QUANTITATIVE RESEARCH

Adolescent Sexual and Reproductive Health & Rights (ASRHR) Research for Strengthening Health Outcomes for Women and Children (SHOW) Project

ACKNOWLEDGEMENTS

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ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ASRHR	Adolescent Sexual and Reproductive Health and Rights
HIV	Human Immunodeficiency Virus
IUD	Intra-Uterine Device
MMC	Modern Methods of Contraception
MNCH	Maternal, Newborn and Child Health
SHOW	Strengthening Health Outcomes for Women and Children
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection

EXECUTIVE SUMMARY

ASRHR RESEARCH FOR THE SHOW PROJECT

The Strengthening Health Outcomes for Women and Children (SHOW) project is a four and a half year (2016-2020), gender-transformative initiative aimed at increasing the quality, availability, utilization and accountability of essential Maternal, Newborn and Child Health/Sexual and Reproductive Health (MNCH/SRH) services to reduce maternal and child mortality among marginalized and vulnerable women, adolescent girls, and their children in targeted regions. As part of the SHOW project's core interventions, male and female adolescent groups have been formed throughout the project area in order to deliver content related to various Adolescent Sexual and Reproductive Health and Rights (ASRHR) topics. To measure progress towards outcomes among these adolescent group participants, a questionnaire was administered in 2018 (midline) and again in November 2019 (endline), with the objective of assessing improvements in knowledge and perceptions of ASRHR.

To assess progress towards outcomes, frequency tables were generated for each question, with disaggregation by sex and age of respondents. In addition, statistical tests have been performed comparing overall percentages from the endline to the midline for each question, including for sex and age sub-groups. Finally, correlation tests were also conducted to examine whether relationships could be detected between length of group membership, meeting frequency attendance, and/or having received training against the following outcomes: (1) opinions on pregnancy delaying; (2) knowledge of modern methods of contraception (MMC); (3) opinions about one's ability to access MMC; (4) knowledge of HIV/AIDS and STIs; (5) opinions regarding an adolescent girl's right to refuse sex; and (6) opinions on adolescent participation in community processes. These findings have been reported in the relevant sections.

Though statistical tests were conducted to compare midline and endline results for each data point and for each age and sex sub-group, this report presents disaggregated results only when a significant difference was observed. This decision was made for two important reasons: first, due to the sheer volume of data collected, presentation of significant differences puts an emphasis on the most important and dramatic results – those areas which most clearly demonstrate potential program impact or most strongly signal the need for programmatic adaptation; and second, this focused method of presentation mitigates risk of misinterpretation, such as finding differences or changes where there are none, and therefore lead to a more accurate reading of the results. Finally, it should be noted that the sampling was not conducted to permit comparisons for age sub-groups; therefore, few differences could actually be detected (specifically, too few girls and boys aged 18-19 were interviewed to permit comparisons).

MAIN RESULTS

PARTICIPANT CHARACTERISTICS

The majority of male and female respondents live in a rural settlement (80%), compared to 12% in an urban setting, and 8% in a semi-urban setting. Respondents most commonly identified Islam (41%) and Christianity (57%) as their religious affiliation; and the vast majority (91%) reported their martial status as single, with 6% in a relationship, 1% engaged, and 0.5% married. A similar majority reported being currently enrolled in school (87%), though this proportion was greater among sampled girls (91%) than boys (82%). The 82% figure for boys at endline also represents a significant drop since the midline, when 100% of the interviewed boys indicated being in school (no change was detected for girls). With respect to education attainment, most respondents reported completing primary school (61%), with fewer reporting kindergarten (3%), junior high school (21%), or senior high school (1.5%).

With respect to group membership, over 70% of participants report membership in a SHOW adolescent group of more than one year; and over 70% also indicate meeting with their groups at least once per week. Almost all adolescent respondents report receiving some type of ASRHR-related sensitization (97%). Teenage pregnancy and its prevention was the most frequently mentioned topic by both girls and boys; however, girls more frequently mentioned receiving information about this topic and about personal and menstrual hygiene, while boys more frequently reported receiving information about adolescence, family planning, and STIs including HIV.

SOURCES OF INFORMATION AND INFLUENCE

Almost all interviewed respondents indicated that there are people in the community from whom they are able to receive information on sexual and reproductive health issues (95%). With respect to information concerning puberty, the reproductive systems of men and women, relationships between boys and girls, modern contraception and pregnancy, and HIV/STIs, teachers, mothers, doctors/nurses, and community health workers were all consistently ranked among the top five most frequently identified sources of information. Youth club members and leaders, friends, fathers, brothers, sisters, and SHOW project officers received far fewer mentions.

Not surprisingly, girls more often cited mothers as a source of information compared to boys, and boys more frequently cited their fathers compared to girls. It is interesting to note that both girls and boys mentioned mothers as a main source of information more frequently at endline versus midline. Conversely, while teachers were cited as one of the top three sources for all inquired topics, their importance decreased according to both male and female respondents from midline to endline.

MENSTRUATION

Only adolescent girls were asked questions relating to menstrual health. 91% of adolescent girl respondents reported that they had already begun menstruation, and 96% reported that someone had talked to them about menstruation. Participants recounted that the most commonly used menstrual materials were sanitary pads (93%) and cloth (24%), while the important sources of said materials were their parents/family (48%), stores (44%), and pharmacies (10%). Continuing the aforementioned trend, a higher proportion of girls listed parents/family as their source for menstrual materials at endline compared to at midline (48% and 31% respectively).

MODERN CONTRACEPTIVES

Adolescents demonstrated significant improvements in knowledge with respect to the topic of pregnancy delaying/spacing. First, 89% of respondents indicated knowing that it is possible to become pregnant by having sexual intercourse only one time, a substantial increase from the midline where only 69% responded affirmatively. Second, when asked about methods for pregnancy delaying/spacing, adolescents more frequently mentioned modern contraceptives, with 98% referring to this method. Abstinence (38%), the rhythmic method (10%), withdrawal (9%), and herbs (5%) all scored much lower. Apart from overall trends, it should be noted that boys more frequently mentioned abstinence compared to girls at endline, which represents the only observed significant difference between sexes (44% and 31% respectively). Two key differences between midline and endline must also be underlined. First, girls overwhelmingly favour modern contraception as a method for delaying or spacing pregnancy at endline (98%) compared to midline (48%). Second and conversely, while boys continued to favour modern contraceptives as the most popular method for pregnancy avoidance, they also increasingly mentioned abstinence (38% at midline to 44% at endline), the rhythmic method (3% at midline to 17% at endline), and withdrawal (3% at midline to 17% at endline).

At endline, we observe that significantly more boys (74%) than girls (44%) indicated that there are benefits to delaying pregnancy after marriage. Trends among these two groups are also interesting: more boys responded positively at endline (74%) compared to midline (51%), while the reverse trend can be observed among girls (54% at midline to 44% at endline). In terms of the benefits of delaying pregnancy, the following benefits were most frequently cited by respondents at endline: more family resources/money (58%); more time for parents to get jobs (35%); and improved health of mother during pregnancy and delivery (28%). It is interesting to note that a lower health risk to the child was decreasingly cited by respondents, from 36% identifying this benefit at midline to 19% at endline.

To further test their knowledge of modern contraceptives, adolescents were asked to name all of the modern contraceptives of which they were aware: a comparison of midline and endline results again highlights improvements in knowledge and awareness. Other than male and female sterilization, we observe increases in awareness of all other methods of modern contraception from midline to endline. Both boys and girls more frequently mentioned injectables, birth control pills, and intrauterine devices (IUD) at endline. In terms of where to

obtain modern contraceptives, health centres (70.5%), pharmacies (58.3%), and hospitals (47.8%) were by far the most frequently mentioned locations by both boys and girls.

Participants were also asked to assess various myths and misconceptions regarding modern contraceptives. Rejection of these myths and misconceptions was generally reported by 70% of adolescent respondents, with few exceptions (all with >30% acceptance): such as the belief that providing adolescents with information and access to MMC will increase sexual activity; or that MMC are dangerous to a woman's health and can cause infertility. It is interesting to note that these myths are more often accepted by girls than boys. When comparing the midline to the endline, there are again signs of increasing knowledge – particularly among boys, who more often rejected myths related to health and sexual urge. It is interesting to note that girls more frequently *accepted* myths that information on (from 37% at midline to 47% at endline) and access to MMC (from 37% at midline to 56% at endline) increase sexual activity.

With respect to access to modern contraceptives, an increased percentage of adolescents, regardless of age or sex, affirmed that married and unmarried girls and boys can access modern contraceptives with the same ease as adults. The most notable increase was related to whether the adolescents themselves thought they could easily access MMC, with 71% claiming they could at endline compared to only 52% at midline. It is important to note the ongoing gap between respondent perceptions of *general* ease of access to MMC for adolescents versus adults (ranging from 80% agreement for unmarried boys to 94% agreement for married boys), to perceptions of *personal experience* with ease of access to MMC, for which a much lower percentage is reported.

The barriers to MMC access reported by married and unmarried girls and boys did not differ significantly; the most commonly cited barriers included feeling embarrassed, prohibitive cost, and family privacy concerns. However, it is interesting to note that parental permission emerged as a more prominent barrier for married and unmarried girls compared to married and unmarried boys. When asked about the barriers that they themselves were likely to face, boys cited being embarrassed (68%) more often than girls (44%) while girls were more likely to cite expenses (52% vs. among boys 25%).

HIV/AIDS AND STIs

Girls and boys also demonstrated an increase in knowledge about HIV/AIDS and STIs from midline to endline: while almost all respondents to both surveys had heard of HIV/AIDS, a significant difference was observed in knowledge of any *other STIs*, increasing from 44% at midline to 84% at endline.

Furthermore, adolescent boys and girls demonstrated improvements in knowledge of myths and misconceptions related to HIV/AIDS, increasing rejecting the myths that: a person with HIV always looks sick or unhealthy; a person can catch the AIDS virus from a mosquito; and/or a person can become infected with HIV/AIDs by sharing food with a person who has HIV. It is interesting to note that at endline a *smaller* percentage of girls believe that a person can reduce

the risk of getting HIV by using a condom every time he/she has sex than at midline. Additionally despite knowledge gains, endline results suggest that more than half of respondents still believe that a person with HIV always looks sick or unhealthy, as well as that a woman cannot become infected with HIV if she is having sex only with her husband; and that a minority of respondents still believe that HIV can be transmitted by food or by a mosquito, or are unaware of the protective powers of condoms against HIV transmission. Significant differences between male and female respondents were observed for several key messages: first, girls (76%) are less aware than boys (87%) that a person can reduce the risk of getting HIV by using a condom every time he/she has sex; second, girls (30%) more often believe that HIV can be transmitted by sharing food than boys (19%); and third, boys (24%) more often report the belief that HIV transmission can occur through mosquitos than girls (16%).

ACCESS TO ASRHR SERVICES

Adolescent girls and boys were asked about 12 potential barriers to accessing ASRHR services. A similar proportion of girls and boys most often cited two prominent barriers: cost of treatment, and concern about the (un)availability of required services or treatment at the health facility. Girls trended more negatively than boys overall, most notably when examining barriers such as time poverty (due to household chores) or unfriendly approaches of health workers; while these ranked as the third and fourth most cited barriers for girls, they were among the least frequently cited by boys. These differences can be further explained when disaggregating by age: the younger cohort of boys were overwhelmingly less likely to identify barriers to access, while the older cohort of boys identified barriers at rates comparable to, and even surpassing, girls.

Adolescents were further asked whether they believe that unmarried and married girls and boys experience resistance or disapproval when seeking SRHR services. Far fewer adolescents observe barriers at endline than at midline, and near equal percentages of adolescents perceive that married and unmarried girls and unmarried boys experience some form of resistance (4 - 13%). Mothers and fathers were the most frequently cited disapprovers of married and unmarried boys and unmarried girls, while husbands were the most frequently cited disapprovers of married girls.

ASRHR DECISION-MAKING

At midline and endline, respondents were asked about sexual and reproductive health rights, including the right to refuse sex. It is discouraging to note that we observe a modest increase in the percentage of respondents who report that married girls should not have the right to refuse sex, from 47% at midline to 55% at endline; though important to note that this change largely occurred among boys 15-17 (+18%). No other group had a measurable change from midline (nor with each other) on this measure. And while no changes were observed between midline and endline – neither overall nor by sub-groups – it is encouraging to note that a markedly lower percentage of respondents believe that *unmarried* girls do not have the right to refuse sex with an adolescent boy or man (18%).

When asked at endline to assess whether girls may refuse sex in eight specific circumstances, boys and girls generally seem to agree on the situations where refusal of sex is more or less permissible. The two situations in which girls and boys agreed that married and unmarried girls may refuse sex are: first, after giving birth (89% of girls, 90% of boys); or second, when sick/tired (87% of girls, 95% of boys). Conversely, few girls and boys agree that adolescent girls may refuse sex without giving any reason (30% of girls, 23% of boys). In general, however, both girls and boys more frequently support the right to refuse at endline when compared to the midline.

Though there are not many differences between the responses of girls and boys, male respondents seem to support all girls' right to refuse sex more than female respondents in three instances: first, when she is sick or tired (95% of boys, 87% of girls); second, if her partner is mistreating her (83% of boys, 72% of girls); and third, if her partner has an STI (89% of boys, 81% of girls). In another three scenarios, while the percentage of boys and girls supporting all girls' right to refuse is similar, a higher percentage of boys than girls support an unmarried girl's right to refuse: when she is not in the mood to have sex (18% of boys, 9% of girls); when she knows he is having sex with other women (14% of boys, 6% of girls); and without giving any reason (32% of boys, 22% of girls).

In terms of ASRHR decision-making, most adolescent girls report some involvement but few (14-23%) report sole decision-making power. Sole decision making is least frequently observed for decisions on use of family planning, for which the majority of respondents report decisions are made jointly with their partners (56%). With respect to all four decisions probed, some general trends can be observed through comparison to the midline. In each instance, adolescent girls less frequently mentioned themselves or their parents alone as the decision-makers at endline, but more frequently reported joint decision-making with their partner. Conversely, the majority of adolescent boys report making SRHR decisions by themselves (53–68%), with very few reporting joint decision-making with their partner (<8%). A similar trend is observed when examining midline and endline results for boys. Finally, it is interesting to note that endline results signal diminished sole decision making power among parents, though *joint* decision-making with parents was increasing reported at endline.

With respect to community participation, the percentage of adolescents that observe *frequent* participation of boys and girls varies between 40 and 50% for all questions, consistent with midline results. However, when grouping by age alone, we observe that older adolescents report much more positively on participation than their younger peers. When probed on reasons for non-participation, the most common responses were that adolescents lack the skills/capacity and that it is not culturally accepted for adolescents to participate in community processes; these barriers were consistently cited by all age and sex sub-groups, with no significant differences were observed.

RECOMMENDATIONS

This quantitative study offers many lessons learned and recommendations for promoting adolescent sexual and reproductive health and rights, which should inform the design and implementation of future ASRHR initiatives. Recommendations are directed at communities, project implementers, and other development partners working to improve the health outcomes of girls and boys in Ghana. Recommendations, by outcome, include:

KNOWLEDGE OF ESSENTIAL ASRHR TOPICS

1. Appropriate sensitization should be provided to mothers on the main ASRHR topics, while teachers and health care professionals should be trained and provided with resources, including job aids.
2. Investigate whether girls have been provided with sensitization on all main ASRHR topics, beyond teenage pregnancy and its prevention. Ensure that future sensitization efforts emphasize the importance of all major topics for both girls and boys.
3. Adolescents must be sensitized to the equal rights of all girls to refuse sex for whatever reason, including married girls, and dismantle the socio-cultural and religious norms and practices that may run counter to this. Adolescents' understanding about the connection between the right to refuse sex, violence and protection from violence should also be improved.

ACCESS TO ASRH SERVICES

4. Ensure that adolescents are empowered financially to access ASRH services.
5. Ensure that governments have equipped facilitates with the full package of essential ASRH services, including diagnostics and a variety of modern contraceptives, as per the official technical guidelines.
6. Parents should be provided with awareness-raising on the importance of ASRHR to help reduce their resistance to their children accessing essential information and services.

ASRHR DECISION-MAKING

7. Through the adolescent groups, boys should be further sensitized on the importance of joint-decision-making with their partners towards inculcation equitable power-relationships and positive masculinities.
8. The participation of adolescents in community processes should be facilitated by concrete, agreed-upon mechanisms of inclusion of the adolescent groups.

1. STUDY DETAILS

1.1. BACKGROUND

The SHOW project is a four and a half year (2016-2020) gender-transformative initiative aimed at increasing the quality, availability, utilization and accountability of essential MNCH/SRH services to reduce maternal and child mortality amongst marginalized and vulnerable women, specifically adolescent girls, and their children in targeted regions. In Ghana, the SHOW project is being implemented in eight (8) districts with high poverty and vulnerability.

As part of the SHOW project's core interventions, male and female adolescent groups have been formed throughout the project area. The gender transformative content delivered through this group format is designed to improve adolescent participants' knowledge of various ASRHR topics, including but not limited to: menstrual health management; healthy relationships, including decision making regarding sexual activity; family planning, including modern contraceptives; sexually transmitted infections (STIs); HIV/AIDS; community sources for ASRHR information and services; and decision making at the household and community level.

To measure progress towards outcomes among adolescent group participants, a questionnaire was administered in 2018 (midline) and again in November 2019 (endline), with the objective of assessing improvements in knowledge and perceptions regarding the topics listed above. The questionnaire was administered in a face-to-face interview format with nulliparous adolescent girls and boys, 15-19 years of age, regardless of marital status, who belong to an adolescent group. The achieved sample size(s) are presented in section 2.1 below.

1.2. ANALYSIS & REPORTING

To assess progress towards outcomes, frequency tables were generated for each question, with disaggregation by sex and age of respondents. In addition, statistical tests have been performed comparing overall percentages from the endline to the midline for each question, including for sex and age sub-groups. Finally, correlation tests were also conducted to examining whether relationships could be detected between length of group membership, meeting frequency attendance, and/or having received training against the following outcomes: (1) opinions on pregnancy delaying; (2) knowledge of modern methods of contraception (MMC); (3) opinions about one's ability to access MMC; (4) knowledge of HIV/AIDS and STIs; (5) opinions regarding an adolescent girl's right to refuse sex; and (6) opinions on adolescent participation in community processes. These findings have been reported in the relevant sections.

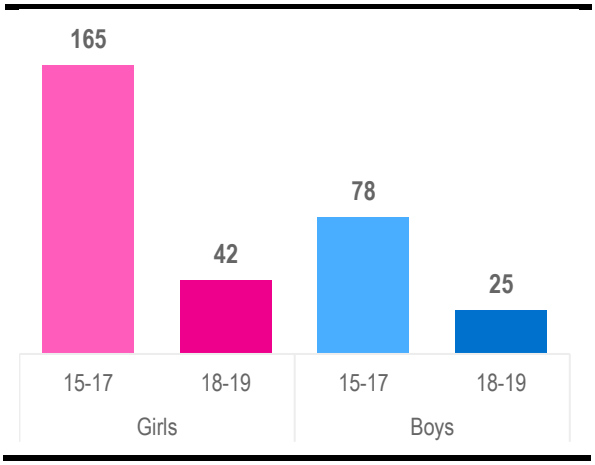
Though statistical tests were conducted to compare midline and endline results for each data point and for each age and gender sub-group, this report presents disaggregated results only when a significant difference was observed. This decision was made for two important reasons: first, due to the sheer volume of data collected, presentation of significant differences puts an emphasis on the most important and dramatic results – the areas which most clearly

demonstrate potential program impact or most strongly signal the need for programmatic adaptation; and second, this focused method of presentation mitigates risk of misinterpretation, such as finding differences or changes where there are none, and therefore lead to a more accurate reading of the results. Finally, it should be noted that the sampling was not conducted to permit comparisons at for age sub-groups: therefore few differences could actually be detected (specifically, too few girls and boys aged 18-19 were interviewed to permit comparisons).

2. PARTICIPANT CHARACTERISTICS

2.1. DEMOGRAPHICS

Figure 1: Number of interviewed adolescents by sex and age.



The majority of male and female respondents live in a rural settlement (80%), compared to 12% in an urban setting, and 8% in a semi-urban setting. Respondents most commonly identified Islam (41%) and Christianity (57%) as their religious affiliation; and the vast majority of respondents reported their marital status as single (91%), with 6% in a relationship, 1% engaged, and 0.5% married. A similar majority reported being currently enrolled in school (87%), though this proportion was greater among sampled girls (91%) than boys (82%). The 82% figure for boys at endline also represents a significant drop since the midline, when 100% of the interviewed boys indicated being in school (no change was detected for girls). With respect to education attainment, most respondents reported completing primary school (61%), with fewer reporting kindergarten (3%), junior high school (21%), or senior high school (1.5%).

2.2. GROUP MEMBERSHIP DETAILS

As indicated by the inclusion criteria, all respondents belong to a project-supported adolescent group. Their length of membership and frequency of attendance at group meetings varies, as illustrated in Figure 2 below; though it should be noted that over 70% of participants report a group membership of more than one year. More than 70% also indicate meeting with their groups at least once per week.

An overwhelming majority (97%) of respondents reported that they had received training through the adolescent groups; and while both girls and boys most frequently mentioned receiving information relating to teenage pregnancy and its prevention, there were a few significant differences in the topics highlighted by sex of the respondent. Girls more frequently reported receiving information regarding teenage pregnancy and its prevention and personal and menstrual hygiene, while boys more frequently reported receiving information about adolescence, family planning, and STIs including HIV. Though girls and boys reportedly received sensitization on the same topics, these results could indicate that girls and boys have better retained information which they feel is more relevant to them.

Figure 2: 70% of adolescents have belonged to an adolescent group for more than one year and/or meet with their groups at least once a week.

