

Change that Counts:
Baseline Report for the Evaluation of an Action Research Intervention to Strengthen Community-based Child Protection Mechanisms in Sierra Leone



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January 2014

Suggested citation:

Stark, L., Muldoon, K., Lilley, S., King, D., Hotanga, P., Lamin, D., & Wessells, M. (2013). *Change that Counts: Baseline Report for the Evaluation of an Action Research Intervention to Strengthen Community Based Child Protection Mechanisms in Sierra Leone*. London: Interagency Learning Initiative on Strengthening Community-Based Child Protection Mechanisms and Child Protection Systems.

¹ All of the authors except Sarah Lilley (Save the Children) and Katherine Muldoon (Child Protection in Crisis Learning Network) were agents of the Columbia Group for Children in Adversity during this research.

Acknowledgements

This research report is an output of the Interagency Learning Initiative on Community-Based Child Protection Mechanisms and Child Protection Systems. The research would not have been possible without the collaboration of many agencies and stakeholders. The Initiative gratefully acknowledges the support and engagement of all partners and members of the Reference Group: ChildFund, the Child Protection Working Group, Human Science Research Council, The International Institute for Child Rights and Development (IICRD), Oak Foundation, Plan International, Regional Psychosocial Support Initiative (REPPSI), Save the Children, Terre des Hommes, TPO Uganda, the United Nations Children's Fund (UNICEF), the United States Agency for International Development (USAID), War Child Holland, and World Vision.

The Initiative is indebted to the residents of the 12 villages who opened their doors and freely gave their time and views. The Initiative would also like to thank the District Officials of Moyamba and Bombali who advised and enabled this research. At Freetown level, we wish to thank the Government officials and NGO members of the interagency Reference Group, many of whom are members of the national Child Protection Committee, for their support and guidance regarding this work. We also thank Plan International Sierra Leone and World Vision Sierra Leone for their financial support for this phase of work.

The research was conducted by the Columbia Group for Children in Adversity for the Interagency Learning Initiative. This report was authored by Dr. Lindsay Stark, Katherine Muldoon, Sarah Lilley, and Dr. Mike Wessells, with contributions from Dora King and David Lamin. Data collection was undertaken with support from a team of Sierra Leonean researchers. Dora King was the Lead National Researcher and David Lamin and Paul Makavore were Team Leaders. The other research team members were Ernest Brima, Alfred Gbonda, Finda Jenkins, Sahr William Kamanda, Victoria Kamara, Mariama Koroma, David Lincoln, Anne Marie Makavore, Mustapha Frances Sengeh, and Priscilla Sesay. Katherine Muldoon conducted data analysis, with input from Lindsay Stark, Mike Wessells, and Sarah Lilley.

The views expressed in this report are those of the authors and should not be assumed to reflect the views of the members of the Reference Group.

Table of Contents	
Acknowledgements	2
Table of Contents	3
Executive Summary	5
Background	5
Methods	5
Limitations	6
Key Findings	6
Way Forward	6
1.0 Introduction	7
1.1 Rationale for the Action Research	7
1.2 Study Design—Research Phases	8
1.2.1 Phase 1 – Ethnographic research	8
1.2.2 Phase 2 – Definition of locally defined outcome areas	8
1.2.3 Phase 3 – Quasi-experimental evaluation	8
2.0 Methodology	10
2.1 Introduction	10
2.2 Study Population and Sample	10
2.3 Survey Instrument Development	11
2.4 Survey Instrument Pilot	11
2.5 Survey Team Selection and Training	12
2.6 Data Collection and Management	13
2.7 Data Input and Cleaning	13
2.8 Data Analysis	13
2.9 Ethics	14
2.9.1. Informed consent and confidentiality	14
2.9.2. Ethics of the design	14
2.9.3 Limitations	15
3.0 Results	15
3.1 Demographic Findings	15
3.2 Schooling: Experiences, Attendance and Completion	16
3.3 Family and Community Connectedness	17
3.4 Living with Biological Parents	18
3.5 Heavy Work and Income	20
3.6 Sexual Risk, Pregnancy and Contraception	21
3.7 HIV and AIDS	23
3.8 Forms of Violence	23
4.0 Discussion	24
4.1 The Multiple Risks Children Face	25
4.1.1 Education	25
4.1.2 Heavy work	25
4.1.3 Violence and abuse	25
4.1.4 Teenage pregnancy	25
4.2 Challenges and lessons for future data collection	26
4.2.1 Reaching participants	26
4.2.2 Migration	27

4.2.3 Probing about sexual activity	27
5.0 Toward the Future	27
References	29
ANNEX 1. Interagency Learning Initiative on Community-based Child Protection Mechanisms and Child Protection Systems	31
ANNEX 2: Members of the global Interagency Reference Group	33
ANNEX 3: English version of the Child Protection Survey, 2012: Sierra Leone and consent form	34

Executive Summary

Background

Globally, millions of children live in dangerous, risky conditions that threaten their lives and safety. Previous studies have shown that efforts to protect children are limited by the paucity of quality evidence regarding which interventions are effective and what outcome indicators appropriately gauge effectiveness. This problem is particularly salient at a moment when the child protection field is shifting its focus from vulnerable groups toward the strengthening of national child protection systems. Efforts to strengthen these systems require rigorous approaches to measure whether they are actually improving children's safety and well-being.

These concerns apply to community-based child protection mechanisms (CBCPMs), which are widely used at the grassroots level as a frontline means of responding to and preventing children protection issues. CBCPMs may include Child Welfare Committees, family and peer group supports to women's groups, religious groups, youth groups, traditional community-based processes, and formal mechanisms initiated by government and national and international non-governmental organizations (NGOs).

Although CBCPMs are widely used, there is little scientific evidence to substantiate their effectiveness or guide effective practice. Evaluations of CBCPMs have seldom included baseline measures, comparison groups, and measures of actual outcomes for children. Research designed to rigorously evaluate the outcomes of CBCPMs is sorely needed, as it is difficult to base policy on program reports that are unable to demonstrate clear program impact.

In response to this situation, in 2011 an interagency, multi-phased action research program was initiated. Phase 1 of the action research involved an ethnographic study of 12 villages in Sierra Leone, six from Moyamba District and six from Bombali District. This ethnographic phase identified existing community-based mechanisms for protecting children, and also established trust between researchers and community members to support the collection of accurate data in subsequent phases. Building upon the grounded understanding of local systems, phase 2 of the action research process defined local indicators of vulnerability and well-being through a free listing methodology. For the evaluation phase (phase 3), a survey instrument was developed, drawing from previously validated international instruments and also from the locally defined outcome indicators identified in phase 2. This survey instrument was piloted and adapted during a rigorous validation process. The finalized survey was used to collect baseline data for a quasi-experimental study (with a two-arm cluster randomized design) to test the effectiveness of a community-driven intervention that aims to reduce the incidence of teenage pregnancy through community action and strengthened linkages with the formal child protection system. Data for this study will be collected at two additional timepoints – one and two years following implementation of the intervention – in order to measure the effect of these efforts to strengthen community-based child protection mechanisms.

The objectives of this report are to:

- Present the results of the baseline survey, tracking outcomes related to key risk and protective factors facing children in these communities;
- Characterize the children included in this study; and
- Identify differences between comparison and intervention groups, which may affect the validity of the evaluation design.

Methods

The survey was administered by trained national researchers in 12 villages within Moyamba and Bombali Districts in Sierra Leone. Going door to door, the research team conducted a census of 530 children between the ages of 13 and 17. Because age verification proved to be operationally challenging, the upper age limit was raised to 19 years. Interviews were conducted using the survey by local staff in the participants' language of choice in a safe and private location. Participation in the study was contingent on informed consent given by the child and their parent or caretaker.

Children in child-headed households were also included in the study, and extra care was taken to ensure that consent was voluntary and fully informed. All data were entered into an Excel database and analyzed using SAS 9.3. Descriptive statistics (percentages and frequencies) were used to characterize the sample, and bivariate statistics were used to determine whether the intervention and comparison groups were homogenous. Logistic regression was used to determine correlates of key protection concerns.

Limitations

Because this research does not involve a nationally representative sample, it is important to exercise caution in generalizing its findings. Additionally, this study collected data that relied mainly on participants' self-reports, which are subject to various biases such as the desire to present oneself in a positive light. Key challenges in administering the survey included age verification and collection of sensitive information on sexual activity.

Key Findings

The 530 teenage participants (51% female and 49% male) had a median age of 15 years. While over 95% of the teenagers had attended school at some point, nearly 30% had not attended school during the past 12 months. This suggests a potential correlation between high dropout rates and some of the findings around teen pregnancy noted below. Participants who reported that they had attended school in the past 12 months tended to go to school on a regular basis. However, school discipline was reported to be harsh, and physical abuse was a common experience.

Violence was also prominent outside the school context, with verbal abuse (61%), physical abuse (58%), and being starved as a form of punishment (22%) reported as common experiences at home. Many children reported at least weekly involvement in 'heavy work' such as logging firewood (54%), pounding rice (50%), and farming (49%).

One of the most significant findings from this survey, substantiated by previous phases of this research, was the risk associated with sexual activity among teenagers. Reflecting trends observed in national surveys, 23% of females and 50% of sexually active females in this study had been pregnant in the past 12 months, some as young as 13 years old. For each additional year of age, the females in this study had a 50% increase in the odds of becoming pregnant. By the age of 19, more than 75% of young sexually active females had been pregnant.

Specific analyses were conducted to investigate the impact of living with biological parents – mother only, father only, or both mother and father. Living with a biological parent was associated with significantly higher odds of being in school in the last year. Children who lived with their parents were 50% to 75% more likely to have attended school. Children who lived with their biological parents were also significantly (30 to 50%) less likely to have become sexually active in the last year. However, living with biological parents had little effect on teenagers after they had become sexually active.

