# 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 GIRLS 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 B: SCHOOL INFORMATION

NB all the questions in this section relate to school progression as well as perception of school, community climate and safety.

| | | | |
|---|---|---|---|
| | **Substance Use** | | |
| **AB1** | Have you ever used any of the substances mentioned below<br>• Cocaine/crack/coke/snow<br>• Rohypnol/Rochies/Roofies<br>• Dagga/Zoll/Weed/Ganja/Joint<br>• Mandrax/buttons/mandies<br>• Heroin/Dope/Skag<br>• Ecstasy/E Love Drug<br>• Glue/petrol/poopers/benzene<br>• LSD/acid/caps<br>• Speed/obies nobies<br>• Downers<br>• Special K/KET<br>• Crystal meth/Tik/Tuk-Tuk Cigarettes<br>• Alcohol<br>• Nyaope<br>• Others | Yes 01<br>No 02 | **A** |
| | If yes, please specify the substance used (multiple response) | Cocaine/crack/coke/snow ☐Yes ☐No<br>Rohypnol/Rochies/Roofies ☐Yes ☐No<br>Dagga/Zoll/Weed/Ganja/Joint ☐Yes ☐No<br>Mandrax/buttons/mandies ☐Yes ☐No<br>Heroin/Dope/Skag ☐Yes ☐No<br>Ecstasy/E Love Drug ☐Yes ☐No<br>Glue/petrol/poopers/benzene ☐Yes ☐No<br>LSD/acid/caps ☐Yes ☐No<br>Speed/obies nobies ☐Yes ☐No<br>Downers ☐Yes ☐No<br>Special K/KET ☐Yes ☐No<br>Crystal meth/Tik/Tuk-Tuk ☐Yes ☐No<br>Cigarettes ☐Yes ☐No<br>Alcohol ☐Yes ☐No<br>Nyaope ☐Yes ☐No<br>Others ☐Yes ☐No | |
| **AB2** | In the past three months, how often have you used the substances you mentioned | Never 01<br>Once/Twice 02<br>Monthly 03<br>Weekly 04<br>Almost daily 05 | **A** |
| ***The following statements are related to your environment/ surroundings where you live. Please respond by indicating if you agree or disagree.*** | | | |

# 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<br>(if yes you can initiate referral) | Yes 01<br>No 02 | |
| **AC2** | Please specify the violence experienced<br>Select those that are relevant to for you | Physical violence (e.g. shoving; hitting; 01<br>Psychological violence (e.g. name-calling) 02<br>Sexual violence (e.g. rape) 03<br>Abuse or negligence (e.g. depriving dependent children) 04<br>Economic abuse (e.g. preventing independent use of money) 05<br>Corporal punishment 06<br>Cyberbullying/online 07 | |
| **AC3** | How many times have you experienced the forms of violence you have selected above | Physical violence (e.g. shoving; hitting) ☐☐<br>Psychological violence (e.g. name-calling) ☐☐<br>Sexual violence (e.g. rape) ☐☐<br>Abuse or negligence ☐☐<br>Economic abuse ☐☐<br>Corporal punishment ☐☐<br>Cyberbullying/online ☐☐ | |
| **AC4** | Where was the violence (s) perpetrated<br>Select those that are relevant to you | At school 01<br>On the way to and from school 02<br>At my home 03<br>Friend home 04<br>Family home 05<br>Park<br>06<br>Mall<br>07<br>Public toilets<br>08<br>Other Public spaces<br>09<br>Internet/online<br>10 | |
| **AC5** | What time did the violence happen | Morning<br>01<br>During the day<br>02<br>Evening<br>03<br>At Night<br>04 | |
| **AC6** | Do you know the offender | Yes<br>01<br>No<br>02 | |
| **AC7** | If you know the offender of the violence, were who was the offender they | Peer(s)<br>01<br>Parents/guardian<br>02<br>Family members (i.e. aunts, uncles, nieces)<br>03 Brothers/sister<br>04<br>Partner | |

| | | | |
|---|---|---|---|
| | | 05<br>Teachers<br>06<br>Stranger<br>07<br>Other<br>08 | |
| **AC8** | Did you tell anyone that the violence happened to you | Yes<br>01<br>No<br>02 | |
| **AC9** | Did you disclose who the perpetrator was | Yes<br>01<br>No<br>02 | |
| **AC10** | If yes: who did you disclose the violence to<br>(you may select multiple options) | Teacher<br>01<br>Principal<br>02<br>Parent/guardian<br>03<br>Sibling<br>04<br>Friend<br>05<br>Community leader (priest, ward counsellor etc)<br>06<br>Police<br>07<br>Health Care provider<br>08<br>Other<br>08 | |
| **AC11** | Who did you formally report the violence to | Health care<br>01<br>Teacher<br>02<br>Police<br>03<br>Social worker<br>04 | |
| **AC12** | If you did not report, please provide reasons | Fear of not being believed or being accused of lying<br>01<br>Feelings of shame, guilt, humiliation and Embarrassment<br>02<br>Fear of upsetting the stability of the family<br>03<br>Fear of the power and authority of the abuser<br>04<br>Fear of loss of economic support by the abuser<br>05<br>I did not know who to report it to<br>06 | |
| **AC13** | If formally reported the violence, were you referred to the clinic for post exposure prophylaxis (PEP) | Yes<br>01<br>No<br>02 | |
| **AC14** | If you laid a charge at a police station , was the offender arrested | Yes<br>01<br>No | |