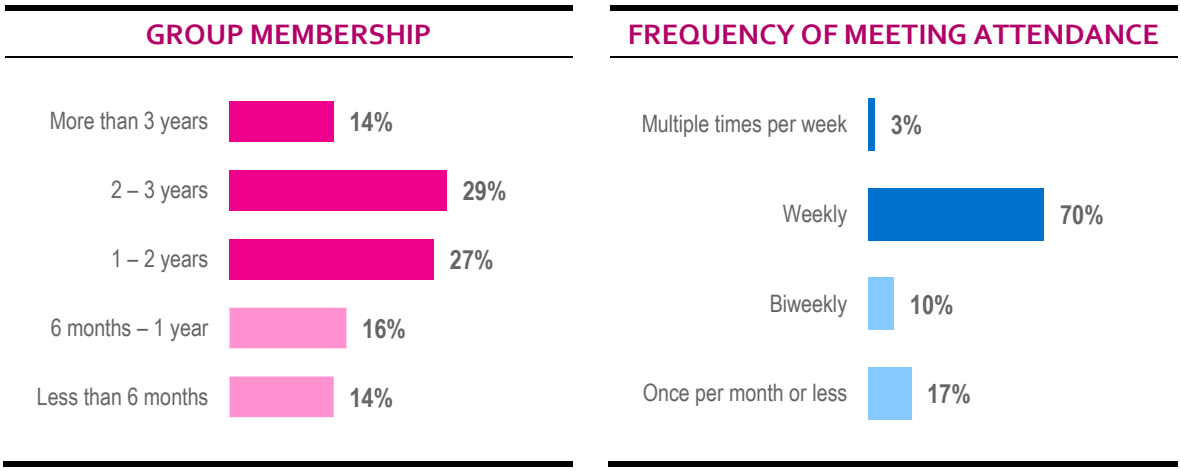
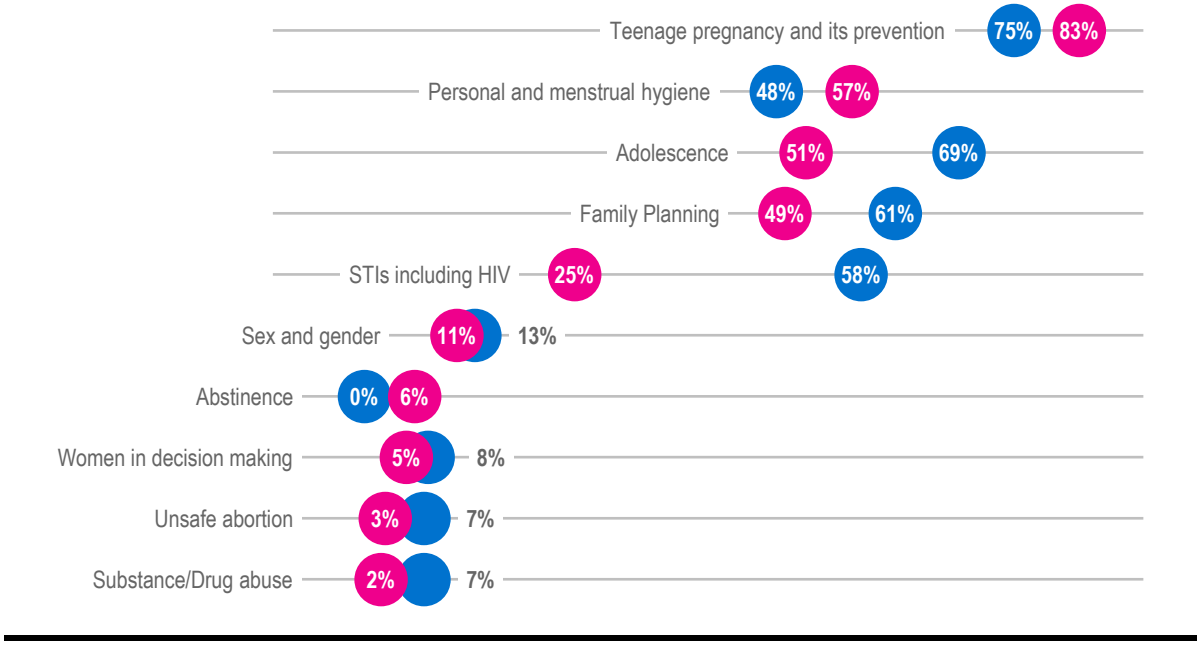


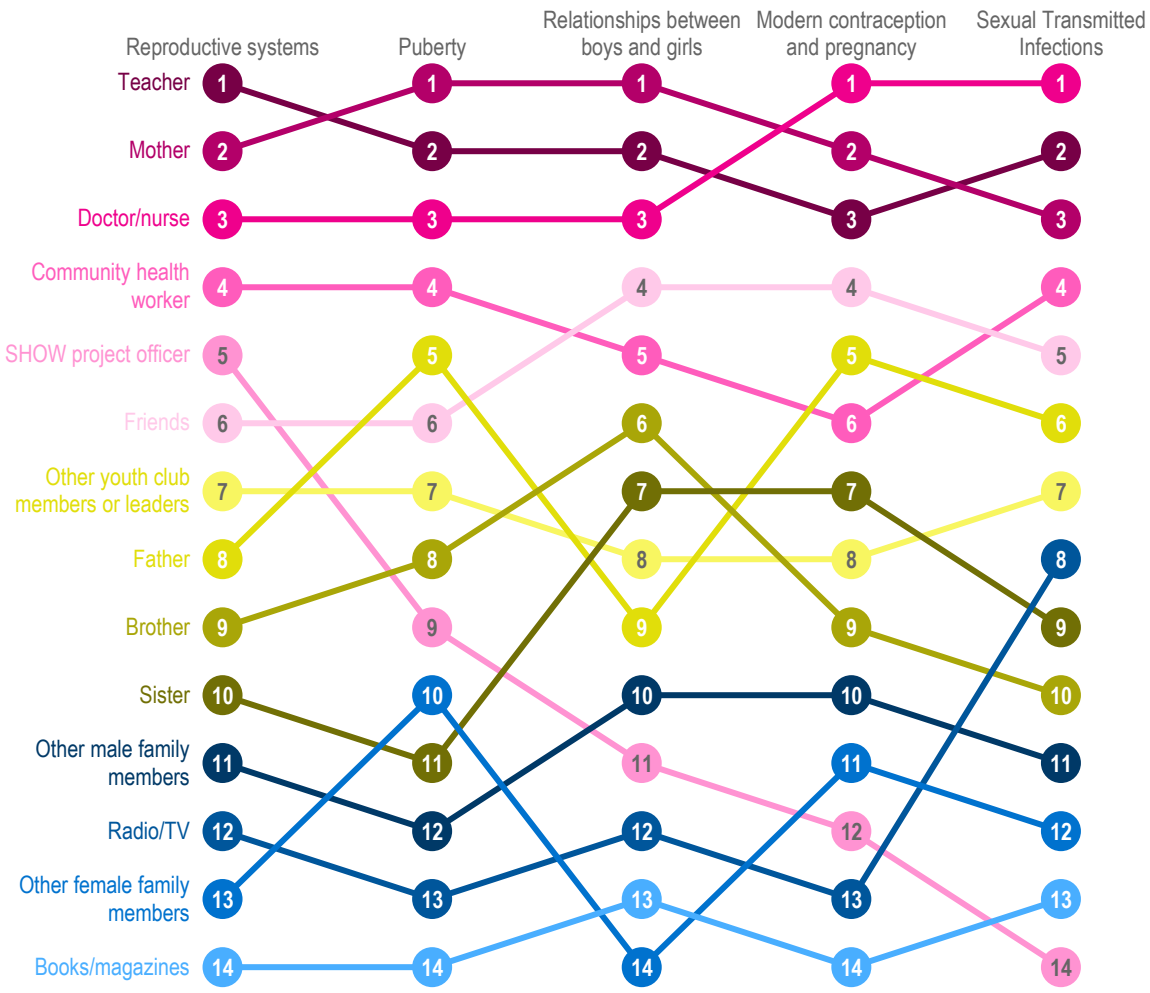
Figure 3: Teenage pregnancy and its prevention was the most frequently cited training topic received by girls and boys through the adolescent groups.



3. SOURCES OF INFORMATION AND INFLUENCE

95% of respondents confirmed that there are people in the community from whom they are generally able to receive information on sexual and reproductive health issues. Adolescents were subsequently asked about sources of information for specific ASRHR topics, such as puberty, reproductive systems of men and women, relationships between boys and girls, modern contraception and pregnancy, and HIV/STIs. Teachers, mothers, doctors/nurses, and community health workers were all consistently ranked among the top five sources of information on these topics, while youth club members and leaders, friends, fathers, brothers, sisters, and SHOW project officers often ranked in the top ten.

Figure 4: Mothers, teachers, doctors/nurses were consistently the top three sources of information for various ASRHR topics.



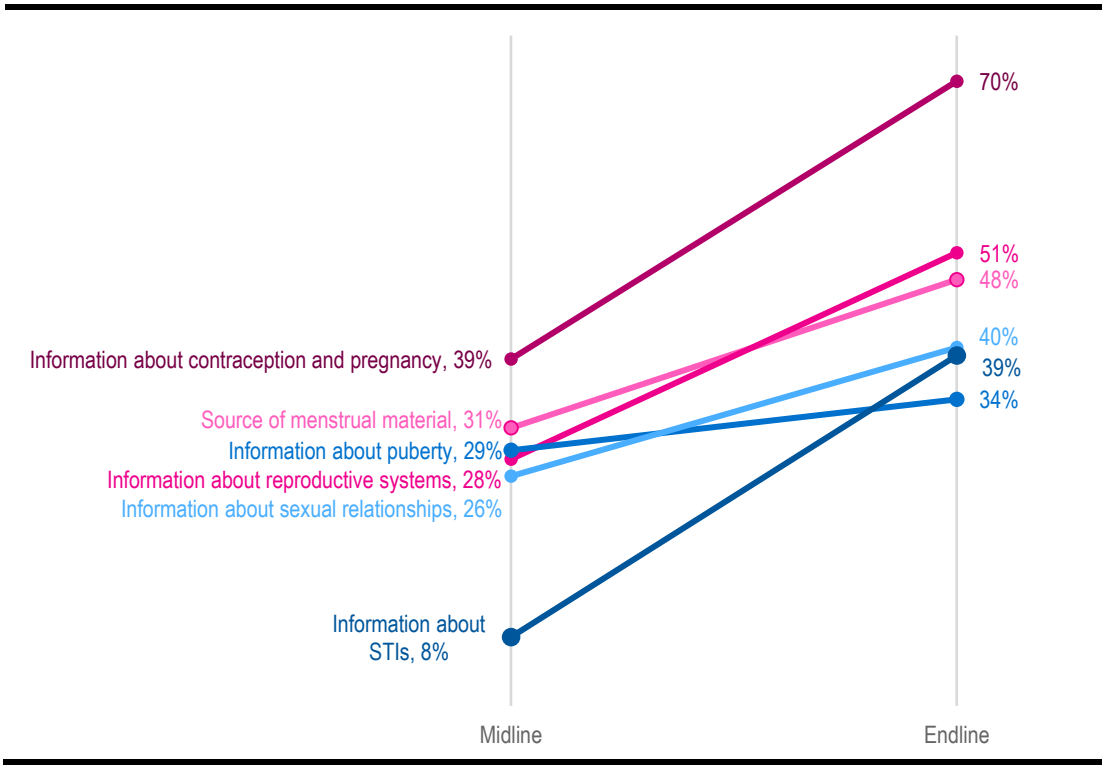
A few main trends should be noted when examining differences between groups and between the midline and endline results. Not surprisingly, girls more often cited mothers as a source of information compared to boys, while boys more frequently cited their fathers compared to girls. It is interesting to note that both girls and boys mentioned mothers as a main source of information more frequently at endline versus midline. Conversely, while teachers were cited as one of the top three sources for all inquired topics, their importance decreased from midline to endline according to both male and female respondents, regardless of age.

4. MENSTRUATION

Only adolescent girls were asked questions relating to menstrual health. 91% reported that they had already begun menstruation, and 96% reported that someone had talked to them about menstruation. Participants recounted that the most commonly used menstrual materials were sanitary pads (93%) and cloth (24%), while the important sources of said materials were their parents/family (48%), stores (44%), and pharmacies (10%).

A higher proportion of girls listed parents/family as their source for menstrual materials at endline (48%) than at midline (31%). This result arguably reinforces that *mothers* are more valued *as a source of information and support* for sexual and reproductive health issues among girls at endline. Figure 5 examines how mothers have increased in importance according to girls from the midline to the endline (though it should again be noted that boys also more frequently listed mothers as a source of information at endline versus midline).

Figure 5: The importance of mothers as a source of information and support for ASRHR among girls has increased at endline.



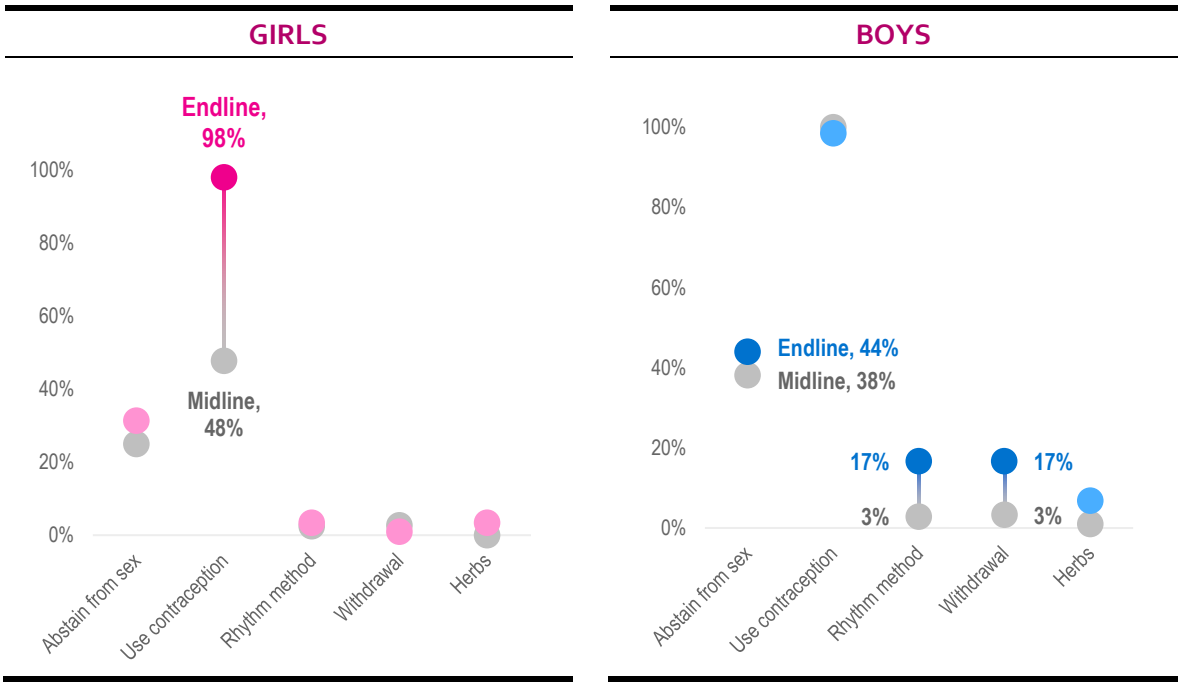
5. MODERN CONTRACEPTIVES

5.1. DELAYING/SPACING PREGNANCY

The adolescent survey collected information on knowledge of modern contraceptives among adolescent girls and boys, examining topics including: delaying/spacing of pregnancies, myths and misconceptions of MMC, and access to MMC. In terms of pregnancy delaying/spacing, results suggest improvements in knowledge among adolescent respondents. Firstly, a notable increase is observed in the percentage of respondents who are aware that it is possible to become pregnant by having sexual intercourse only one time, from 69% at midline to 89% at endline. This trend was observed across all sex and age sub-groups.

Secondly, when asked about methods for pregnancy delaying/spacing, adolescents more frequently mentioned modern contraceptives (98% at endline); while abstinence (38%), the rhythmic method (10%), withdrawal (9%), and herbs (5%) were all mentioned relatively infrequently. Apart from overall trends, it should be noted that boys more frequently mentioned abstinence compared to girls at endline, which represents the only significant differences between sexes. Two key differences between midline and endline must also be underlined. First, girls overwhelmingly favour modern contraception at endline compared to midline; second and conversely, while boys continued to favour modern contraception as the most popular method for pregnancy avoidance, they also mentioned abstinence, the rhythmic method, and withdrawal more often at endline.

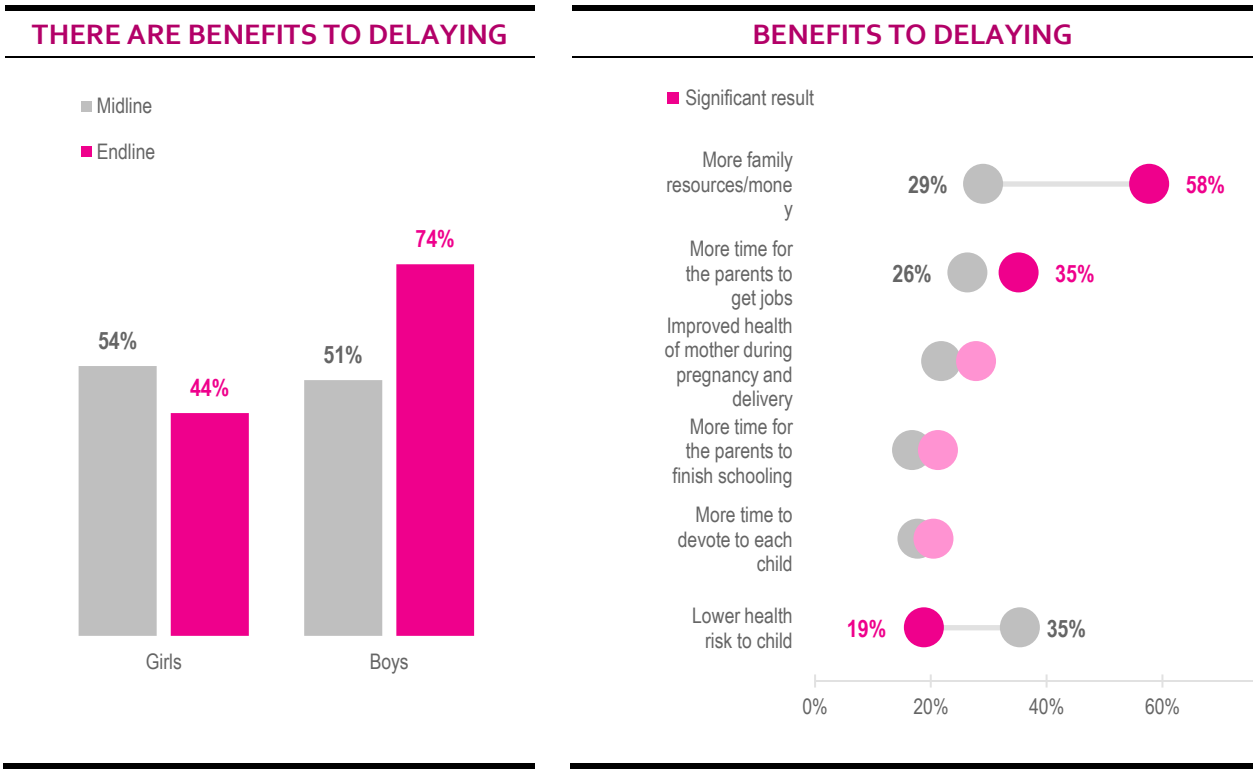
Figure 6: The percentage of girls who mentioned modern contraception at endline doubled compared to the percentage at midline, reaching almost 100%.



74% of male and 44% of female respondents reported at endline that there is benefit to waiting to become pregnant after getting married, underlining the social pressure often faced by girls to produce a child and demonstrate fertility immediately after marriage, as well as the value linked with motherhood and marriage aligning with gendered roles. In addition, more boys responded positively at endline compared to midline, while the reverse trend can be observed among girls.

In terms of the benefits of delaying pregnancy, the following responses were most frequently cited by respondents at endline: more family resources/money (58%); more time for parents to get jobs (35%); and improved health of mother during pregnancy and delivery (28%). It interesting to note that a lower health risk to the child was decreasingly cited by respondents, from 36% identifying this benefit at midline to 19% at endline. These trends are underlined in the figure below with significant differences highlighted in a darker colour.

Figure 7: More boys confirm the benefits of delaying pregnancy, favouring the positive impact on family resources/money.



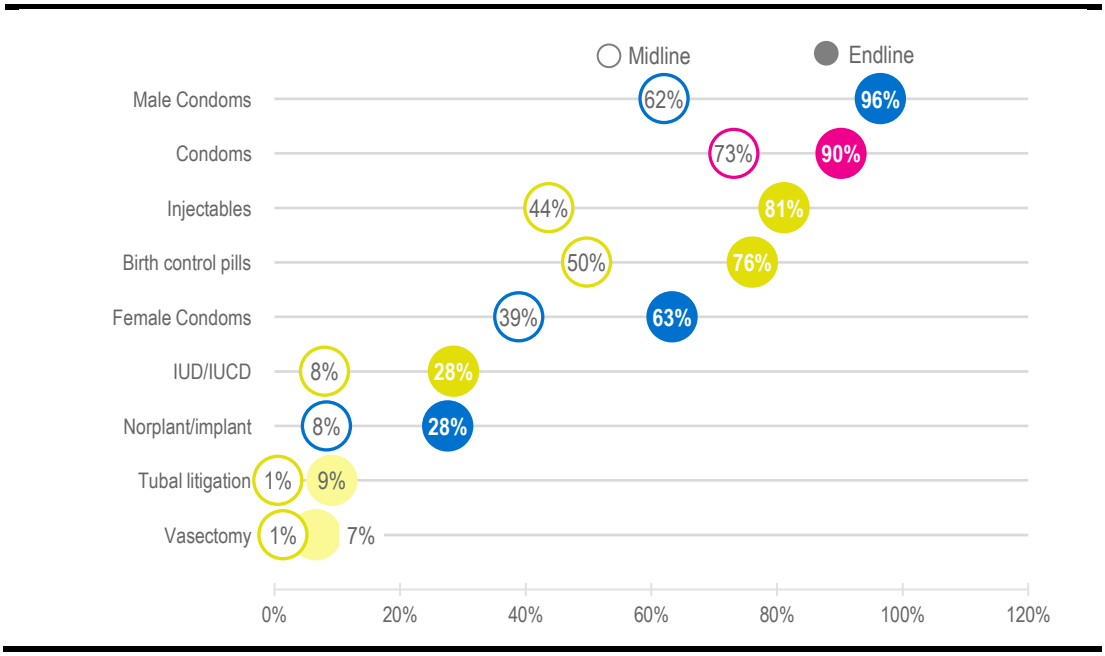
5.2. KNOWLEDGE OF MODERN CONTRACEPTIVES

As discussed in the section above, adolescent girls and boys are almost universally aware of modern contraception and mentioned it most frequently as an effective way to delay pregnancy. To further test their knowledge of modern contraceptives, adolescents were asked to name all of the modern contraceptives of which they were aware: a comparison of midline and endline results again highlights improvements in knowledge and awareness. Other than male and

female sterilization, we observe increases in awareness of all other MMC from midline to endline. Both boys and girls more frequently mentioned injectables, birth control pills, and intrauterine devices (IUD) at endline, as indicated by the darker yellow colour in Figure 8. However, only boys mentioned implants more frequently at endline. Condoms were also mentioned more frequently by girls and boys; however, girls were only given the option "condom" while boys were offered "female condom" and "male condom".

