GAP Year (Girls Achieve Power): Girls Achieve Power (GAP) Year: Building Health, Social and Educational Assets for Empowering Girls at Critical Time of Adolescent Transition

ACASI BOYS SURVEY QUESTIONNAIRES

	S_1	S_2	N_3	N_4	L_5	L_6	N_7	N_8	N_9	N_{10}
Participant ID							x	x	x	x
Township: Please tick one	**Soweto (SW)**			**Tembisa (TB)**			**Khayelitsha (KY)**			
Stage of Interview: Please tick where appropriate	**Baseline**			**Midline**			**End line**			
School name (drop down menu on the schools)										
Grade: 8, 9, 10 (Please tick where appropriate)	**8**			**9**			**10**			
Date of interview	dd/mm/yyyy									
Name of Field staff:										
Checked by:										
Date checked	dd/mm/yyyy									

The participant study (PID) will be assigned during recruitment, and will indicate the participants recruit source as well. The participant ID will be in the following format: XX-XX-XX-XXXX: for example **KY-01-PT-0001**.

See Table below for PID description

S_1S_2	Indicates the Site where the school is located e.g. KY = **Khayelitsha**
N_3N_4	Indicates the school randomization number e.g. 01 = **School randomize number**
L_5L_6	Indicates the first two letter of the participant name and surname e.g. PT = **Peter (name) Thando (surname)**
N_7N_8 N_9 N_{10}	N_7N_8 N_9 N_{10} indicates the participant unique number e.g. **0001 = participant number 1**

Note that, the last 4 digits: **N_7N_8 N_9 N_{10}** will be populated automatically on the form and you will manually complete **S_1S_2**, **N_3N_4** and **L_5L_6**

SECTION AB: Substance Use

NB all the questions in this section relate to your substance use.

Substance Use			
AB1	Have you ever used any of the substances mentioned below • Cocaine/crack/coke/snow • Rohypnol/Rochies/Roofies • Dagga/Zoll/Weed/Ganja/Joint • Mandrax/buttons/mandies • Heroin/Dope/Skag • Ecstasy/E Love Drug • Glue/petrol/poopers/benzene • LSD/acid/caps • Speed/obies nobies • Downers • Special K/KET • Crystal meth/Tik/Tuk-Tuk Cigarettes • Alcohol • Nyaope • Others	Yes 01 No 02	
	If yes, please specify the substance used (multiple response)	Cocaine/crack/coke/snow ☐Yes ☐No Rohypnol/Rochies/Roofies ☐Yes ☐No Dagga/Zoll/Weed/Ganja/Joint ☐Yes ☐No Mandrax/buttons/mandies ☐Yes ☐No Heroin/Dope/Skag ☐Yes ☐No Ecstasy/E Love Drug ☐Yes ☐No Glue/petrol/poopers/benzene ☐Yes ☐No LSD/acid/caps ☐Yes ☐No Speed/obies nobies ☐Yes ☐No Downers ☐Yes ☐No Special K/KET ☐Yes ☐No Crystal meth/Tik/Tuk-Tuk ☐Yes ☐No Cigarettes ☐Yes ☐No Alcohol ☐Yes ☐No Nyaope ☐Yes ☐No Others ☐Yes ☐No	
AB2	In the past three months, how often have you used the substances you mentioned	Never 01 Once/Twice 02 Monthly 03 Weekly 04 Almost daily 05	**A**

SECTION AC: SEXUAL AND GENDER BASED VIOLENCE (SGBV)

NB: All the questions in this section relate to your experiences in the current grade relating to gender based violence. Gender-based violence may take a psychological, physical and/or sexual form and relates to the enforcing or upholding of power imbalances between the sexes. Gender-based violence works to actively reinforce gender inequalities, stereotypes and socially imposed roles. Although girls are more often vulnerable to sexual and gender-based violence, boys, too, are at risk.