Way Forward

This research will continue to track and evaluate the effects of this intervention for reducing teenage pregnancy through community action and strengthened linkages between CBCPMs and the formal child protection system. By testing the effectiveness of the linking intervention, the research will help to build the empirical foundation needed to reduce the urgent problem of teenage pregnancy in Sierra Leone.

This research also has important implications for strengthening the national child protection system. Because the intervention is community-driven, the research will help to illuminate the value of a bottom-up approach to strengthening the wider child protection system. In addition, the research aims to show the utility of a public health approach to tracking a wide array of outcomes for children on a population basis. Applied on a national scale, tracking

children's risk and well-being outcomes over time provides a robust method of measuring whether the collective efforts to strengthen the national child protection system in Sierra Leone are actually improving children's lives.

1.0 Introduction

Globally, children's well-being is harmed by exposure to protection issues such as family separation, sexual exploitation and abuse, violence, recruitment into armed forces and groups, HIV and AIDS, and neglect (Child Protection Working Group, 2012). In international humanitarian settings, NGOs have primarily responded to these issues by establishing or strengthening community-based child protection mechanisms (CBCPMs). CBCPMs may be defined as endogenous or exogenous groups of people who work to support the well-being of vulnerable children, regardless of whether they call their work 'child protection.' Endogenous groups include women's groups, youth groups, religious groups, and traditional community mechanisms. Exogenous groups include NGO-facilitated or government-managed Child Welfare Committees (CWCs), Child Protection Committees, or Child Protection Networks.

Following the 11-year civil war in Sierra Leone, many NGOs helped to establish village-level Child Welfare Committees, externally catalyzed CBCPMs that included community leaders, women and men, and young people who helped to monitor children's rights abuses and sought to respond to and prevent those abuses. In 2007, the national Child Rights Act in Sierra Leone mandated the establishment of village-level Child Welfare Committees as a means to protect children's rights and well-being. This approach was an extension of a wider global pattern in which CBCPMs became a frontline response of NGOs working on child protection in emergency, transition, and development contexts (Eynon & Lilley, 2010; Wessells, 2009).

1.1 Rationale for the Action Research

Although the use of externally catalyzed or facilitated CBCPMs is widespread, there are increasing questions about the effectiveness of this approach. In 2009, a global interagency review (Wessells, 2009) of CBCPM program evaluations reported a number of serious gaps in current approaches.

First, the evidence regarding the effectiveness of CBCPMs was shown to be weak, as few evaluations have systematically measured outcomes for children. Also, few studies included baseline measures, making it difficult to track changes in outcomes over time. Fewer still used designs that enabled causal attributions to be made regarding the effectiveness of the intervention. Without baseline measures and robust designs, it will remain difficult to evaluate the effectiveness of interventions in the child protection sector.

Second, most exogenous CBCPMs engendered low to moderate levels of community ownership. Typically, local people saw them as 'an NGO project' or 'a UNICEF project.' This was unfortunate because the review also found that more than any other single variable, community ownership contributed to the effectiveness and sustainability of CBCPM interventions. The highest levels of community ownership occurred in endogenous CBCPMs such as faith-based groups that had organized their own programs to care for children who had become orphans due to HIV and AIDS.

The third gap related to linkages. There was suggestive evidence that CBCPMs that were linked with and supported by government-led aspects of the wider child protection system were more effective and sustainable. This preliminary finding, which has significant implications in an era of strengthening national child protection systems, needs to be tested more fully.

To address these gaps, it is important to develop and evaluate 'linking' interventions that are community-owned in the sense that they come from the communities and are designed, managed, and implemented by local people, and that strengthen linkages between community-based child protection mechanisms and the formal, government-led aspects of the national child protection system. To strengthen the evidence base, it is vital to use robust designs that include appropriate baselines and systematic measures that make it possible to isolate the effects of the interventions in improving the outcomes for children.

For these reasons, multiple stakeholders—the United Nations, various NGOs, and donors—are collaborating through the Interagency Learning Initiative that aims to strengthen child protection practice (see Annexes 1 and 2). The initiative includes action research and learning with an eye toward strengthening community-based child protection mechanisms. The primary purpose of the research is to systematically test whether CBCPMs can be made more effective by strengthening community-driven linkages with government-led components of national child protection systems. In essence, this is an empirically driven, bottom-up approach to strengthening the national child protection system.

1.2 Study Design—Research Phases

1.2.1 Phase 1 – Ethnographic research

The study design included multiple states in Sierra Leone. Initially, in early 2011, teams of Sierra Leonean researchers used ethnographic methods to learn about local people's understandings of childhood, child protection risks, local pathways of response to those risks, preventive factors, and linkages between community protection mechanisms and processes with those of the formal, government-led aspects of the child protection system (Wessells, Lamin, King, Kostelny, Stark, & Lilley, 2012). This ethnographic research provided important insight into the existing local mechanisms of child protection, and illuminated why some mechanisms were used while others were not. These findings will make it possible in subsequent phases to build upon the existing community-based mechanisms. The process of this phase was also important because the researchers lived in the villages, enabling them to develop the trust and rapport essential for the subsequent work. In addition, the findings from this phase were presented back to communities in a respectful process that enabled collective reflection. The local people said that the research had accurately captured what they themselves saw as the main child protection problems, and began their own initiative to reflect on potential solutions to those problems. The fact that people defined the problems themselves and discussed how they might address them was an important foundation for the community-owned process that was at the heart of the intervention, as discussed below.

1.2.2 Phase 2 – Definition of locally defined outcome areas

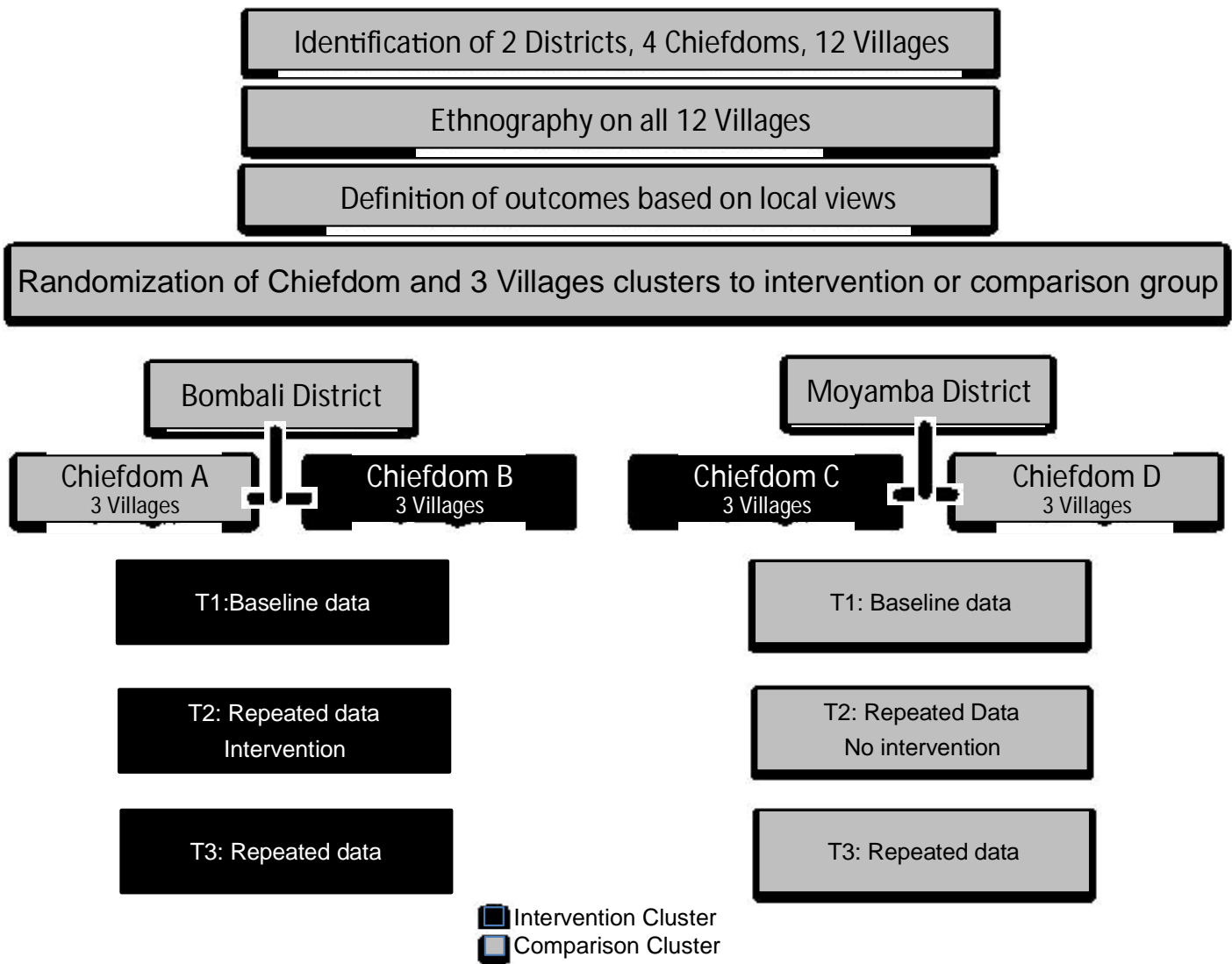
In the next phase, the research team developed a contextually appropriate tool for measuring risk and well-being outcomes for children. Using ethnographic and free-listing methods with a random sample of adults and young people from the communities (Stark, Wessells, King, Lamin, & Lilley, 2012), the researchers identified locally defined outcome areas regarding harms to children and their well-being. Outcome areas of risk and well-being were also identified through international child rights standards such as the African Charter on the Rights and Welfare of the Child and the United Nations Convention on the Rights of the Child. Using these locally and internationally identified outcome areas, the researchers developed and field tested a survey instrument for measuring children's risk and well-being outcomes, the process and results of which are described below.