In terms of where to obtain modern contraceptives, health centres (71%), pharmacies (58%), and hospitals (48%) were by far the most frequently mentioned locations by both boys and girls; whereas markets, community-based health volunteers, and friends were rarely mentioned. At endline, it appears that the only notable difference was frequency with which girls mentioned hospitals (56%) compared to their male peers (40%). Midline-endline comparisons were not possible due to a difference in the way the question was posed.

Figure 8: Both girls and boys demonstrated a stronger ability to list modern contraceptives at endline.

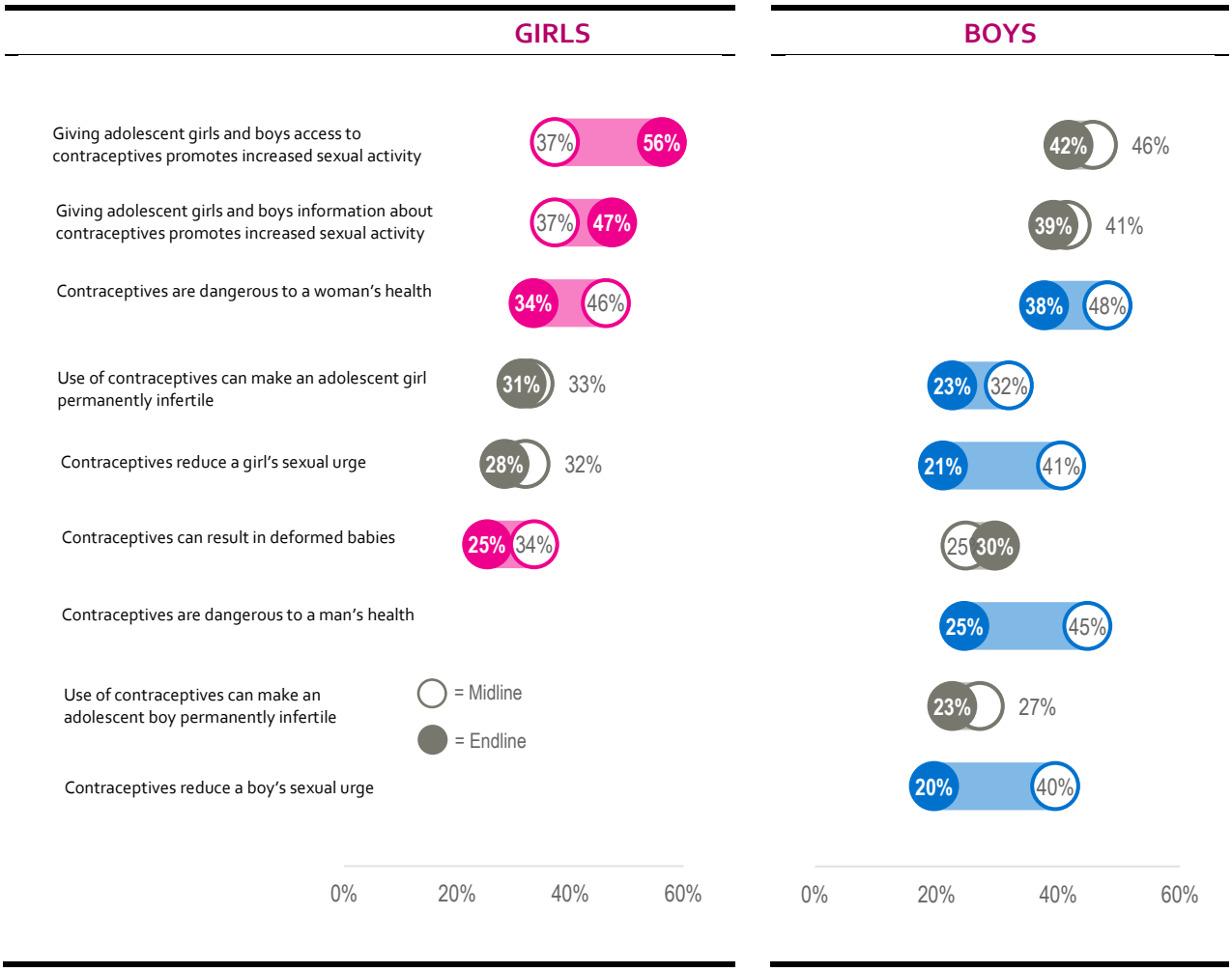


Participants were also asked to assess various myths and misconceptions regarding modern contraceptives: boys were asked to assess nine statements, while girls were asked to assess six. Rejection of these myths and misconceptions was generally reported by 70% of adolescent respondents, with few exceptions: such as the belief that providing adolescents with information and access to MMC will increase sexual activity; or that MMC are dangerous to a woman's health and can cause infertility. When comparing girls to boys, girls more often believe myths that access to contraceptives promotes sexual activity, or that contraceptives can make an adolescent girl permanently infertile. The higher acceptance of these myths by girls could

point to the persistence of broader social norms, expectations and prejudices relating to girls' sexual activity compared to social censure around the sexual activity of boys.

When comparing the midline to the endline, there are again signs of improvements in knowledge, particularly among boys: while boys showed improvements with respect to five statements, girls showed improvements with respect to two (highlighted in colour in Figure 9). Curiously, the myths which boys more often rejected were related to health and sexual urge. Girls also more frequently accepted the two myths relating MMC information and access to increased sexual activity.

Figure 9: Boys showed more signs of improvement of knowledge of modern contraceptives at endline (changes depicted with colour).



5.3. ACCESS TO MODERN CONTRACEPTIVES

The final set of questions examined adolescent access to modern contraceptives, asking specifically whether adolescent participants believed that married and unmarried girls and boys have the same access modern contraceptives as adults. Universally, regardless of gender or age

group, an increased percentage of adolescents affirmed that married and unmarried girls and boys can access modern contraceptives with the same ease as adults when comparing the endline to the midline.

Adolescents were also asked if they themselves could obtain modern contraceptives easily. Though this question is worded differently to the previous questions, it is noteworthy to see that the percentage who claim that they themselves can easily obtain modern contraceptives is much lower than those that claim that adolescents, generally, can obtain modern contraceptives with the same ease as adults.

Figure 10: More adolescents at endline claim that adolescents, themselves included, can access MMC just as adults/easily.

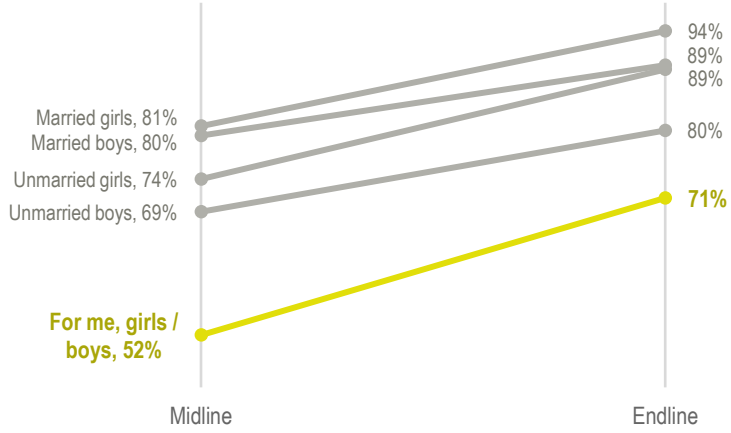
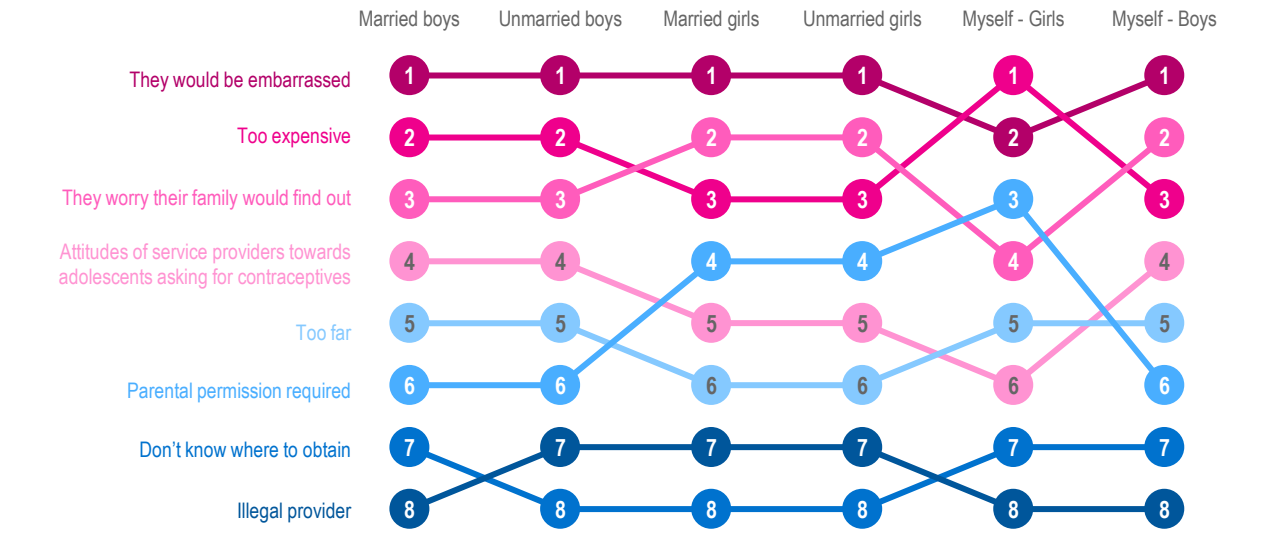


Figure 11: Parental permission may be more of a barrier to MMC for girls when examining the ranking of barriers by sex and civil status.



The barriers to access listed for each married and unmarried girls and boys did not differ significantly, with the most commonly mentioned barriers including feeling embarrassed, prohibitive cost, and family privacy concerns. However, it is interesting to note that parental permission emerged as a more prominent barrier for married and unmarried girls compared to married and unmarried boys. When asked about the barriers that they themselves were likely to face, boys (68%) cited being embarrassed more often than girls (44%), while girls (52%) were more likely to cite expenses than boys (25%).

6. HIV/AIDS AND STIs

Similar to knowledge of MMC, girls and boys were able to demonstrate an increase from midline to endline in knowledge about HIV/AIDS and STIs. While the vast majority of adolescent respondents consistently report a general awareness of HIV/AIDS (92% at midline, 98% at endline), a significant difference was noted regarding knowledge of any other STIs, increasing from 44% at midline to 84% at endline.

Participants were also asked to assess five key messages regarding HIV and STIs. While we observe improvements in knowledge, several misconceptions are still common among this population. Endline results suggest that over half of adolescent respondents believe that a person with HIV always looks sick or unhealthy, or that a woman cannot become infected with HIV if she is having sex only with her husband; and that a minority of respondents still believe HIV can be transmitted by food or by a mosquito, or are unaware of the protective powers of condoms against HIV transmission. Significant differences between boys and girls were observed for several key messages: first, girls are less aware than boys that a person can reduce the risk of getting HIV by using a condom every time he/she has sex; second, girls more often believe that HIV can be transmitted by sharing food; and third that a higher percentage of boys believe that HIV transmission can occur through mosquitos.

When comparing midline and endline results, both boys and girls more frequently rejected three key myths: that a person with HIV always looks sick or unhealthy; that a person can catch the AIDS virus from a mosquito; and that a person can become infected with HIV/AIDs by sharing food with a person who has HIV. Conversely, a smaller percentage of girls demonstrated awareness that a person can reduce the risk of getting HIV by using a condom every time he/she has sex, suggesting overall varied results in knowledge of HIV and STIs from midline to endline.

When asked where a friend could go if they needed treatment, boys and girls most frequently mentioned hospitals and health centers, followed by pharmacies and traditional healers. It is interesting to note that both male and female respondents more frequently identified hospitals at midline, health centers were most often cited at endline. It is unclear however whether adolescents were able to clearly distinguish between the two.

Figure 12: Girls and boys showed signs of improvement of knowledge of HIV/AIDS at endline (changes depicted with colour).

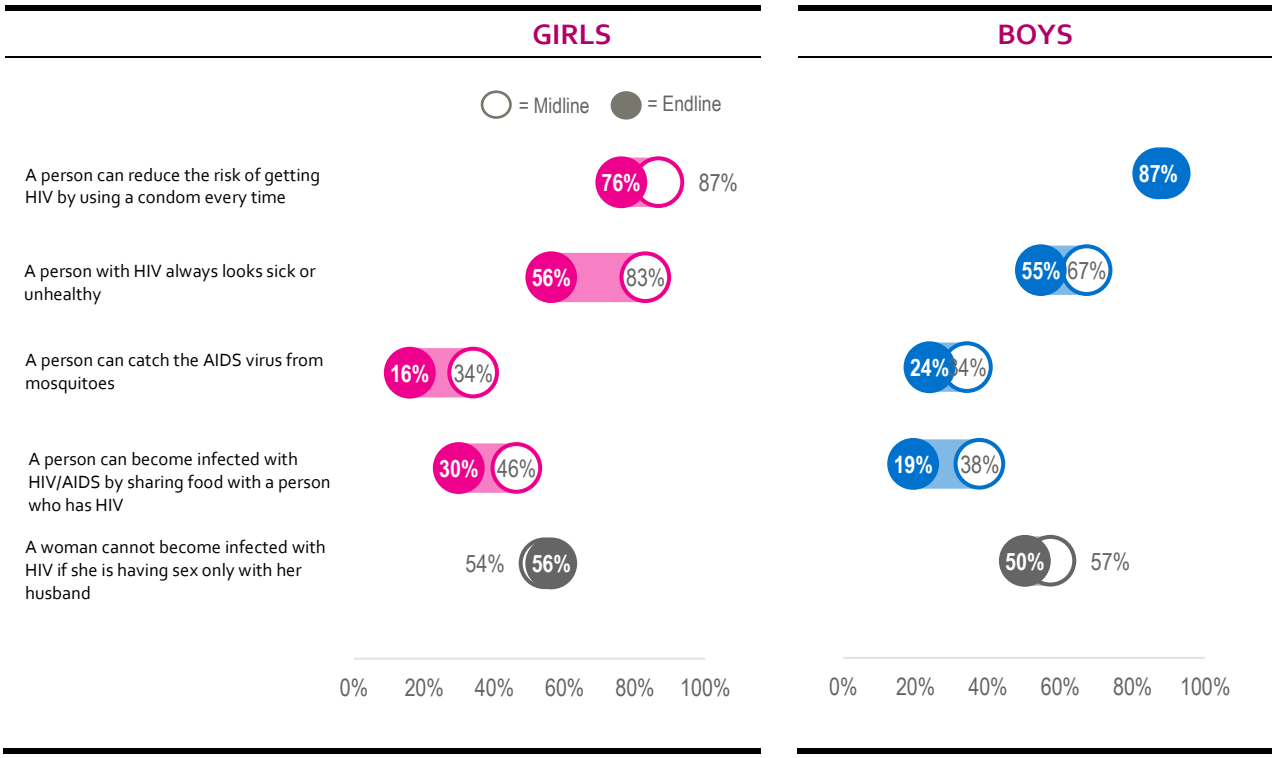
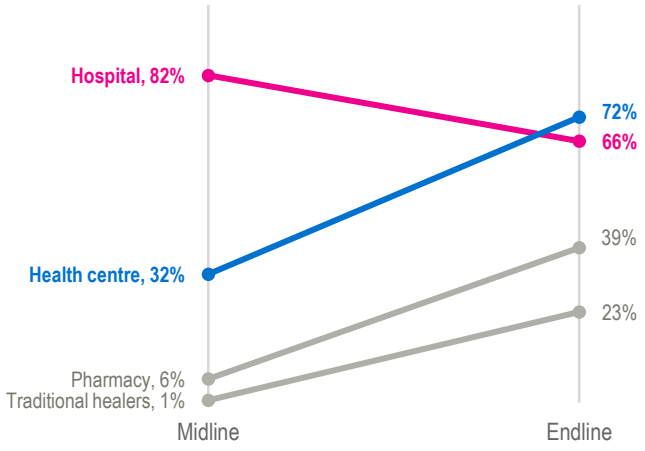


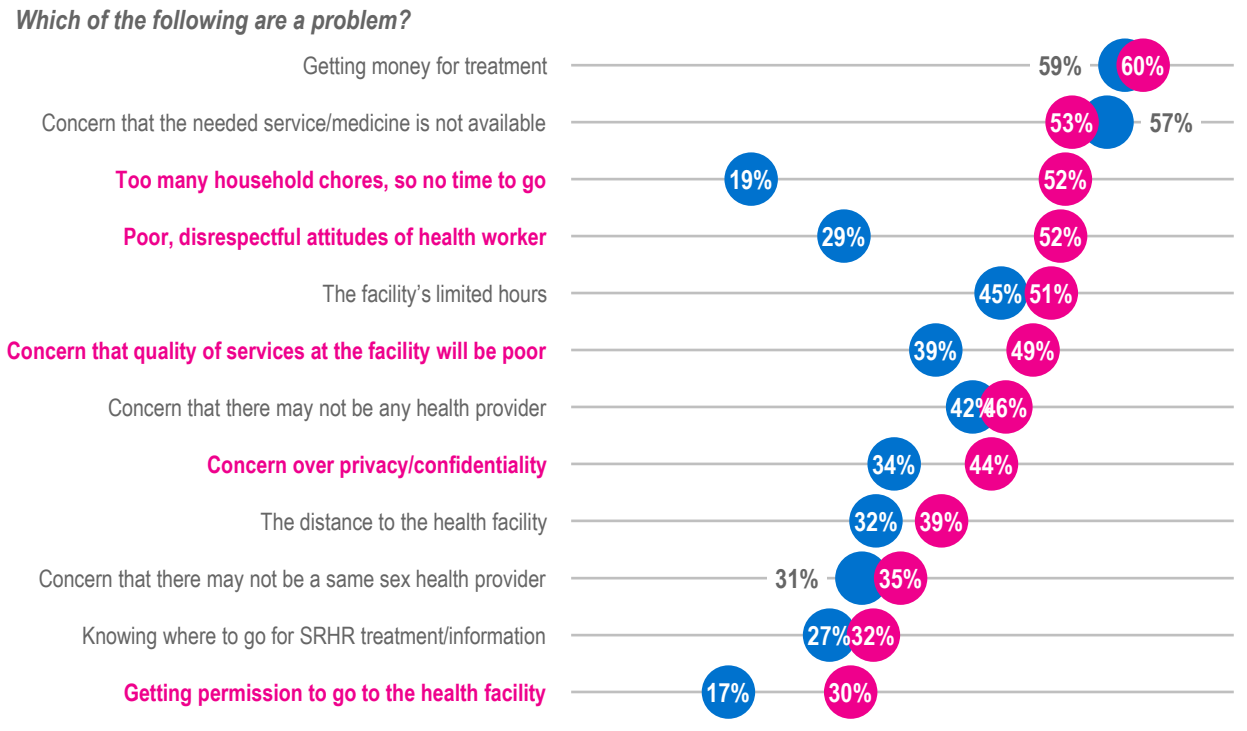
Figure 13: Adolescents favoured hospitals and health facilities for treatment, though hospitals were mentioned less frequently at endline.



7. ACCESS TO ASRHR SERVICES

Adolescent girls and boys were asked about 12 potential barriers to accessing ASRHR services. A similar proportion of girls and boys most often cited two prominent barriers: money for treatment and concern about the (un)availability of required services or treatment. Girls trended more negatively than boys overall, with significant differences observed on five factors (denoted in pink text in Figure 14). Girls more often noted time poverty due to household chores or unfriendly approaches of health workers; while these ranked as the third and fourth most cited barriers for girls, they were among the least frequently cited for boys. An overall comparison of midline to endline reveals that minimal change is observed among girls, while some positive changes are observed for boys.

Figure 14: Girls trended more negatively than boys in their assessment of the potential barriers to SRHR services.



When examining the age dimension, it is important to note that no changes could be observed between the girls aged 15-17 and 18-19. However, significant differences were noted between the older and younger cohorts of boys, with older boys overwhelmingly more likely to identify barriers to access than the younger cohort: at rates comparable to, and even surpassing, girls.

Figure 15: Older boys had more concerns over access to SRHR services than the younger cohort of boys.