AC1	Have you ever experienced any form of violence (if yes you can initiate referral)	Yes 01 No 02	
AC2	Please specify the violence experienced Select those that are relevant for you	Physical violence (e.g. shoving; hitting) 01 Psychological violence (e.g. name-calling) 02 Sexual violence (e.g. rape) 03 Abuse or negligence (e.g. depriving dependent children) 04 Economic abuse (e.g. preventing independent use of money) 05 Corporal punishment 06 Cyberbullying/online 07	
AC3	How many times have you experienced the forms of violence you have selected above	Physical violence (e.g. shoving; hitting) ☐☐ Psychological violence (e.g. name-calling) ☐☐ Sexual violence (e.g. rape) ☐☐ Abuse or negligence ☐☐ Economic abuse ☐☐ Corporal punishment ☐☐ Cyberbullying/online ☐☐	
AC4	Where did the violence (s) happen Select those that apply to you	At school 01 On the way to and from school 02 At my home 03 Friend home 04 Family home 05 Park 06 Mall 07 Public toilets 08 Other Public spaces 09 Internet/online 10	A
AC5	What time did the violence happen	Morning 01 During the day 02 Evening 03 At Night 04	A
AC6	Do you know the offender	Yes 01 No 02	A
AC7	If you know the offender of the violence, who were they	Peer(s) 01 Parents/guardian 02 Family members (i.e. aunts, uncles) 03 Brothers/sister 04 Partner 05 Teachers 06 Stranger 07 Other 08	A
AC8	Did you tell anyone that the violence happened to you	Yes 01 No 02	A
AC9	Did you disclose who the offender was	Yes 01 No 02	A
AC10	If yes: who did you disclose the violence to (you may select multiple options)	Teacher 01 Principal 02 Parent/guardian 03 Sibling 04 Friend 05 Community leader (priest, etc) 06 Police 07	A

		Health Care provider 08 Other 09	
AC11	Who did you formally report the violence to	Health care 01 Teacher 02 Police 03 Social worker 04	A
AC12	If you did not report, please provide reasons	Fear of not being believed or being accused of lying 01 Feelings of shame, guilt, humiliation and Embarrassment 02 Fear of upsetting the stability of the family 03 Fear of the power and authority of the abuser 04 Fear of loss of economic support by the abuser 05 I did not know who to report it to 06	A
AC13	If formally reported the violence, were you referred to the clinic for post exposure prophylaxis (PEP)	Yes 01 No 02	A
AC14	If you laid a charge at a police station, was the offender arrested	Yes 01 No 02	A
AC15	If given the support and opportunity, would you consider reporting the violence	Yes 01 No 02	A
AC16	If you have experienced cyberbullying, in which social platform did you experience it	Email 01 Twitter 02 Instagram 03 Whatsapp 04 Phone call 05 Youtube 06 Facebook 07 Snapchat 08 Mxit 09 Other (specify) 10	A
AC17	If other, specify		A
AC18	Did you report the cyber bullying	Yes 01 No 02	A
AC19	Who was the offender of the cyberbullying	Friend 01 Peer 02 Partner 03 Stranger 04 Don't know 05	A

SECTION AE: SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR) KNOWLEDGE AND UPTAKE OF SERVICES (Both)

In this section we would like to know about your knowledge of sexual and reproductive health and services. Sexual and reproductive health is a state of complete physical, mental and social well-being in all matters relating to your reproductive system. It implies that you are able to have a good behavioral thoughts toward your sex life, including freedom to decisions.

Legally you are allowed to use prevention methods (contraceptives) at the age of 12. We will like to ask you questions about your use of prevention methods.			
AE1	Have you ever used any prevention method (contraceptives)	Yes 01 No 02	
AE2	If yes, which prevention method have you used	Condoms 01 Injection 02	

	(Tick those that are apply to you)	Pill 03 Vaginal rings 04 Emergency contraceptives 05 Abstinence 06 Thigh sex 07	
AE3	Are you currently using any prevention (contraceptives)	Yes 01 No 02	
AE4	If yes, please specify the prevention (contraceptives) methods you are currently using (Tick those that apply to you)	Condoms 01 Abstinence 02 Vasectomy 03 Withdrawal 04	
AE5	Was it your choice to start using prevention (contraceptives)	Yes 01 No 02	
AE6	If no, who made the decision for you	Mine 01 Parents 02 Aunt/grandmother 03 Partners 04 Other 05	
AE7	If others, specify		
These questions relate to HIV prevention			
AE8	Have you heard of HIV (use local terms)	Yes 01 No 02	
AE9	Have you ever been tested for HIV	Yes 01 No 02	
AE10	How many HIV tests have you had in the last 12 months	Once 01 Twice 02 More than thrice 03	
AE11	Were you told the results of your last HIV test	Yes 01 No 02	

