early initiation of sex. In contrast, age was associated with all outcomes among males.

Table 3.4a Adjusted Odds Ratios from logistic regression models fitted by sex of respondent

	Ever Had sex				Early Sexual initiation			
	Female		Male		Female		Male	
Variable	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% C
Age	^0.53*	0.47; 0.59	^0.32*	0.29; 0.36	^'-0.51*	-0.67; -0.35	^-0.42*	-0.51;
Education								
No Education	**1.00**		**1.00**		**1.00**		**1.00**	
Primary	0.78	0.49; 1.22	0.99	0.70; 1.42	0.98	0.35; 2.70	0.95	0.46; 1
JSS	0.88	0.55; 1.40	0.86	0.58; 1.27	0.47	0.17; 1.32	0.94	0.44; 2
SSS & Higher	0.67	0.38; 1.18	0.89	0.56; 1.42	0.43	0.12; 1.56	0.60	0.25; 1
Ethnicity								
Kassem	**1.00**		**1.00**		**1.00**		**1.00**	
Nankam	1.01	0.74; 1.38	0.47	0.37; 0.58	1.47	0.70; 3.09	0.70	0.44; 1
Other	1.25	0.71; 2.20	0.68	0.42; 1.09	0.71	0.19; 2.65	0.99	0.41; 2
Co-residence								
Living with both	**1.00**		**1.00**		**1.00**		**1.00**	
Living with father	1.52	0.91; 2.54	0.64*	0.42; 0.96	0.85	0.25; 2.88	0.57	0.23; 1
Living with mother	1.25	0.89; 1.76	1.12	0.89; 1.42	1.15	0.51; 2.56	1.13	0.71; 1
Living with neither	1.76*	1.21; 2.55	0.81	0.58; 1.12	1.76	0.71; 4.35	0.86	0.43; 1
Wealth Index								
Poorest	**1.00**		**1.00**		**1.00**		**1.00**	
Poorer	1.47	0.88; 2.46	1.26	0.90; 1.77	4.01*	1.15; 13.98	1.88	0.90; 3
Poor	1.61	1.00; 2.57	1.23	0.88; 1.72	1.87	0.58; 5.98	1.17	0.57;2
Less poor	1.20	0.71; 2.03	1.55*	1.08; 2.23	0.88	0.23; 3.32	0.73	0.34; 1
Least poor	1.13	0.62; 2.05	1.50	0.97; 2.30	1.01	0.25; 4.10	1.26	0.53; 3
Discuss with father								
Never	**1.00**		**1.00**		**1.00**		**1.00**	
Ever	0.79	0.37; 1.72	2.55*	1.46; 4.47	4.87	0.96; 24.65	0.85	0.36; 1
Discuss with mother								
Never	**1.00**		**1.00**		**1.00**		**1.00**	
Ever	1.82*	1.15; 2.87	2.30*	1.37; 3.86	1.52	0.57; 4.10	1.01	0.47; 2
Place of Residence								
Rural	**1.00**		**1.00**		**1.00**		**1.00**	
Urban	1.63	0.98; 2.71	1.19	0.77; 1.83	1.16	0.36; 3.78	1.38	0.62; 3
Religion								
Christian	**1.00**		**1.00**		**1.00**		**1.00**	
Muslim	1.23	0.67; 2.26	1.74*	1.21; 2.50	6.90*	1.64; 29.01	0.69	0.37; 1
Traditional/other	1.10	0.60; 2.03	0.95	0.71; 1.27	0.35	0.04; 3.31	1.05	0.56; 1
No religion	1.06	0.41; 2.71	0.61	0.39; 0.93	1.25	0.05; 31.99	1.75	0.69; 4
N	2935		3474		314		553	

Note:

^: This is a coefficient and not Odds Ratio

*: Significant at 5%

1.00: This is the reference category

Table 3.4b Adjusted Odds Ratios from logistic regression models fitted by sex of respondent

	Condom use				Had sex in last three months			
	Female		Male		Female		Male	
Variable	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% C
Age	^0.09	-0.08; 0.26	^0.20*	0.07; 0.32	^0.06	-0.06; 0.18	^014*	0.05; (
Education								
No Education	**1.00**		**1.00**		**1.00**		**1.00**	
Primary	1.40	0.26; 7.52	0.91	0.26; 3.14	1.12	0.37; 3.37	0.89	0.39; 2
JSS	1.38	0.25; 7.43	1.51	0.42; 5.36	1.24	0.41; 3.72	1.12	0.47; 2
SSS & Higher	2.09	0.40; 10.96	2.01	0.54; 7.44	1.77	0.57; 5.52	1.44	0.57; 3
Ethnicity								
Kassem	**1.00**		**1.00**		**1.00**		**1.00**	
Nankam	0.82	0.31; 2.17	0.96	0.45; 2.05	1.20	0.59; 2.41	0.97	0.56; 1
Other	1.20	0.37; 3.87	0.77	0.25; 2.38	1.14	0.36; 3.60	0.76	0.29; 1
Co-residence								
Living with both	**1.00**		**1.00**		**1.00**		**1.00**	
Living with father	0.98	0.19; 5.11	1.02	0.26; 3.95	0.65	0.17; 2.46	0.60	0.19; 1
Living with mother	1.52	0.54; 4.29	1.14	0.56; 2.30	1.06	0.49; 2.29	1.14	0.69; 1
Living with neither	1.80	0.64; 5.03	0.94	0.36; 2.43	1.70	0.78; 3.70	0.62	0.28; 1
Wealth Index	§							
Poorest			**1.00**		**1.00**		**1.00**	
Poorer			0.23	0.38; 3.97	1.18	0.32; 4.40	1.69	0.66; 4
Poor			0.96	0.46; 4.31	1.15	0.33; 3.98	2.20	0.89; 5
Less poor			0.63	0.37; 4.14	0.90	0.23; 3.50	1.53	0.58; 4
Least poor			1.31	0.63; 8.02	0.67	0.15; 2.94	1.94	0.67; 5
Discuss with father								
Never	**1.00**		**1.00**		**1.00**		**1.00**	
Ever	1.01	0.15; 6.72	1.25	0.35; 4.46	0.81	0.17; 4.01	0.86	0.31; 2
Discuss with mother								
Never	**1.00**		**1.00**		**1.00**		**1.00**	
Ever	2.69	0.91; 7.97	0.94	0.33; 2.68	2.24	0.96; 5.26	1.11	0.50; 2
Place of Residence								
Rural	**1.00**		**1.00**		**1.00**		**1.00**	
Urban	*3.30	1.26; 8.62	1.13	0.44; 2.93	3.27*	1.22; 8.73	1.09	0.49; 2
Religion	§							
Christian			**1.00**		**1.00**		**1.00**	
Muslim			1.78	0.78; 4.07	0.73	0.20; 2.67	1.86	0.97; 3
Traditional/other			1.10	0.37; 3.29	0.35	0.04; 2.87	0.86	0.40; 1
No religion			2.46	0.71; 8.59	1.15	0.12; 10.95	2.24	0.90; 5
N	361		587		355		587	

Note:

^: This is a coefficient and not Odds Ratio

***:** Significant at 5%

§: Variable left out of the model due to categories with no observations

1.00: This is the reference category.

Discussion with the father was not significant for all outcomes among females while it was associated with increased likelihood of ever having had sex among males. For both males and females, discussion with the mother was significantly associated with increased likelihood of ever having had sex.

Residing in the urban area was associated with an increased likelihood both of having been sexually active in the three months prior to the survey as well as condom use among females while among males, no such relationship was observed.

Co-residence with parents was for most of the outcomes not a significant factor; however among females, living with neither parent was significantly associated with an increased likelihood of initiation of sex while for males, living with the father only was significantly protective for the same outcome.

In summary, the results revealed that sexual behaviour is predicted by individual and family factors. One's age, place of residence and religion were associated with sexual behaviour. Females were less likely than males to have had sex and also less likely to have initiated sex before the age of 16. Family factors that were found to predict sexual behaviour included living with the father only and living with neither parent as well as ever having discussed sexual matters with parents.

CHAPTER 4

4.0. Discussion

The main objective of this study was to investigate if co-residence with biological parents had an influence on the sexual behaviour of adolescents. The results show that living with the father only is associated with less likelihood of having ever had sex among males. This may be linked to the authority that fathers, who are mostly the household heads, have over their children, thus they are able to exert this authority over their adolescent children's sexual behaviour. A similar finding was reported in studies carried out in Cameroon and Nairobi (15, 17). However a study in Ivory Coast did not find this protective factor but rather found an increased likelihood of engaging in risky sexual behaviour if one lived with the father.

While this finding is not in the expected direction where males might be expected to be more likely to have had sex, it nevertheless exposes likely gender bias in the socialization of adolescents regarding sexual matters within the home. Perhaps fathers are more open about their disapproval of sexual activity with their sons but not with their daughters. Since parental attitude towards sex is crucial in development of behaviour it is possible that sensing a lack of disapproval from their fathers may spur females to initiate sex. Other societal norms regarding sexual issues and local context of gender relationship might be worth looking into to answer the underlying reason for a higher likelihood of females than males to initiate sex if they live with their fathers as observed in this study.

Living with neither of the biological parents is associated with an increased likelihood of reporting ever having had sex among females. This could point perhaps to a diminishing influence of the extended family on the upbringing of children especially in the education of adolescents regarding sexual issues. In a community where the extended family lives within the same compound, it is expected that relatives other than the biological parents will play a role in the upbringing of children within the compound.

The impact of the extended kinship is expected to be seen in the sexual lives of adolescents who culturally were educated on sexual issues by the extended family. However there is no such observation since the study found that those living with neither parent were more likely to report ever having had sex compared to those living with both parents and with the father. The observed negative effect of residing with neither biological parent on reported sexual initiation is in line with findings from a national survey conducted in Ghana which found that living with neither parent was a predictor of sexual behaviour among females (10).

Another finding from this study is that those adolescents who reported to have ever discussed sexual issues with either their fathers or mothers appear to have an increased likelihood of reporting ever having had sex, after controlling for co-residence type. Though this study cannot establish the sequence of events, it raises a concern about the content and timing of these discussions. Perhaps these discussions took place when parents started suspecting that their children were sexually active or the discussions were in the negative (36). This would not confer to adolescents the expected benefits for example postponing sexual initiation or abstaining altogether. This finding contradicts

findings from the USA which have consistently shown a protective role of discussing sexual issues between adolescents and their parents, especially mother-adolescent communication.

Religion was found to be significant for initiating sex before the age of 16 among females while it was significant for ever having had sex among males; with Muslims in both cases being more likely to report the outcome compared to Christians. While the Muslim faith teaches abstinence from sex before marriage, it is surprising to see that those reporting Islam as their religion were more likely to initiate sex before age 16 and to ever have had sex among females and males respectively. This may point to possible rebellious behaviour among adolescents who may find the religious prescription on abstinence too difficult to adhere to.

The apparent decline in condom use is a worrying trend which needs to be addressed. In the face of HIV/AIDS and high prevalence of unwanted pregnancies among adolescents in sub-Saharan Africa, there is need to empower adolescents who are sexually active to be able to negotiate safe sex practices. This is especially very critical for females who had a low proportion among those who ever had sex reporting use of condoms during the last sexual encounter. Low contraceptive usage has been documented as a concern in sub-Saharan Africa where high levels of adolescent sexual activity are not accompanied by corresponding contraceptive usage (8, 15).