| | | | |
|---|---|---|---|
| | | 02 | |
| **AC15** | If given the support and opportunity, will you consider reporting the violence | Yes 01<br>No 02 | |
| **AC16** | If you have experienced cyberbullying, where in which social platform did you have you experienced it | Email 01<br>Twitter 02<br>Instagram 03<br>Whatsapp 04<br>Phone call 05<br>Youtube 06<br>Facebook 07<br>Snapchat 08<br>Mxit 09<br>Other (specify) 10 | |
| **AC17** | If other, specify | | |
| **AC18** | Did you report the cyber bullying | Yes 01<br>No 02 | |
| **AC19** | Who was the offender of the cyberbullying | Friend 01<br>Peer 02<br>Partner 03<br>Stranger 04<br>Don't know 05 | |

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

In this section we will love to know about your knowledge about 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 contraceptives at the age of 12. We will like to ask you questions on contraception | | | |
|---|---|---|---|
| **AE1** | Have you ever used any prevention method (contraceptives) | Yes 01<br>No 02 | |
| **AE2** | If yes, which prevention (contraceptive) method have you used<br>(Tick those that are apply to you) | Condoms 01<br>Injection 02<br>Pill 03<br>Vaginal rings 04<br>Emergency contraceptives 05<br>Implant 06<br>IUD 07<br>Abstinence 08<br>Thigh sex 09 | |
| **AE3** | Are you currently using any prevention (contraceptive) method | Yes 01<br>No 02 | |
| **AE4** | If yes, please specify the prevention (contraceptive) method you are currently using ( Tick those that apply to you) | Condoms 01<br>Injection 02<br>Pill 03<br>Vaginal rings 04<br>Emergency contraceptives 05<br>Implant 06<br>IUD 07<br>Abstinence 08<br>Vasectomy 09<br>Withdrawal 10 | |
| **AE5** | Was it your choice to start using prevention (contraceptive) method | Yes 01<br>No 02 | |
| **AE6** | If no, who made the decision for you | Parents 01 | |

| | | | |
|---|---|---|---|
| | | Aunt/grandmother 02<br>Partners 03<br>Other 04 | |
| **AE7** | If others, specify | | |
| *These Questions relate to HIV prevention* | | | |
| **AE8** | Have you heard of HIV (use local terms) | Yes 01<br>No 02 | |
| **AE9** | Have you ever been tested for HIV | Yes 01<br>No 02 | |
| **AE10** | How many HIV tests have you had in the last 12 months | Once 01<br>Twice 02<br>More than thrice 03 | |
| **AE11** | Were you told the results of your last HIV test | Yes 01<br>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<br>No 02 | |
| **AG2** | How old is your partner? | 1-2 years older 01<br>3-5 years older 02<br>More than 10 years older 03<br>I don't know 04 | |
| **AG3** | Are you also dating some else | Yes 01<br>No 02 | |
| **AG6** | Have you ever had sexual intercourse | Yes 01<br>No 02 | |
| **AG7** | no, why not select the answers reasons that are most applicable to you | Wait for opportunity 01<br>Don't feel ready 02<br>Sex before marriage is wrong 03<br>Afraid of getting pregnant 04<br>Afraid of HIV 05<br>Wait until marriage 06<br>Wait Until marriage 07<br>Wait until I find someone suitable 08<br>Other reasons 09 | |
| **AG8** | Others, please specify | | |
| **AG9** | If Yes, how old were you when you first time you had sex | ☐☐ | |
| **AG10** | Did you initiate sex | Yes 01<br>No 02 | |
| **AG11** | If no, what happened | I was convinced 01<br>I was forced 03<br>I don't remember 04 | |
| **AG12** | How did you feel about it | I regretted it 01<br>I did not regret it 02<br>Not sure 03 | |
| **AG13** | On that first time did you or partner do anything to avoid pregnancy and sexually transmitted infections | Yes 01<br>No 02 | |
| **AG14** | Have you ever discussed contraception with your partner | Yes 01<br>No 02 | |
| **AG15** | If yes, did you discuss prevention (contraceptive) method before or after you first had intercourse | Before first intercourse 01<br>After first intercourse 02<br>Never 03 | |
| **AG16** | What method did you use, you may select more than one | Condom 01<br>Pill 02<br>Injection 03 | |