1.2.3 Phase 3 – Quasi-experimental evaluation

The evaluation phase of the intervention, which is currently being implemented, uses a quasi-experimental design, as diagrammed in Figure 1 (see following page). The study follows a two-arm cluster randomized trial design in Moyamba and Bombali districts. Moyamba and Bombali were selected through a highly consultative process as reflecting some of the ethno-linguistic and regional diversity within Sierra Leone. Within each district, two chiefdoms that were comparable in many respects were purposively selected and randomly assigned to be in the intervention or comparison arms. In each chiefdom, three villages (one cluster) were included in the study. This design allows findings from one chiefdom cluster of villages to be compared to its matched cluster, enabling changes to be tracked over time.

The selected approach has several strengths. A prospective study that includes an intervention and comparison group provides a robust design for evaluating whether change is attributable to the effectiveness of an intervention. As mentioned above, in each district, two similar but nonadjacent chiefdoms were randomly assigned to the intervention or comparison condition. In the intervention condition in each district, the three selected villages within the chiefdom will develop, manage, and implement a community-driven intervention that addresses a child protection issue and links existing community protection processes with government-led aspects of the district-level child protection system. In the comparison condition in each district, no community-driven intervention will be implemented, although activities in the chiefdom are periodically monitored. In both the intervention and the comparison conditions, repeated measures of children's outcomes will be applied to teenage girls and boys (13 to 19 years old) at baseline (T1) and at two subsequent points in time (T2 and T3, respectively). Because both conditions are subjected to similar changes in the economic, political, and social environments, differences between conditions at T3 that are greater than those present at T1 may be attributed to the effect of the intervention.

Figure 1. Multi-phase Action Research Design



Box 1. The Community-driven Intervention

The Community-driven Intervention

This action research will test the effectiveness of a community-driven intervention that aims to reduce teenage pregnancy rates. In the ethnographic phase of the research, both male and female teenagers and adults had identified teenage pregnancy out of wedlock as one of the main harms to children. Through a highly consultative process that included different sub-groups, community members in the intervention chiefdoms in both Moyamba and Bombali districts selected teenage pregnancy as problem that they needed help with and that they wanted to address through collaboration with the government.

Over a period of several months, elected representatives of each intervention chiefdom cluster then facilitated the development of an intervention model and implementation plan that all three communities approved in each intervention cluster. The model included three elements:

- (1) Family planning, including the use of contraceptives;
- (2) Sexual and reproductive health education; and
- (3) Life skills, including the ability to say 'No' to unwanted sex and to negotiate and plan sexual activity.

The model is being implemented through a community-government-NGO partnership in which the District Ministry of Health provides contraceptives and training for local health staff to use them appropriately. Marie Stopes and Restless Development provide capacity building on family planning and sexual and reproductive health, respectively.

Community people are at the heart of the implementation process. For example, young people themselves decide how to create and communicate key messages, such as developing dramas (multiple vignettes) that show young couples making wise decisions about sexual activity or acting on impulse, with very different consequences. Afterwards, community members discuss the implications. The youth leaders play a key role in stimulating dialogue, reflection, and constructive problemsolving around the prevention of teenage pregnancy. In essence, this is a social norms change approach that aims to reduce rates of teenage pregnancy and unprotected sex, thereby supporting children's well-being and advancing the Sierra Leone National Strategy for the Reduction of Teenage Pregnancy 2013-2015.

2.0 Methodology

2.1 Introduction

The baseline study built upon previous phases of the action research and the community relationships established with the 12 villages in Moyamba and Bombali Districts. The objective was to use the outcomes identified in the previous phases to design a face-to-face survey instrument to be used with children to quantitatively assess child protection risks and protective factors. This study established a baseline against which one can assess the impact of the locally developed intervention described above.

2.2 Study Population and Sample

The target population for the baseline survey was the population of children aged 13 to 19 years in the 12 villages in Moyamba and Bombali districts. The intended sampling frame came from a list of all children in each village, developed in consultation with elders and chiefs. Initially, the plan had been to select a random sample of children from the list. In the end, this proved ineffective, as there were concerns that the sample size would be insufficient and that more marginalized children were being excluded from the lists. As a result, the research team decided to visit every home in the village and asked whether any young people between the ages of 13 and 19 years lived there. The upper age limit of 19 years was agreed upon to reflect the difficulty of age verification and the tendency for children to be labeled as 18 years or older if they had already reached certain markers of adulthood such as being married or having children. Through this village census process, every person between the ages of 13 and 19 years was identified and

interviewed. Given that children commonly migrated to school (with anticipated loss to follow up) and the relatively small number of children in the village, this was deemed the most appropriate and conservative sampling approach. The main consideration was to identify children who could be followed over time and who lived with relative permanency in the intervention group villages.

2.3 Survey Instrument Development

A survey tool for young people aged 13 to 19 years and corresponding consent forms for the respondent and their caregivers were developed for the baseline study. The survey tool contained 96 questions, drawn from previously validated international and national instruments (Interuniversity Consortium for Political and Social Research [ICPSR], 2004; International Society for the Prevention of Child Abuse and Neglect [ISPCAN], 2006; Centers for Disease Control and Prevention [CDC], 2009; Save the Children, 2011), as well as original items relating to the various risk and well-being outcomes identified in the previous phases of research.

The survey tool collected individual demographics including gender, age, religion, ethnicity, marital status, and whether the respondent had children. Information about the home (e.g. materials of walls, floor, roof, number of rooms, toilet facility) was collected as a proxy for socio-economic status. Information on family composition was collected by asking about the number of people living in the home and their relationship to the respondent.

The survey tool was designed to measure the lifetime prevalence and 12-month incidence of key outcomes associated with child protection, including the following key intervention outcomes related to teenage pregnancy:

- Sexual and reproductive health and teenage pregnancy: Assessed by a series of questions about intimate partnerships, fertility desires (e.g. experiences with pregnancy), pregnancy outcomes, transactional sex, contraception (knowledge, attitudes, and practice), and HIV/AIDS (knowledge, stigma, and impact of HIV/AIDS on their lives).
- Educational outcomes: Assessed by questions regarding whether the respondent had ever attended school and their highest education attainment, or reasons why respondents did not attend school (e.g. illness, work, unaffordable school fees, etc.). The survey explored school attendance, achievement, connectedness, and the schooling environment.
- Family connectedness: Evaluated through a series of questions investigating the quality of the relationship between the respondent and their parents or caregivers (e.g. 'When you have not been at home, have your parents/caregivers known where you are?'). These questions were designed to assess the stability, safety, and nurturing environment of the home.
- Harmful child work: Measured through a series of questions around daily activities and income that were designed to assess risk within the child's daily routines, such as doing hard work on the farm, fetching water that was too heavy for her/his body, and various income-generating activities (e.g. petty trading, tailoring, farming, etc.).
- Violence: Assessed by questions about the different forms, frequency and severity of violence the respondents experienced, including verbal or emotional violence (e.g. swearing, name-calling), physical violence (e.g. discipline, beatings, starvation). With the exception of transactional sex, sexual violence was not included in the survey, but respondents were given the opportunity to talk about other forms of violence they had experienced if they were comfortable.

2.4 Survey Instrument Pilot

Initial efforts to field test and validate the survey instrument were conducted from September to November 2011². Four national researchers were hired to field test the survey instrument, who were selected according to specific

² The financial support of Plan International/Sierra Leone was instrumental in enabling the field testing.

criteria that included fluency in the local language, prior research experience, high level of motivation, ethical sensitivity, and ability to work as part of a team. Several of the researchers had participated in at least one of the previous stages of data collection.

A four-day workshop was held in Bombali District to train the national researchers on the overall purpose of the larger action research, the goals of the pilot study, and the proper administration of the questionnaire. Role-play exercises were used to convey the mechanics of skip patterns, probing, and reliable coding. The workshop also provided an opportunity to review the draft questionnaire with an eye toward length, practicality, and how to make the questions most relevant and understandable in the local language. Minor adjustments were made to the draft questionnaire, which was translated into Temne and Krio. Finally, researchers were encouraged to reflect on respondents' levels of comprehension and sensitivity during the pilot to contribute to further adaptation of the survey instrument.

The instrument was piloted in two villages in Bombali—Mayagba and Makoloh—that were outside of the chiefdoms included in the action research, but similar in terms of population size, culture, socio-economic status, and access to services. Respondents for the pilot study included 45 randomly selected girls and boys between the ages of 13 and 17 years. Data were collected over 2.5 weeks through one-on-one interviews. Standard procedures developed earlier in the research were used to obtain informed consent and protect confidentiality, and data forms included no individual identifying information.

A key part of data collection involved testing to ensure that the survey questions were comprehensible to the participants, that the instrument captured an appropriate diversity of responses (thereby capturing individual differences and differences in experiences as well as avoiding ceiling and floor effects), and that it was relatively free of response biases such as the tendency to choose one particular response for all questions. Pilot data indicated that the instrument had achieved good technical quality in most of these respects, and further adaptation was undertaken where problems were evident.

The reliability of the instrument, that is, its tendency to yield the same results on repeated applications, was assessed through a standard test-retest method. Two weeks following its initial administration, the survey was re-administered to a random sample of 13 of the 45 teenagers from the original sample. The statistical analysis revealed test-retest reliability to be approximately 0.8, within the acceptable range.