Our results suggest that, residing with the father only has a protective effect while residing with neither parent has a negative effect on the sexual behaviour of adolescent males and females respectively. Also discussing sexual matters with parents appear to

have a negative effect on sexual initiation. These findings have implications on interventions aimed at both parents and the unmarried adolescent population in the district.

CHAPTER 5

5.0. Conclusion and Recommendations.

5.1. Conclusion

The study finds that the family structure in which adolescents live has an influence on their sexual behaviour. However given the small proportions of both female and male respondents reporting they ever discussed with fathers and the negative effect it has on sexual behaviour, it remains unclear through what mechanism the father's presence operates to reduce the likelihood of sexual initiation among adolescents. Overall however the presence of the father has been shown to be an important protective factor in the sexual behaviour of adolescent children in this community. It would therefore be important to involve parents in the education and guidance of their children in order to achieve improvements in the sexual and reproductive lives of adolescents.

5.2. Recommendations

The findings on the effect of co-residence with parents on sexual behaviour have implications on interventional programs aimed at adolescents in the district. There are very low proportions of adolescents who reported ever having had discussions with their parents on sexual and reproductive health matters. Therefore, interventions should be planned with parents as a target group to provide them with communication skills and relevant information regarding sexual and reproductive issues. This will enable them to hold timely discussions with their children and therefore help protect their children from early sexual activity, and also guide them in making the right choices with regard to their sexual and reproductive health.

Adolescents who live in a home where the father is present are less likely to have had sex; this points to a likely role of fathers in deterring sexual activity among adolescents. Perhaps programs can tap into this role and disseminate the benefits to other adolescents living in different family structures. It would be more applicable if interventions are designed bearing in mind that the different family structures in which adolescents live impact their sexual behaviour differently. Therefore, it would not be beneficial to lump all interventions into one but rather fragment them to suit the co-residence circumstances of adolescents.

Since one of the main aims of adolescent sexual and reproductive health programs is the reduction of risks such as pregnancies and STIs including HIV/AIDS, there is an urgent need to make available reproductive health services to young people. This study has unveiled a very low usage of contraceptives particularly condoms which offer double protection. Therefore it would be of great importance to incorporate education on sexual and reproductive health especially before or during the initiation period. This would provide adolescents with vital information that would help them make informed decisions with regards to sex and the use of contraceptives. Provision of contraceptives such as condoms to young people should also be part of any planned interventions.

Finally, it would be more insightful if the Center would take advantage of the longitudinal platform (DSS) to carry out longitudinal qualitative studies to get details on parental attitudes towards adolescent sexual behaviour. Such a study would also be able to provide information on the roles parents play in the sexual and reproductive lives of their adolescent children. These qualitative studies should be done hand in hand with

quantitative surveys which not only target adolescents but their parents as well. A longitudinal study would help identify the causal relationships between sexual behaviour and other variables.

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Appendices

Appendix A1

Questionnaire used in the Collection of the Primary Data.

NAVRONGO HEALTH RESEARCH CENTRE
KASSENA-NANKANA DISTRICT ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH SURVEY-2003
FEMALE QUESTIONNAIRE

IDENTIFICATION

NAME OF INTERVIEWEE: _____		FNAME
COMPOUND NAME/ID.		FCMPNUM
PERMANENT ID OF RESPONDENT		FPERMID
DATE OF INTERVIEW		FDAINT
FIELDWORKER CODE		FFWCODE
FIELD SUPERVISOR CODE		FFSCODE
RESULT OF INTERVIEW: COMPLETE, LISTED INTERVIEWEE	1	FRESULT
COMPLETE, NEW INTERVIEWEE	2	
INCOMPLETE, DIED	3	
INCOMPLETE, MIGRATED	4	
INCOMPLETE, REFUSED	5	
INCOMPLETE, TOO YOUNG/TOO OLD	6	
INCOMPLETE, NOT MET AFTER THREE REVISITS	7	
INCOMPLETE, WRONG SEX	8	
INCOMPLETE, WRONG NAME	9	
INCOMPLETE, NOT KNOWN IN COMPOUND	10	
INCOMPLETE, OTHER_____ (SPECIFY)	11	

SECTION 1: BACKGROUND and related information

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
101	RECORD TIME AT BEGINNING OF INTERVIEW	HOUR …… ☐☐ MINUTES …… ☐☐	FHSTART FMSTART
102	In what month and year were you born?	MONTH…… ☐☐ DK MONTH……99 YEAR…… ☐☐ DK YEAR…….99	FMONTH FYEAR
103	How old were you at your last birthday? CROSS-CHECK WITH 102 AND CORRECT IF INCONSISTENT	AGE IN COMPLETED YRS.. ☐☐ DON'T KNOW…….99	FAGE
104	Have you ever attended school?	YES .....1 NO .....2 → 109	FSCHOOL
105	Are you still attending school?	YES .....1 NO .....2 NA 8	FCSCH
106	**(IF STILL IN SCHOOL)** What is the highest level of school you are attending? **(IF NOT IN SCHOOL)** What is the highest level of school you attended?	PRIMARY.....1 JUNIOR SECONDARY (JSS) .....2 SENIOR SECONDARY (SSS) .....3 TECHNICAL/COMMERCIAL/VOCATIONAL……4 POST SECONDARY…..……...5 TERTIARY _____6 (SPECIFY) NA 8	FLEVEL
107	**(IF STILL IN SCHOOL)** What is the highest class/form/year you have completed at that level? **(IF NOT IN SCHOOL)** What is the highest class/form/year you completed at that level?	CLASS/FORM/YEAR..... ☐☐ NA 88	FYEARC
108	**(IF NOT IN SCHOOL ASK)** Why did you stop attending school?	GRADUATED.....01 WANTED TO FIND A JOB.....02 FINANCIAL CONSTRAINTS .....……03 PARENTS NEEDED HELP.....04 LACK OF INTEREST.....05 PREGNANCY.....06 GOT MARRIED.....07 PROLONGED ILLNESS .....08 DISMISSED/SACK……..09 OTHER_____10 (SPECIFY) NA .....88 DK 99	FRSTOPSC
109	Have you ever received any vocational or apprenticeship training?	YES.....1 NO.....2 → 111	FVOCPT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
110	What type of vocational or apprenticeship training have you received?	DRESSMAKING/WEAVING...01 COOKING/CATERING.....…..02 CARPENTARY/MASONRY /METALW ORK…..……03 ELECTRICIAN.....……04 AUTO MECHANIC…….....05 PLUMBING.....…….06 COMPUTER/TYPING/SECRETARI AL TRAINING……...07 HAIRDRESSING.....……08 OTHER_____09 (SPECIFY) NA……88	FTPVOCT → 112
111	If you had the opportunity to receive vocational or apprenticeship training, which would you prefer?	DRESSMAKING/WEAVING .....……..…01 COOKING/CATERING .....……..….02 CARPENTARY/MASONRY /METALWORK…….……03 ELECTRICIAN.....……04 AUTO MECHANIC…....05 PLUMBING.....…….06 COMPUTER/TYPING/SECRETARI AL TRAINING…...07 HAIRDRESSING.....……08 OTHER_____ 09 (SPECIFY) NA……88	FMVOCTP
112	What is your religion?	CATHOLIC……01 PRESBYTERIAN……..02 METHODIST.....……03 ANGLICAN.....……04 PENTECOASTAL……..05 OTHER CHRISTIAN.....…….06 MOSLEM……08 TRADITIONAL..……09 NO RELIGION…….……..10 OTHER_____11 (SPECIFY)	FRELIG → 114
113	How often do you attend religious services?	MORE THAN ONCE A WEEK……1 ONCE A WEEK……2 ONCE A MONTH…….3 MORE THAN ONCE A MONTH…….……4 ON SPECIAL OCCASIONS……..5 NOT AT ALL…..……...6 OTHER _____ 7 (SPECIFY) NA……8 DK……9	FFRQSV
114	What is your ethnic origin?	KASSEM……1 NANKAM…..……2 BULSA……...3 OTHER _____ 4 (SPECIFY)	FETHIC
115	Now I have some questions about work? Have you ever worked for pay?	YES……1 NO……2 → 119	FWORK
116	Are you currently working for pay?	YES……1 NO……2 → 119 NA……8	FCURWK

117	What type of work do you mainly do? (PROBE FOR MAIN OCCUPATION)	FARMING……01 TEACHING……..…02 RESEARCH FIELDWORK……..…03 TRADER…..……..04 TYPIST/SECRETARIAL /DATA ENTRY……...05 HOUSEHELP…….....06 CIVIL SERVANT…….07 OTHER _____ 08 (SPECIFY) NA……88	FOCCUP
NO.	**QUESTIONS AND FILTERS**	CODING CATEGORIES	**SKIP TO**
118	Who decides what to do with the money you earn?	MYSELF……1 MY BROTHER/SISTER…...2 MY MOTHER……...3 MY FATHER……4 MY SPOUSE……5 MY GRAND FATHER/MOTHER……..6 MYSELF & SPOUSE…….7 MYSELF &SIBLINGS……..8 MYSELF & PARENTS…….9 MYSELF & OTHER…….....10 MYSELF & FRIEND……11 OTHER_____12 (SPECIFY) NA……88	FDECIDM
119	Now I will like to ask you some questions about your family. Is your biological father alive?	YES……1 NO……..2 →	FRLIVE 125
120	Does he live in the same house with you?	YES……1 NO……..2 NA……..8	FFHCMP
121	Has your biological father ever been to school?	YES……1 NO…….2 NA…….8 DK…….9	FFSCHOL
122	What type of work is your biological father currently doing? (PROBE FOR MAIN OCCUPATION)	UNEMPLOYED……01 FARMING……02 PUBLIC/ CIVIL SERVANTS……...…….....03 TRADER……04 TYPIST/SECRETARY……05 WATCHMAN/LABOURER……. …..06 OTHER_____07 (SPECIFY) NA……88	FFWORK
123	Do you find it very easy, somewhat easy or not easy at all to talk with your biological father about things that are important to you?	VERYEASY……1 SOMEWHAT EASY……2 NOT EASY AT ALL……3 NA……8	FFDCUS
124	Have you ever discussed sex-related matters with your biological father? If YES often or occasionally?	OFTEN……...1 OCCASIONALLY…….2 NEVER……..….3 NA……8	FDCUSEX
125	Is your biological mother alive?	YES……1 NO……..2 →	FMULIV 131
126	Does she live in the same house with you?	YES……....1 NO……2 NA……8	FMHCMP
127	Has your biological mother ever been to school?	YES……1 NO……2 NA……8	FMSCHOL

		DK……9	
128	What type of work is your biological mother currently doing? (PROBE FOR MAIN OCCUPATION)	UNEMPLOYED/ HOUSEWIFE……..…1 FARMING……..…2 PUBLIC CIVIL SERVANTS……...……3 TRADER……4 TYPIST/SECRETARY……..5 OTHER ——— 6 ——— (SPECIFY) NA…… …8	FMWK
129	Do you find it very easy, somewhat easy or not easy at all to talk with your biological mother about things that are important to you	VERYEASY……1 SOMEWHAT EASY……2 NOT EASY AT ALL……3 NA……8	FMDCUS
130	Have you ever discussed sex-related matters with your biological mother? If YES Often or occasionally?	OFTEN……...1 OCCASIONALLY…… …2 NEVER……...3 NA……..8	FMDCSEX