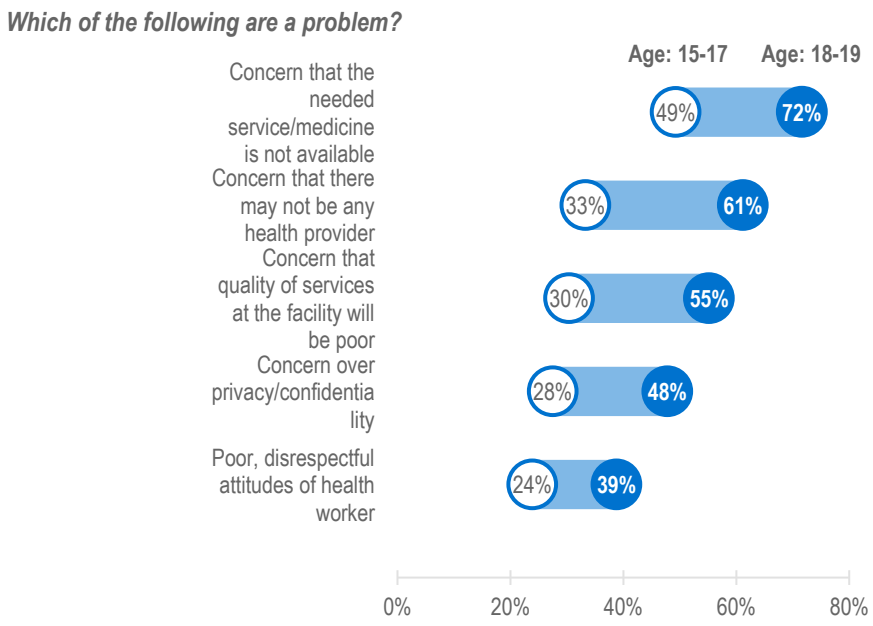
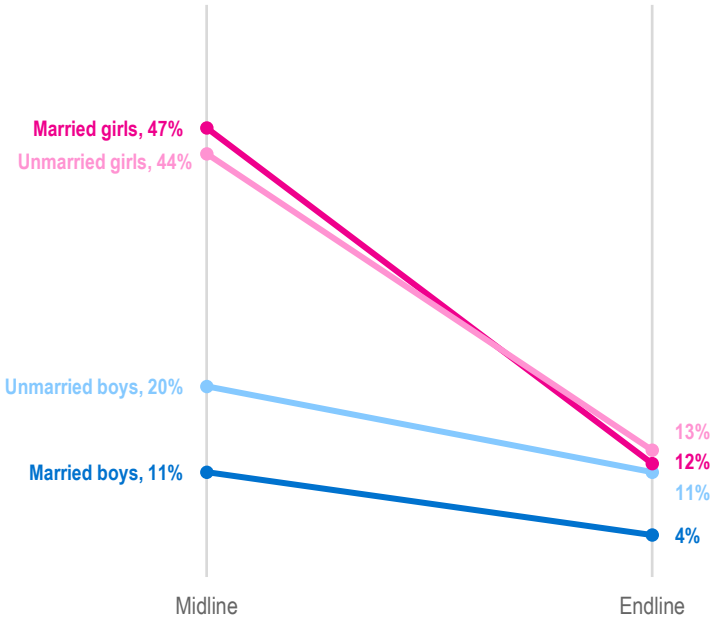


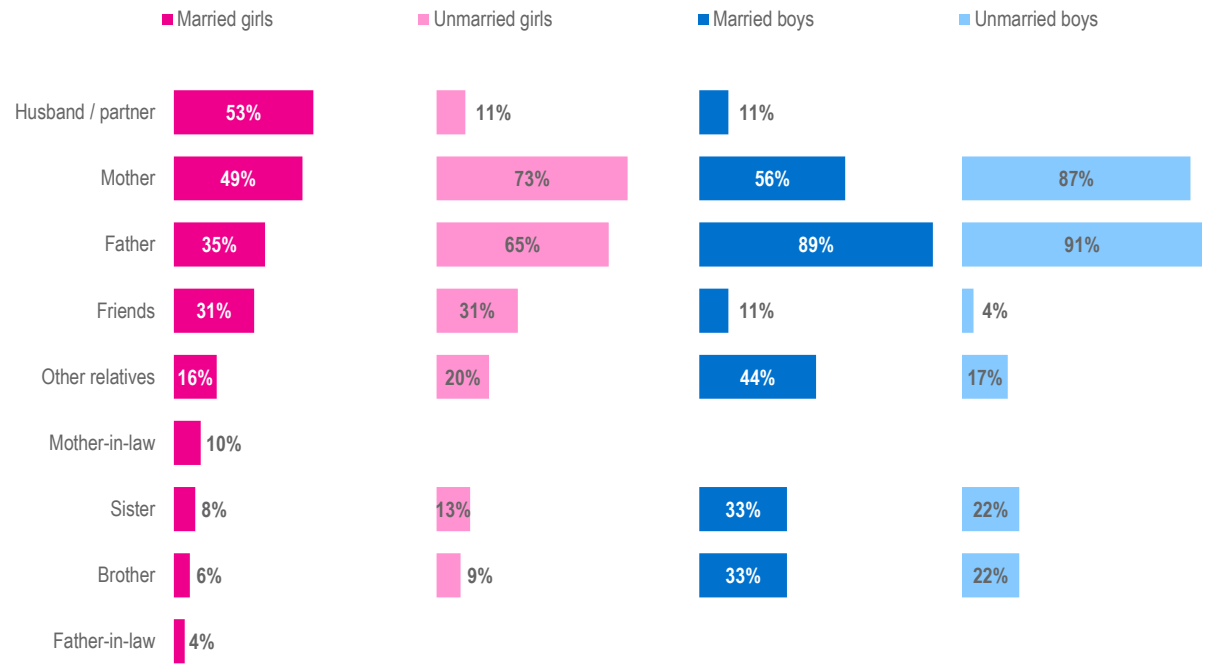
Figure 16: The lowest percentage of adolescents believe that married boys experience resistance if they would like to access SRHR services.



Respondents were subsequently asked to share observations on whether married and unmarried girls and boys experience resistance or disapproval when seeking SRH services. Near equal percentages of male and female respondents perceived that married and unmarried girls, and unmarried boys, experience some resistance; while all sub-groups less frequently observe that married boys experience resistance. It is important to note that with the exception of married boys, significant decreases are observed in the percentage of respondents reporting disapproval or resistance to seeking SRH services, as highlighted in Figure 16.

Boys and girls who indicated that either married or unmarried girls or boys experience resistance or disapproval were subsequently asked to identify *who* disapproves,[1] and *why*. While results should be interpreted with caution due to the smaller number of eligible respondents, it is interesting to note the important role of parents: particularly fathers in disapproving of boys, and mothers disapproving of girls. Not surprisingly, husbands were the most frequently mentioned disapprover for married girls; additionally, a much wider range of disapprovers were identified for married girls, pointing to the gender norms around childbearing for married girls.

Figure 17: Parents are perceived as the greatest disapprovers of adolescents accessing SRH services.



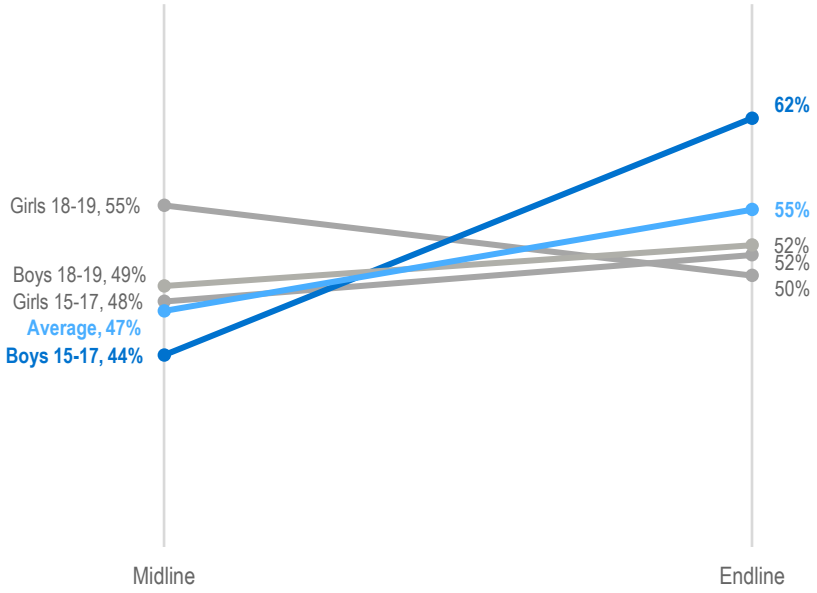
[1] Multiple responses possible.

8. ASRHR DECISION-MAKING

8.1. RIGHT TO REFUSE SEX

At midline and endline, respondents were asked about sexual and reproductive halth rights, including the right to refuse sex; in particular, respondents were asked whether married girls and unmarried girls, respectively, have the right to refuse sex with their husband or partner. With respect to married girls, 55% of respondents indicated at endline that they should not have the right to refuse sex, representing a modest increase from midline (47%). This increase in the percentage of adolescents who believe that married girls do not have the right to refuse sex can largely be accounted for by the 18% increase detected among boys 15-17, as presented in Figure 18. No other group had a measurable change from midline (nor with each other). With respect to unmarried girls, the percentage of adolescents believing that they do not have the right to refuse sex with an adolescent boy or man that she is in a romantic relationship with is considerably lower, measured at 18%, irrespective of age, gender or in comparison to the midline.

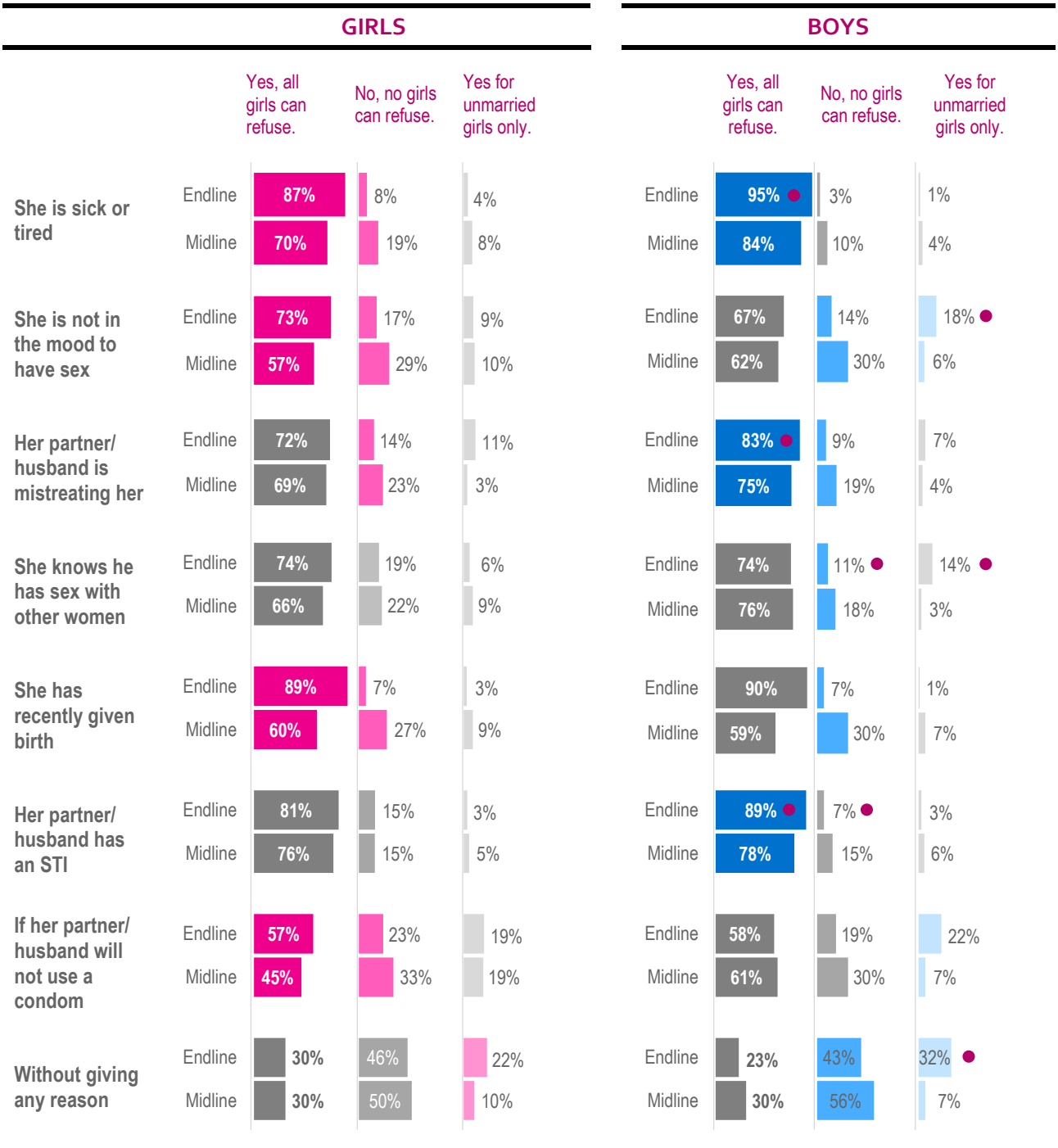
Figure 18: A significantly greater percentage of boys aged 15-17 believe that a married girl does not have the right to refuse sex at endline compared to midline.



When asked to assess whether girls may refuse sex in eight specific circumstances, boys and girls generally seem to agree on the situations where refusal of sex is more or less permissible. Girls and boys agree that married and unmarried girls may refuse sex after giving birth (89% of girls,

90% of boys) or when sick/tired (87% of girls, 95% of boys); and they also agree that adolescent girls are generally unable to refuse sex without giving any reason (30% of girls, 23% of boys).

Figure 19: Overall, girls and boys demonstrate more support for refusal of sex at endline compared to midline, though boys show higher levels of support than girls.



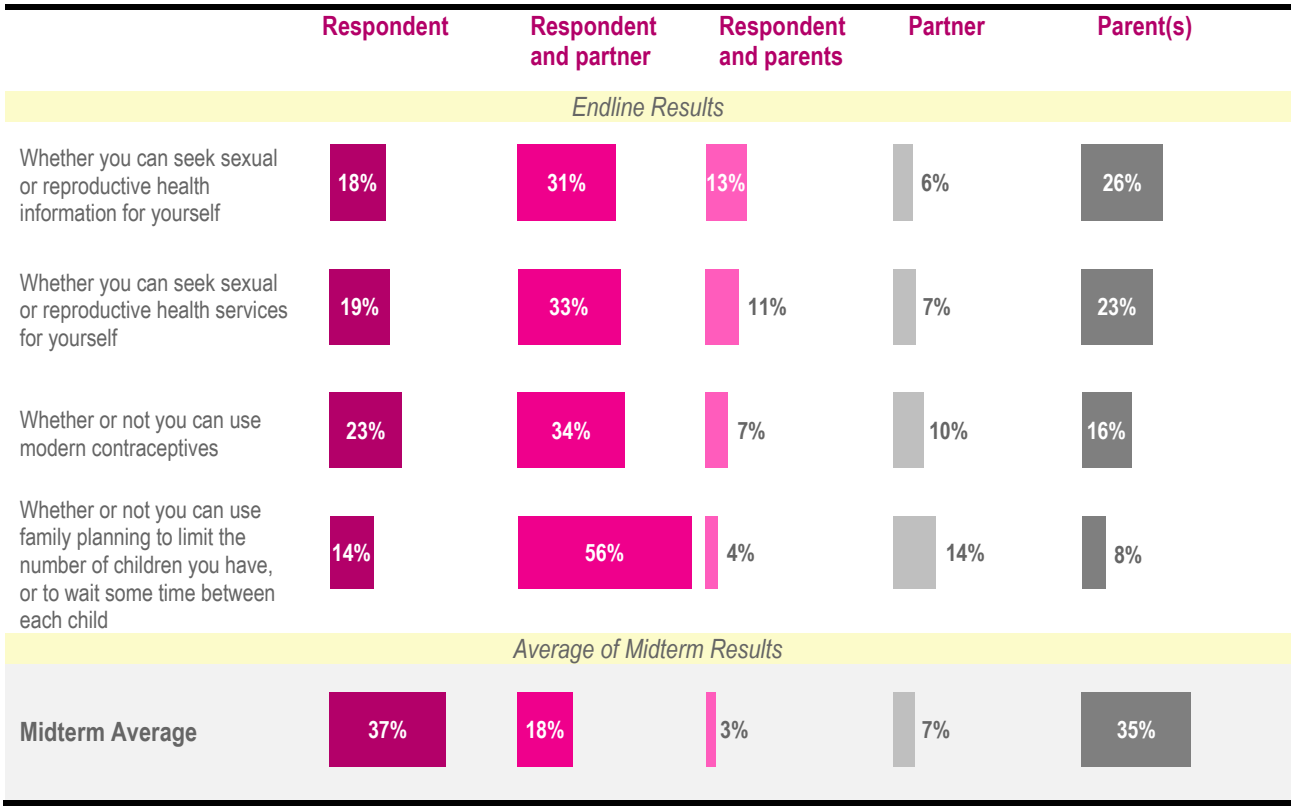
* Coloured bars indicate a statistically significant difference between baseline and endline. A dot represents a statistically significant difference between girls and boys at endline.

Though there are not many differences between the responses of girls and boys, male respondents seem to support all girls' right to refuse more often than their female peers in three instances: when she is sick or tired; if her partner is mistreating her; and if her partner has an STI. In another three scenarios, while the percentage of boys and girls supporting all girls' right to refuse is similar, a higher percentage of boys than girls support an unmarried girl's right to refuse: when she is not in the mood to have sex; when she knows he is having sex with other women; and without giving any reason.

8.2. ASRHR DECISION-MAKING

In terms of ASRHR decision-making, most adolescent girls report some involvement but few report sole decision-making power. Sole decision-making is least frequently observed for decisions on use of family planning, for which the majority of respondents report decisions are made jointly with their partners. With respect to all four decisions probed, some general trends can be observed through comparison to the midline. In each instance, adolescent girls less frequently mentioned themselves or their parents alone as the decision-makers at endline, but more frequently reported joint decision-making with their partner.

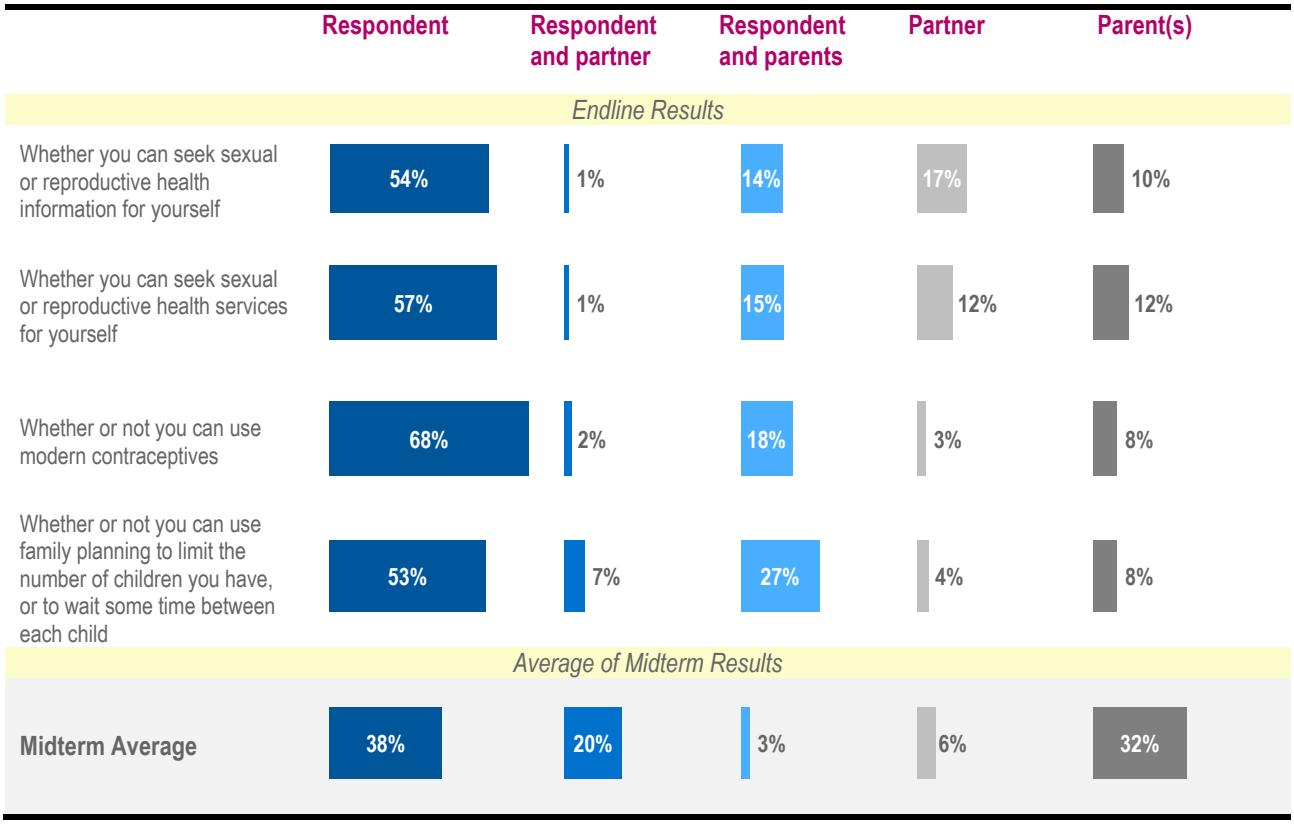
Figure 20: Across all four dimensions, a smaller percentage of girls report decision-making by themselves or by their parents, with a higher percentage reporting joint decision-making with their partner at endline compared to midline.



In contrast with the female respondents, the majority of adolescent boys report making SRHR decisions by themselves, with very few indicating decision-making with their partner. This trend is also highlighted when contrasting the boys' endline results with the midline. Another distinction with the midline is the diminished role of the parents as sole decision-makers, though *joint* decision-making with parents did see an increase at endline. Overall, male respondents have indicated an increase in decision-making participation over time.

Gender appears to be an important factor in decision-making autonomy, as expressed by boys across the board relative to girls. Whether in terms of seeking SRHR information to accessing/using commodities, girls report less power to be able to make decisions themselves at endline, even though at midterm the same proportion of girls and boys reported autonomy on average. What has improved is joint decision-making with partners, pointing to perhaps greater communication in intimate relationships as reported by girls. That being said, joint decision-making with partners does not feature strongly for boys, pointing to the traditional decision-making role of men and boys in matters affecting them as well as their families.