To assess the validity of the instrument, that is, its ability to measure what it is intended to measure, an effort was made to examine the correlation between scores on particular aspects of the instrument with an external criterion of well-being or risk. For example, since education was the most frequently identified indicator of well-being, the team tracked the education records of the interviewees in hopes of identifying their grades and levels of participation. This strategy proved to be only partially feasible, as such records could not be located for nearly half the participants. Where grades were available, however, the results were in the direction expected if the instrument were valid.

2.5 Survey Team Selection and Training

Following the pilot, fourteen field researchers (13 data collectors and one team leader) were hired to participate in the research training workshop, and, conditional on their performance, to conduct the data collection. As in previous phases, the researchers were selected according to specific criteria that included fluency in the local language, prior research experience, high level of motivation, ethical sensitivity, and ability to work as part of a team. Several of the researchers had participated in at least one of the previous stages of data collection, and one had participated in pilot testing for the survey instrument.

A nine-day training workshop for the research team was held in Freetown. During this time, researchers were given information on the purpose of the baseline study and the previous phases of research, and also were trained on Save the Children's child safeguarding policy, code of conduct, and mechanisms for reporting concerns. Emphasis was placed on ethics and child safeguarding, which involved the group contextualizing the consent forms and discussing at

length ethical considerations around consent, confidentiality, and how to avoid raising expectations in the communities. The survey tool was thoroughly reviewed, and the researchers took part in role-play sessions, coding practice, and peer observation so that they could become familiar with the survey tool and feel comfortable administering it. The last two days of the workshop were dedicated to field practice under observation. At the end of the workshop, the national lead researcher selected 12 data collectors and the team leader, and assigned them to teams based on language skills and gender diversity.

2.6 Data Collection and Management

Fieldwork took place between 16 February and 10 March, 2012. The researchers operated in two teams of six people, with one team covering the six villages in Moyamba District and the other covering the six villages in Bombali District. Depending on the size of each village, the teams separated to work in pairs or threes to complete one village in three to four days. A key initial activity in every village was for the team leader to meet with the village chief and relevant community members to introduce themselves and explain the objectives of the baseline survey. This was important for respecting the established trust with community members.

Generally, the communities were very open and welcoming, and remembered the research teams from previous phases of the action research. In communities assigned to the control condition, the research team received a few negative reactions from community members regarding the burden of the research work and lack of intervention. However, most caregivers and children were positive and gave their consent to participate in the study. Overall, data collection went smoothly, although in one village the tragic death of a child due to an allergic reaction meant that research could not fit the planned timescale.

Data quality control procedures were established for the fieldwork. In both teams, the national lead researcher and team leader reviewed every completed survey form to check for completeness and accuracy so that any errors could be quickly corrected. In addition, the research teams held daily debriefing sessions to share experiences and tips for administering the survey tool. In particular, interviewers who were especially skilled at building rapport with the teenagers around sensitive questions were asked to share tips and support others in the team.

2.7 Data Input and Cleaning

Data input began approximately two weeks after the end of the fieldwork, and was conducted by two data entry clerks under the supervision of the Moyamba team leader. Questionnaire results were entered into a database using Epi Info™ software. Drop-down menus and restricted data entry fields were used to minimize data entry error. Quality assurance was conducted using two strategies: daily spot checks of each data entry clerk's forms by the Moyamba team leader, followed by a second round of review by the initiative coordinator in London every two to three days.

Data cleaning was undertaken by the coordinator in London. This involved reviewing and comparing variables across the dataset to check for logic and consistency, particularly regarding the accuracy of question skips. For example, if a record stated that the participant had never attended school, the coordinator checked to ensure that the child had not responded to questions about school attainment and environment. Basic tabulation of all variables in the dataset was undertaken to enable data cleaning. In addition, all open-ended responses were newly coded or assigned to an existing code where appropriate. One limitation of the data cleaning process was that the paper forms were retained in Sierra Leone. Although this made it impossible for the coordinator to compare the electronic dataset with the paper forms to check accuracy, the dataset appeared complete and consistent.

2.8 Data Analysis

Statistical analyses were performed using SAS (Version 9.3). Descriptive analyses (e.g. frequencies, proportions) were used to characterize the entire sample and examine the main child protection outcomes identified in the previous

studies (e.g. teen pregnancy, educational continuity, child maltreatment etc.). The sample was then stratified to compare participants in both the Moyamba intervention and comparison sites, and the Bombali intervention and comparison sites.

At this baseline stage of the evaluation, the study design calls for there to be little to no significant differences between the comparison and intervention clusters within each district. For example, in order to assess whether the upcoming intervention affects knowledge regarding birth control, each group (intervention and comparison) should ideally have similar knowledge levels before implementation of the intervention. For this reason, this report documents any significant differences that were observed between the intervention and comparison clusters at the baseline measurement period, before the intervention had begun. Statistical significance is evaluated at the $p < 0.05$ level, which affords confidence at the 95% level that the differences between groups are not due to chance. It should be noted that moderate differences at baseline are not inherently problematic, since subsequent statistical analyses at T2 and T3 can adjust for these differences to compare whether greater changes occurred in one cluster compared to the other. Logistic regression is used to examine the strength of association for factors related to teen pregnancy.

2.9 Ethics

2.9.1. Informed consent and confidentiality

Studies involving minors require rigorous consenting procedures to avoid coercion and exploitation. Participation in this study required informed consent from the head of household, as well as informed assent of the participating child. In rare cases in which the child was the head of the household, the young person was allowed to participate and the requirement for parental consent was waived. In such cases, extra care was taken to ensure that participation was truly informed and voluntary.

The informed consent forms are provided in Annex 3. Researchers explained to all potential participants that the purpose of the study was to learn about how the community cares for its children and how this information could inform government and NGO efforts to improve the lives of children. The researchers also explained that they would ask questions about young people's lives, their work and school, and some sensitive questions about their sexual health, including contraception and HIV and AIDS. They also explained that there would be no payment or material benefits for participating in the study. The participants and the heads of household were asked to agree to be interviewed three times over the course of two years to enable measurement of changes over time.

To ensure privacy and confidentiality, interviews took place in a child-identified private place such as under trees, on porches, or in vacant houses, backyards, or a safe space of the child's choice. Interviews mostly took place in the evenings or during the week, and lasted between 40 to 60 minutes. The completed data forms contained no names or identifying information.

2.9.2. Ethics of the design

This approach to evaluation, which includes a comparison group not receiving the intervention, has sometimes been criticized on ethical grounds for denying one group the intervention support that the other group receives. This concern, however, is mitigated by the fact that the effectiveness of the intervention is currently unknown. Ethical concern arises when support that is known to be effective is intentionally denied to people in the comparison group.³ If

³Debate continues about which ethics issues are most severe and warrant urgent attention. At least one cross-institutional ethics group (Allden et al., 2009) has argued that it is the provision of services without proper evaluation (which is a common practice in the child protection sector) that is unethical.

the community-driven intervention is found to be effective, the research team will try to support a similar intervention process in the comparison group communities. This delayed intervention strategy resembles the waitlist strategy that is frequently used to address concerns about designs that call for a comparison group.

2.9.3 Limitations

Because this research does not involve a nationally representative sample, it is important not to make broad generalizations based on its findings. While site selection was based on areas 'representative' of Sierra Leone, caution should be exercised when considering the applicability of study findings to the entire country or beyond. Additionally, like most survey research, this study collected data that relied mainly on participants' self-reports, which are known to be useful but also subject to various biases such as the desire to present oneself in a positive light.

A challenge throughout the study was identifying eligible participants who met the age criteria. Parents and community members were eager to have their children, relatives, and neighbors' children interviewed for the study, even if they were not thought to be within the age range. Birth registration is a new practice in many of the communities, and most young people in the age bracket of interest had no official age documentation. Children's ages were generally based on estimates made by family members, educated community leaders and the research team. Despite the operational challenges, extensive efforts were made to include participants who fell within the specified age bracket, and particular care was taken by the research team to err on the side of excluding younger participants who might not have been 13 years, the minimum age cut-off.

Collecting information about sexual activity was another challenge during survey administration. Females were more reluctant than males were to report sexual activity. Despite the assurance of confidentiality, many feared that their answers would become public and some understandably also showed signs of embarrassment in talking about sexual activity with an unknown adult. If the researchers detected inconsistencies in the answers, they reassured the participant that the answers were confidential and they returned to appropriate sections of the survey that had previously been skipped to complete them. For example, if a respondent claimed not to have ever had sex, but later disclosed that she had a child or had been pregnant, the interviewer would revise the answer about sexual activity and ask the relevant questions related to this topic that had previously been skipped. The interviewers used culturally sensitive ways to talk to the participants, which included making small talk or having light or humorous conversations that helped to establish a rapport with the participant and increase their comfort level. The most successful strategy for asking questions about sexual experience appeared to be using an interviewer who matched as closely as possible the age of the participant. For example, the youngest interviewer in Moyamba District had the greatest success in helping young respondents to feel comfortable disclosing sensitive information related to sex, and was subsequently assigned to all of the youngest people in this study.

3.0 Results

3.1 Demographic Findings

Table 1 displays the demographic characteristics of the respondents, comparing the intervention and comparison sites within and between each district. A total of 530 teenagers participated in this study. The median age was 15 years. The gender division was approximately equal, with 51.3% of the participants being female and 48.6% of the participants being male. The predominant reported religion was Islam (58.5%), followed by Christianity (40.9%).

Participants were allowed to choose up to two categories to describe who was primarily responsible for their direct care. The most common responses were mother and father (37.4%), mother only (21.0%), aunt or uncle (20.6%), father only (12.0%), sibling or cousin (12.8%), and grandparent (12.5%). Over 47% of the sample was single, 40% had a boyfriend or a girlfriend, and 9% were married. Over 17% of the sample had at least one child.