NO.	**QUESTIONS AND FILTERS**	CODING CATEGORIES	**SKIP TO**
131	Now I will like to talk to you about marriage. Are you currently married or living with a man?	YES, CURRENTLY MARRIED……..……...1 YES, LIVING WITH A MAN……..2 NO, NOT IN UNION…….3	FCURRMAR 133
132	Have you ever been married or lived with a man?	YES, PREVIOUSLY MARRIED……1 YES, LIVED WITH A MAN……..2 NO, NEVER IN UNION……..……..3 NA……..8	FEVERMAR 137 201
133	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH SPOUSE……..1 SPOUSE ELSEWHERE…..…2 NA…….……8	FHEWHER
134	Does your husband/partner have any other wives/partners beside yourself?	YES……1 NO……2 NA…..……8 DK…..……9	FWIVES 137
135	How many other wives/partners does he have?	NUMBER…… ☐☐ NA……..…88 DK……...…99	FNWIVES
136	Are you the first, second, …Wife/partrners?	RANK…… ☐☐ NA……..88	FRANK
137	How old were you when you started living with your first husband/partner?	AGE…… ☐☐ NA……..88 DK……..99	FAGEMAR
138	**(ASK Q. 138 & 139 OF ONLY THOSE WHO ARE CURRENTLY MARRIED OR LIVING WITH A MAN)**	AGE…… ☐☐	FAGLHUB

	How old was your current husband/partner when you started living with him?	NA……88 DK……99	
139	What is the educational level of your current spouse?	NO EDUCATION…..…..1 PRIMARY…..……..2 MIDDLE……..…..3 SECONDARY.……4 HIGHER……..5 OTHER 6 (SPECIFY) NA……8	FSPEDU

SECTION 2: REPRODUCTIVE HEALTH KNOWLEDGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
201	Has any member of your family ever talked to you about A. The menstrual cycle B. How pregnancy occurs C. Family planning methods D. Sexually transmitted diseases E. HIV/AIDS	YES NO NOT SURE 1 2 9 1 2 9 1 2 9 1 2 9 1 2 9	 FEDMENS FEDPREG FEDUFP FEDSTDS FEHIVDS
202	Young people learn about puberty, that is the ways in which boys' and girls' bodies change during the teenage years. What has been the major source of information for you on this topic?	SCHOOL TEACHER……...…01 PARENTS/GUARDIANS……..02 SIBLINGS……...……...…….03 OTHER RELATIVES…..……...……..04 FRIENDS/SCHOOL MATES……....05 DOCTOR/HEALTH WORKER……...06 BOOKS/MAGAZINES……07 FILMS/VIDEOS……...08 TV……09 RADIO…..……10 DURBAR/COMMUNITY MEETINGS……..11 RELIGIOUS LEADER…….....12 OTHER 13 (SPECIFY	FPUBTY
203	From whom or where would you prefer to receive more information on this topic?	SCHOOL TEACHER…….……01 PARENTS/GUARDIANS..…….....02 SIBLINGS…….…….....03 OTHER RELATIVES…..…...…….04 FRIENDS/SCHOOLMATES…….05 DOCTOR/HEALTH WORKER….06 BOOKS/MAGAZINES…..……..07 FILMS/VIDEOS……..…08 TV……...09 RADIO……...10 DURBAR/COMMUNITY MEETINGS……...11 RELIGIOUS LEADER ……...….12 OTHER 13 (SPECIFY	FINFSPB
204	When girls mature, they start to menstruate. At what age did you get your first menstrual period?	AGE …… NOT STARTED	FAGEMENS

		MENSTRUATING……..96 DK/UNSURE……...99	
205	Now think about how pregnancy occurs. What has been your major source of information on this topic?	SCHOOL TEACHER……01 PARENTS/GUARDIANS……...02 SIBLINGS……..……..……...03 OTHER RELATIVES…..…….04 FRIENDS/SCHOOL MATES……05 DOCTOR/HEALTH WORKER……..06 BOOKS/MAGAZINES……..07 FILMS/VIDEOS……..…08 TV……...09 RADIO…….……..10 DURBAR/COMMUNITY MEETINGS…….11 RELIGIOUS LEADER ……..12 OTHER _____13 (SPECIFY)	FREPRO

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
206	From whom or where would you prefer to receive more information on this topic?	SCHOOL TEACHER…..……...01 PARENTS/GUARDIANS…..……02 SIBLINGS…….03 OTHER RELATIVES…..…….04 FRIENDS/SCHOOL MATES…..05 DOCTORS/HEALTH WORKER……...06 BOOKS/MAGAZINES……..……07 FILMS/VIDEOS…..……...08 TV……..……09 RADIO..…….……10 DURBAR/COMMUNITY MEETINGS……11 RELIGIOUS LEADER…….12 OTHER _____ 13 (SPECIFY)	FINFSRP
207	Now think about relationships between boys and girls. What has been your major source of information on this topic?	SCHOOL TEACHER……...01 PARENTS/GUARDIANS……02 SIBLINGS…….03 OTHER RELATIVES……..….04 FRIENDS/SCHOOL MATES……05 DOCTORS/HEALTH WORKER……06 BOOKS/MAGAZINES……..……07 FILMS/VIDEOS……..…...08 TV……..…….09 RADIO…….……10 DURBAR/COMMUNITY MEETINGS……11 RELIGIOUS LEADER ……12 OTHER _____ 13 (SPECIFY)	FRELNPS
208	From whom or where would you prefer to receive more information on this topic?	SCHOOL TEACHER……...01 PARENTS/GUARDIANS……02 SIBLINGS…….03 OTHER RELATIVES……..…….04 FRIENDS/SCHOOL MATES…...05 DOCTORS/HEALTH WORKER……..06 BOOKS/MAGAZINES…..……07 FILMS/VIDEOS……..……...08 TV……..….09	FINFSRL

		RADI.O……..……..……...10 DURBAR/COMMUNITY MEETINGS……11 RELIGIOUS LEADER ……..…12 OTHER _____ 13 (SPECIFY)	
209	**CHECK Q.104 AND ASK ONLY FOR THOSE WHO HAVE BEEN TO SCHOOL** Have you ever had a class or lesson in school on: a. The menstrual Cycle b. How pregnancy occurs c. Family Planning Methods d. Sexually Transmitted Diseases e. How boys and girls relate to each other f. Personal hygiene g. HIV/AIDS	YES NO DK 1 2 9 1 2 9 1 2 9 1 2 9 1 2 9 1 2 9 1 2 9 NA……..…8	 FSCLMC FSCLPG FSCLFP FSCSTD FSCGEN FSHYG FSHIVDS
210	Do you think schools should teach lessons about: a. Family planning, b. Prevention of sexually transmitted diseases (STDs) c. HIV/AIDS	YES NO DK 1 2 9 1 2 9 1 2 9	 FAPSCH FSCHPSTD F CHVADS
211	When during the menstrual cycle is a woman most likely to become pregnant?	RIGHT BEFORE HER PERIOD……...1 DURING HER PERIOD……..2 RIGHT AFTER HER PERIOD……3 ABOUT HALF WAY BETWEEN HER PERIODS…….4 ANYTIME DURING THE MONTH……...5 OTHER _____ 6 (SPECIFY) DK/UNSURE…….……...9	FPRGOC
NO.	**QUESTIONS AND FILTERS**	CODING CATEGORIES	SKIP TO
212	Can a woman get pregnant the very first time that she has sex?	YES……...1 NO…….……2 DK……..…9	FPREG
213	In your opinion, is there anything you can do or use to avoid getting pregnant?	YES……..…..1 NO……..…2 DK……..……..9	PKNWN → 217
214	What are the things you can do or use to avoid getting pregnant? **(PROBE AND CIRCLE ALL MENTIONED)**	YES NO PILL 1 2 INJECTION 1 2 CONDOM 1 2 OTHER MODERN METHODS 1 2 WITHDRAWAL 1 2 RHYTHM/PERIODIC ABST 1 2 PROLONGED ABSTINENCE 1 2 HERBS 1 2 NON-PENETRATIVE SEX 1 2 AVOID SEX 1 2 OTHER_____ 1 2 (SPECIFY) NA……8	FPILLPV FINJTPV FCDMPV FNOPLPV FWHDPV RPABTPV PRABTPV FHERBPV FNPENPV FAVIOD FOTHPV
215	Where can you obtain any of these methods? **(For the Rhythm, Withdrawal, Prolonged**	YES NO HOSPITAL/CLINIC/HEALTH CENTRE 1 2	FHTLCTR

	Abstinence, Non-penetrative sex, etc) ASK: How did you learn to use this method? (**CIRCLE ALL MENTIONED**)	OUTREACH CLINIC 1 2 DOCTOR/HEALTH WORKER 1 2 TRADITIONAL HEALER 1 2 MARKET 1 2 CHEMICAL SHOP 1 2 DURBAR 1 2 FRIENDS/SCHOOL MATES 1 2 RELATIVES 1 2 PARTNER OBTAINS 1 2 OTHER _____ 1 2 (SPECIFY) NA……8 DK……9	FOURCH FDHTHWK FTRADHL FMARKET HCHMSOP FDURBAR FREDMTES FRELTVES FPARTNE FOTHER
216	If you wanted to find out more about ways to avoid getting pregnant who would you talk to? **(PROBE "ANYONE ELSE?" CIRCLE ALL MENTIONED)**	YES NO PARENTS/GUARDIANS 1 2 SIBLINGS 1 2 OTHER RELATIVE 1 2 BOYFRIEND 1 2 FRIEND/SCHOOLMATE 1 2 TEACHER 1 2 DOCTOR/HEALTH WORKER 1 2 PASTOR 1 2 IMAM 1 2 OTHER _____ 1 2 (SPECIFY) NA……..8	FTKPG FTKSIBL FTKORL FTKBYS FTFSMTE FTKTCH FTKNSE FTKPST FOTHIF FOTHIF1

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
217	Are there any persons with whom you can easily discuss sex-related matters? IF YES: Who are these people? PROBE: ANY OTHER PERSON? **(CIRCLE ALL MENTIONED)**	YES NO NO PERSON TO DISCUSS 1 2 BROTHER 1 2 SISTER 1 2 AUNT 1 2 UNCLE 1 2 TEACHER 1 2 HEALTH WORKER 1 2 RELIGIOUS LEADER 1 2 FRIEND 1 2 SCHOOLMATE 1 2 PARENTS 1 2 GRAND PARENTS 1 2 SPOUSE/PARTNER 1 2 OTHER _____ 1 2 (SPECIFY) NA……8	FNOSXD FSXDBRO FSXDSIS FSXDUNT FSXDUNC FSXDTEC FSXDHWI FSXRELD FSXDFRI FSXDSMT FSXDPRT FSXDGDP FSXDSPSI FSXDOTH
218	Do you know of any reasons why pregnancy/childbirth should be avoided while you are a teenager?	YES .....……1 NO...……..2 → 220 DK……..9	FTENPG
219	What are these reasons? **(PROBE: 'ANYTHING ELSE?' CIRCLE ALL MENTIONED)**	YES NO MOTHER COULD DIE 1 2 CHILD COULD DIE 1 2 BABY COULD BE UNHEALTHY 1 2 MOTHER CAN'T CARE FOR CHILD 1 2 FATHER CAN'T CARE FOR CHILD 1 2	FMUDIE FCHDIE FBYHTY FMUNCR FFHNCR