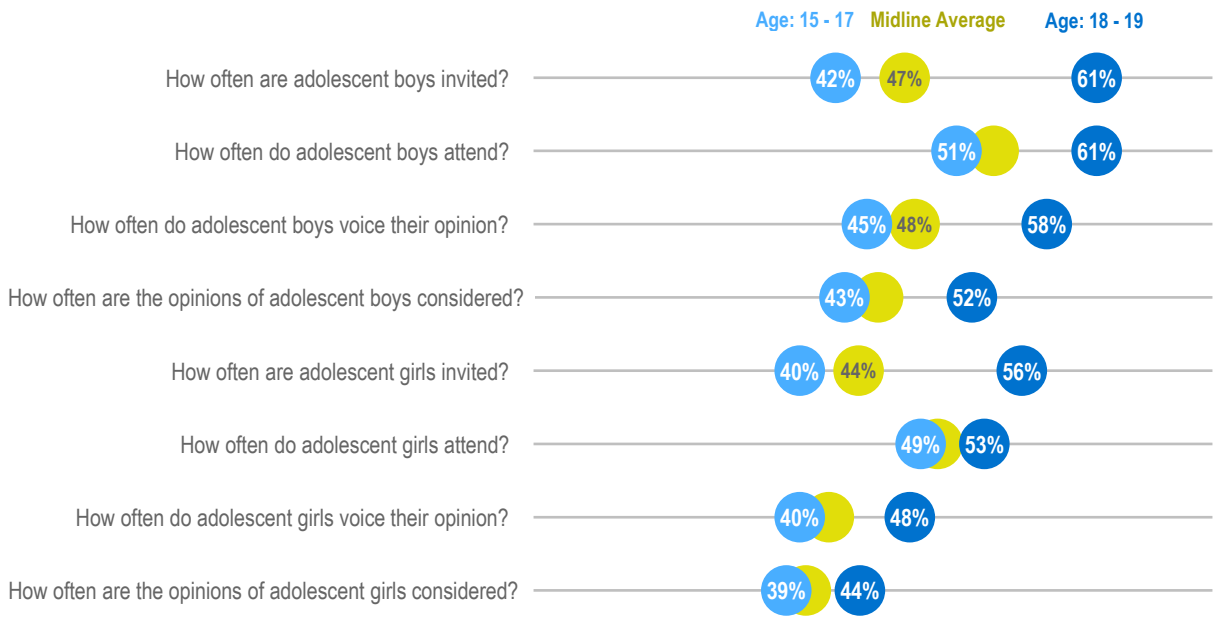
Figure 21: A higher percentage of boys indicate sole decision-making for SRHR decision-making when comparing the endline to the midline.



8.3. COMMUNITY PARTICIPATION

At first glace, comparisons between midline and endline with regards to community participation by adolescents did not produce any meaningful differences across age and sex sub-groups. The percentage of adolescents indicating *frequent* participation of boys and girls varies between 40 and 50% for all questions, which remains consistent with midline results. However, when grouping by age alone, it becomes obvious that the older cohort perceive community participation much more positively than the younger cohort. And while the sex-based differences may be small, fewer girls relative to boys are invited, are able to attend, voice their opinions or are considered. The data also suggests that adolescents who meet with their groups less frequently (once per month or less) are more likely to share negative opinions about community participation versus those who meet with their groups at least once per week – indicating the potential for collective agency for those that meet more frequently with their groups.

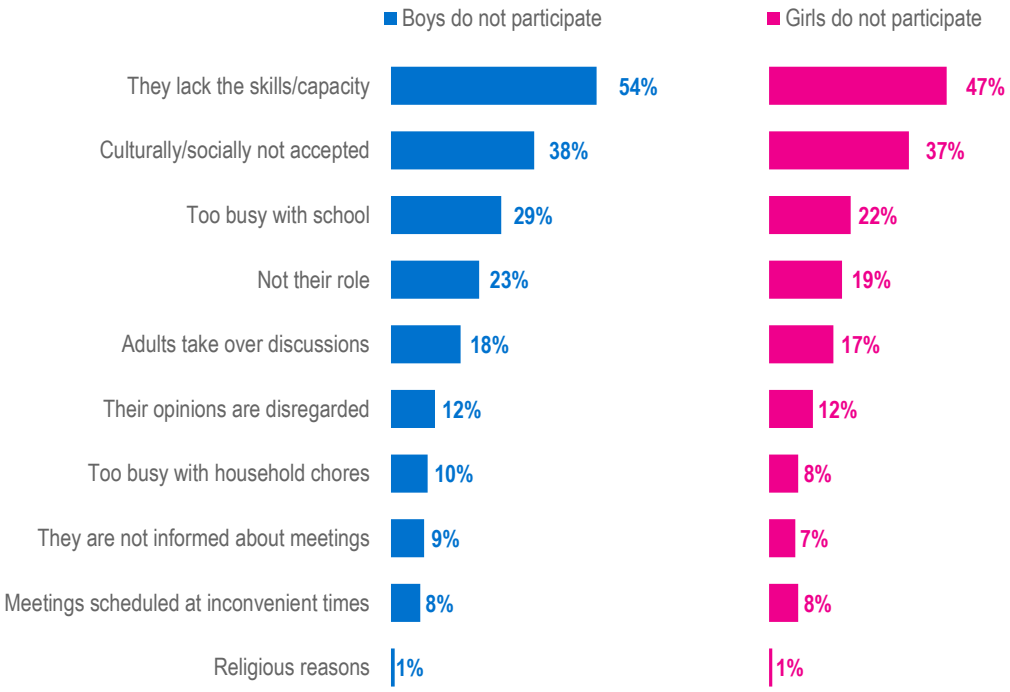
Figure 22: The younger cohort felt more negatively about adolescent participation in the community compared to the older cohort.



*Results indicate percentage of respondents who report the response *always* or *often*

When probed about reasons for non-participation, the most common responses were that adolescents lack the skills/capacity, or that it is not culturally accepted for adolescents to participate in community processes. The reasons cited to explain girls' and boys' non-participation did not differ in any respect, nor were the frequency of responses different by age or sex (or age alone). In contrast to the midline, there is some evidence that both (a) time poverty due to schoolwork or chores, and (b) lack of skills/capacity, were more frequently identified as barriers at endline.

Figure 23: The greatest reason provided by adolescents to explain their non-participation in community process was a lack of skills/capacity.



9. RECOMMENDATIONS AND CONCLUSIONS

This quantitative study offers many lessons learned and recommendations for promoting adolescent sexual and reproductive health and rights. These recommendations are intended to inform the design and implementation of future ASRHR initiatives and are primarily directed at the communities who are currently implementing the SHOW project. A few recommendations are directed internally and to other development partners working to improve the health outcomes of girls and boys in Ghana. The recommendations below are not listed in any order of priority, but are grouped by intervention type or theme.

Knowledge of essential ASRHR topics

Lesson 1: Teachers, mothers, and health care professionals are the main sources of information for various ASRHR topics.

Adolescents were asked who their main source of information was for several ASRHR topics, and for each topic, mothers, teachers, and health care professionals were consistently listed as the main sources of information. Mothers, in particular, were mentioned more frequently by girls and boys at endline compared to midline.

Given their central role in information dissemination, it would make sense to provide these three groups with training and orientation on ASRHR. An effort should be made to ensure that teachers have access to the manuals and technical guidelines for comprehensive sexuality education and that these programs are being implemented correctly. Similarly, doctors and nurses should be trained to the standards for adolescent friendly health services, particularly on adolescent friendly information education and communication strategies. Perhaps most importantly, mothers, as a first point of contact for adolescents, should be oriented on the importance of ASRHR to help dismantle any deeply held socio-cultural or religious norms and practices that may prevent them from effectively communicating to their children (particularly given that they are also cited as one of the most frequent resistors or disapprovers to accessing SRH services).

Recommendation 1: Appropriate sensitization should be provided to mothers on the main ASRHR topics, while teachers and health care professionals should be trained and provided with resources, including job aids.

Lesson 2: Boys have benefitted from larger knowledge gains compared to girls.

While there is some evidence of improvement in knowledge, this may be due to response bias, whereby boys are aware of what the "correct responses" are while girls are responding according to what is favoured within their socio-cultural and religious frame of reference. Tensions between the messages they have received during sensitization and what is deemed acceptable

within their communities may be playing out differently in how girls and boys are responding to particular questions. This may be the case with respect to boys' greater support for a girl's right to refuse sex and to the benefits associated with delaying pregnancy after marriage.

It should also be noted that girls did demonstrate knowledge gains in several areas, particularly with respect to modern contraception. Nevertheless, the results do indicate that boys may have more knowledge than girls on a variety of ASRHR subjects. For example, boys were more likely to reject myths and misconceptions relating to modern contraception and to HIV/AIDS than girls. It is possible that, despite girls and boys being exposed to the same messaging, that girls remember information which they find to be more relevant to them, namely on teenage pregnancy and its prevention. The data on adolescent group training topics provides some evidence of this, as boys were significantly more likely to mention having received training on family planning, adolescence and HIV/AIDS and STIs; while girls were more likely to mention teenage pregnancy and its prevention, as well as puberty and menstruation.

Recommendation 2: Investigate whether girls have been provided with sensitization on all main ASRHR topics, beyond teenage pregnancy and its prevention. Ensure that future sensitization efforts emphasize the importance of all major topics for both girls and boys.

Lesson 3: Married girls are not perceived to have the same right to refuse sex as unmarried girls.

Though adolescent girls and boys show more support for both married and unmarried girls' right to refuse sex at the endline, boys in particular show less support for married girls' right to refuse. Boys and girls mainly seem to agree on the situation in which it is more permissible to refuse sex: specifically, after giving birth or when a girl is sick/tired. Few find justification if a girl it is not perceived to have a reason they consider valid.

Recommendation 3: Adolescents must be sensitized to the equal rights of all girls to refuse sex for whatever reason, including married girls, and dismantle the socio-cultural and religious norms and practices that may run counter to this. Adolescents' understanding about the connection between the right to refuse sex, violence and protection from violence should also be improved.

Access to ASRHR Services

Lesson 4: Girls and boys face barriers to accessing ASRHR services, parental resistance being one of the most significant.

Girls' and boys' opinions with respect to whether they face barriers to accessing MMC or ASRHR services has greatly improved since midline. To begin with, 30% of girls and boys report they would have difficulties accessing MMC, compared to 52% at midline. Likewise, 13% and 11% of

adolescents claim that unmarried adolescent girls and boys would experience resistance from someone if they wanted to access ASRH services, compared to 44% and 20% at midline.

Regardless of the fact that fewer adolescents identified barriers to accessing services at endline, at least 30% identified each of the 12 hypothetical barriers to ASRH services to currently be a problem. The two barriers most often named by girls and boys were the money for treatment and concern that the needed service / treatment is not available in the health facility. Generally, girls trended more negatively than the younger boys overall, reaching significance on five factors, most notably "household chores, so no time to go" and "getting permission to go to the health facility".

The obstacle of parental permission was also raised in terms of access to modern contraceptives more often for girls than for boys. Data from other questions, however, highlight that mothers and fathers are the main resistors/disapprovers for married and unmarried girls and boys (though a higher proportion of adolescents indicate that husbands are the main disapprover for married girls, followed by mothers and fathers). When paired with the fact mothers are frequently listed as the main sources of ASRHR information, the need for parental sensitization becomes apparent.

Recommendation 4: Ensure that adolescents are empowered financially to access ASRHR services.

Recommendation 5: Ensure that governments have equipped facilitates with the full package of essential ASRHR services, including diagnostics and a variety of modern contraceptives, as per the official technical guidelines.

Recommendation 6: Parents should be provided with awareness-raising on the importance of ASRHR to help reduce their resistance to their children accessing essential information and services.

ASRHR Decision-Making

Lesson 6: Girls prefer joint decision-making while boys prefer sole decision-making.

A couple of clear trends were revealed through an examination of four SRHR decision-making scenarios. Girls more often report joint decision-making while boys more often report sole decision-making. This finding points to the underlying gender norms pertaining to decision-making patterns and power relationships overall, with males having more autonomy and power to make decisions independently than females. In comparison to the midline, girls less frequently mentioned themselves and more frequently mentioned joint decision-making with their partner. Conversely, boys more frequently mentioned themselves and less frequently mentioned their parents. It may be interesting to explore how this outcome may have been produced, given that opposing trends are playing out for girls and for boys.

Recommendation 7: Through the adolescent groups, boys should be further sensitized on the importance of joint-decision-making with their partners towards inculcation equitable power-relationships and positive masculinities.

Lesson 7: Community participation is less accessible to the younger cohort of adolescents.

According to the results, the younger cohort of girls and boys less frequently report being involved in community processes compared to girls and boys aged 18-19. The data also suggests that adolescents who meet with their groups less frequently (once per month or less) also are more likely to share negative opinions about community participation versus those who meet with their groups at least once per week. When probed about reasons for non-participation, the most common responses were that adolescents lack the skills/capacity and that it is not culturally accepted for adolescents to participate in community processes. Generally, there is no evidence of any change since midline.

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Recommendation 8: The participation of adolescents in community processes should be facilitated by concrete, agreed-upon mechanisms of inclusion of the adolescent groups.

ANNEX A: QUESTIONNAIRE – GIRLS

SHOW: ENDLINE ASRHR SURVEY QUESTIONNAIRE (FOR ADOLESCENT GIRLS)

Inclusion criteria: Please select adolescent girls aged 15 to 19 years. They can be married or unmarried, pregnant or not pregnant. Please only exclude adolescent girls if they currently have a live child, to avoid overlap with the household survey.

For unmarried children <18, please obtain permission from their parents prior to the survey (for married adolescents, proceed to next introduction) Hello. My name is [Enumerator's Name]. Your community has been selected for a study on adolescent reproductive health and rights. In this survey, we are interviewing adolescents aged 15-19 years, individually. We are interested in their knowledge on and attitudes towards reproductive health care and rights. This information will be useful to Plan International Ghana and its partners in developing plans to provide health services tailored specifically to address the needs of young people. We would very much appreciate your permission to have your child(ren) participate in this survey. Whatever information your child(ren) provides will be kept strictly confidential, unless we have reason to believe that a child is at risk of harm. In that case, I am obligated to share information with people who can protect the child. May I interview (Name of Adolescent) in private on xxx (provide date)? If you decide not to allow your child(ren) to be interviewed, we will respect your decision.		
Name of person giving consent		
Relationship to adolescent		
Name of adolescent		
Do you give permission to continue	1. Yes 2. No If **2 (NO),** end interview. Please note the total number of respondents that refuse to participate.	|__|
	If **1 (YES),** please sign on the box right to this box	
	Day |__|__| Month |__|__| Year |__|__|__|__|	

For all respondents, regardless of age, please obtain their permission prior to the survey Hello. My name is [Enumerator's Name]. Your community has been selected for a study on adolescent reproductive health and rights. I would highly appreciate your participation in this survey. The questionnaire usually takes about 30 to 45 minutes. It has a number of questions related to your reproductive health and rights. There is no financial compensation for your participation; however, we do hope that you will participate in this study, as your opinions and experiences are very important to us. You are free to choose whether or not to participate in this study. If you choose to participate and if I ask you any question that you do not want to answer, just let me know and I will go on to the next questions, or you can stop the interview at any time. We hope that you will feel comfortable to respond honestly and openly. Any information you share will be kept strictly confidential unless we have reason to believe that you or another child is at risk of harm. In this case, I am obligated to share information with people who can protect you or the other child. At this time, do you want to ask me anything about this survey?		
Do I have **your permission** to continue?	1. Yes 2. No If **2 (NO),** end interview. Please note the total number of respondents that refuse to participate.	|__|

	If **1 (YES),** please sign on the box right to this box	
Is there a good, quiet and private place where we can sit and conduct the interview? *(The place should be far enough away that others cannot **hear** the interview, but within sightline to ensure that the respondent feels safe. Suggest a good place if the respondent is unable to do so.)*		
Do you currently have any **children**?	1. Yes 2. No If **YES,** end interview	|__|
Do you belong to an adolescent group?	1. Yes 2. No If **NO**, end interview	|__|
If so, for how long have you been a member of this group? (Read list)	1. Less than 6 months 2. 6 months – 1 year 3. 1 – 2 years 4. 2 – 3 years 5. More than 3 years	|__|
Generally speaking, how often do you meet with other adolescent group members?	1. More than once per week 2. Once per month 3. Once every 3 months (Quarterly) 4. Once every 6 months (Bi-annually) 5. Other (specify)	
1Do your meetings include girls only or a mix of girls and boys?	1. Girls only 2. A mix of girls and boys have meetings together	|__|
Have you ever received any training/orientation on reproductive health and rights?	1. Yes 2. No	|__|
If yes, when was the training/orientation?	Month |__|__| Year |__|__|__|__|	
If yes, What key messages did you discuss during the training/orientation?	1.	
If no, Other than training/orientation sessions, have you been part of any other conversations or activities about reproductive health and rights?	1. Yes 2. No	|__|
If yes, please describe		
Date of Interview	Date |__|__| Month |__|__| Year |__|__|__|__|	
Start time	Hour |__|__| Minute |__|__|	

Questionnaire #		|__|__|__|__|	
Individual ID		|__| - |__| - |__|__| - |__|__|__|__| - **Girls**	
Country	|__|	District	|__|
Region	|__|	Community	|__|
Type of Settlement	1 = Urban, 2 = Semi-urban, 3 = Rural		|__|

Enumerator Code	|__|	Supervisor Code	|__|
Verifier Code	|__|	Data Clerk Code	|__|

SECTION 1: SOCIO-DEMOGRAPHIC DATA

No.	Question	Codes	Response
I would like to start by asking some general questions about you.			
1.1	How old are you? *(please use DIGIT to record)*	Enter age → 99. Don't know age	|__|__|
1.2	In what month were you born?	1. January 2. February 3. March 4. April 5. May 6. June 7. July 8. August 9. September 10. October 11. November 12. December 99. Don't know	|__|__|
1.3	In what year were you born?	Enter full year 99. Don`t know →**Compare with 1.1 and correct if inconsistent.** **If respondent is aged 20 or older, END INTERVIEW**	|__|__|__|__|
1.4	What is your current marital status?	1. Single (never married) 2. Engaged →**If 1 (SINGLE) or 2 (ENGAGED), skip to 1.9** 3. Married 4. In a union 5. Separated 6. Divorced 7. Widowed	|__|
1.5	What is your religion?	1. Islam 2. Christian (Catholic) 3. Christian (others) 4. African Traditional Religion 5. None 97. Prefer not to say 98. Other	|__|__|
		If other, please specify	
1.6	Are you currently enrolled in school?	1. Yes 2. No→**Skip to 2.1**	|__|
1.7	What is the **last level** of education you completed?	1. Primary 2. Junior High School 3. Senior High School 4. Technical/Vocational 5. College/University 98. Other	|__|__|

No.	Question	Codes	Response
		If other, please specify	

Check for the presence of others. Before continuing, make every effort to ensure auditory privacy.
Now I would like to ask you some questions about some other important aspects of life. I know that some of the questions are very personal. However, your answers are crucial for helping to understand the condition of adolescent girls in your community. Let me assure you again that your answers are confidential. If we should come to a question that you do not want to answer, please tell me and we will go to the next question.

SECTION 2: Sources of information and influence

No.	Question	Codes	Response
We are going to begin by talking about where girls in your area tend to receive information on reproductive health.			
2.1	Are there people in your community who give information about reproductive health issues to adolescent girls and boys?	1. Yes 2. No 99. Don't know **→If 2 (NO) or 99 (DON'T KNOW), skip to 2.3**	|__|__|
2.2	If yes, who are they? Do not read list. *Record all responses.*	1. Community health volunteers (CHVs) /CHWs 2. Health Workers (Community Health Nurses/Officers, Nurses, Doctors, Midwives, Enrolled Nurses, etc.) 3. Traditional Birth Attendants 4. Community Support Groups 5. Religious and Traditional Leaders 6. Adolescent boys and girls club members 7. Teachers 8. Local/traditional healers 97. Prefer not to say 98. Other	 |__|__| |__|__| |__|__|
		If other, please specify	

No.	Question	Codes	Response
2.3	Who/what has been your **most important** source of information on puberty? By puberty we mean the ways in which boys' and girls' bodies change during adolescence. *Do not read list. Record only the most important source.*	1. Mother 2. Father 3. Brother 4. Sister 5. Other female family members 6. Other male family members 7. Friends 8. Health worker (Doctor, nurse, Community Health Nurse/Officer, Midwives, Enrolled Nurse, etc.) 9. Community based health volunteers (CBHVS) 10. Teacher 11. Books/magazines 12. Films /video 13. Radio/TV 14. Internet/social media 15. Other youth club members or leaders 16. Religious leader 17. Community leader 20. Traditional healers 97. Prefer not to say 98. Other	|__|__|
		If other, please specify	
2.4	Who/What has been your **most important** source of information on the reproductive systems of women and men? *Do not read list. Record only the most important source.* *If necessary, explain that 'reproductive systems' refer to where eggs and sperm are made and how pregnancy occurs.*	1. Mother 2. Father 3. Brother 4. Sister 5. Other female family members 6. Other male family members 7. Friends 8. Health Worker (Doctor/ Nurse, Community Health Nurse/Officer, Midwives, Enrolled Nurse, etc.) 9. Community based health volunteers (CBHVs) 10. Teacher 11. Books/ magazines 12. Films /video 13. Radio/TV 14. Internet/social media 15. Other youth club members or leaders 16. Religious leader 17. Community leader 97. Prefer not to say 98. Other	|__|__|
		If other, please specify	
2.5	Now I would like to ask you about sources of information on relationships between boys and girls. Who/What has been your **most important** source of information on this topic?	1. Mother 2. Father 3. Brother 4. Sister 5. Other female family members 6. Other male family members	

No.	Question	Codes	Response
	Explain that 'relationships' refer to how boys should treat girls and vice versa. *Do not read list. Record only the most important source*	7. Friends 8. Health Worker (Doctor/nurse, Community Health Nurse/Officer, Midwives, Enrolled Nurse, etc.) 9. Community based health volunteers (CBHVs) 10. Teacher 11. Books/magazines 12. Films /video 13. Radio/tv 14. Internet/social media 15. Other youth club members or leaders 16. Religious leader 17. Community leader 97. Prefer not to say 98. Other	|__|__|
		If other, please specify	