| | | | |
|---|---|---|---|
| | | Withdrawal (i.e pulling out of penis) 04<br>Understand my menstrual cycle 05<br>IUD 06<br>Other…….. 07 | |
| **AG17** | Whose decision was it to use this method | My decision 01<br>His/her decision 02<br>Joint decision 03 | |
| **AG18** | If you used prevention (contraceptive) method where did you get it<br>(circle only one) | Shop 01<br>Pharmacy 02<br>Garage 03<br>Public health facility 04<br>Private Clinic 05<br>Friend 06<br>Don't know 07<br>Other…….. 08 | |
| **AG19** | If others, Specify | | |
| **AG20** | Have you ever been pregnant | Yes 01<br>No 02 | |
| **AG21** | How old were you when you fell pregnant | | |
| **AG22** | What happened to the pregnancy | Currently pregnant 01<br>Terminated 02<br>Miscarriage 03<br>Live-birth 04 | |
| **AG23** | If you terminated the pregnancy, where did you have this done | Public health facility 01<br>Private Clinic 02<br>Other 03<br>Back door 04 | |
| **AG24** | If others, please specify | | |
| **AG25** | Whose decision was it to terminate the pregnancy | Mine 01<br>Partner 02<br>Parent 03 | |
| **AG26** | In the last 6-months have you tested for pregnancy | Yes 01<br>No 02 | |
| **AG27** | If yes, where did you perform the pregnancy test | Public clinic 01<br>Public health facility 03<br>NGO 04<br>Research Organization 05<br>At home 06<br>Others 07 | |
| **AG28** | If others, specify | | |
| **AG29** | Some young people pay money or gifts in exchange for sexual intercourse. Has this ever happened to you | Yes 01<br>No 02 | |
| **AG30** | If, yes do you have a blesser | Yes 01<br>No 02 | |
| **AG31** | How long have you had a blesser | ☐☐ | |
| **AG32** | Where did you meet him/her (name the place) | | |
| **AG33** | What has he/she blessed you with | | |
| **AG34** | What did they **expect** from you | | |
| **AG35** | Since you have been blessed , what have you **actually** given in return | | |
| **AG36** | Do you feel, you can control the decisions made in this relationship | Yes 01<br>No 02 | |
| **AG37** | Do you feel any pressure from others to have sexual intercourse | Yes 01<br>No 02 | |
| **AG38** | If yes, from whom do you feel pressure<br>(Tick all that apply) | Friends 01<br>Relatives 02<br>Parents 03<br>Partner 04 | |

| | | | |
|---|---|---|---|
| | | Special friend 05<br>Other …… 06 | |
| **AG39** | Others, Specify | | |
| | *This section is on Menstruation and Education* | | |
| **AG41** | Have you started menstruating | Yes 01<br>No 02 | |
| **AG42** | Do you know what menstruation is | Yes 01<br>No 02 | |
| **AG41** | *Has anyone spoken to you about menstruation* | Yes 01<br>No 02 | |
| **AG42** | If someone has spoken to you about menstruation, who was it | Mother<br>Father<br>Grandmother<br>Brother<br>Sister<br>Aunt<br>Teacher<br>Health care worker<br>Friend<br>No one | |
| **AG43** | *If others, please specify* | | |
| **AG44** | Which products do you use when you have your period | Disposable pads 01<br>Washable or reusable pads 02<br>Tampons 03<br>Menstrual cup 04<br>Others 05 | |
| **AG45** | Please specify if other | | |
| **AG46** | Do you ever stay away from school when you are having your period | Yes 01<br>No 02 | |
| **AG47** | How many days a month do you stay away from school because of your period | Nil 01<br>One day 02<br>Two days 03<br>Three days or more 04 | |
| **AG48** | If others, specify | | |
| **AG49** | Do you normally take part in sport and or extra mural activities afterschool? | Yes 01<br>No 02 | |
| **AG50** | When you are having your period, do you still take part in playing sport and/or extra mural activities | Yes 01<br>No 02 | |
| **AG51** | If you stay home because of your period, did you tell someone why you were staying away | Yes 01<br>No 02 | |
| **AG52** | If you did tell someone, who was it. Please specify | | |
| **AG53** | If you stay away from school when you are having your period, why? | Period pain 01<br>Depression 02<br>Anxiety 03<br>Shame/embarrassed 04<br>Scared 05 | |

| | | | |
|---|---|---|---|
| | | Fatigue 06<br>Heavy flow 07<br>Nausea/vomiting 08<br>No sanitary products 09<br>Don't know 10<br>Other 11 | |
| **AG54** | If other, specify | | |
| **AG55** | If you stay at home during your period, do you fall behind with your school work | Yes 01<br>No 02 | |
| **AG56** | Do you think having a period makes school more difficult for you | Yes 01<br>No 02 | |
| **AG57** | Do you think you are dirty when you are having your period? | Yes 01<br>No 02 | |
| **G12** | Have you ever missed school because you were on your period and did not have sanitary items | Yes 01<br>No 02 | |
| **G13** | If yes, how many days have you missed school in the past 3 months because of no sanitary items | One day 01<br>2-5 days 02<br>5 -15 days 03<br>>15 days or more 04 | |

# 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 | | | |