		AFFECTS MOTHER/FATHER'S EDUCATION 1 2 WOMAN NOT MATURE 1 2 OTHER_____ 1 2 (SPECIFY) NA……..…8	FAFFECT FWMATU FOTHRE
220	Are there any good things about having a child while you are a teenager?	YES…….....1 NO……..……..……..2 DK……..9 → 301	FCHILD
221	What are the good things about having a child while you are a teenager? **(PROBE: 'ANYTHING ELSE?' CIRCLE ALL MENTIONED)**	YES NO PROVE YOUR FERTILITY 1 2 SHOW YOU'RE MATURED 1 2 GETTING MARRIED EARLY 1 2 HAVING A CHILD TO LOVE 1 2 PEOPLE RESPECT YOU MOVING OUT OF 1 2 PARENT'S HOUSE SOMEONE TO TAKE CARE OF YOU WHEN 1 2 YOU ARE OLD 1 2 OTHER_____ 1 2 (SPECIFY) NA……..8	FPFERT FMATURI FMEARLY FCHLOVE FRESPECT FLHOME FSECURE FOTHRES

SECTION 3: SEXUAL BEHAVIOR, PREGNANCY AND CONTRACEPTIVE USE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
301	Now I will like to talk to you about some personal information so we can better understand reproductive health. How old were you when you had sex for the first time?	AGE……[ ][ ] NEVER HAD SEX…….96 → 327 DON'T KNOW……..……....99	FFSEX
302	At the time you had sex for the first time was your sexual partner older or younger than you or about the same age as you?	OLDER……..…1 YOUNGER……..…..2 SAME AGE……...3 NA……..…8 DON'T KNOW…….……9	FAGSXPT
303	How would you describe your relationship with that person at the time?	HUSBAND……..……01 BOYFRIEND……..…….02 SCHOOL MATE.……...03 OCCASSIONAL PARTNER……..04 SUGAR DADDY…...…….……..05 TEACHER……..……....06 COUSIN/BROTHER……..……....07 STRANGER…… 08 OTHER_____ 09 (SPECIFY) NA……88 → 311	FTYPRL
304	What was the main reason you decided to have sex the first time? **(Do not read list)**	TO SHOW LOVE TO MY PARTNER /IN LOVE……..……01 THREATENED/FORCED/RAPED ……..…….02 TRICKED/CONVINCED WITH MONEY OR GIFTS…….03 SWEET TALKED BY MY PARTNER ….……..04 PRESSURE FROM PEERS…..……05 TO FIND OUT WHAT IT WAS	FRSEX

		LIKE/EXPERIMENTING……06 PROMISE OF MARRIAGE…….07 PREMARITAL SEX IS FASHIONBLE ……...08 DESIRE SEX/AROUSED……...…..09 FUN/ENJOYMENT/PLEASURE…..…10 OTHER ——————— 11 (SPECIFY) REFUSED TO ANSWER……12 NA……88 DK……99	
305	When you had sex for the first time, did either you or your partner drink alcohol before you had sex?	I DRUNK (MY PARTNER DID NOT)……..……..1 MY PARTNER DRUNK (I DID NOT) ……...2 YES, WE BOTH DRUNK.……...…3 NO, NEITHER ONE OF US DRUNK…..…….....4 NA.…….…....8 DK/CAN'T REMEMBER……..…...9	FSESALCO
306	When you had sex for the first time, did either you or your partner take drugs before you had sex?	I TOOK DRUGS (MY PARTNER DID NOT)….....1 MY PARTNER TOOK DRUGS (I DID NOT..……..2 YES, WE BOTH TOOK DRUGS..…....3 NO, NEITHER ONE OF US TOOK DRUGS....……..4 NA…….……...…..8 DK/CAN'T REMEMBER……..9	FSEXDRUG
307	The first time you had sex with your partner would you say (PROBE): A. You forced him to have sex B. He forced you to have sex C. You persuaded him to have sex D. He persuaded you to have sex E. We were both willing to have sex	I FORCED HIM……1 HE FORCED ME……..2 I PERSUADED HIM…..……3 HE PERSUADED ME…….……..…4 BOTH WILLING……..…..……5 NA……..…..……8	FSXFRCI
308	And would you say it was planned or unplanned?	PLANNED……..……1 UNPLANNED...……..2 NA……...……..…8	FSEXINT
309	Did you regret having intercourse on that first occasion?	YES, REGRETTED…...……..…1 NO, NOT REGRETTED ……2 NA……...……8	FRGTSEX
NO.	**QUESTIONS AND FILTERS**	CODING CATEGORIES	**SKIP TO**
310	When you had sex for the first time, did you want to have sex at that time in your life, or would you have preferred to wait?	WANTED TO HAVE SEX……1 WANTED TO WAIT……2 NA……..……8 DK/CAN'T REMEMBER……..……9	FSXDLAY
311	At the time you had sex for the first time were you concerned that you might get pregnant?	YES…….…..1 NO……2 NA……8 DK/CAN'T REMEMBER……9	FPRGCNC
312	On that first time did you or your partner do anything to prevent a pregnancy?	YES…….……1 NO…..……..2 → 314 NA……..……...8	FPRVENT
313	What method did you use/What did you do?	CONDOM…….……01 PILL…….……02 INJECTION…….……03 OTHER MODERN METHOD…….04 WITHDRAWAL……..…..05 SAFE PERIOD……..06	FPMTHD

		OTHER _____ 08 (SPECIFY) NA……..…88	
314	On the first time you had sex were you ever concerned that you might contract the HIV virus or another sexually transmitted disease from your partner? IF YES, very or somewhat?	VERY CONCERNED…….1 SOMEWHAT CONCERNED…….2 NOT CONCERNED……3 NA……8	FADSTD
315	Did you do anything to reduce the risk of infection?	YES……..1 NO……2 → 318 NA……8	FSTDS
316	What did you do? Probe!	USED CONDOMS……..1 TOOK MEDICINES…….....2 OTHER_____3 (SPECIFY) NA……..…8	FPVSTD
317	Who decided on the method? Was it mainly your decision, your partner's decision or a joint decision?	MY DECISION……..……....1 PARTNER'S DECISION……....2 JOINT DECISION……...3 NA……8	FDECIDE → 319
318	What is the main reason you or your partner did not use anything to prevent pregnancy or disease?	DIDN'T EXPECT TO HAVE SEX THEN……..…01 NO KNOWLEDGE OF FP METHODS……..……..02 WANTED TO HAVE A CHILD…....03 WASN'T THINKING ABOUT IT……04 THOUGHT IT WAS BAD FOR MY HEALTH……..…05 DIDN'T KNOW WHERE TO GET METHOD……..…06 THOUGHT I COULDN'T GET PREGNANT……07 IT WAS MY PARTNER'S RESPONSIBILITY…….….08 PARTNER DID NOT WANT TO…..09 RELIGIOUS REASONS…….10 PERCEIVED NO RISK……..11 OTHER _____ 12 (SPECIFY) NA…….……..…88 DON'T KNOW……..…….……99	FRPRVNT
319	Did you have sex during the last 3 months?	YES…….……..…....1 NO……..….2 NO RESPONSE…….……3 NA……..…8	FLSTSX → 327
320	During the last 3 months how many different people did you have sex with?	NUMBER……	NOSXP
		NA……..…88 DON'T KNOW/ NOT SURE……..99	
321	On the last occasion that you had sex did you or your partner do anything to avoid pregnancy?	YES……....1 NO…….……2 NA……..….8	FPRGPVT → 323
NO.	**QUESTIONS AND FILTERS**	CODING CATEGORIES	**SKIP TO**
322	What did you do?	PILL……..…….……..….01 INJECTION……..……02 CONDOM.……03 OTHER MODERN METHOD……..04 WITHDRAWAL……05 RHYTHM/PERIODIC ABST……06 PROLONGED ABSTINENCE…….07 OTHER_____ 08	FMETHD → 324

		(SPECIFY) NA……..88	
323	What is the main reason you or your partner did not use anything to prevent pregnancy?	DIDN'T EXPECT TO HAVE SEX THEN……01 NO KNOWLEDGE OF FP METHODS……02 WANTED TO HAVE A CHILD…….03 WASN'T THINKING ABOUT IT…..04 THOUGHT IT WAS BAD FOR MY HEALTH……05 DIDN'T KNOW WHERE TO GET METHOD……06 THOUGHT I COULDN'T GET PREGNANT……07 IT WAS MY PARTNER'S RESPONSIBILITY……08 PARTNER DID NOT WANT TO……09 BOTH DID NOT WANT TO……10 RELIGIOUS REASONS……11 PERCEIVED NO RISK……12 OTHER 13 (SPECIFY) NA……88 DON'T KNOW……99	FRPREVENT
324	On the last occasion that you had sex did you or your partner do anything to avoid STDs?	YES……1 NO……2 NA……8	FSTDPVT → 326
325	What did you do?	USED CONDOM……1 TOOK MEDICINES……2 OTHER 3 (SPECIFY) NA……8	FMETHD1
326	What is the main reason you or your partner did not use anything to prevent STDs?	DIDN'T EXPECT TO HAVE SEX THEN……01 NO KNOWLEDGE OF FP METHODS……02 WASN'T THINKING ABOUT IT….03 THOUGHT IT WAS BAD FOR MY HEALTH…..04 DIDN'T KNOW WHERE TO GET METHOD……05 IT WAS MY PARTNER'S RESPONSIBILITY……06 PARTNER DID NOT WANT TO…..07 BOTH DID NOT WANT TO…..08 RELIGIOUS REASONS……09 PERCEIVED NO RISK……10 OTHER 11 (SPECIFY) NA……88 DON'T KNOW……99	FPREVENT
NOW I WANT TO ASK YOU ABOUT OTHER FORMS OF SEXUAL CONTACT THAT YOU MAY HAV EXPERIENCED.			
327	**(CHECK Q.307): IF R HAS BEEN FORCED TO HAVE SEX SKIP TO 328** Some young people are forced to have sexual intercourse against their will by a stranger, a relative, a friend or an older person. Have you ever been forced to have sex against your will?	YES……1 NO……2 NA……8	FOCSEX → 330