SECTION 3: Menstrual Health

No.	Question	Codes	Response
Next we are going to speak about menstrual health.			
3.1	Have you had your first menstruation?	1. Yes 2. No 97. Prefer not to say→**Skip to 4.1**	|__|__|
3.2	Did/has anyone talk(ed) to you about menstruation?	1. Yes 2. No 97. Prefer not to say 99. Don't know/don't remember **→If 2 (NO), 97 (PREFER NOT TO SAY), or 99 (DON'T KNOW) skip to 3.4**	|__|__|
3.3	What do you normally use during menstruation? *Record all responses.*	1. Cloth 2. Tampon 3. Purchased sanitary pad 4. Menstrual cup 5. Toilet paper 6. Cotton 7. Natural materials 97. Prefer not to say 98. Other	|__|__| |__|__| |__|__|
		If other, please specify	
3.4	Where do you get menstrual hygiene materials? *Record all responses.*	1. Parents/family (home) 2. School 3. Health facility/adolescent corner 4. Pharmacy 5. Peers/friends 6. Stores 7. On my own 97. Prefer not to say 98. Other	|__|__| |__|__| |__|__|
		If other, please specify	

SECTION 4: Modern Contraceptives

No.	Question	Codes	Response
Next, we will discuss pregnancy and contraception.			
4.1	Can an adolescent girl become pregnant by having sexual intercourse only one time?	1. Yes 2. No 97. Prefer not to say 99. Don't know	|__|__|
4.2	What are some of the ways that a couple can avoid pregnancy if they do not want to become pregnant? *Do not read the list of answers.* *Record all responses.*	1. Abstain from sex 2. Use contraception 3. Rhythm method or periodic abstinence 4. Withdrawal 5. Herbs 97. Prefer not to say 98. Other 99. Don`t know	|__|__| |__|__| |__|__|
		If other, please specify	
4.3	After a couple in your community gets married, is there any benefit to waiting to become pregnant?	1. Yes 2. No 97. Prefer not to say 99. Don`t know **→If 2 (NO), 97 (PREFER NOT TO SAY), or 99 (DON'T KNOW) skip to 4.4**	|__|__|
4.3.1	If yes, what are some of the benefits of waiting to become pregnant? *Do not read the list of answers.* *Prompt for additional answers by asking: Any other benefits?* *Record all responses.*	1. Lower health risk to child 2. Improved health of mother during pregnancy and delivery 3. Lower risk to mother of hypertension 4. Optimal breastfeeding 5. More time for the parents to finish schooling 6. More time for the parents to get jobs 7. More family resources/money 8. More time to devote to each child 97. Prefer not to say 98. Other 99. Don't know	|__|__| |__|__| |__|__|
		If other, please specify	
4.4	How long do you think a woman should wait after one birth before she has another birth?	Enter number of months OR Enter number of years 97. Prefer not to say 99. Don`t know	|__|__| |__|__|
4.5	Have you ever heard of modern contraceptive methods? *If they say no or seem confused, prompt with:* Have you ever heard of modern products or medical procedures that adolescent girls, boys, women and men can use to avoid pregnancy?	1. Yes 2. No **97. Prefer not to say** **→If 2 (NO) or 97 (PREFER NOT TO SAY) skip to 5.1**	|__|__|
4.6	Can you list all of the modern contraceptive methods that you have heard of? *Do not read list.*	1. Birth control pills 2. Injectables 3. IUD/IUCD 4. Condoms 5. Norplant/implant 6. Female sterilization/tubal litigation	|__|__| |__|__| |__|__|

No.	Question	Codes	Response
	Record all responses. *Probe by asking: Are there any other methods? Are there any methods that girls and woman can use? Are there methods that boys and men can use?*	7. Male sterilization/vasectomy 8. Has heard the term 'contraceptive' before but has not heard about any specific methods→ **Skip to 4.8** 97. Prefer not to say 98. Other	
		If other, please specify	
4.7	Where can women and men in your community obtain these resources? *Do not read list.* *Record all responses.*	1. Health centre/post 2. Hospital 3. Pharmacy 4. Community based health volunteers (CBHVs) 5. Market 6. From a friend 7. CHEWs 8. CHOS 9. Traditional healers 96. NA (During the previous question, they did not name this method of contraception) 97.Prefer not to say 98. Other please specify 99. Don`t know	|__|__|
4.8	Have you ever had sexual intercourse? *Please remember to reassure respondent of confidentiality as these questions may be quite sensitive*	1. Yes 2. No → **Skip to 4.9** 97. Prefer not to say → **Skip to 4.9**	|__|__|
4.8.1	If so, when was the last time you had sexual intercourse? *If less than 12 months, record answer in days, weeks or months. If 12 months (1 year) or above, record answer in years.*	Days ago OR Weeks ago OR Months ago OR Years ago	|__|__| |__|__| |__|__| |__|__|
4.8.2	Have you ever **used** any modern contraceptive methods?	1. Yes 2. No → **Skip to 4.9**	|__|__|
4.8.3	Are you **currently** using any modern contraceptive method?	1. Yes 2. No → **Skip to 4.9**	|__|__|
4.8.4	Which contraceptive method are you/ your partner currently using? *(multiple answers possible)*	1. Contraception pills 2. Injectables 3. IUCD 4. Condoms 5. Norplant/implant 6. Female sterilization/tubal ligation 7. Male sterilization/Vasectomy 98. Others (specify) 99. Don't know/remember	|__|__| |__|__| |__|__|

No.	Question	Codes	Response
4.9	Can **married** adolescent girls in your community access contraceptives, the same as adults can?	1. Yes 2. No 97. Prefer not to say 99. Don`t know **→If 1 (YES), 97 (PREFER NOT TO SAY), or 99 (DON'T KNOW) skip to 4.11**	|__|__|
4.10	If no to 4.9, which ones can **married** adolescent girls NOT obtain?	1.Pills 2. Injectables 3. IUD/IUCD 4. Condoms 5. Norplant/implant 6. Female sterilization/tubal litigation 7. Male sterilization/vasectomy 97. Prefer not to say 99. Don't know	
4.11	What are some of the reasons **married** adolescent girls cannot obtain contraceptives? *Do not read answers. Record all responses.*	1. Too expensive 2. Too far 3. The health clinic/pharmacy demands parental permission 4. They worry their family would find out 5. Attitudes of Service providers towards adolescents asking for contraceptives 6. They would be embarrassed 7. Illegal provider 8. Don't know where to obtain 97. Prefer not to say 99. Don't know	|__|__| |__|__| |__|__|
4.12	What about **unmarried** adolescent girls in your community, can they access contraceptives the same as married adolescents and adults can?	1. Yes 2. No 97. Prefer not to say 99. Don`t know **→If 1 (YES), 97 (PREFER NOT TO SAY), or 99 (DON'T KNOW) skip to 4.14**	|__|__|
4.13	If no 4.12, which ones can **unmarried** adolescent girls NOT obtain?	1.Pills 2. Injectables 3. IUD/IUCD 4. Condoms 5. Norplant/implant 6. Female sterilization/tubal litigation 7. Male sterilization/vasectomy 97. Prefer not to say 99. Don't know	|__|__|
4.14	What are some of the reasons **unmarried** adolescent girls cannot obtain contraceptives? *Do not read answers. Record all responses.*	1. Too expensive 2. Too far 3. The health clinic/pharmacy demands parental permission 4. They worry their family would find out 5. Attitudes of Service providers towards adolescents asking for contraceptives 6. They would be embarrassed 7.Illegal provider 8. Don't know where to obtain	|__|__| |__|__| |__|__|

No.	Question	Codes	Response
		97. Prefer not to say 99. Don't know	
4.15	Imagine you were interested in obtaining modern contraceptive methods. How easy or difficult would it be for you to get them on your own? *Read the possible answers*	1. Very easy 2. Fairly easy 3. A little difficult 4. Very difficult/Not possible 97. Prefer not to say 99. Don't know **→If 1 (VERY EASY), 2 (FAIRLY EASY) 97 (PREFER NOT TO SAY), or 99 (DON'T KNOW) skip to 4.17**	|__|__|
4.16	**If a little difficult or very difficult/impossible**, what are the reasons that would make it difficult? *Record all responses.*	1. Too expensive 2. Too far 3. The health clinic/pharmacy demands parental permission 4. I worry my family would find out 5. Attitudes of Service providers towards adolescents asking for contraceptives 6. I would be embarrassed 7.Illegal provider 8. Don't know where to obtain 97. Prefer not to say	|__|__| |__|__| |__|__|
4.17	In the last six months, through which medium have you seen/heard information about modern contraception on…. *Read the below mentioned mediums and record responses for each of the following:*		
4.17.1	a) The radio	1. Yes 2. No 97. Prefer not to say	|__|__|
4.17.2	b) Television		|__|__|
4.17.3	c) Newspaper or magazine		|__|__|
4.17.4	d) Mobile phone (voice or text message)		|__|__|
4.17.5	e) The internet		|__|__|
4.17.6	f) Poster		|__|__|
4.17.7	g) Billboard		|__|__|
4.17.8	h) Community events		|__|__|
4.18	If you wanted to get information on contraception or pregnancy, who would you be most comfortable talking to? *Record multiple responses.*	1. Mother 2. Father 3. Brother 4. Sister 5. Other female family members 6. Other male family members 7. Friends 8. Doctor/nurse	|__|__| |__|__| |__|__|

No.	Question	Codes	Response
		9. Community health worker 10. Teacher 11. Other youth club members or leaders 12. Religious leader 13. Community leader 14. No one, I would rather read pamphlets, books, look on the internet, etc 97. Prefer not to say 98. Others (specify) 99. Don't know	
		If other, please specify	
4.19	I'm going to read out some statements, and then I'm going to ask you whether you think these statements are true or false. *Read list. Record a response for each of the following:*		
4.19.1	a) Use of contraceptives can make an adolescent girl permanently infertile	1. Yes (True) 2. No (False) 97. Prefer not to say 99. Don't know	|__|__|
4.19.2	b) Contraceptives reduce a girl's sexual urge		|__|__|
4.19.3	c) Contraceptives can give you deformed babies		|__|__|
4.19.4	d) Contraceptives are dangerous to a woman`s health		|__|__|
4.19.5	e) Giving adolescent girls and boys **information** about contraceptives promotes increased sexual activity		|__|__|
4.19.6	f) Giving adolescent girls and boys **access** to contraceptives promotes increased sexual activity		|__|__|

SECTION 5: HIV/AIDS and Sexually Transmitted Infections

No.	Question	Codes	Response
Now we are going to speak about HIV/AIDS and Sexually Transmitted Infections			
5.1	Have you ever heard of HIV or AIDS?	1. Yes 2. No 97. Prefer not to say 99. Don't know **→If 2 (NO), 97 (PREFER NOT TO SAY), or 99 (DON'T KNOW) skip to 5.3**	|__|__|
5.2	*If yes to question 5.1* I am going to read some statements about HIV/AIDS. Please tell me whether you think the statement is true or false.		
5.2.1	a) A person can reduce the risk of getting HIV by using a condom every time he/she has sex	1. True 2. False 97. Prefer not to say 99. Don't know	|__|__|
5.2.2	*b)* A person with HIV *always* looks sick or unhealthy		|__|__|

5.2.3	*c)* A person can catch the HIV from mosquitoes		|__|__|
5.2.4	*d)* A person can become infected with HIV/AIDs by sharing food with a person who has HIV		|__|__|
5.2.5	*e)* A woman cannot become infected with HIV if she is having sex only with her husband		|__|__|
5.3	Apart from HIV/AIDS, there are other infections that men and women can get by having sexual intercourse. Have you heard of any of these infections?	1. Yes 2. No 97. Prefer not to say **→If 2 (NO) or 97 (PREFER NOT TO SAY) skip to 6.1**	|__|__|
5.4	***If yes to 5.3,*** Who/what is the **most important** source of information on sexually transmitted infections in your community? *Do not read list. Record only the most important source.*	1. Mother 2. Father 3. Brother 4. Sister 5. Other female family members 6. Other male family members 7. Friends 8. Health Worker (Doctor/nurse, Community Health Nurse/Officer, Midwives, Enrolled Nurse, etc.) 9. Community based health volunteers CBHVs) 10. Teacher 11. Books/magazines 12. Films /video 13. Radio/TV 14. Internet/social media 15. Other youth club members or leaders 16. Religious leader 17. Community leader 21. Traditional Birth Attendants 97. Prefer not to say 98. Other	|__|__|
		If other, please specify	
5.5	What are some signs and symptoms of a sexually transmitted disease in a man/adolescent boy? *Do not read list. Record all responses.*	1. Discharge from penis 2. Pain during urination 3. Ulcers/sores in genital area 4. Itching around genital area 97. Prefer not to say 98. Other (specify) 99. Don't know	|__|__| |__|__| |__|__|
		If other, please specify	
5.6		1. Vaginal discharge 2. Pain during urination	|__|__| |__|__|

	What are the signs and symptoms of a sexually transmitted disease in a woman/adolescent girl? *Do not read list. Record all responses.*	3. Ulcers/sores in genital area 4. Abdominal pain 5. Itching around genital area 97. Prefer not to say 98. Other (specify) 99. Don't know	|__|__|
		If other, please specify	
5.7	If a female friend of yours needed treatment for a sexually transmitted infections, where could she obtain such treatment? *Do not read list. Record all responses.*	1.Hospital 2. Health centre/post 3. Pharmacy 4. Traditional healer/herbalist/homeopath 5. Nowhere 98. Other (specify)	|__|__| |__|__| |__|__|

SECTION 6: Barriers to Accessing SRHR Services

No.	Question	Codes	Response
Now we are going to talk about how easy or difficult it is for adolescent girls in your community to access reproductive health services.			
6.1	Many different factors can prevent adolescent girls from getting medical advice or treatment when they need it. When adolescent girls in your community want to go to a health facility for medical advice or treatment related to their sexual and reproductive health, are the following a problem or not? *Record a response for each of the following:*		
6.1.1	a) Knowing where to go for treatment/information related to reproductive health and rights	1. Yes, it is a problem 2. No, it is not a problem 97. Prefer not to say 99. Don`t know	|__|__|
6.1.2	b) Getting permission from their husbands, parents, or parents-in-law to go to the health facility		|__|__|
6.1.3	c) Getting money for treatment		|__|__|
6.1.4	d) The distance to the health facility		|__|__|
6.1.5	e) Finding someone they trust to accompany them		|__|__|
6.1.6	f) Concern that there may not be a female health provider		|__|__|
6.1.7	g) Concern that there may not be any health provider		|__|__|
6.1.8	h) Concern that quality of services at the facility will be poor		|__|__|
6.1.9	i) Concern that the service or medicine they need is not available at the facility		|__|__|
6.1.10	j) Concern over privacy/confidentiality		|__|__|
6.1.11	k) Poor, disrespectful attitudes of health worker		|__|__|
6.1.12	l) Too many household chores, so no time to go		|__|__|
6.1.13	m) The facility's limited hours		|__|__|
6.2	When **married** adolescent girls in your community want to obtain information or	1. Yes 2. No	|__|__|

	services related to reproductive health, do they experience resistance or disapproval from anyone?	97. Prefer not to say 99. Don't know **→If 2 (NO), 97 (PREFER NOT TO SAY), or 99 (DON'T KNOW) skip to 6.5**	
6.3	If yes to 6.2, Who usually resists or disapproves? *Do not read list. Record all responses.*	1. Father 2. Mother 3. Sister 4. Brother 5. Other relatives 6. Friends 7. Husband 8. Mother-in-law 9. Father-in-law 97. Prefer not to say 99. Don't know	|__|__|
6.4	In your opinion, why do these people disapprove? *Do not read the list.* *Record all responses.*	1. Religious reasons 2. They do not believe girls should access reproductive services 3. They worry about gossip/stigma from the community 4. Financial costs 5. They do not understand about reproductive health and rights 97. Prefer not to say 98. Other (specify) 99. Don't know	|__|__| |__|__| |__|__|
		If other, please specify	
6.5	When **unmarried** adolescent girls in your community want to obtain information or services related to reproductive health, do they experience resistance or disapproval from anyone?	1. Yes 2. No 97. Prefer not to say 99. Don't know **→If 2 (NO), 97 (PREFER NOT TO SAY), or 99 (DON'T KNOW) skip to 7.1**	|__|
6.6	**If yes to 6.5,** Who usually resists or disapproves? *Do not read list. Record all responses.*	1. Father 2. Mother 3. Sister 4. Brother 5. Other relatives 6. Friends 97. Prefer not to say 98. Other (specify) 99. Don't know	|__|__| |__|__| |__|__|
		If other, please specify	
6.7	In your opinion, why do these people disapprove? *Do not read the list.* *Record all responses.*	1. Religious reasons 2. They do not believe girls should access reproductive services 3. They worry about gossip/stigma from the community 4. Financial costs	|__|__| |__|__| |__|__|

		5. They worry that it will affect the ability of the girl to get married in the future 6. They do not understand about reproductive health and rights 97. Prefer not to say 98. Other (specify) 99. Don't know	
		If other, please specify	
Now we are going to talk about your own experiences accessing and using reproductive health services. Please remember that your responses are completely confidential. If you are not comfortable giving a response, please let me know at any time and we will move to the next question.			
6.8	Have you ever visited a health facility to receive services or information on menstruation, family planning, or sexually transmitted infections?	1. Yes 2. No 97. Prefer not to say 99. I don't know **→If 2 (NO), 97 (PREFER NOT TO SAY), or 99 (DON'T KNOW) skip to 7.1**	|__|__|
6.8.1.	How many times have you sought services or information from a health facility in the last 12 months? *If respondent did not seek care in the last 12 months, record "0" and Skip to 7.1*	Record number of times. →If response is "0" skip to 7.1	|__|__|
6.9	What type of facility did you go to for your most recent visit to seek these services?	1. CHPS compound 2. Health center 3. Hospital 4. Pharmacy 5. Private health facility	|__|__|
6.10	During your most recent visit to the health facility for these services, what was your reason for going?	1. SRH education and counseling 2. Family planning 3. Pregnancy test 4. STI treatment 5. Miscarriage or post abortion care 6. Voluntary Counseling and Testing for HIV 7. Other (specify)	|__|__|
6.11	When you were at the facility, did you feel that your consultation was **confidential** (i.e. Staff would not share what was discussed with anyone else)?	1. Yes → Skip to 6.12 2. No 99. I don't know	|__|__|
6.11.1	If no, why did you feel that your consultation was not confidential?	Record response.	
6.12	When you were at the facility, did you feel that your consultation was **private** (ie. You were provided with a space to not be seen or heard)?	1. Yes → Skip to 7.1 2. No 99. I don't know	|__|__|
6.12.1	If no, why did you feel that your consultation was not **private**?	Record response.	

SECTION 7: Decision Making

No.	Question	Codes	Response
Next we will discuss sexual intercourse and decision making.			
7.1	**Should** a married adolescent girl have the right to refuse to have sex with her husband?	1. Yes 2. No 97. Prefer not to say 99. Don't know	|__|__|
7.2	**Should** an unmarried adolescent girl have the right to refuse to have sex with an adolescent boy or man?	1. Yes 2. No 97. Prefer not to say 99. Don't know	|__|__|
7.3	Let's look at some specific scenarios. In your opinion, **should** adolescent girls have the right to refuse to have sex with her male partner or husband if: *Read list. After each response ask: is it the same for married and unmarried girls?* *Record a response for each of the following:*		
7.3.1	a) She is sick or tired	1. Yes (same for married/unmarried) 2. No (same for married/unmarried) 3. Yes for unmarried girls only (married girls should not refuse their husbands) 97. Prefer not to say	|__|__|
7.3.2	b) She is not in the mood to have sex		|__|__|
7.3.3	c) Her partner/husband is mistreating her		|__|__|
7.3.4	d) She has recently given birth		|__|__|
7.3.5	e) She knows he has sex with other women		|__|__|
7.3.6	f) Her partner/husband has a disease that she can get during sexual intercourse		|__|__|
7.3.7	g) If her partner/husband will not agree to using a condom		|__|__|
7.3.8	h) Without giving any reason, simply because she says no.		|__|__|
7.4	In your community, from what you've heard other people say, how often **is** an adolescent girl **actually able to** refuse sex with her partner/husband when: *Read list and possible answers. Record a response for each of the following:*		
7.4.1	a) She is sick or tired	1. Always 2. Often 3. Not very often 4. Rarely or never 99. Don't know	|__|__|
7.4.2	b) She is not in the mood to have sex		|__|__|
7.4.3	c) Her husband is mistreating her		|__|__|
7.4.4	d) She has recently given birth		|__|__|
7.4.5	e) She knows he has sex with other women		|__|__|

7.4.6	f) Her husband has a disease that she can get during sexual intercourse		|__|__|
7.4.7	g) If her husband will not agree to using a condom		|__|__|
7.4.8	h) Without giving any reason, simply because she says no.		
7.5	In your opinion, who is entitled to… *Read list and possible answers.*		
7.5.1	a) Information about reproductive health services, including counseling and contraceptives	1. Adult males only 2. Adult females only 3. Adults males and females 4. Adolescent boys only 5. Adolescent girls only 6. Adolescent boys and girls 7. Everyone – adolescent girls and boys, women and men 8. Married people only 97. Prefer not to say 99. Don't know	|__|__|
7.5.2	b) Choose when and with whom to have sex		|__|__|
7.5.3	c) Choose whether to use modern contraceptives		|__|__|
7.5.4	d) Access modern contraceptives		|__|__|
7.5.5	e) Decide when and whether to become pregnant		|__|__|
7.5.6	f) Decide when and whether to get married		|__|__|
7.6	I am going to list several scenarios. For each scenario I'm going to ask you to imagine who would likely make the decision *Read all questions. Do not list possible answers.* Who will make the decision regarding:		
7.6.1	a) Whether or not you can work outside the home	1. She will 2. Husband/male partner 3. She and her husband/male partner jointly 4. Parent(s) 5. She and her parents jointly 6. Parents-in-law 98. Other	|__|__|
7.6.2	b) Whether you can seek reproductive health **information** for yourself		|__|__|
7.6.3	c) Whether you can seek reproductive health **services** for yourself		|__|__|
7.6.4	d) Whether or not you can use modern contraceptives		|__|__|
7.6.5	e) Whether or not you can use family planning to limit the number of children you have, or to wait some time between each child		|__|__|
7.6.6	f) Whether or not you can be in a romantic relationship		|__|__|
7.6.7	g) When you will get married *If married, ask:* who decided when it was time for you to get married?		|__|__|
7.6.8	h) Who you will marry		|__|__|

	If married, ask: who decided who you should marry?		
7.6.9	i) Whether you can buy small items for your own personal use (toiletries, hair clips, ball, etc)		|__|__|
7.6.10	j) Whether you can socialize outside the home (visiting friends, attending community events)		|__|__|
7.7	When a decision needs to be made in your community, how do decision makers find out the opinion of community members?	1. They select a small group to meet with 2. They hold a big community forum 3. They do not seek the opinion of community members 99. Don't know **→If 3 (THEY DO NOT SEEK THE OPINION OF COMMUNITY MEMBERS) or 99 (DON'T KNOW) skip to 7.11**	|__|__|
7.8	**If community members are consulted in any way:** *Read options after each question: always, often, not very often, rarely or never*		
7.8.1	a) When these events happen, how often are adolescent girls invited?	1. Always 2. Often 3. Not very often 4. Rarely or never 97. Prefer not to say 99. Don't know	|__|__|
7.8.2	b) How often are adolescent boys invited?		|__|__|
7.8.3	c) How often do adolescent girls attend?		|__|__|
7.8.4	d) How often do adolescent boys attend?		|__|__|
7.8.5	e) How often do adolescent girls voice their opinion?		|__|__|
7.8.6	f) How often do adolescent boys voice their opinion?		|__|__|
7.8.7	g) How often are the opinions of adolescent girls considered?		|__|__|
7.8.8	h) How often are the opinions of adolescent boys considered?		|__|__|
7.9	Overall, how often would you say that adolescent girls actively participate in decision making in your community?	1. Always 2. Often 3. Not very often 4. Rarely or never 97. Prefer not to say 99. Don't know **→If 1 (ALWAYS), 2 (OFTEN), 97 (PREFER NOT TO SAY), or 99 (DON'T KNOW) end interview**	|__|__|
7.10	**If 'Not Very Often' or 'Rarely or Never'** What are some reasons that girls do not actively participate in community-level decision making?	1. They lack the skills/capacity 2. Not their role 3. Culturally/socially not accepted 4. Too busy with school 5. Too busy with household chores 6. Meetings scheduled at inconvenient times	|__|__| |__|__| |__|__|

	Do not read the list. Record all responses.	7. They are not informed about meetings 8. Their opinions are disregarded 9. Men/adults take over discussions 10. Religious reasons 97. Prefer not to say 98. Other (specify) 99. Don't know	
		If other, please specify	

Thank you very much for participating in the survey!