Language did differ across districts, which is inherent in the populations selected to participate. Overall, Mende (45.8%) and Loko (45.1%) were the most commonly reported languages followed by Temne (7.5%). Whereas Mende was the dominant language in the Moyamba clusters, Loko was the dominant language in the Bombali clusters.

Table 1. Demographic Characteristics of the sample stratified by district and the intervention and comparison sites

Variable	Bombali			Moyamba			Grand Total (n=530)
	Intervention (n=149)	Comparison (n=114)	Total (n=263)	Intervention (n=143)	Comparison (n=124)	Total (n=267)	
Sex							
Female	73	57	130 (49.4%)	76	66	142 (53.2%)	272 (51.3%)
Male	76	57	133 (50.6%)	67	58	125 (46.8%)	258 (48.7%)
Age years (med., IQR)	16 (14-18)	17 (13-17)	16 (14-18)	15 (13-18)	15 (13-18)	15 (13-18)	15 (13-18)
Religion							
Christianity	86	31	117 (44.5%)	72	28	100 (37.5%)	217 (40.9%)
Islam	63	81	144 (54.8%)	71	95	166 (62.2%)	310 (58.5%)
Top Three Languages							
Mende	1	2	3 (1.1%)	122	120	242 (90.6%)	245 (45.8%)
Loko	141	95	236 (89.7%)	2	0	2 (0.8%)	238 (45.0%)
Temne	2	20	22 (8.4%)	14	4	18 (6.8%)	40 (7.6%)
Caregiver*							
Mother & Father	48	41	89 (33.8%)	57	52	109 (40.8%)	198 (37.4%)
Mother only	34	25	59 (22.4%)	37	16	53 (19.9%)	112 (21.1%)
Father only	21	11	32 (12.2%)	16	15	31 (11.6%)	63 (11.9%)
Aunt/Uncle	33	24	57 (21.7%)	25	27	52 (19.5%)	109 (20.6%)
Sibling/Cousin	23	17	40 (15.2%)	14	14	28 (10.5%)	68 (12.8%)
Grandparent	20	13	33 (12.6%)	20	13	33 (12.4%)	66 (12.5%)
Spouse	11	8	19 (7.2%)	9	15	24 (9.0%)	43 (8.1%)
Relationship Status							
Single	65	42	107 (40.7%)	86	56	142 (53.2%)	249 (47.0%)
Boyfriend/Girlfriend	72	57	129 (49.1%)	50	54	104 (39.0%)	233 (44.0%)
Married	12	15	27 (10.3%)	7	14	21 (7.8%)	48 (9.1%)
Children (yes vs. no)	30	11	41 (15.6%)	25	28	53 (19.9%)	94 (17.7%)

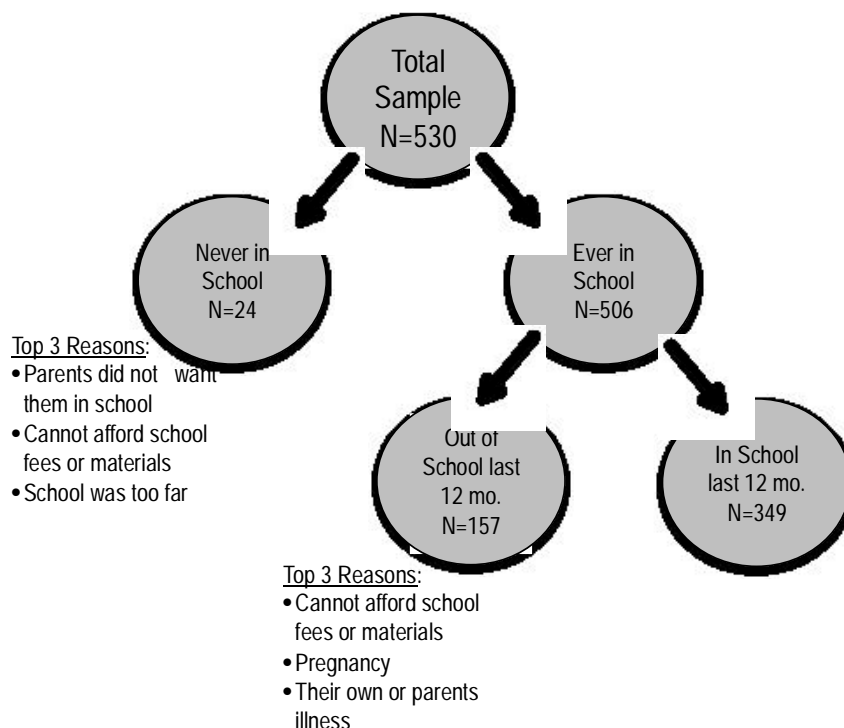
*Participants could choose more than one caregiver

The groups were compared to assess statistically significant differences between the comparison and intervention clusters in each district. As described above, ideally, the intervention and comparison clusters should be as similar as possible at baseline. In Moyamba, significant differences were observed between the intervention and comparison sites for relationship status ($\chi^2=7.51$, $p=0.023$) and religion ($\chi^2=21.44$, $p<0.001$). In Bombali, significant differences were observed for religion ($\chi^2=23.32$, $p<0.001$).

3.2 Schooling: Experiences, Attendance and Completion

Out of the total of 530 teenagers, 24 (4.5%) had never attended school. Of these 24, 17 were female and 7 were male, a gender difference that was marginally significant ($\chi^2=3.83$, $p=0.05$). A total of 157 (29.6%) teenagers had not gone to school in the last 12 months; 87 were female and 70 were male, a difference that was not statistically significant ($\chi^2=2.29$, $p=0.13$). The main reasons reported for dropping out of school were lack of money for school fees and materials (61.1%), pregnancy among female teenagers (17.2%), working or having a job (10.0%), or illness of the participant or their parent (10.8%). Of the participants who had attended school at some point ($n=506$), 289 (57.1%) had completed primary school, 188 (37.2%) had completed junior secondary school, and 25 (4.9%) had completed senior secondary school.

Figure 2. School attendance patterns and reasons for not attending school



When asked to describe themselves as students, the majority of students considered themselves to be ‘serious in school,’ a local construct that connotes dedication to one’s schooling. Out of the 349 participants who had been in school in the past 12 months, 84.0% reported that the teachers would describe them as very serious students, 87.4% reported that their parents would consider them very serious, 86.5% reported that their friends would describe them as very serious, and 94.0% described themselves as very serious students.

Generally, school attendance was high, with less than 25% of students having missed more than one day of school in the preceding two weeks. However, 10% of students had missed up to 10 days, the equivalent of missing the past two full weeks of school. The top three reported reasons for missing school were illness, inability to pay school fees, and having to work on the family farm. Many participants reported having experienced some degree of violence at school. Among 349 current students, 279 had been physically hurt in school in the last year, 255 of whom reported having been hurt by an adult and on a fairly regular basis. There were no statistically significant differences between male and female students with regard to experiences of violence at school.

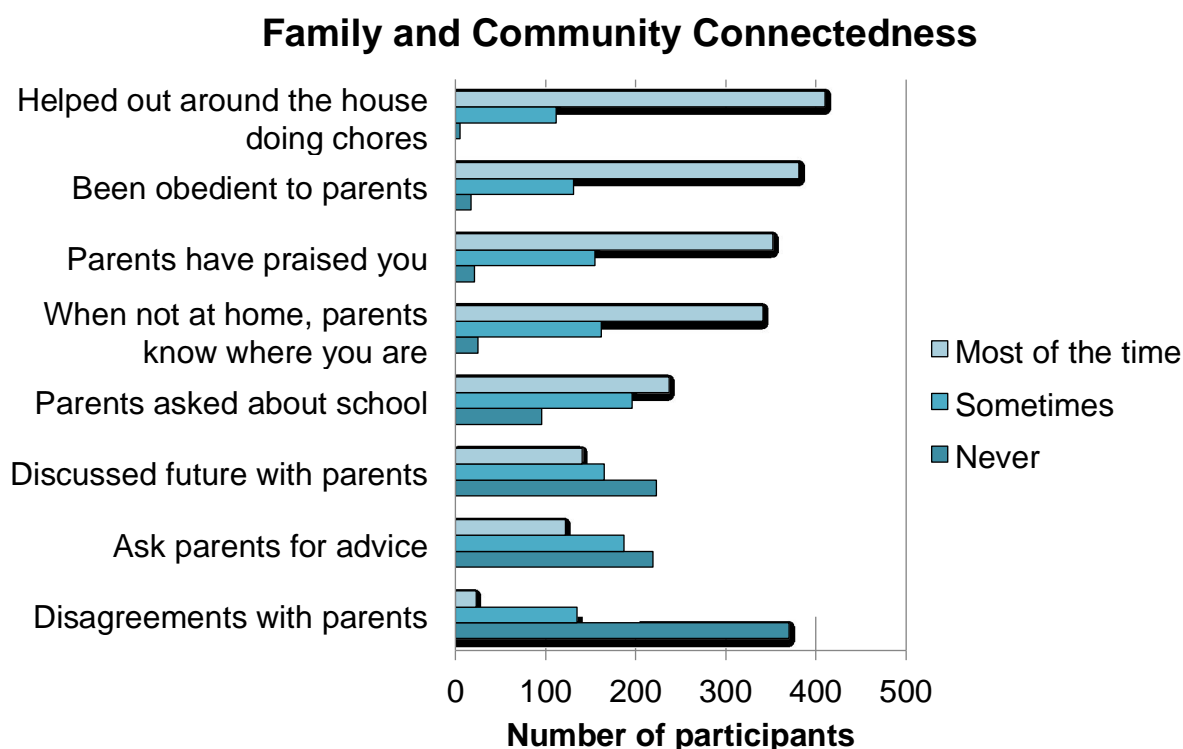
Few statistically significant differences were observed between the comparison and intervention clusters in each district. The only significant difference that occurred was with regard to the number of participants who had ever attended school ($\chi^2=10.33$, $p<0.001$ for Moyamba; $\chi^2=8.18$, $p<0.004$ for Bombali).