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
328	**[REFER TO Q. 307 (IF R HAS BEEN FORCED) AND ASK 328, 329]** Would you say this happens to you often, sometimes, or rarely?	OFTEN……..1 SOMETIMES……2 RARELY……..3 NA……8	FRGHSS1
329	Did you or the sexual partner do anything to avoid a pregnancy the last time you were forced to have sex?	YES……1 NO……2 NA……8	FPVPRGFS
330	Some young females are touched on the breast, buttocks, waist or some other part of the body when they do not want to be, by a stranger, a relative, a friend or an older person. Has this ever happened to you?	YES……1 NO……2 NA……8	FHASEX → 332
331	Would you say this happens to you often, sometimes, or rarely?	OFTEN……1 SOMETIMES……..2 RARELY……..3 NA……8	FRGHSS
332	Some young people have 'occasional sex', perhaps after a party or after drinking. Has this ever happened to you?	YES……1 NO……2 NA……8	FOCCSEX → 336
333	Would you say this happens to you often, sometimes, or rarely?	OFTEN……..1 SOMETIMES……..2 RARELY……..3 NA……8	FRGOSX
334	Did you or your sexual partner do anything to avoid a pregnancy the last time you had occasional sex?	YES……1 NO……2 NA……8	FOCSPRV
335	Did you or your sexual partner do anything to avoid an STD the last time you had occasional sex?	YES……1 NO……2 NA……8	FOCSTD
336	Some young people receive money, gifts or other favours in exchange for sex. Have you ever received anything in exchange for sex?	YES……1 NO……2 NA……8 DK/CAN'T REMEMBER……9	FEXCSEX → 340
337	Would you say this happens to you often, sometimes, or rarely?	OFTEN……..1 SOMETIMES……..2 RARELY……..3 DK……4 NA……8	FRGOEXSX
338	Did you or your sexual partner do anything to avoid a pregnancy the last time you received money, gifts or favours in exchange for sex?	YES……1 NO……2 DK……3 NA……8	FPVPRG
339	Did you or your sexual partner do anything to avoid an STD the last time you received money, gifts or favours in exchange for sex?	YES……1 NO……2 DK……3 NA……8	FPVSTDS
340	Have you ever given money or gifts to someone to get that person to have sex with you?	YES……1 NO……2 NA……8 DK/CAN'T REMEMBER……9	FEXCSEX2
341	REVIEW 301, 327, 332, 336, 340 AND TICK APPROPRIATE BOX Respondent has not reported sexual Intercourse [1] ↓ Respondent has reported sexual Intercourse [2] →		FNOSEX → 343
342	I want to make certain that I have the correct information. Have you ever had sexual intercourse in your whole life?	YES……1 NO……2 NA……8	FEVSEX → 360

343	Now I would like to talk to you about pregnancy Have you ever been pregnant?	YES……1 NO…….2 NOT SURE……9 NA…….8	FPREG → 356
344	How old were you when you first became pregnant?	AGE IN YEARS ☐☐ NA……..88 DK……..99	FAGEPREG
NO.	**QUESTIONS AND FILTERS**	CODING CATEGORIES	**SKIP TO**
345	Did your first pregnancy affect your life in any way?	YES……1 NO……..2 NA……..8	FPRGFCT → 347
346	How did it affect your life?	STOPPED SCHOOL……..…....1 FORCED TO MARRY EARLY……2 STOPPED APPRENTICESHIP TRAINING….……3 AFFECTED HEALTH ……4 OTHER_____ 5 (SPECIFY) NA……..….8	FRPGFCT
347	At the time you first became pregnant, were you using anything or trying in any way to delay or avoid getting pregnant?	YES……..…1 NO……..……..…..2 NA……..….8	FUFPPREG → 349
348	What were you using or doing to delay or avoid getting pregnant?	PILL……..…..01 INJECTION ……..02 CONDOM…..……...…….03 OTHER MODERN METHOD..…..…..….04 WITHDRAWAL……05 RHYTHM/PERIODIC ABSTINENCE/ SAFE PERIOD……06 PROLONGED ABSTINENCE…….07 HERBS……08 NON-PENETRATIVE SEX……09 OTHER _____ 10 (SPECIFY) NA……...…..……...88 DK……...……..99	FMETHUSE
349	Are you pregnant now?	YES……1 NO……..2 NA……..8 UNSURE/DON'T KNOW…….9	FPRGCUR
350	Thinking of the most recent pregnancy (i.e. the last time you became pregnant), did you want to be pregnant at that time?	YES……..…..……..1 NO……..……2 NA……..……8	FPRGPF
351	What happened to this pregnancy? (i.e. The most recent pregnancy)	CURRENTLY PREGNANT……..….1 ABORTED…….2 MISCARRIAGE……3 STILL BIRTH……4 LIVE BIRTH…….…….5 NA…….…….8	FPRGOTC
352	Have you ever had any live born child? **IF NO PROBE**: Include any baby who cried or showed signs of life but survived only a few hours or days?	YES……...…1 NO……..2 NA…….……8	FBORN → 354
353	How many living children do you have, including those who do not stay with you? **(Please include children who were born alive but have died)**	CHILDREN …… ☐☐ IF NONE WRITE 00	FCHOM

		NA……88	
354	Have you ever had a pregnancy that did not end in a delivery?	YES……1 NO……2 NA……8	FDELIVRY → 356
355	How many of such pregnancies have you had	NUMBER…… [ ][ ] NA……88	FNODELV
356	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES……1 NO……2 NA……8	FPUSED → 401
357	Are you currently doing anything to delay or avoid getting pregnant?	YES ……1 NO ……2 NA (CURRENTLY PREGNANT)……8	FCONSTAT → 401 ___
NO.	**QUESTIONS AND FILTERS**	CODING CATEGORIES	**SKIP TO**
358	What method are you using (or what are you doing) to delay or avoid getting pregnant?	PILL……01 INJECTION ……02 CONDOM……03 OTHER MODERN METHODS……04 WITHDRAWAL……05 RHYTHM/PERIODIC ABSTINENCE/ SAFE PERIOD……06 PROLONGED ABSTINENCE……07 HERBS……08 NON-PENETRATIVE SEX……09 OTHER _____ 10 (SPECIFY) NA……88 DK……99	FCCURU E
359	Is it easy or difficult for you to obtain this method?	EASY……1 DIFFICULT……2 NA……8 DK……9	FDIFCULT → 401

THE NEXT SET OF QUESTIONS (360-364) SHOULD BE ASKED OF THOSE WHO HAVE NEVER EXPERIENCED SEXUAL INTERCOURSE. CHECK Q. 301

360	Some Young people may have various reasons for not having sex. What are some of the reasons why you have not had sexual intercourse? **(READ OUT)**	YES	NO	
	A. I have not thought about sex	1	2	FNSXTHS
	B. I don't feel ready to have sex	1	2	FNREAD
	C. I have not had the opportunity to have sex	1	2	Y FNOPPT
	D. I think that sex before marriage is wrong	1	2	FPRESX
	E. I am afraid of getting pregnant	1	2	FAFRPG
	F. I am afraid of getting HIV/AIDS or another sexually transmitted infection.	1	2	FHIVDS
	G. My parents disapprove of sex before marriage	1	2	FPDISAG
		NA……8		
361	Do you feel any pressure from others to have sex?	YES……1 NO……2 NA……8		FSXPRSU → 363
362	From whom do you feel the greatest pressure to have sex?	FRIENDS OF SAME SEX……01 FRIENDS OF OPPOSITE SEX……02 PARENTS……03 OTHER RELATIVES……04		FPSXPRS

		WORK COLLEAGUES……..…..05 PARTNER/SPECIAL FRIEND..……..06 SCHOOL MATES……..……...07 TEACHERS……..……..…08 OTHER _____ 09 (SPECIFY) NA……..…88	
363	Have you ever received any encouragement or support to abstain from sex until marriage?	YES……..……..1 NO……..……..…..... 2 NA……..... 8	FABSTAIN → 401
364	From whom do you receive the greatest encouragement/support to abstain from sex?	FRIENDS OF SAME SEX……....01 FRIENDS OF OPPOSITE SEX……..02 PARENTS……..……..…03 OTHER RELATIVES…….……04 WORK COLLEAGUES……..05 PARTNER/SPECIAL FRIEND……..06 SCHOOL MATES……..07 TEACHERS……..……..……..08 OTHER _____ 09 (SPECIFY) NA……..……..88	FSABSTN

SECTION 4: STDS/HIV/AIDS KNOWLEDGE& ATTITUDES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
401	Do you know of any disease a person can get from having sex?	YES……..……..1 NO……..2	FHSTDS → 410
402	Which diseases can people get from having sex? PROBE: ANY OTHER? **(CIRCLE ALL MENTIONED)**	YES NO SYPHILIS 1 2 GONORRHEA 1 2 HIV/AIDS 1 2 GENITAL WARTS 1 2 CHANCRIOD 1 2 HERPES 1 2 HEPATITIS B 1 2 CHLAMYDIA 1 2 TRICHOMONIASIS 1 2 OTHER 1 2 _____ (SPECIFY) NA……..8 DK……..9	FSYPLIS FGONOR FHIV/AD FGENIWT FCHANRD FHEPES FHEPATIS FCHLAMD FTRICHS FOTHER
403	Can a person get any of these diseases from having sex the first time?	YES……..1 NO……..……..2 NA……..……..8 DK……..……..9	FSXSTD
404	What signs and symptoms suggest that a person has an STD? PROBE: ANY OTHER? **(CIRCLE ALL MENTIONED)**	YES NO ABNORMAL VAGINAL BLEEDING 1 2 ABNORMAL VAGINAL DISCHARGE 1 2 GENITAL ITCHING 1 2 GENITAL LESIONS/SORES 1 2 LOWER ABDOMINAL PAIN 1 2 PAIN DURING INTERCOURSE 1 2 URETHRAL DISCHARGE 1 2	FVGBLED FVGDCHE FGNIITCH FGENILES FABDOPIN FSXPAIN FUREDCH FPAINURI FWEGTLS FOTHERS

		BURNING PAIN ON URINATION 1 2 LOSS OF WEIGHT 1 2 OTHER 1 2 (SPECIFY) NA……8 DK……9	
405	Have you ever had any of these symptoms? **(READ LIST)** **IF NEVER HAD A SYMPTOM SKIP TO 409** **(CIRCLE ALL MENTIONED)**	YES NO NEVER HAD A SYMPTOM 1 2 ABNORMAL VAGINAL BLEEDING 1 2 ABNORMAL VAGINAL DISCHARGE 1 2 GENITAL ITCHING 1 2 GENITAL LESIONS/SORES 1 2 LOWER ABDOMINAL PAIN 1 2 PAIN DURING INTERCOURSE 1 2 URETHRAL DISCHARGE 1 2 BURNING PAIN ON URINATION 1 2 LOSS OF WEIGHT 1 2 OTHER 1 2 (SPECIFY) NA……8 DK……9	FNSYMP F405ABVGB F405ABVGD F405GNIT F405GENI F405ABDO F405SXPA F405URE F405PAIN F405WEG F405OTH
406	The last time that you had any of these symptoms, did you seek treatment?	YES……...1 NO……2 → 409 NA……....8	FTREAT
407	Where did you seek treatment?	CHEMICAL SELLER/DRUG STORE…….. 01 HOSPITAL/CLINIC/HEALTH CTRE……02 DOCTOR/NURSE/MIDWIFE……..03 OTHER HEALTH WORKER…….04 HERBALIST……..05 SOOTHSAYER……..06 SELF TREATMENT…….…….07 OTHER_____ 08 (SPECIFY) NA……..…8.8 DK……..…99	FPLACTR 409 →
NO.	**QUESTIONS AND FILTERS**	**CODING CATEGORIES**	**SKIP TO**
408	What was the main reason you did not seek treatment?	SERVICES TOO FAR AWAY/INACCESSIBLE…….…..01 CANNOT AFFORD SERVICES…….……...02 DON'T KNOW WHERE TO GO FOR SERVICES……..……...…….....03 AFRAID OF KNOWING THE RESULTS…….....04 IT IS EMBARRASSING…….…….....05 DID NOT THINK IT WAS AN STD……...06 SYMPTOMS DISAPPEARED……07 DRUGS NOT AVAILABLE…….……...08 OTHER _____	FRESTR