If you would like to discuss any of these questions or issues raised in this survey, please feel free to discuss this with the interviewer. The interviewer can provide information on who you may contact to discuss your concerns. Thank you very much for participating in this important study.		
END		
End time	Hour|__|__| Minute |__|__|	
Observations of the interviewer		
Did the respondent seem	1. Interested/engaged 2. Disinterested 3. Distracted 4. Uncomfortable	|__|
Did the respondent state or imply that the survey was too long?	1. Yes 2. No	|__|
Was the respondent given auditory privacy throughout the interview?	1. Yes 2. No	|__|
If not, who interrupted the interview?	1. Their friend 2. A teacher 3. Their sister 4. Their brother 5. An adult female relative 6. An adult male relative 7. Their husband 98. Other (specify)	|__|
	If other, please specify	
How frequently was the interview interrupted?	1.Once 2. Twice 3. Three times 4. Four or more times	
Comments about the interview:		
If any questions were unclear or problematic, please describe the issue here:		
Any other comments:		

ANNEX B: QUESTIONNAIRE – BOYS

SHOW: ENDLINE ASRHR SURVEY QUESTIONNAIRE (FOR ADOLESCENT BOYS)

Inclusion criteria: Please select adolescent boys aged 15 to 19 years who belong to adolescent groups that are targeted by the SHOW project for ASRHR sensitization. They can be married or unmarried. Please only exclude adolescent boys if they currently have a live child.

For unmarried children <18, please obtain permission from their parents prior to the survey (for married adolescents, proceed to next introduction)

Hello. My name is [Enumerator's Name] and I work with XXXX Consulting. We have been contracted by Plan international Ghana to implement field data collection on the show project and your community has been selected for a study on adolescent sexual and reproductive health and rights. In this survey, we are interviewing adolescents aged 15-19 years, individually. We are interested in their knowledge on and attitudes towards sexual and reproductive health care and rights. This information will be useful to Plan International Ghana and its partners in developing plans to provide health services tailored specifically to address the needs of young people. We would very much appreciate your permission to have your child(ren) participate in this survey. Whatever information your child(ren) provides will be kept strictly confidential, unless we have reason to believe that a child is at risk of harm. In that case, I am obligated to share information with people who can protect the child.

May we interview (Name of Adolescent) in private on xxx (provide date)? If you decide not to allow your child(ren) to be interviewed, we will respect your decision.

Name of person giving consent		
Relationship to adolescent		
Name of adolescent		
Do you give permission to continue	1. Yes 2. No. If **2 (NO),** end interview. Please note the total number of respondents that refuse to participate.	|__|
	If **1 (YES),** please sign on the box right to this box	
	Day |__|__| Month |__|__| Year |__|__|__|__|	

For all respondents, regardless of age, please obtain their permission prior to the survey

Hello. My name is [Enumerator's Name] and I work with XXXX Consulting. Your community has been selected for a study on adolescent sexual and reproductive health and rights. I would highly appreciate your participation in this survey. The questionnaire usually takes about 30 to 45 minutes. It has a number of questions related to your sexual and reproductive health and rights, however I will not be asking you about your sexual history, only about your knowledge of health issues and resources, and about barriers that adolescent girls generally face in your community.

There is no financial compensation for your participation; however, we do hope that you will participate in this study, as your opinions and experiences are very important to us. You are free to choose whether or not to participate in this study. If you choose to participate and if I ask you any question that you do not want to answer, just let me know and I will go on to the next questions, or you can stop the interview at any time. We hope that you will feel comfortable to respond honestly and openly.

Any information you share will be kept strictly confidential unless we have reason to believe that you or another child is at risk of harm. In this case, I am obligated to share information with people who can protect you or the other child.

At this time, do you want to ask me anything about this survey?

Do I have **your permission** to continue?	1. Yes 2. No If **2 (NO),** end interview. Please note the total number of respondents that refuse to participate.	|__|
	If **1 (YES),** please sign on the box right to this box	
Is there a good, quiet and private place where we can sit and conduct the interview? *(The place should be far enough away that others cannot **hear** the interview, but within sightline to ensure that the respondent feels safe. Suggest a good place if the respondent is unable to do so.)*		
Do you currently have any **children**?	1. Yes 2. No If **YES,** end interview	|__|
Do you belong to an adolescent club?	1. Yes 2. No If **NO**, end interview	|__|
If so, for how long have you been a member of this group? (Read list)	6. Less than 6 months 7. 6 months – 1 year 8. 1 – 2 years 9. 2 – 3 years 10. More than 3 years	
Generally speaking, how often do you meet with other adolescent group members?	6. Once every week (Weekly) 7. Once per month 8. Once every 3 months (Quarterly) 9. Once every 6 months (Bi-annually) 98. Other (specify)	
		|__|
Do your meetings include boys only or a mix of girls and boys?	1. Boys only 2. A mix of girls and boys have meetings together	|__|
Have you received any training/orientation on sexual and reproductive health and rights?	1. Yes 2. No	|__|
If yes, when was the training/orientation?	Month |__|__| Year |__|__|__|__|	
What key messages did you discuss during the training/orientation?	1. Adolescence 2. STIs including HIV 3. Unsafe abortion and its complications 4. Teenage pregnancy and its prevention 5. Personal and menstrual hygiene 6. Substance/Drug abuse 7. Women in decision making 8. Family Planning 9. Sex and gender 98. Other 99. Don't know	
	If other, please specify	
Within your group, other than training/orientation sessions, have there been any other conversations or activities about sexual and reproductive health and rights?	1. Yes 2. No	|__|

If yes, please describe		
Date of Interview	Date |__|__| Month |__|__| Year |__|__|__|__|	
Start time	Hour |__|__| Minute |__|__|	

Questionnaire #		|__|__|__|__|	
Individual ID		|__| - |__| - |__|__| - |__|__|__|__| - **Boys**	
Country	|__|	District	|__|
Region	|__|	Community	|__|
Type of Settlement	1 = Urban, 2 = Semi-urban, 3 = Rural		|__|

Enumerator Code	|__|	Supervisor Code	|__|
Verifier Code	|__|	Data Clerk Code	|__|

SECTION 1: SOCIO-DEMOGRAPHIC DATA

No.	Question	Codes		Response
I would like to start by asking some general questions about you.				
1.1	How old are you? *(please use DIGIT to record)*	Enter age → 99. Don't know age		|__|__|
1.2	In what month were you born?	13. January 14. February 15. March 16. April 17. May 18. June 19. July 20. August 21. September 22. October 23. November 24. December 99. Don't know		|__|__|
1.3	In what year were you born?	Enter full year 99. Don`t know **→Compare with 1.1 and correct if inconsistent. If respondent is aged 20 or older, END INTERVIEW**		|__|__|__|__|
1.4	What is your current marital status?	1. Single (never married) 2. Engaged 3. Married 4. In a union 5. Separated 6. Divorced 7. Widowed		|__|
If ever married, ask up to 1.7 and continue from there				
1.5	How old were you when you got married?	Record age 99. Don't know		|__|__|
1.6	How old was your wife/partner when you got married?	Record age 99. Don't know		|__|__|
1.7	How old is your (current or former) wife/partner now?	Record age 99. Don't know		|__|__|
1.8	What is your religion?	1. Islam 3. Christian (Catholic)	4. Christian (Others) 5. African Traditional 7. None 97. Prefer not to say 98. Other	|__|__|
			If other, please specify	
1.9	Are you currently enrolled in school?	1. Yes 2. No→**Skip to 2.1**		|__|

No.	Question	Codes	Response
1.10	What is the **last level** of education you completed?	1. Primary 2. Junior High School 3. Senior High School 4. Technical/Vocational 5. College/University 98. Other	|__|__|
		If other, please specify	

Check for the presence of others. Before continuing, make every effort to ensure auditory privacy.
Now I would like to ask you some questions about some other important aspects of life. I know that some of the questions are very personal. However, your answers are crucial for helping to understand the condition of adolescents in your community. Let me assure you again that your answers are confidential, and that while we will discuss menstrual and sexual and reproductive health, I will not be asking about your sexual history, only about your knowledge and beliefs related to health, and about barriers that adolescents generally face in your community. If we should come to a question that you do not want to answer, please tell me and we will go to the next question.

SECTION 2: Sources of information and influence

No.	Question	Codes	Response
We are going to begin by talking about where you tend to receive information on sexual and reproductive health.			
2.1	Are there people in your community who give information about sexual and reproductive health issues to adolescent girls and boys?	1. Yes 2. No 99. Don't know →**If 2 (NO) or 99 (DON'T KNOW), skip to 2.3**	|__|__|
2.2	If yes, who are they? Do not read list. *Record all responses.*	1. Community health volunteers 2. Health Workers (Community Health Nurses/Officers, Nurses, Midwives, Enrolled nurses, etc.) 3. Traditional Birth Attendants 4. Community support Groups 5. Religious and Traditional Leaders 6. Adolescent boys and girls club members 7. Teachers 8. Local/traditional healers 97. Prefer not to say 98. Other	|__|__| |__|__| |__|__|
		If other, please specify	
2.3	Who/what has been your **most important** source of information on puberty? By puberty we mean the ways in which boys' and girls' bodies change during adolescence. *Do not read list. Record only the most important source.*	1. Mother 2. Father 3. Brother 4. Sister 5. Other female family members 6. Other male family members 7. Friends 8. Doctor/nurse 9. Community health worker 10. Teacher 11. Books/magazines	|__|__|

No.	Question	Codes	Response
We are going to begin by talking about where you tend to receive information on sexual and reproductive health.			
		12. Films /video 13. Radio/TV 14. Internet/social media 15. Other youth club members or leaders 16. Religious leader 17. Community leader 97. Prefer not to say 98. Other	
		If other, please specify	
2.4	Who/What has been your **most important** source of information on the reproductive systems of women and men? *Do not read list. Record only the most important source.* *If necessary, explain that 'reproductive systems' refer to where eggs and sperm are made and how pregnancy occurs.*	1. Mother 2. Father 3. Brother 4. Sister 5. Other female family members 6. Other male family members 7. Friends 8. Health Worker (Doctor/nurse, Community Health Nurse/Officer, Midwives, Enrolled Nurse, etc.) 9. Community health worker 10. Teacher 11. Books/magazines 12. Films /video 13. Radio/TV 14. Internet/social media 15. Other youth club members or leaders 16. Religious leader 17. Community leader 97. Prefer not to say 98. Other	|__|__|
		If other, please specify	
2.5	Now I would like to ask you about sources of information on relationships between boys and girls. Who/What has been your **most important** source of information on this topic? *Explain that 'relationships' refer to how boys should treat girls and vice versa.* *Do not read list. Record only the most important source*	1. Mother 2. Father 3. Brother 4. Sister 5. Other female family members 6. Other male family members 7. Friends 8. Health Worker (Doctor/Nurse, Community Health Nurse/Officer, Midwives, Enrolled Nurse, etc.) 9. Community health worker 10. Teacher 11. Books/magazines 12. Films /video 13. Radio/TV 14. Internet/social media 15. Other youth club members or leaders 16. Religious leader 17. Community leader	|__|__|

No.	Question	Codes	Response
We are going to begin by talking about where you tend to receive information on sexual and reproductive health.			
		97. Prefer not to say 98. Other	
		If other, please specify	

SECTION 3: Modern Contraceptives

No.	Question	Codes	Response
Next, we will discuss pregnancy and contraception.			
3.1	Can an adolescent girl become pregnant by having sexual intercourse only one time?	1. Yes 2. No 97. Prefer not to say 99. Don't know	|__|__|
3.2	What are some of the ways that a couple can avoid pregnancy if they do not want to become pregnant? *Do not read the list of answers.* *Record all responses.*	1. Abstain from sex 2. Use contraception 3. Rhythm method or periodic abstinence 4. Withdrawal 5. Herbs 97. Prefer not to say 98. Other 99. Don`t know	|__|__| |__|__| |__|__|
		If other, please specify	
3.3	After a couple in your community gets married, is there any benefit to waiting to become pregnant?	1. Yes 2. No 97. Prefer not to say 99. Don`t know **→If 2 (NO), 97 (PREFER NOT TO SAY), or 99 (DON'T KNOW)skip to 3.44**	|__|__|
3.3.1	If yes, what are some of the benefits of waiting to become pregnant? *Do not read the list of answers.* *Prompt for additional answers by asking: Any other benefits?* *Record all responses.*	1. Lower health risk to child 2. Improved health of mother during pregnancy and delivery 3. Lower risk to mother of hypertension 4. Optimal breastfeeding 5. More time for the parents to finish schooling 6. More time for the parents to get jobs 7. More family resources/money 8. More time to devote to each child 97. Prefer not to say 98. Other 99. Don't know	|__|__| |__|__| |__|__|
		If other, please specify	
3.4	How long do you think a woman should wait after one birth before she has another birth?	Enter number of months OR Enter number of years 97. Prefer not to say 99. Don`t know	|__|__| |__|__|
3.5	Have you ever heard of modern contraceptive methods?	1. Yes 2. No	|__|__|

	If they say no or seem confused, prompt with: Have you ever heard of modern products or medical procedures that adolescent girls, boys, women and men can use to avoid pregnancy?	97. Prefer not to say **→If 2 (NO) or 97 (PREFER NOT TO SAY) skip to 3.1**	
3.6	Can you list all of the modern contraceptive methods that you have heard of? *Do not read list.* *Record all responses.* *Probe by asking: Are there any other methods? Are there any methods that girls and women can use? Are there methods that boys and men can use?*	1. Birth control pills 2. Injectables 3. IUD/IUCD 4. Male Condoms 5. Female Condoms 6. Norplant/implant 7. Female sterilization/tubal litigation 8. Male sterilization/vasectomy 9. Has heard the term 'contraceptive' before but has not heard about any specific methods→ **Skip to 3.7** 97. Prefer not to say 98. Other	|__|__| |__|__| |__|__|
		If other, please specify	
3,7	Where can women and men in your community obtain these resources? *Do not read list.* *Record all responses.*	1. Health centre/post 2. Hospital 3. Pharmacy 4. Community based health volunteers (CBHVs) 5. Market 6. From a friend 7. CHEWs 8. CHOS 9. Traditional healers 97.Prefer not to say 98. Other (specify) 99. Don`t know	
		If Other, please specify	
3.8	Have you ever had sexual intercourse? *Please remember to reassure respondent of confidentiality as these questions may be quite sensitive*	1. Yes 2. No → **Skip to 3.9** 97. Prefer not to say → **Skip to 3.9**	|__|__|
3.8.1	If so, when was the last time you had sexual intercourse? *If less than 12 months, record answer in days, weeks or months. If 12 months (1 year) or above, record answer in years.*	Days ago OR Weeks ago OR Months ago OR Years ago	|__|__| |__|__| |__|__| |__|__|
3.8.2	Have you ever **used** any modern contraceptive methods?	1. Yes 2. No → **Skip to 3.9**	|__|__|
3.8.3	Are you **currently** using any modern contraceptive method?	1. Yes 2. No → **Skip to 3.9**	|__|__|

3.8.4	Which contraceptive method are you/ your partner currently using? *(multiple answers possible)*	1. Contraception pills 2. Injectables 3. IUCD 4. Condoms 5. Norplant/implant 6. Female sterilization/tubal ligation 7. Male sterilization/Vasectomy 97. Prefer not to say 98. Others (specify) 99. Don't know/remember	 |__|__| |__|__| |__|__|
		If other, please specify	
3.9	Can **married** adolescent boys in your community access contraceptives, the same as adults can?	1. Yes 2. No 97. Prefer not to say 99. Don`t know **→If 1 (YES), 97 (PREFER NOT TO SAY), or 99 (DON'T KNOW) skip to 3.11**	|__|__|
3.10	If no, which ones can **married** adolescent boys **NOT** obtain?	1. Pills 2. Injectables 3. IUD/IUCD 4. Male condoms 5. Female condoms 6. Norplant/implant 7. Female sterilization/tubal litigation 8. Male sterilization/vasectomy 97. Prefer not to say 99. Don't know	
3.11	What are some of the reasons **married** adolescent boys cannot obtain contraceptives? *Do not read answers. Record all responses.*	1. Too expensive 2. Too far 3. The health clinic/pharmacy demands parental permission 4. They worry their family would find out 5. Attitudes of Service providers towards adolescents asking for contraceptives 6. They would be embarrassed 7. Illegal provider 8. Don't know where to obtain 97. Prefer not to say 99. Don't know	|__|__| |__|__| |__|__|
3.12	What about **unmarried** adolescent boys in your community, can they access contraceptives the same as married adolescents and adults can?	1. Yes 2. No 97. Prefer not to say 99. Don`t know **→If 1 (YES), 97 (PREFER NOT TO SAY), or 99 (DON'T KNOW) skip to 3.14**	|__|__|
3.13	If no, which ones can **unmarried** adolescent boys **NOT** obtain?	1. Pills 2. Injectables 3. IUD/IUCD 4. Male condoms 5. Female condoms 6. Norplant/implant	|__|__|

		7. Female sterilization/tubal litigation 8. Male sterilization/vasectomy 97. Prefer not to say 99. Don't know	
3.14	What are some of the reasons **unmarried** adolescent boys cannot obtain contraceptives? *Do not read answers. Record all responses.*	1. Too expensive 2. Too far 3. The health clinic/pharmacy demands parental permission 4. They worry their family would find out 5. Attitudes of Service providers towards adolescents asking for contraceptives 6. They would be embarrassed 7. Illegal provider 8. Don't know where to obtain 97. Prefer not to say 99. Don't know	|__|__| |__|__| |__|__|
3.15	Now let's talk about the reality for girls. Can **married** adolescent girls in your community access contraceptives, the same as adults can?	1. Yes 2. No 97. Prefer not to say 99. Don`t know **→If 1 (YES), 97 (PREFER NOT TO SAY), or 99 (DON'T KNOW) skip to 3.16**	|__|__|
3.15.1	If no, What is the reason they cannot obtain them? *(record response in narrative)*		
3.16	What about **unmarried** adolescent girls in your community. Can they access contraceptives, the same as adults can?	1. Yes 2. No 97. Prefer not to say 99. Don`t know **→If 1 (YES), 97 (PREFER NOT TO SAY), or 99 (DON'T KNOW) skip to 3.17**	|__|__|
3.16.1	If no, What is the reason they cannot obtain them? *(record response in narrative)*		
3.17	Imagine you were interested in obtaining modern contraceptive methods. How easy or difficult would it be for you to get them on your own? *Read the possible answers*	1. Very easy 2. Fairly easy 3. A little difficult 4. Very difficult/Not possible 97. Prefer not to say 99. Don't know **→If 1 (VERY EASY), 2 (FAIRLY EASY) 97 (PREFER NOT TO SAY), or 99 (DON'T KNOW) skip to 3.18.0**	|__|__|
3.17.1	**If a little difficult or very difficult/impossible**, what are the reasons that it would be difficult? *Record all responses.*	1. Too expensive 2. Too far 3. The health clinic/pharmacy demands parental permission 4. I worry my family would find out	|__|__| |__|__| |__|__|

		5. Attitudes of Service providers towards adolescents asking for contraceptives 6. I would be embarrassed 7. Illegal provider 8. Don't know where to obtain 97. Prefer not to say	
3.18.0	In the last six months, through which medium have you seen or heard information about modern contraception on…. *Read the below mentioned mediums and record responses for each of the following:*		
3.18.1	i) The radio	1. Yes 2. No 97. Prefer not to say	|__|__|
3.18.2	j) Television		|__|__|
3.18.3	k) Newspaper or magazine		|__|__|
3.18.4	l) Mobile phone (voice or text message)		|__|__|
3.18.5	m) The internet		|__|__|
3.18.6	n) Poster		|__|__|
3.18.7	o) Billboard		|__|__|
3.18.8	p) Community events		|__|__|
3.19	If you wanted to get information on contraception or pregnancy, who would you be most comfortable talking to? *Record multiple responses.*	1. Mother 2. Father 3. Brother 4. Sister 5. Partner 6. Other female family members 7. Other male family members 8. Friends 9. Doctor/nurse 10. Community health volunteer 11. Teacher 12. Other youth club members or leaders 13. Religious leader 14. Community leader 15. No one, I would rather read pamphlets, books, look on the internet, etc 97. Prefer not to say 98. Other 99. Don't know	|__|__| |__|__| |__|__|
		If other, please specify	
3.20	I'm going to read out some statements, and then I'm going to ask you whether you think these are true statements. *Read list. Record a response for each of the following:*		

3.20.1	g) Use of contraceptives can make an adolescent boy permanently infertile	1. Yes (True) 2. No (False) 97. Prefer not to say 99. Don't know	|__|__|
3.20.2	h) Use of contraceptives can make an adolescent girl permanently infertile		|__|__|
3.20.3	i) Contraceptives reduce a boy's sexual urge		|__|__|
3.20.4	j) Contraceptives reduce a girl's sexual urge		|__|__|
3.20.5	k) Contraceptives can result in deformed babies		|__|__|
3.20.6	l) Contraceptives are dangerous to a man`s health		|__|__|
3.20.7	m) Contraceptives are dangerous to a woman`s health		|__|__|
3.20.8	n) Giving adolescent girls and boys **information** about contraceptives promotes increased sexual activity		|__|__|
3.20.9	o) Giving adolescent girls and boys **access** to contraceptives promotes increased sexual activity		|__|__|
3.21	If an adolescent girl and boy are engaging in sexual intercourse, whose responsibility is it to make sure that they do not become pregnant? *Probe by asking:* *(if they say girl) – Only the girl?* *(if they say boy) – Only the boy?* *(If they say 'both') – Equal responsibility?*	1. It is the girl's responsibility only. The boy should not have to worry about it. 2. It is mostly the girl's responsibility, but the boy should also be involved. 3. Both the girl and boy are equally responsible. 4. It is mostly or wholly the boy's responsibility 97. Prefer not to say 99. Don't know	|__|__|

SECTION 4: HIV/AIDS and Sexually Transmitted Infections

No.	Question	Codes	Response
Now we are going to speak about HIV/AIDS and Sexually Transmitted Infections			
4.1	Have you ever heard of HIV or AIDS?	1. Yes 2. No 97. Prefer not to say 99. Don't know **→If 2 (NO), 97 (PREFER NOT TO SAY), or 99 (DON'T KNOW) skip to 4.3**	|__|__|
4.2	*If yes to question 4.1* I am going to read some statements about HIV/AIDS. Please tell me whether you think the statement is true or false.		