3.3 Family and Community Connectedness

Since family connectedness is an important measure of child safety and well-being, the survey included a series of questions to assess a child’s connection to his or her family and community. Figure 3 shows in order of frequency the activities that occurred within the family setting that indicated the level of connectedness between children and their

parents or caregivers. Consistent with the results of a previous study on well-being outcomes for children (Stark et al., 2012), the participants reported that in the past year, they had frequently helped around the house, been obedient to their parents, and had few disagreements. Many participants reported that they had received praise from their parents when they did something correctly, and that in general their parents had known where they were when they were not at home. It was less common for participants to have discussed the future with their parents, and many reported that in the past year they had not asked their parents for advice. Gender differences were assessed using odds ratios (OR) and 95% confidence intervals (95% CI). There were no statistically significant differences between male and female participants with respect to helping out around the house, being obedient to parents, being praised by parents, parents having known teenagers' whereabouts when not at home, parents having inquired about school, seeking parental advice and helping with chores. Male teenagers were significantly more likely to have discussed future plans with parents (OR=1.5, 95% CI: 1.06-2.12), and female teenagers were more likely to have reported disagreements with parents (OR:1.79, 95% CI:1.23-2.62).

Figure 3. Connectedness with parents/caregivers



3.4 Living with Biological Parents

Among the 530 participants, 370 (70%) reported living with a biological parent (i.e. either mother, father or both). To examine whether living with biological parents had protective effects, an unadjusted logistic regression was conducted to look at the relationship between living with a biological parent and three key outcomes: being in school in the preceding year, being sexually active in the preceding year, and having a pregnancy in the preceding year (Table 2). Odds ratios (ORs), a calculated statistic used to estimate the strength of association between two variables, are reported below. An OR above 1 indicates that the odds of the outcome happening are higher among those who report particular living situations (living with mother, living with father, living with mother and father). An OR below 1 indicates that the odds of the outcome happening are lower. For each item, confidence intervals (CI) are also presented, which indicate with a 95% level of certainty the lowest and highest potential values of the respective OR.

Table 2. Schooling and sexual risk outcomes associated with living with biological parents

Variables	In school in the last year ¹ OR (95% CI)	Sex in the last year ¹ OR (95% CI)	Pregnant in last year ² OR (95% CI)
Lives with Mother (yes vs. no)	1.75 (1.19-2.56)*	0.69 (0.49-0.99)*	0.80 (0.46-1.39)
Lives with Father (yes vs. no)	1.51 (1.04-2.22)*	0.52 (0.36-0.74)*	0.58 (0.32-1.06)
Lives with Mother & Father (yes vs. no)	1.70 (1.14-2.53)*	0.55 (0.38-0.79)*	0.58 (0.32-1.06)

1. Model uses the sample of 530 teenagers

2. Models uses the sample of 212 teenagers who were sexually active.

*Denotes statistical significance ($p < 0.05$)

Table 2 shows three important outcomes. First, children who lived with one or more biological parents were more likely to have been in school in the past year. Teenagers who reported living with their mother had 75% higher odds (OR 1.75, 95% CI: 1.19-2.56) of having been in school compared with teenagers who reported not living with their mother. Teenagers who reported living with their father had 50% higher odds (OR 1.51, 95% CI: 1.04-2.22) of having been in school, and those who reported living with both their mother and father had 70% higher odds of having been in school (OR 1.70, 95% CI: 1.14-2.53). Living with any biological parent, then, significantly increased the odds of having been in school. While living with a mother had the highest OR, it was not significantly different from the ORs for living with a father or with both mother and father.

Second, living with a biological parent had a protective effect with regard to sexual activity. Children who lived with their mother had 31% lower odds (OR 0.69, 95% CI: 0.49-0.99) of having been sexually active in the preceding year. Those who lived with their father had 48% lower odds (OR 0.52, 95% CI: 0.36-0.74), and those who lived with both their mother and father had 45% lower odds of having been sexually active (OR 0.55, 95% CI: 0.38-0.79).

The third finding, which pertained to the 212 teenagers who reported being sexually active, was that living with biological parents did not significantly reduce the odds of having had a pregnancy in the last year. A preliminary interpretation is that living with biological parents became less protective following the initiation of sexual activity.

Table 3. Violence outcomes associated with living with biological parents

Variables	Verbal abuse ¹ OR (95% CI)	Physical abuse ¹ OR (95% CI)
Lives with Mother (yes vs. no)	1.75 (1.19-2.56)*	0.69 (0.49-0.99)*
Lives with Father (yes vs. no)	1.51 (1.04-2.22)*	0.52 (0.36-0.74)*
Lives with Mother & Father (yes vs. no)	1.70 (1.14-2.53)*	0.55 (0.38-0.79)*

1. Model uses the sample of 530 teenagers

Table 3 shows the relationship between living with a biological parent and the experiences of verbal or physical abuse, respectively. Surprisingly, there were few differences between children who lived with at least one biological parent and those who did not. When asked how they were treated compared with other children in their home, 79% of the participants reported that they were treated the same, 8% reported that they were treated better, and 11% reported that they were treated worse than other children in their home. Of note, there were no statistically significant differences between participants who lived with any biological parent (mother and/or father) and those who lived without a biological parent ($\chi^2 = 2.57$, $p = 0.27$). This finding runs counter to the common perceptions that children living without biological parents are treated poorly compared with other children in the home.

A gender analysis was conducted to investigate if experiences of violence were different between female and male participants in each living arrangement. It was found that female teenagers living with their fathers had nearly twice the odds of physical abuse (OR 2.05, 95% CI: 1.24-3.40) compared with male teenagers, and female teenagers living with both parents had 1.77 higher odds of physical abuse (OR 1.77, 95% CI: 1.04-3.02). There were no statistically significant differences observed between living arrangement and abuse for those teenagers living with their mother.

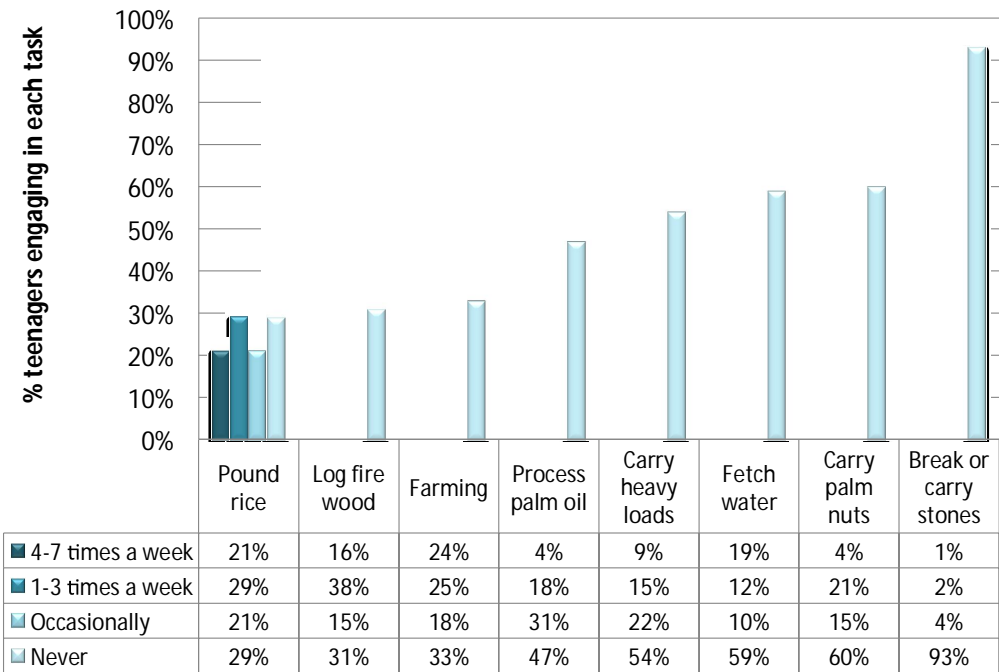
Also, there were no statistically significant differences between the comparison and intervention clusters in each district regarding experiences of violence in the household.

3.5 Heavy Work and Income

‘Heavy work’ is the term local people used to refer to work that deprives children of their childhood, interferes with their ability to attend school, or is mentally, physically, or socially dangerous and harmful (Wessells, 2011). A challenge in evaluating heavy work is drawing an appropriate distinction between regular household tasks and labor that poses risks to children and compromises basic child rights. For the purposes of this survey, respondents were asked to report whether and to what frequency they were expected to engage in activities that often constitute ‘heavy work’ in Sierra Leone.

The main forms of heavy work reported were pounding rice, logging firewood, and farming. Children reported engaging in different tasks at different frequencies, which ranged from never to almost daily (4 to 7 times a week). For example, very few children had ever had to carry or break stones, but nearly 25% of children reported farming nearly every day. Figure 4 displays the breakdown of ‘heavy work’ activities and the frequency with which children reported engaging in these types of activities.

Figure 4. Percentage of teenagers involved in heavy work (n=530)



Most of the participants reported that their heavy work contributed to the household income and income generation. In fact, 421 (79.4%) participants said they had undertaken work that brought money into the home. Of those participants, 257 (61.0%) were involved in petty trading or selling, 223 (53.0%) worked on their family farm, and 28 (6.7%) worked on another landowner’s farm. Their financial contributions helped their families to meet basic needs such as paying for school fees (n=214, 50.8%), school materials (n=168, 40.0%), food (n=335, 79.6%), health needs (n=171, 40.6%), and personal items like clothes or shoes (n=300, 71.3%).