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SECTION AG: PRACTICES (Boys & Girls)

Below is a list of statements regarding your practices

AG1	Are you dating or in a relationship	Yes 01 No 02	
AG2	How old is your partner compared to you	1-2 years older 01 3-5 years older 02 More than 10 years older 03 1-2 years younger 04 3-5 years younger 05 I don't know 06	
AG3	If Yes to AG1, are you also dating some else	Yes 01 No 02	
AG6	Have you ever had sexual intercourse	Yes 01 No 02	
AG7	If no, select the reasons that are applicable to you	Wait for opportunity 01 Don't feel ready 02 Sex before marriage is wrong 03 Afraid of getting pregnant 04 Afraid of HIV 05 Wait until marriage 06 Wait until I find someone suitable 07 Other reasons 08	
AG8	Others, please specify		
AG9	If Yes, how old were you when you first had sex	☐☐	

AG10	Did you initiate sex	Yes 01 No 02	
AG11	If No, what happened	I was convinced 01 I was forced 03 I don't remember 04	
AG12	How did you feel about it	I regretted it 01 I did not regret it 02 Not sure 03	
AG13	On that first time, did you or partner do anything to avoid a pregnancy and sexually transmitted infections	Yes 01 No 02	
AG14	Have you ever discussed prevention methods with your partner	Yes 01 No 02	
AG15	If yes, did you discuss prevention methods before or after you first had intercourse	Before first intercourse 01 After first intercourse 02 Never 03	
AG16	What prevention method did you use, you may select more than one	Condom 01 Pill 02 Injection 03 Withdrawal (i.e pulling out of penis) 04 Understand my menstrual cycle 05 IUD 06 Other…….. 07	
AG17	Whose decision was it to use this method	My decision 01 His/her decision 02 Joint decision 03	
AG18	If you used prevention (contraceptives)where did you it from (circle only one)	Shop 01 Pharmacy 02 Garage 03 Public health facility 04 Private Clinic 05 Friend 06 Don't know 07 Other…….. 08	
AG19	If others, please specify		
AG27	Some young people receive money or gifts in exchange for sexual intercourse. Has this ever happened to you	Yes 01 No 02	
AG35	Do you feel any pressure from others to have sexual intercourse	Yes 01 No 02	
AG36	If yes, who do you feel pressure from (TICK all that apply)	Friends 01 Relatives 02 Parents 03 Partner 04 Special friend 05 Other …… 06	
AG37	Others, please specify		
	This section is on Male Circumcision		
This section describes male circumcision			
AG39	Do you know what circumcision is	Yes 01 No 02	
AG40	Are you circumcised	Yes 01 No 02	
AG41	If No, what the reasons you are not circumcised	Religious reasons 01 Cultural reasons 02 Personal Choice 03 Complications such as (Infections, Impotent, Bleeding) 04 Other 05	

AG42	If others, please specify		
AG43	If you are not circumcised, would you consider being circumcised	Yes 01 No 02	
AG44	If circumcised, where was the circumcision performed	Health Facility 01 Initiation Camp 02 Others 03	
AG45	If others, please specify		
AG46	Why are you circumcised	Medical reasons 01 Religious reasons 02 Cultural reasons 03 Hygiene benefits 04 Perceived health benefits 05 Perceived sexual benefits 06 Because I was told to 07	

SECTION AI: SEXUALITY, GENDER AND NORMS (Both)

	STATEMENT	Agree	Disagree	Don't know
AI1	I think it is okay to beat up a girl/boyfriend			
AI2	I think it is okay to punch or hit a girl/boyfriend with something that hurts them			
AI3	I think it is okay to use a knife or another weapon against a girl/boyfriend			
AI4	I think is okay to force someone to have sex if they don't want to			