4.2.1	f) A person can reduce the risk of getting HIV by using a condom every time he/she has sex	1. True 2. False 97. Prefer not to say 99. Don't know	|__|__|
4.2.2	g) A person with HIV *always* looks sick or unhealthy		|__|__|
4.2.3	h) A person can catch the HIV from mosquitoes		|__|__|
4.2.4	i) A person can become infected with HIV/AIDS by sharing food with a person who has HIV		|__|__|
4.2.5	j) A woman cannot become infected with HIV if she is having sex only with her husband		|__|__|
4.3	Apart from HIV/AIDS, there are other infections that men and women can get by having sexual intercourse. Have you heard of any of these infections?	1. Yes 2. No 97. Prefer not to say **→If 2 (NO) or 97 (PREFER NOT TO SAY) skip to 5.1**	|__|__|
4.4	***If yes* to 4.3** Who/what is the <u>most</u> important source of information on sexually transmitted infections in your community? *Do not read list. Record only the most important source.*	1. Mother 2. Father 3. Brother 4. Sister 5. Other female family members 6. Other male family members 7. Friends 8. Health Worker (Doctor/nurse, Community Health Nurse/Officer, Midwives, Enrolled Nurse, etc.) 9. Community health volunteer 10. Teacher 11. Books/magazines 12. Films /video 13. Radio/TV 14. Internet/social media 15. Other youth club members or leaders 16. Religious leader 17. Community leader 18. Traditional Birth Attendant 97. Prefer not to say 98. Other	|__|__|
		If other, please specify	
4.5	What are some signs and symptoms of a sexually transmitted disease in a man/adolescent boy?	1. Discharge from penis 2. Pain during urination 3. Ulcers/sores in genital area	|__|__| |__|__| |__|__|

	Do not read list. Record all responses.	4. Itching around genital area 97. Prefer not to say 98. Other 99. Don't know	
		If other, please specify	
4.6	What are the signs and symptoms of a sexually transmitted disease in a woman/adolescent girl? *Do not read list. Record all responses.*	1. Vaginal discharge 2. Pain during urination 3. Ulcers/sores in genital area 4. Abdominal pain 5. Itching around genital area 97. Prefer not to say 98. Other 99. Don't know	|__|__| |__|__| |__|__|
		If other, please specify	
4.7	If a male friend of yours needed treatment for a sexually transmitted disease, where could he obtain such treatment? *Do not read list. Record all responses.*	1. Hospital 2. Health centre 3. Pharmacy 4. Traditional healer/herbalist/homeopath 5. Nowhere 98 = Other (specify)	|__|__| |__|__| |__|__|
		If Other, please specify	

SECTION 5: Barriers to Accessing SRHR Services

No.	Question	Codes	Response
Now we are going to talk about how easy or difficult it is for adolescent boys in your community to access sexual and reproductive health services.			
5.1	Many different factors can prevent adolescent boys from getting medical advice or treatment when they need it. When adolescent boys in your community want to go to a health facility for medical advice or treatment related to their sexual and reproductive health, are the following a problem or not? *Record a response for each of the following:*		
5.1.1	n) Knowing where to go for treatment/information related to sexual and reproductive health and rights	1. Yes, it is a problem 2. No, it is not a problem 97. Prefer not to say 99. Don`t know	|__|__|
5.1.2	o) Getting permission from their parents to go to the health facility		|__|__|
5.1.3	p) Getting money for treatment		|__|__|
5.1.4	q) The distance to the health facility		
5.1.5	r) Concern that there may not be a male health provider		|__|__|
5.1.6	s) Concern that there may not be any health provider		|__|__|
5.1.7	t) Concern that quality of services at the facility will be poor		|__|__|

5.1.8	u) Concern that the service or medicine they need is not available at the facility		|__|__|
5.1.9	v) Concern over privacy/confidentiality		|__|__|
5.1.10	w) Poor, disrespectful attitudes of health worker		|__|__|
5.1.11	x) Too many household chores, so no time to go		|__|__|
5.1.12	y) The facility's limited hours		
5.1z	Are there any other problems that I forgot to mention above? If yes, please specify		
5.2	When **married** adolescent boys in your community want to obtain information or services related to sexual and reproductive health, do they experience resistance or disapproval from anyone?	1. Yes 2. No 97. Prefer not to say 99. Don't know **→If 2 (NO), 97 (PREFER NOT TO SAY), or 99 (DON'T KNOW) skip to 5.5**	|__|
5.3	If yes to 5.2, Who usually resists or disapproves? *Do not read list. Record all responses.*	1. Father 2. Mother 3. Sister 4. Brother 5. Other relatives 6. Friends 7. Husband 8. Mother-in-law 9. Father-in-law 97. Prefer not to say 99. Don't know	|__|__|
5.4	In your opinion, why do these people disapprove? *Do not read the list.* *Record all responses.*	1. Religious reasons 2. They do not believe boys should access sexual and reproductive services 3. They worry about gossip/stigma from the community 4. Financial costs 5. They do not understand about sexual and reproductive health and rights 97. Prefer not to say 98. Other 99. Don't know	|__|__| |__|__| |__|__|
		If other, please specify	

5.5	When **unmarried** adolescent boys in your community want to obtain information or services related to sexual and reproductive health, do they experience resistance or disapproval from anyone?	1. Yes 2. No 97. Prefer not to say 99. Don't know **→If 2 (NO), 97 (PREFER NOT TO SAY), or 99 (DON'T KNOW) skip to 6.1**	|__|
5.6	**If yes to 5.5,** Who usually resists or disapproves? *Do not read list. Record all responses.*	1. Father 2. Mother 3. Sister 4. Brother 5. Other relatives 6. Friends 7. Partner 97. Prefer not to say 98. Other 99. Don't know	|__|__| |__|__| |__|__|
		If other, please specify	
5.7	In your opinion, why do these people disapprove? *Do not read the list.* *Record all responses.*	1. Religious reasons 2. They do not believe boys should access sexual and reproductive services 3. They worry about gossip/stigma from the community 4. Financial costs 5. They do not understand about sexual and reproductive health and rights 97. Prefer not to say 98. Other 99. Don't know	|__|__| |__|__| |__|__|
		If other, please specify	
5.8	Now let's talk about the situation of girls in your community When **married** adolescent girls in your community want to obtain information or services related to sexual and reproductive health, do they experience resistance or disapproval from anyone?	1. Yes 2. No 97. Prefer not to say 99. Don't know **→If 2 (NO), 97 (PREFER NOT TO SAY), or 99 (DON'T KNOW) skip to 5.11**	|__|
5.9	If yes to 5.8, Who usually resists or disapproves? *Do not read list. Record all responses.*	1. Father 2. Mother 3. Sister 4. Brother 5. Other relatives 6. Friends 7. Husband	|__|__| |__|__| |__|__|

		8. Mother-in-law 9. Father-in-law 97. Prefer not to say 98. Other (specify) 99. Don't know	
		If other, please specify	
5.10	In your opinion, why do these people disapprove? *Do not read the list.* *Record all responses.*	1. Religious reasons 2. They do not believe girls should access sexual and reproductive services 3. They worry about gossip/stigma from the community 4. Financial costs 5. They do not understand about sexual and reproductive health and rights 97. Prefer not to say 98. Other 99. Don't know	|__|__| |__|__| |__|__|
		If other, please specify	
5.11	When **unmarried** adolescent girls in your community want to obtain information or services related to sexual and reproductive health, do they experience resistance or disapproval from anyone?	1. Yes 2. No 97. Prefer not to say 99. Don't know **→If 2 (NO), 97 (PREFER NOT TO SAY), or 99 (DON'T KNOW) skip to 6.1**	|__|
5.12	**If yes to 5.11,** Who usually resists or disapproves? *Do not read list. Record all responses.*	1. Father 2. Mother 3. Sister 4. Brother 5. Other relatives 6. Friends 97. Prefer not to say 98. Other 99. Don't know	|__|__| |__|__| |__|__|
		If other, please specify	
5.13	In your opinion, why do these people disapprove? *Do not read the list.* *Record all responses.*	1. Religious reasons 2. They do not believe girls should access sexual and reproductive services 3. They worry about gossip/stigma from the community 4. Financial costs	|__|__| |__|__| |__|__|

		5. They worry that it will affect the ability of the girl to get married in the future 6. They do not understand about sexual and reproductive health and rights 97. Prefer not to say 98. Other 99. Don't know	
		If other, please specify	
Now we are going to talk about your own experiences accessing and using reproductive health services. Please remember that your responses are completely confidential. If you are not comfortable giving a response, please let me know at any time and we will move to the next question.			
5.14	Have you ever visited a health facility to receive services or information on menstruation, family planning, or sexually transmitted infections?	3. Yes 4. No 97. Prefer not to say 99. I don't know **→If 2 (NO), 97 (PREFER NOT TO SAY), or 99 (DON'T KNOW) skip to 6.1**	|__|__|
5.15	How many times have you sought services or information from a health facility in the last 12 months? *If respondent did not seek care in the last 12 months, record "0" and Skip to 6.1*	Record number of times. **→If response is "0" skip to 6.1**	|__|__|
5.16	What type of facility did you go to for your most recent visit to seek these services?	6. CHPS compound 7. Health center 8. Hospital 9. Pharmacy 10. Private health facility 98. Other (specify)	|__|__|
		If other, please specify	
5.17	During your most recent visit to the health facility for these services, what was your reason for going?	8. SRH education and counseling 9. Family planning 10. Pregnancy test 11. STI treatment 12. Miscarriage or post abortion care 13. Voluntary Counselling and Testing for HIV 98. Other (specify)	|__|__|
		If other, please specify	
5.18	When you were at the facility, did you feel that your consultation was **confidential** (i.e. Staff would not share what was discussed with anyone else)?	3. Yes → Skip to 5.19 4. No 99. I don't know	|__|__|

5.18.1	If no, why did you feel that your consultation was not confidential?	Record response.	
5.19	When you were at the facility, did you feel that your consultation was **private** (i.e. You were provided with a space to not be seen or heard)?	3. Yes → Skip to 6.1 4. No 99. I don't know	|__|__|
5.20	If no, why did you feel that your consultation was not **private**?	14. Record response.	

SECTION 6: Decision Making

No.	Question	Codes	Response
Next we will discuss sexual intercourse and decision making.			
6.1	**Should** a married adolescent girl have the right to refuse to have sex with her husband?	1. Yes 2. No 97. Prefer not to say 99. Don't know	|__|__|
6.2	**Should** an unmarried adolescent girl have the right to refuse to have sex with an adolescent boy or man that she is in a romantic relationship with?	1. Yes 2. No 97. Prefer not to say 99. Don't know	|__|__|
6.3	Let's look at some specific scenarios. In your opinion, **should** adolescent girls have the right to refuse to have sex with her male partner or husband if: *Read list.* *After each response ask: is it the same for married and unmarried girls?* *Record a response for each of the following:*		
6.3.1	i) She is sick or tired	1. Yes (same for married/unmarried) 2. No (same for married/unmarried) 3. Yes for unmarried girls only (married girls should not refuse their husbands) 97. Prefer not to say	|__|__|
6.3.2	j) She is not in the mood to have sex		|__|__|
6.3.3	k) Her partner/husband is mistreating her		|__|__|
6.3.4	l) She has recently given birth		|__|__|
6.3.5	m) She knows he has sex with other women		|__|__|
6.3.6	n) Her partner/husband has a disease that she can get during sexual intercourse		|__|__|
6.3.7	o) If her partner/husband will not agree to using a condom		|__|__|
6.3.8	p) Without giving any reason, simply because she says no.		|__|__|
6.4	In your community, from what you've heard other people say, how often **is** a **married** adolescent girl **actually able to** refuse sex with her husband when: *Read list and possible answers. Record a response for each of the following:*		

6.4.1	i) She is sick or tired	1. Always 2. Often 3. Not very often 4. Rarely or never 99. Don't know	|__|__|
6.4.2	j) She is not in the mood to have sex		|__|__|
6.4.3	k) Her husband is mistreating her		|__|__|
6.4.4	l) She has recently given birth		|__|__|
6.4.5	m) She knows he has sex with other women		|__|__|
6.4.6	n) Her husband has a disease that she can get during sexual intercourse		|__|__|
6.4.7	o) If her husband will not agree to using a condom		|__|__|
6.4.8	p) Without giving any reason, simply because she says no.		|__|__|
6.5	In your community, from what you've heard other people say, how often **is** an **<u>unmarried</u>** adolescent girl **actually able to** refuse sex with her male partner when: *Read list and possible answers. Record a response for each of the following:*		
6.5.1	a) She is sick or tired	1. Always 2. Often 3. Not very often 4. Rarely or never 99. Don't know	
6.5.2	b) She is not in the mood to have sex		|__|__|
6.5.3	c) Her partner is mistreating her		|__|__|
6.5.4	d) She has recently given birth		|__|__|
6.5.5	e) She knows he has sex with other women		|__|__|
6.5.6	f) Her partner has a disease that she can get during sexual intercourse		|__|__|
6.5.7	g) If her partner will not agree to using a condom		|__|__|
6.5.8	h) Without giving any reason, simply because she says no.		|__|__|
6.6	Based on a scale of: very easy, mostly easy, a little difficult, or not possible, how easy or difficult is it for adolescent girls in your community to say no to sex with… *Read list. Record response for each of the following:*		
6.6.1	a) Their husbands	1.Very easy 2. Mostly easy 3. A little difficult 4. Very difficult/Not possible 97. Prefer not to say 99. Don't know	|__|__|
6.6.2	b) A man or adolescent boy they are going to marry		|__|__|
6.6.3	c) A person they care about deeply		|__|__|
6.6.4	d) A person who offers them gifts		|__|__|

6.6.5	e) A person who has paid for their school or training fees and who demands sex		|__|__|
6.6.6	f) A person who is older or in a position of authority, such as a teacher or community leader		|__|__|
6.7	In your opinion, who is entitled to… *Read list and possible answers.*		
6.7.1	g) Information about sexual and reproductive health services, including counseling and contraceptive	1. Adult males only 2. Adult females only 3. Adults males and females only 4. Adolescent boys only 5. Adolescent girls only 6. Adolescent boys and girls 7. Everyone – adolescent girls and boys, women and men 8. Married people only 97. Prefer not to say 99. Don't know	|__|__|
6.7.2	h) Choose when and with whom to have sex		|__|__|
6.7.3	i) Choose whether to use modern contraceptives		|__|__|
6.7.4	j) Access modern contraceptives		|__|__|
6.7.5	k) Decide when and whether to become pregnant		|__|__|
6.7.6	l) Decide when and whether to get married		|__|__|
6.8	I am going to list several scenarios. For each scenario I'm going to ask you to imagine who would likely make the decision *Read all questions. Do not list possible answers.* Who will make the decision regarding:		
6.8.1	k) Whether or not you can work outside the home	1. He will (the respondent) 2.Wife/female partner 3. Him and his wife/female partner jointly 4. Parent(s) 5. Him and his parents jointly 6. Parents-in-law 98. Other	|__|__|
6.8.2	l) Whether you can seek sexual or reproductive health **information** for yourself		|__|__|
6.8.3	m) Whether you can seek sexual or reproductive health **services** for yourself		|__|__|
6.8.4	n) Whether or not you can use modern contraceptives		|__|__|
6.8.5	o) Whether or not you can use family planning to limit the number of children you have, or to wait some time between each child		|__|__|

6.8.6	p) Whether or not you can be in a romantic relationship		__|__|
6.8.7	q) When you will get married *If married, ask:* who decided when it was time for you to get married?		__|__|
6.8.8	r) Who you will marry *If married, ask:* who decided who you should marry?		__|__|
6.8.9	s) Whether you can buy small items for your own personal use (toiletries, soccer ball, etc)		__|__|
6.8.10	t) Whether you can socialize outside the home (visiting friends, attending community events, etc)		__|__|
6.9	When a decision needs to be made in your community, how do decision makers find out the opinion of community members?	1. They select a small group to meet with 2. They hold a big community forum 3. They do not seek the opinion of community members 99. Don't know **→If 3 (THEY DO NOT SEEK THE OPINION OF COMMUNITY MEMBERS) or 99 (DON'T KNOW) skip to 6.11**	__|__|
6.10	**If community members are consulted in any way:** *Read options after each question: always, often, not very often, rarely or never*		
6.10.1	i) When these events happen, how often are adolescent boys invited?	1. Always 2. Often 3. Not very often 4. Rarely or never 97. Prefer not to say 99. Don't know	__|__|
6.10.2	j) How often are adolescent girls invited?		__|__|
6.10.3	k) How often do adolescent boys attend?		__|__|
6.10.4	l) How often do adolescent girls attend?		__|__|
6.10.5	m) How often do adolescent boys voice their opinion?		__|__|
6.10.6	n) How often do adolescent girls voice their opinion?		__|__|
6.10.7	o) How often are the opinions of adolescent boys considered?		__|__|
6.10.8	p) How often are the opinions of adolescent girls considered?		__|__|
6.11	Overall, how often would you say that adolescent boys actively participate in decision making in your community?	1. Always 2. Often 3. Not very often	__|__|

		4. Rarely or never 97. Prefer not to say 99. Don't know **→If 1 (ALWAYS), 2 (OFTEN), 97 (PREFER NOT TO SAY), or 99 (DON'T KNOW) go to 6.13**	
6.12	**If 'Not Very Often' or 'Rarely or Never'** What are some reasons that adolescent boys do not actively participate in community-level decision making? *Do not read the list. Record all responses.*	1. They lack the skills/capacity 2. Not their role 3. Culturally/socially not accepted 4. Too busy with school 5. Too busy with household chores 6. Meetings scheduled at inconvenient times 7. They are not informed about meetings 8. Their opinions are disregarded 9. Adults take over discussions 10. Religious reasons 97. Prefer not to say 98. Other 99. Don't know	|__|__| |__|__| |__|__|
		If other, please specify	
6.13	Overall, how often would you say that adolescent girls actively participate in decision making in your community?	1. Always 2. Often 3. Not very often 4. Rarely or never 97. Prefer not to say 99. Don't know **→If 1 (ALWAYS), 2 (OFTEN), 97 (PREFER NOT TO SAY), or 99 (DON'T KNOW) end interview**	|__|__|
6.14	**If 'Not Very Often' or 'Rarely or Never'** What are some reasons that adolescent girls do not actively participate in community-level decision making? *Do not read the list. Record all responses.*	1. They lack the skills/capacity 2. Not their role 3. Culturally/socially not accepted 4. Too busy with school 5. Too busy with household chores 6. Meetings scheduled at inconvenient times 7. They are not informed about meetings 8. Their opinions are disregarded 9. Adults take over discussions 10. Religious reasons 97. Prefer not to say 98. Other 99. Don't know	|__|__|
		If other, please specify	

Thank you very much for participating in the survey!

If you would like to discuss any of these questions or issues raised in this survey, please feel free to discuss this with the interviewer. The interviewer can provide information on who you may contact to discuss your concerns. Thank you very much for participating in this important study.		
END		
End time		Hour|__|__| Minute |__|__|
Observations of the interviewer		
Did the respondent seem	1. Interested/engaged 2. Disinterested 3. Distracted 4. Uncomfortable	|__|
Did the respondent state or imply that the survey was too long?	1. Yes 2. No	|__|
Was the respondent given auditory privacy throughout the interview?	1. Yes 2. No	|__|
If not, who interrupted the interview?	1. Their friend 2. A teacher 3. Their sister 4. Their brother 5. An adult female relative 6. An adult male relative 7. Their husband 8. Other	|__|
	If other, please specify	
How frequently was the interview interrupted?	1.Once 2. Twice 3. Three times 4. Four or more times	|__|
Comments about the interview:		
If any questions were unclear or problematic, please describe the issue here:		
Any other comments:		