		09 (SPECIFY) NA……..…..……. 88	
409	If your friend needed treatment for a sexually transmitted disease, where could he or she obtain such treatment? PROBE Any other places? **(CIRCLE ALL MENTIONED)**	YES NO CHEMICAL SELLER/DRUG STORE 1 2 HOSPITAL/CLINIC/HEALTH CENTRE 1 2 DOCTOR/HEALTH WORKER 1 2 HERBALIST 1 2 SELF TREATMENT 1 2 OTHER 1 2 (SPECIFY) NA…….8 DK……..……9	F409CDG F409HCTR M409DOC F409HERB F409SLTRT F4090THR
410	How did you first hear about HIV/AIDS? **(CIRCLE ALL MENTIONED)** IF R HAS NEVER HEARD OF AIDS SKIP TO NEXT SECTION	YES NO RADIO 1 2 TV 1 2 NEWSPAPER/MAGAZINES 1 2 PAMPHLETS/POSTERS 1 2 HEALTH WORKERS 1 2 CHURCH/MOSQUE 1 2 SCHOOL TEACHERS 1 2 COMMUNITY MEETINGS 1 2 FRIENDS/RELATIVES 1 2 WORKPLACE 1 2 CLUBS/GROUPS/ORGANISATIONS 1 2 NO KNOWLEDGE OF AIDS 1 2 OTHER 1 2 (SPECIFY) NA…….8 DK/CAN'T REMEMBER…….9	F410RADI F410TV F410NEWS F410POST F410HWOR F410CHUR F410SCHT F410COMM F410FREN F410WPLA F410CLGPS F410NKNHD F410OTHE
411	How does one get HIV/AIDS? **(CIRCLE ALL MENTIONED)**	YES NO SEX WITH INFECTED PERSON 1 2 INJECTION WITH UNSTERILISED NEEDLES 1 2 DURING PREGNANCY AND DELIVERY 1 2 THROUGH BREAST MILK 1 2 FROM TRANSFUSIONS WITH INFECTED BLOOD 1 2 SHARING RAZORS 1 2 SHAKING HANDS WITH INFECTED PERSON 1 2 MOSQUITO BITES 1 2 SUPERNATURAL 1 2 OTHER 1 2 (SPECIFY) NA……..……..8 DK…….9	F411SEX F411INJE F411PGDV F411MILK F411BLOD F411RAZO F411HNDS F411MSQB F411SPNT F411OTHE
NO.	**QUESTIONS AND FILTERS**	**CODING CATEGORIES**	**SKIP TO**
412	What are the possible signs and symptoms of HIV/AIDS? **(CIRCLE ALL MENTIONED)**	YES NO SEVERE WEIGHT LOSS 1 2 THINNING OF HAIR 1 2 PERSISTENT DIARRHOEA 1 2 PERSISTENT COUGH 1 2 DIFFICULTY IN SWALLOWING 1 2	F412LWEI F412HAIR F412DIAR F412TB F412SWAL F412SKINF F412ANEA

		SKIN CONDITION 1 2 ANAEMIA 1 2 PERSISTENT FEVER 1 2 MANY DIFFERENT INFECTIONS 1 2 OTHER 1 2 (SPECIFY) NA……..8 DK……..9	F412FVER F412DIFFETS F412OTHE
413	How can people protect themselves from getting HIV infection? **(CIRCLE ALL MENTIONED)** **PROBE: IS THAT ALL? IS THERE ANY OTHER MEANS?**	YES NO ABSTAIN FROM SEX/NO SEX 1 2 HAVE ONE SEXUAL PARTNER 1 2 USE CONDOMS 1 2 USE STERILISED SYRINGES/NEEDLES 1 2 NO SEX WITH PROSTITUTES 1 2 AVOID BLOOD TRANSFUSION 1 2 OTHER 1 2 (SPECIFY) NA……8 DK……...9	F413ASEX F413SPAR F413COND F413SSYR F413SPROS F413BTRA F413OTHE
414	What does “safe sex” mean to you? **(CIRCLE ALL MENTIONED)**	YES NO ABSTAIN FROM SEX 1 2 USE CONDOMS 1 2 HAVE ONLY ONE SEX PARTNER 1 2 AVOID SEX WITH PROSTITUTES 1 2 NON-PENETRATIVE SEX 1 2 OTHER 1 2 (SPECIFY) NA…….8 DK…….9	F414ABS F414COD F414ONEP F414AVDP F414NPEN F414THER
415	Is it possible for a healthy looking person to have the HIV virus?	YES…..……..……...1 NO……..2 NA……..8 DK……..9	FAIDSK1
416	Do you think your chances of getting HIV/AIDS are small, moderate, great, or that you have no risk?	SMALL……...1 MODERATE.…….2 GREAT…….……..3 NO RISK AT ALL……..……4 HAS AIDS……..…….5 NA……..8 DON’T KNOW……..9	FHIVRISK
417	Has your knowledge of HIV/AIDS influenced or changed your decisions about having sex or your sexual behavior? **IF YES, PROBE: In what way?** **(CRICLE ALL MENTIONED)**	YES NO DID NOT START SEX 1 2 STOPPED ALL SEX 1 2 STARTED USING CONDOMS 1 2 RESTRICTED SEX TO ONE PARTNER 1 2 REDUCED NUMBER OF PARTNERS 1 2 STOPPED SEX WITH PROSTITUTES 1 2 OTHER 1 2 NO CHANGE IN SEXUAL BEHAVIOR 1 2 NA……...8 DK……...9	M418NOSX M418SXSTP M418CDMU M418ONPN M418RDPTS M418SXPRO M418OTHE M418NOCH

418	Do you know of anyone who is suffering from or has died of HIV/AIDS?	YES……..……..…1 NO…….……2 NA…….……8	FKPSAIDS
NO.	**QUESTIONS AND FILTERS**	**CODING CATEGORIES**	**SKIP TO**
419	In the past year have you discussed STD/AIDS prevention with anyone?	YES……...1 NO…….……2 NA…….……8	FDISADS 421 ▶
420	With whom did you discuss STD/AIDS prevention? PROBE BY ASKING "ANYONE ELSE?" **(CIRCLE ALL MENTIONED)**	YES NO HUSBAND/PARTNER 1 2 FATHER 1 2 MOTHER 1 2 SISTER 1 2 BROTHER 1 2 OTHER RELATIVE 1 2 FRIEND/SCHOOL MATE 1 2 HEALTH WORKER 1 2 SCHOOL TEACHER 1 2 RELIGIOUS LEADER 1 2 OTHER 1 2 (SPECIFY) NA …… 8	FDISHUS FDISDAD FDISMOM FDISSIS FDISBRO FDISREL FDISFRI FDISHWK FDISTEA FDISRLE FDISOTH
421	Which of these is of greater concern to you; getting HIV/AIDS or becoming pregnant?	GETTING HIV/AIDS…….……..……1 GETTING PREGNANT……...2 DK……. ..3 NA……..… ..8	FPRGAIDS

SECTION 5: SEXUALITY & GENDER NORMS

NO.	**QUESTIONS AND FILTERS**	**CODING CATEGORIES**	**SKIP TO**
	Young people have various views about relationships. I will read out some of these views to you. For each one, (in 501-521) please tell me whether you agree or disagree?		
501	It's alright for unmarried boys and girls of my age to have sex.	AGREE……1 DON'T KNOW/NOT SURE…...2 DISAGREE…….…….3	FDATES
502	It's alright for boys and girls of my age to kiss, hug and touch each other.	AGREE…….……1 DON'T KNOW/NOT SURE……2 DISAGREE…….…….3	FROMN
503	A girl of my age cannot refuse if her boyfriend asks her for sex?	AGREE……1 DON'T KNOW/NOT SURE……2 DISAGREE…….…….3	FBYFDS
504	A girl of my age cannot refuse if a man who has already given her a gift ask her for sex?	AGREE……1 DON'T KNOW/NOT SURE…...2 DISAGREE…….…….3	FNGTSE
505	Sometimes a boy has to force a girl to have sex if he loves her.	AGREE……1 DON'T KNOW/NOT SURE……2 DISAGREE…….…….3	FFORSE
506	A boy will not respect a girl who agrees to have sex.	AGREE……1 DON'T KNOW/NOT SURE……2 DISAGREE…….…….3	FCHEAI
507	Most girls who have sex before marriage regret it afterwards.	AGREE……1 DON'T KNOW/NOT SURE……2 DISAGREE…….…….3	FRGRSE
508	A boy and a girl should have sex before they marry to see whether they are suited to each other.	AGREE……1 DON'T KNOW/NOT SURE……2 DISAGREE…….…….3	FPREMS
509	A girl stops growing after she has had sex for the first time	AGREE……1 DON'T KNOW/NOT SURE…...2 DISAGREE…….…….3	FGROW
510	Girls should remain virgins until they marry.	AGREE……1	FVRGIN

		DON'T KNOW/NOT SURE……2 DISAGREE……..…….3	
511	It is sometimes justifiable for a boy to beat his girlfriend.	AGREE……1 DON'T KNOW/NOT SURE……2 DISAGREE……..…….3	FVIOLC
512	Most of my friends who have sex with someone use condoms regularly.	AGREE……1 DON'T KNOW/NOT SURE…...2 DISAGREE…….3	FCONDC
513	I am confident that I can insist on condom use every time I have sex.	AGREE……1 DON'T KNOW/NOT SURE…..2 DISAGREE…….3	FCNFIC
514	I would never contemplate having an abortion myself or for my friend	AGREE……1 DON'T KNOW/NOT SURE……2 DISAGREE……..…….3	FABORT
515	It is mainly the girl's responsibility to ensure that contraception is used regularly	AGREE……1 DON'T KNOW/NOT SURE……2 DISAGREE……..…….3	FCNTRE
516	I feel I know how to use a condom properly	AGREE……1 DON'T KNOW/NOT SURE……2 DISAGREE……..…….3	FCNTUS
517	I would refuse to have sex with someone who is not prepared to use a condom	AGREE……1 DON'T KNOW/NOT SURE……2 DISAGREE……..…….3	FRFSEX
518	I think that you should be in love with someone before having sex with him	AGREE……1 DON'T KNOW/NOT SURE……2 DISAGREE……..…….3	FLVESE
519	Men need sex more frequently than women.	AGREE……1 DON'T KNOW/NOT SURE……2 DISAGREE……..…….3	FMLFGS
520	Most of my friends have had sexual intercourse	AGREE……1 DON'T KNOW/NOT SURE……2 DISAGREE……..…….3	FPEESE
521	Many of my friends have had an abortion	AGREE……..……1 DON'T KNOW/NOT SURE……2 DISAGREE……..3	FABOR

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
522	What do you think is the ideal age for a girl to start having sex?	AGE…… …… ☐☐ NA……88 DON'T KNOW…….99	FSXAGE1
523	What do you think is the ideal age for a boy to start having sex?	AGE…… ….. ☐☐ NA……88 DON'T KNOW…….99	FSXAGE2
524	How old should a girl be before marrying?	AGE…… …… ☐☐ NA……88 DON'T KNOW……..…….99	FIDAGEM1
525	How old should a boy be before marrying?	AGE……. ☐☐ NA……88 DON'T KNOW……..….99	FIDAGEM2
526	Do you approve of unmarried young people using family planning methods?	YES ……1 NO.……2 DK.……9	FPAPUM
527	Do you approve of married couples using family planning methods?	YES ..……1 NO...……..2 DK...……..9	FAPROVCM