Table 4 illustrates how the nature and the frequency of heavy work varied by gender. Significant gender differences were observed for farming, carrying palm nuts, processing palm oil, and pounding rice. Because the labor variables are four-way variables, the chi-squared test cannot assess whether involvement in labor is higher for males or

females. The labor variables were therefore dichotomized and a logistic regression conducted to investigate sex differences between labor that was done daily (4 to 7 times a week) versus all other frequencies. The only significant difference identified was that female teenagers were significantly less likely than males to process palm oil daily (OR 0.32, 95% CI: 0.11-0.87). Female and male teenagers were equally likely to engage in all other types of heavy work on a daily basis.

Table 4. Gender differences in 'heavy work' (n=525)

Variables	Female n=270				Male n=255				p-value
	4-7 times a week	1-3 times a week	Occasionally	Never	4-7 times a week	1-3 times a week	Occasionally	Never	
Farming	58 (21.5%)	61 (22.6%)	47 (17.4%)	104 (38.5%)	73 (28.6%)	75 (29.4%)	50 (19.6%)	57 (22.4%)	<0.001
Log fire wood	49 (18.1%)	106 (39.3%)	35 (13.0%)	80 (29.6%)	36 (14.1%)	90 (35.3%)	41 (16.1%)	88 (34.5%)	0.293
Carry palm nuts	10 (3.7%)	46 (17.0%)	71 (26.3%)	143 (53.0%)	11 (4.3%)	63 (24.7%)	85 (33.3%)	96 (37.6%)	0.005
Process palm oil	16 (5.9%)	44 (16.3%)	91 (33.7%)	119 (44.1%)	5 (2.0%)	54 (21.2%)	71 (27.8%)	125 (49.0%)	0.030
Fetch water	58 (21.5%)	22 (8.1%)	25 (9.3%)	165 (61.1%)	44 (17.3%)	37 (14.5%)	26 (10.2%)	148 (58.0%)	0.100
Carry heavy loads	23 (8.5%)	35 (13.0%)	47 (17.4%)	165 (61.1%)	23 (9.0%)	42 (16.5%)	67 (26.3%)	123 (48.2%)	0.020
Pound rice	67 (24.8%)	79 (29.3%)	49 (18.1%)	75 (27.8%)	46 (18.0%)	75 (29.4%)	60 (23.5%)	74 (29.0%)	0.195
Break or carry stones	2 (0.7%)	7 (2.6%)	4 (1.5%)	257 (95.2%)	2 (0.8%)	4 (1.6%)	17 (6.7%)	232 (91.0%)	N/A*

*Cell sizes below 5, cannot test for significance

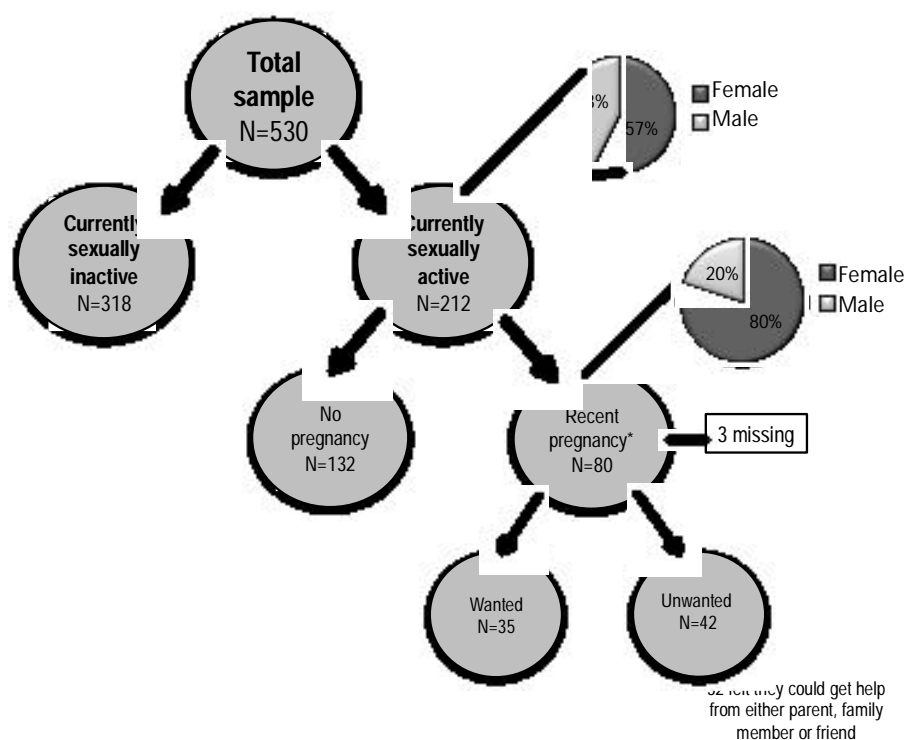
In Moyamba, significant gender differences were observed between the number of participants involved in farming ($\chi^2=11.35$, $p=0.01$) and fetching water ($\chi^2=20.73$, $p<0.001$). In Bombali, significant gender differences were observed for participants involved in farming ($\chi^2=10.15$, $p=0.02$).

3.6 Sexual Risk, Pregnancy and Contraception

Of the 525 participants, 258 (49.1%) reported that they had a girlfriend or boyfriend in the preceding year. Also, 212 (40.4%) participants reported that they had been sexually active, regardless of whether they had a current girlfriend or boyfriend. Within this sample of 212 sexually active teenagers, there were more girls (56.6%) compared to boys (43.4%). In addition, 80 respondents reported that they had become pregnant or had impregnated a sexual partner within the past year, resulting in a one-year period prevalence of 37.7%, very high for such a young population. Of interest, out of the 80 participants who reported having a recent pregnancy, 17 were male, meaning that nearly 20% of sexually active boys had a partner who became pregnant. Generally, males are less likely to know the pregnancy status of a sexual partner, so it is likely that the 20% figure underestimates the true prevalence.

Teen pregnancy was a principal area of concern identified in the previous phases of the research (Wessells et al., 2012). Figure 5 displays the total number of females who had been sexually active in the last 12 months (n=118), and compares those who have had a recent pregnancy to those who had not. Figure 6 shows that sexual activity had begun quite early and occurred much more frequently with increasing age. Among the sexually active girls, 8 (6.8%) were 13 years old, and one of them had had a recent pregnancy. By the age of 17, there were approximately equal numbers of sexually active girls with and without recent pregnancies. By 19 years there were more young women who had been pregnant than not (20 vs. 7). On average, over 50% of sexually active females in this study had been pregnant in the last 12 months. This high percentage of teenage pregnancies among sexually active teenagers resonates with the findings of other research conducted in Sierra Leone (Government of Sierra Leone, 2013).

Figure 5. Recent sexual activity and pregnancy in the past 12 months⁴

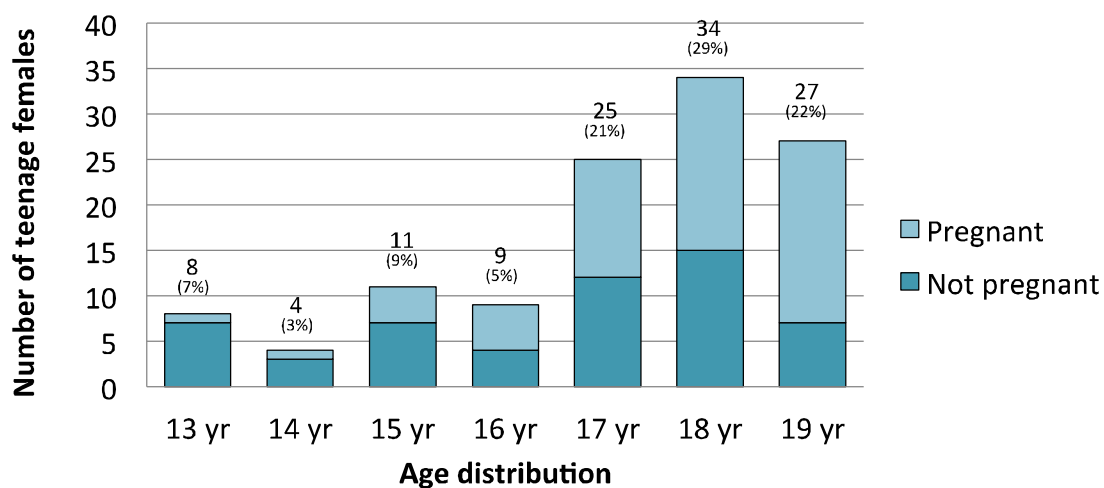


*Females who reported being pregnant in the last year, and males who reported impregnating someone in the last year.

A logistic regression that assessed the strength of association between pregnancy and age indicated that for every additional year following sexual debut, there was a 50% increase in the odds of having had a recent pregnancy (OR1.48, 95% CI: 1.17-1.88). Not attending school in the preceding year was also associated with a four-fold increase in the odds of having had a recent pregnancy (OR4.16, 95% CI: 1.85-9.38), suggesting a strong association between teen pregnancy and school drop-out.

⁴The pie charts illustrate the gender disaggregation of sexual activity and recent pregnancy

Figure 6. Number of sexually active female teenagers, disaggregated by age and pregnancy status⁵



Unsurprisingly, given the high pregnancy rates reported in this study, more than 34% of teenagers in the sample did not know ways in which people can avoid pregnancy. From the 347 respondents who did report knowing how to avoid pregnancy, the most commonly cited methods were the use of male condoms, injectables/implants, contraceptive pills, and traditional medicine. From the 212 sexually active teenagers, only 77 (36.3%) reported using contraceptives, most commonly the male condom and injectables/implants.