528	Do you think it is easy or difficult for unmarried young people in this community to obtain contraceptives?	EASY……..1 DIFFICULT……2 DK……9	→ 531 FACESS → 531
529	Why is it difficult for unmarried young people to obtain contraceptives?	NO MONEY……...01 DIFFICULT TO FIND……..……02 PROVIDERS/SELLERS DISAPPROVE.……..…..03 PARENTS DISAPPROVE……04 COMMUNITY DISAPPROVES ……...…….05 RELIGIOUS LEADERS DISAPPROVE …….....06 SOCIAL DISAPPROVAL/ SHYNESS……...07 OTHER _____ 08 (SPECIFY) NA……...88 DK……..……99	FROBTFPD
530	What do you think should be done to make it less difficult for unmarried people in this community to obtain contraceptives? **(CIRCLE ALL MENTIONED)**	YES NO IMPROVE ECONOMIC STATUS OF YOUTH 1 2 REDUCE COST OF CONTRACEPTIVES 1 2 INCREASE SUPPLY POINTS 1 2 EDUCATE PUBLIC ON REPRODUCTIVE HEALTH 1 2 TRAIN YOUTH DISTRIBUTORS 1 2 CHANGE ATTITUDE OF FP PROVIDERS 1 2 OTHER _____ 1 2 _____(SPECIFY) NOTHING……7 NA……..……8	F530ESTA F530SUBS F530ACES F530RETR F530NTH F530CHAT F530OTHE
531	In your opinion, do you think discussing family planning with people of your age encourages them to have sex?	YES……..1 NO…….……..2 DK……..……..9	FVFPFLIR

SECTION 6: HEALTH-SEEKING BEHAVIOUR

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
NOW I WOULD LIKE TO ASK YOU A FEW QUESTIONS ABOUT HEALTH CARE.			
601	In the past 12 months have you ever visited a hospital, health centre or CHC to receive services on a health problem?	YES……1 NO.……2	FHOSPVIS
602	In the last six months, have you suffered from any health problem?	YES……1 NO……..2 NA……..8	FHPROB → 613
603	What was the main problem?	MALARIA……... 01 FEVER……..02 COUGH.……....03 DIARRHOREA……...04 SKIN CONDITION……..…...05 STDS……...06 INJURIES……..07 PREGNANCY RELATED CONDITIONS……08 OTHER _____ 09 (SPECIFY) NA……88	MHPRO

		DK…..…….99	
604	Did you seek care for this problem during the six months period?	YES……..1 NO……..…2 NA……...8	FVHOS6MT → 612
605	What type of facility did you visit when you had the health problem, modern or a traditional facility?	MODERN……...1 TRADITIONAL……2 SELF TREATMENT……3 OTHER _____ 4 (SPECIFY) NA…….8 DON'T KNOW……9	FFACVIS → 612
606	How many times have you visited a hospital/health centre/CHC with this problem during the last six months?	NUMBER OF TIMES……. [ ][ ] NA……88 DK…..…….99	FNTVHOSP
607	In your opinion, did you receive adequate services or information on this problem?	YES..……...…….……1 NO……...2 NA……...8 DK……...9	→ 609 FVHOSCAR → 609
608	What would have made the services adequate? **(CIRCLE ALL MENTIONED)**	YES NO FRIENDLY ATTITUDES OF HEALTH WORKERS 1 2 FATTI FASTER PROCESS IN ATTENDING TO PATIENTS/CLIENTS 1 2 FFAST AVAILABILITY OF A DOCTOR 1 2 FDOCT MORE HEALTH WORKERS TO ATTEND TO PATIENTS/CLIENTS 1 2 FDOCT HEALTH WORKERS PATIENTLY LISTENING TO COMPLAINTS 1 2 FPATIEN AVAILABILITY OF PRESCRIBED DRUGS/METHODS 1 2 FDRUMHS ADEQUATE EQUIPMENT 1 2 FEQUIP OTHER _____ 1 2 FOTHER (SPECIFY) NA …….8 DK……..9	
609	Did you feel comfortable enough to ask questions?	YES…….1 NO..…….2 NA……8	FHSCNFT → 611
610	Were the questions you asked answered adequately?	YES…….....1 NO…….2 NA…..…….8	FSATISF
NO.	**QUESTIONS AND FILTERS**	**CODING CATEGORIES**	**SKIP TO**
611	Was there enough privacy at the facility?	YES…….…1 NO…….2 NA……..8	FPRIVATE → 613

612	Why did you not visit a hospital, clinic or a CHC with this problem?	LACK OF FUNDS……..…..1 NOT SERIOUS……..…...2 TOO FAR…….....4 SHY/EMBARRASSED……..…...…5 OTHER _____ 6 (SPECIFY) NA…….8	FHYVISIT
613	Sometimes people have pain or unusual discharge/itching from the private part or the private part don't feel normal. Have you ever suffered from an infection in your private part?	YES……..…1 NO……..2 → 701 NA…….8	FINFECTPI
614	Who did you first discuss this problem with?	PARENTS/GUARDIAN……01 SIBLINGS…….02 OTHER RELATIVE …….03 BOYFRIEND…….04 TRADITIONAL HEALER…….05 NURSE/DOCTOR……..06 FRIEND/SCHOOL MATE…….……07 NO ONE……..……08 OTHER _____ 09 (SPECIFY) NA……...88	FPERDISC
615	Did you obtain treatment?	YES…….……1 → 617 NO…….……..2 NA……..……8	FSTDCURI
616	What was the main reason you did not obtain treatment?	COULD NOT AFFORD……..1 WAS DENIED B Y PROVIDER……2 WAS TOO EMBARRASSED ……...3 DIDN'T THINK IT WAS IMPOR…….……4 SYMPTOMS DISAPPEARED…..…….5 OTHER _____ 6 (SPECIFY) NA…….8 → 618	FNSTDCUI
617	Where did you obtain treatment?	DRUG STORE ……..1 FROM A FRIEND ……2 HOSPITAL……..3 CLINIC/HEALTH CENTRE ……4 TRADITIONAL HEALER……..5 PRIVATE PRACTITIONER……6 OTHER (SPECIFY) _____ 7 NA…….8	FPSTDCUI
618	Are you currently suffering from any infection in your private part?	YES....……..……1 NO....……..……2 REFUSED TO ANSWER .....……3 NA……. ……8 → 701 DON'T KNOW....……..…….9	FINFECT
619	Can you describe the infection you have?	ULCER/SORE ON PRIVATE PART……..…....1 GENITAL DISCAHRGE…..……2 ITCHING IN PRIVATE PART……3 BURNING PAIN DURING URINATION……...4 VAGINAL BLEEDING……5 OTHER_____ 6 (SPECIFY) NA…… …8	FNMEINF

SECTION 7: TIME USE, COMMUNITY CONCERNS AND EXPOSURE TO MEDIA

NO	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP TO
701	How do you spend a normal day? **DO NOT READ LIST. PROBE** **(CIRCLE ALL MENTIONED)**		YES	NO	
		PERFORMING HOUSEHOLD CHORES	1	2	FNORCHO
		HELPING OUT WITH MY SIBLINGS	1	2	FNORHEL
		WORKING TO EARN AN INCOME	1	2	FNORINC
		HELPING MY PARENTS ON THE FARM	1	2	FNORHEP
		HELPING MY PARENTS IN THEIR BUSINESS	1	2	FNORHEB
		DOING NOTHING/IDLING	1	2	FNORNOT
		ATTEND SCHOOL	1	2	FNORMSC
		OTHER_____ (SPECIFY)	1	2	FNOROTH
702	What do you like to do in your leisure time/when you are not engaged? **DO NOT READ LIST. PROBE: Anything else?** **(CIRCLE ALL MENTIONED)**		YES	NO	
		READ NOVELS /MAGAZINES	1	2	FLEIREAD
		STUDY	1	2	FLEISTUD
		WATCH TELEVISION	1	2	FLEIWTV
		LISTEN TO THE RADIO/MUSIC	1	2	FLEIRADI
		WATCH MOVIES	1	2	FLEIMOVI
		GET TOGETHER WITH FRIENDS	1	2	FLEIFREN
		GO TO A SOCIAL CENTRE	1	2	FLEICENT
		GO OUT WITH MY BOYFRIEND	1	2	FLEIBFRE
		DRINK ALCOHOL/SMOKE	1	2	FLEIALCO
		PLAY WITH MY CHILDREN	1	2	FLEIPCHN
		RELAX WITH MY HUSBAND	1	2	FLEIHUSB
		VISIT FAMILY	1	2	FLEIVFAM
		CHURCH ACTIVITIES	1	2	FLETCH
		NOTHING	1	2	
		OTHER_____ (SPECIFY)	1	2	FLEINOTH FLEIOTHE
703	Where do you usually meet your friends of the same sex? **DO NOT READ LIST. PROBE: Anywhere else?** **(CIRCLE ALL MENTIONED)**		YES	NO	
		MARKET PLACE	1	2	FMSSMARI
		CHURCH/MOSQUE	1	2	FMOQCHU
		SCHOOL	1	2	FMSCHOOI
		WEDDING/ FUNERALS	1	2	FMSWEDN(
		BARS/DRINKING PLACES	1	2	FMBRDRKS
		AT THE BOREHOLE	1	2	FMSBRHL
		AT MY HOME	1	2	FMSSFHOM
		AT MY FRIENDS HOME	1	2	FMFRNHM
		AT MOVIE/VIDEO HOUSE	1	2	FMSSMOVI
		AT THE SOCIAL CENTRE	1	2	FMSSCTR
		NO FRIENDS OF SAME SEX	1	2	FMNOFRNS
					FMSSOTHE

		OTHER——————————1 2 (SPECIFY)	
NO	**QUESTIONS AND FILTERS**	**CODING CATEGORIES**	**SKIP TO**
704	Where do you usually meet with your friends of the opposite sex? **DO NOT READ LIST. PROBE**: **Anywhere else?** **(CIRCLE ALL MENTIONED)**	YES NO MARKET PLACE 1 2 CHURCH/MOSQUE 1 2 SCHOOL 1 2 WEDDING/FUNERALS 1 2 BARS/DRINKING PLACES 1 2 AT THE BOREHOLE 1 2 AT MY HOME 1 2 AT MY FRIENDS HOME 1 2 AT MOVIE/VIDEO HOUSE 1 2 AT THE SOCIAL CENTRE 1 2 NO FRIENDS OF THE OPPOSITE SEX 1 2 OTHER—————— 1 2 (SPECIFY)	FMOSMAR FMOSCHU FMOSCHO FMOSWED FMOSBAR FMOSBORI FMOSHOM FMOSFHOM FMOSOVI FMOSOCIA FMOSNON FMOSOTHI
705	What clubs, associations/social groups do you belong to? **DO NOT READ LIST. PROBE**: Any other? **(CIRCLE ALL MENTIONED)** IF NONE SKIP TO 707	YES NO NONE 1 2 DEBATING/DRAMA CLUB 1 2 RELIGIOUS GROUP 1 2 POETRY/LITERATURE CLUB 1 2 GIRL GUIDES/BOY SCOUTS 1 2 TRADITIONAL DANCE/DRUMING CLUB 1 2 SPORTS CLUB 1 2 MUSIC GROUP 1 2 YOUTH GROUP 1 2 AGRICULTURAL GROUP 1 2 INCOME GENERATING 8GROUP 1 2 OTHER 1 2 (SPECIFY)	F705NONE F705DEBA F705RELG F705POET F705SCGDS F705DANC F705SPOR F705MUSI F705YOUT F705AGRI F705INCO F705OTHE
706	How often are you involved in the activities of the group(s) to which you belong?	ONCE A WEEK……..……1 MORE THAN ONCE A WEEK…….2 ONCE A MONTH……...…….. 3 2-3 TIMES A MONTH……...……4 RARELY……..……..5 OTHER 6 (SPECIFY) NA……..……8	FGRPINVO
707	And now I have some questions about your social activities. In the last month did you go to clubs, parties, funerals, movies etc? IF YES. How many times? RECORD 00 IF NONE	NUMBER OF TIMES ☐☐ NA……88 NEV……..……96 DK/CAN'T REMEMBER……99	FSOC
708	Do you drink alcohol? IF YES. On how many days in the last month did you drink alcohol? RECORD 00 IF R HAS NOT DRUNK ALCOHOL IN THE LAST MONTH	NUMBER OF DAYS ☐☐ NA……..88 NEVER……..……..96 DK/CAN'T REMEMBER…….……99	FALCOH

709	Do you smoke cigarettes or tobacco? IF YES. How many have you smoked in the last 7 days? RECORD 00 IF R HAS NOT SMOKED IN THE LAST 7 DAYS	NUMBER OF CIGARETTES NA……..……..88 NEVER……...…...96 DK/CAN'T REMEMBER…….99	FSMOKE

710. In every community people tend to face some problems. I want to know about the problems that young people in this communit
What are some of the problems that young people in your community face?
(CIRCLE (1) FOR EACH PROBLEM MENTIONED SPONTANEOUSLY, (PROBE BY ASKING "ANYTHING ELSE") '
PROCEED TO READ OUT EACH PROBLEM NOT MENTIONED SPONTANEOUSLY AND CIRCLE (2) IF R AGREES IT
PROBLEM, CIRCLE (3) IF NOT MENTIONED. FOR THOSE MENTIONED SPONTANEOUSLY/PROMPTED ASK Q. 711?

PROBLEMS FACING YOUNG PEOPLE					711. IS THIS A PROBLEM FOR YOU			
1. POVERTY	1.YES SPONT.	2.YES PROMT.	3. NO	F710POV	1. YES	2. NO	8. NA	F711I
2. UNEMPLOYMENT	1.YES SPONT.	2.YES PROMT.	3. NO	F710EMP	1. YES	2. NO	8. NA	F711V
3. POOR PARENTAL GUIDANCE	1.YES SPONT.	2.YES PROMT.	3. NO	F710PPG	1. YES	2. NO	8. NA	F711I
4. DRUG ABUSE	1.YES SPONT.	2.YES PROMT.	3. NO	F710GA	1. YES	2. NO	8. NA	F711I
5. ALCOHOL ABUSE	1.YES SPONT.	2.YES PROMT.	3. NO	F710AA	1. YES	2. NO	8. NA	F711A
6. PEER PRESSURE/BAD FRIENDS	1.YES SPONT.	2.YES PROMT.	3. NO	F710PP	1. YES	2. NO	8. NA	F711I
7. POOR/NO RECREATIONAL FACILITIES	1.YES SPONT.	2.YES PROMT.	3. NO	F710PRF	1. YES	2. NO	8. NA	F711I
8. POOR/NO EDUCATIONAL FACILITIES	1.YES SPONT.	2.YES PROMT.	3. NO	F710PEF	1. YES	2. NO	8. NA	F711I
9. POOR/NO HEALTH SERVICES	1.YES SPONT.	2.YES PROMT.	3. NO	F710HS	1. YES	2. NO	8. NA	F711I
10. POOR/NO KNOWLEDGE ABOUT GROWING UP	1.YES SPONT.	2.YES PROMT.	3. NO	F710PG	1. YES	2. NO	8. NA	F711I
11. POOR/NO ACCESS TO INFORMATION	1.YES SPONT.	2.YES PROMT.	3. NO	F710AIF	1. YES	2. NO	8. NA	F711I
12. PRESSURE TO GET MARRIED	1.YES SPONT.	2.YES PROMT.	3. NO	F710PM	1. YES	2. NO	8. NA	F711I
13. PRESSURE TO HAVE SEX	1.YES SPONT.	2.YES PROMT.	3. NO	F710PSX	1. YES	2. NO	8. NA	F711I
14. RAPE/FORCED SEX	1.YES SPONT.	2.YES PROMT.	3. NO	F710FSX	1. YES	2. NO	8. NA	F711I
15. STEALING	1.YES SPONT.	2.YES PROMT.	3. NO	F710FST	1. YES	2. NO	8. NA	F711I
16. OTHER _____ (SPECIFY)	1.YES SPONT.	2.YES PROMT.	3. NO	F710OTH	1. YES	2. NO	8. NA	F711O

	EXPOSURE TO MEDIA		
712	How often do you listen to a radio?	EVERYDAY……..……...1 SEVERAL TIMES A WEEK…..……..…2 A FEW TIMES A WEEK…….……...3 ONCE A WEEK…….……4 NEVER……..5 → 717 OTHER _____ 6 (SPECIFY)	FFRADI

		NA……8	
713	Have you ever listened to any radio programme on youth related issues?	YES…… 1 NO…….. 2 → 717 NA…….. 8	FYRADI
714	Which youth programmes have you ever listened to? **(CIRCLE ALL MENTIONED)**	YES NO WEEKEND SURPRISE 1 2 CAMPUS REQUEST 1 2 FUN FACTORY 1 2 OUR VOICES 1 2 YOUTH IN DEVELOPMENT 1 2 WOMEN IN DEVELOPMENT 1 2 HOME ISSUES 1 2 YOUTH VIBES 1 2 BIRTHDAY LINE 1 2 MORNING SHOW 1 2 BREAKFAST SHOW 1 2 INSIGHT 1 2 OTHER ——— 1 2 (SPECIFY) NA……8	FWKDS FCMPR FFUNFA FVIOCE FYOUDI FWOMI FHMISS FYUHV FBRTHI FMORN FBRKFS FINSIGI FYOTHI
715	During what time of the day do you listen to the radio?	**WEEK DAY** **MORNINGS…….....1** WEEKDAY AFTERNOONS……..2 WEEKDAY EVENINGS……..…….3 WEEKENDS……..……..4 OTHER ——— 5 (SPECIFY) NA……..……..8	FRADTI
NO.	**QUESTIONS AND FILTERS**	CODING CATEGORIES	**SKIP TO**
716	During what time of the day would you prefer to listen to youth programs on the radio?	**WEEK DAY MORNINGS……...1** WEEKDAY AFTERNOONS……...2 WEEKDAY EVENINGS……..3 WEEKEND MORNINGS……4 WEEKEND AFTERNOONS……5 WEEKEND EVENINGS……..6 OTHER ——— 7 (SPECIFY) NA……8 DON'T KNOW……..……9	FRADPRE
717	During the past six months, did you hear or see anything about STDs/HIV/AIDS: On the radio? On the television? In a newspaper or magazine? From a poster? In a community meeting?	YES NO RADIO 1 2 TELEVISION 1 2 NEWSPAPER/ MAGAZINE 1 2 POSTER 1 2 COMMUNITY MEETING 1 2	FSTDRAI FSTDTV FSTDMA FSTDPOS FSTDCOM
718	Would you like to receive information on STDs/HIV/AIDS?	YES……..……..…..1 NO……...……2 → 720	FSTDINF

719	How would you prefer to receive this information?	TEACHERS IN SCHOOL…..……1 HEALTH WORKERS…….2 IN DURBARS……..…….3 FRIENDS/SCHOOLMATES..……..4 RELIGIOUS LEADERS……...……5 FROM PARENTS……..……...6 RADIO…….…7 TELEVISION……...8 NEWSPAPERS/MAGAZINES…...9 POSTERS……10 OTHER_____ 11 (SPECIFY) NA……..……....88	FPREFSO
720	RECORD TIME AT END OF INTERVIEW	HOUR……	FHEND
		MINUTE……	FMEND

THANK YOU VERY MUCH FOR TAKING THE TIME TO ANSWER THESE QUESTIONS. WE APPRECIATE YOUR CO-OPERATION AND PARTICIPATION IN THIS STUDY

Ethical Clearance Certificate

20-JUN-2006 15:33 FROM: TO:7172084

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Division of the Deputy Registrar (Research)

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FILE:

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)
R14/49 Kanyiva

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER M050908**
PROJECT	Adolescent Sexual Behaviour in Navrongo Does Family Count?
INVESTIGATORS	Miss M Kanyiva
DEPARTMENT	School of Public Health
DATE CONSIDERED	05.09.30
DECISION OF THE COMMITTEE*	Approved unconditionally

Unless otherwise specified this ethical clearance is valid for 5 years and may be renewed upon application.

DATE 06.01.20 **CHAIRPERSON** .....
(Professor PE Cleaton-Jones)

*Guidelines for written 'informed consent' attached where applicable

cc: Supervisor : Dr KS Tint

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10005, 10th Floor, Senate House, University.
I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to a completion of a yearly progress report.**

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES

Appendix A3

i) Proportion of adolescents who initiated sex at different ages

Age at first sex	Females		Males	
	Frequency	Percentage	Frequency	Percentage
Had sex at or below age 12	18	5.6	146	26.3
Had sex between age 13-15	62	19.4	129	23.2
Had sex between age 16-19	157	49.1	176	31.7
Had sex at age 20 and above	83	25.9	104	18.7

ii) Univariate results for all outcomes with co-residence status as the independent variable

	Ever had sex		Early sexual initiation		Condom use		Sex in last months	
	OR	95% CI	OR	95% CI	OR	95% CI	OR	95%
Living with Both	**1.00**		**1.00**		**1.00**		**1.00**	
Living with Father	1.05	0.80; 1.38	0.51*	0.29; 0.91	1.18	0.44; 3.16	0.63	0.28 1.44
Living with Mother	1.49*	1.26; 1.75	0.91	0.67; 1.25	1.51	0.86; 2.62	1.25	0.84 1.85
Living with Neither	1.37*	1.12; 1.67	0.67*	0.45; 0.99	1.80	0.96; 3.39	1.25	0.77 2.02
N	6474		875		950		950	
Log likelihood	-2686.63		-586.68		-262.85		-422.38	

iii) Contraceptive use during last sexual intercourse

Method	All		Female		Male	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Pill	1	0.11	0	0.00	0	0.00
Injection	4	0.42	3	0.83	1	0.17
Condom	82	8.66	25	6.93	1	0.17
Other modern	2	0.21	2	0.55	57	9.74
Rhythm method	1	0.11	1	0.28	0	0.00
Did not use	856	90.49	330	91.41	526	89.92
Total	**946**	**100.00**	**361**	**100.00**	**585**	**100.00**