In Moyamba, significant differences between the intervention and the comparison clusters were observed for relationship status ($\chi^2=7.51$, $p=0.023$), sexual activity in the past year ($\chi^2=6.91$, $p=0.009$), and contraception knowledge ($\chi^2=6.01$, $p=0.014$). In Bombali District, no significant differences were observed between the intervention and the comparison clusters.

3.7 HIV and AIDS

Most of the participants in this study had heard about HIV/AIDS (88%), but few knew someone living with HIV (4%), and only two participants reported that a family member was living with HIV. The HIV prevalence in Sierra Leone is relatively low (1.6%) in comparison to other countries in sub-Saharan Africa. The small number of respondents who reported knowing someone with HIV could be attributed to the fact that children are often not made aware of illnesses in their family. Also, HIV is an autoimmune disease with symptoms that are very similar to common illnesses. Although few respondents knew someone living with HIV/AIDS, they considered it a stigmatizing illness. Few teenagers (14%) reported that they would play with someone living with HIV or share a meal with them (11%).

The groups were compared to assess statistically significant differences between the comparison and intervention clusters in each district. In neither Moyamba nor Bombali Districts were there statistically significant differences regarding HIV/AIDS.

3.8 Forms of Violence

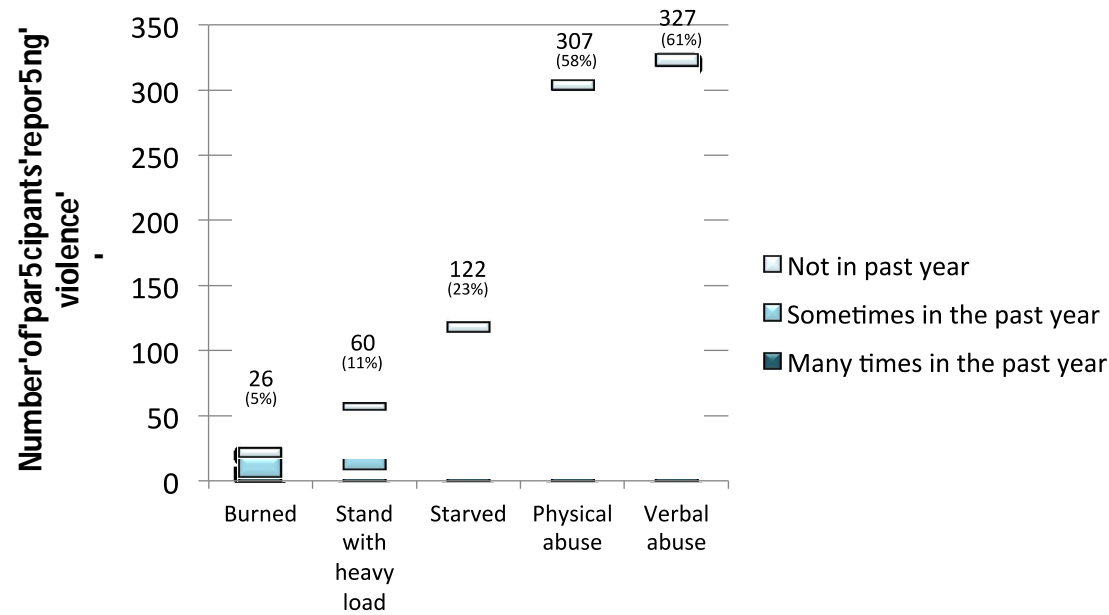
Many children in this study reported that they had experienced violence at home in the past year. Over 60% of participants reported having been abused verbally, including being called names or cursed at. Almost 58% of the group reported having been physically abused, including being hit or kicked with a hand, foot, belt, cane, or other object, with many reporting occurrences on a regular basis. Over 23% of the sample reported having been forced to stand in one

⁵ Percentages represent the % total of the sample in each age group

place holding ‘a heavy load.’ Almost 5% of the group reported having been burned, including ‘peppering.’ Figure 7 displays different kinds of violence and the relative frequency with which teenagers experienced them. For each type of violence, the ‘sometimes’ category was most commonly reported, indicating that if a teenager experienced that type of violence, it occurred on a fairly regular basis.

Interestingly, there were no statistically significant differences between the two districts or the intervention and comparison clusters within each district. Also, boys and girls were equally likely to experience each of the types of home violence in the past year.

Figure 7. Common forms of violence in the home (n=530)



4.0 Discussion

This study presents the first round of data collection designed to establish a baseline measure of the risks facing teenagers (13 to 19 years old) in participating villages in Bombali and Moyamba Districts of Sierra Leone. The study, which included 530 children from 12 villages, used a design intended to compare clusters of villages in chiefdoms that were randomly assigned to intervention or comparison groups. Because the paired chiefdoms were selected based in large part on their similarity, the research team did not expect to find significant differences between the intervention and comparison clusters in this pre-intervention phase. It is encouraging that the intervention and comparison clusters were generally comparable between the matched chiefdoms, with only few significant differences noted in the Results section.⁶

In broad terms, the results from this baseline survey mirrored findings from the ethnographic research phase, with convergence of the qualitative data of the initial phase and the quantitative data of the current phase. During both the ethnographic and baseline phases, the most serious risks to health and well-being that participants identified included out-of-school children, teenage pregnancy out of wedlock, and heavy work. The only discrepancy was maltreatment of children who did not live with their biological parents, which was one of the top four risks identified in Moyamba during the ethnographic phase, but which was not indicated as a significant problem in the baseline phase. It is possible that this difference occurred due to the baseline study’s exclusive focus on teenagers, who may have been

⁶ It is worth noting that the differences that did occur do not compromise the study since the subsequent measurement phases will account for these differences and compare across conditions the direction and amount of change that has occurred.

less frequently discriminated against than younger children, or who may have been more independent and therefore in a better position to cope with maltreatment.

4.1 The Multiple Risks Children Face

Overall, the results showed that teenagers in Moyamba and Bombali Districts faced a multitude of risks that affected their health and well-being. The main areas of risk and well-being are reviewed briefly below.

4.1.1 Education

Access to education is universally recognized as a key determinant of child well-being and was also identified as a priority by the community (Stark et al., 2012; Wessells, 2011). While over 95% of the teenagers had attended school at some point in their lives, nearly 30% of this sample had not been to school in the past 12 months. School attendance is a strong determinant of important outcomes in adulthood including socio-economic status, earning potential, and general health. Those who reported attending school in the past 12 months had relatively good attendance despite reports of harsh school discipline and physical abuse. An interesting area for further investigation is why the high reported levels of abuse in school did not appear to interfere with the high level of attendance.

Although the survey asked questions on school attendance and completion, which is standard measurement practice in the international arena, it also asked about schooling indicators that were defined in local terms. For example, it included items pertaining to being 'serious in school,' which in the local idiom meant hard working and dedicated to schooling. The phrase was useful to include in the survey since it had been rated as one of the primary local indicators of children's well-being in the outcomes definition phase. At the same time, there was such strong pressure to be seen as serious in school that such questions may have been sensitive to social desirability bias. Alternately, the participants may have perceived themselves as trying hard in school. These factors likely contributed to the high proportion of students who reported being 'serious in school,' and will be an important area to consider in subsequent research phases.

4.1.2 Heavy work

Beyond the school context, teenagers reported frequent engagement in heavy work (e.g. farming, pounding rice, and logging fire wood), with up to 25% of participants spending up to 4 to 7 days a week on these activities. To reduce children's involvement in heavy work to a low enough frequency that makes it possible for them to attend school will require economic support for vulnerable households, since severe poverty is a key driver for teenagers' participation in heavy work.

4.1.3 Violence and abuse

Children in this study reported that they were commonly exposed to verbal abuse (61%), physical abuse (58%), and being starved as a disciplinary measure (22%). Because problems such as child beating and verbal abuse are supported by social norms, it will likely be useful to address such issues through internally guided steps to change the relevant social norms. In fact, previous research by UNICEF and other partners has shown the effectiveness of a slow, internally guided process in changing social norms (Ahmed, Al Hebshi, & Nylund, 2009; Dagne, 2009). Attention should also be provided to promote physical and psychological recovery from abuse and enable child protection systems to prevent violence against children and teenagers before it occurs.

4.1.4 Teenage pregnancy

Among the most important findings from this survey, substantiated by previous phases of this research, are the risks associated with sexual activity among teenagers. Nearly a quarter (23%) of all girls and half (50%) of sexually active girls in this study had been pregnant in the past 12 months, some as young as 13 years old. For each additional year of age, the females in this study had a 50% increase in the odds of becoming pregnant. By age 19, more than 75% of sexually active young women had been pregnant. These findings are consistent with data from national surveys conducted in Sierra Leone showing that 34% of all pregnancies occur among teenage girls (Statistics, 2008), and that 26% of teenage girls between ages 15 and 19 have already given birth (UNICEF, 2010), with most of those births occurring before the age of 18 years (UNFPA, 2011). National statistics also reveal that teenage mothers start having children as young as 9 years of age, and that 40% of maternal deaths occur as a result of teenage pregnancy (Government of Sierra Leone, 2013). Given the severity of the problem of teenage pregnancy, it is encouraging that communities in the intervention clusters have selected this as an issue they seek to address in their subsequent intervention.

An important finding from the present study is that living with biological parents appeared to be protective against early sexual debut, yet once teenagers become sexually active, the sexual risk environment over-rode the protection afforded by living with parents. This finding suggests that parental protection by itself is not sufficient to address the multiplicity of sexual risks in teenagers' social environments and that other supportive measures are also important.

The results of this study indicate that teenagers seldom used contraceptives. High pregnancy rates are indicative of infrequent contraceptive use. Additionally, 34% of respondents in this study reported that they did not know ways to avoid pregnancy. Only 36% of sexually active teenagers reported ever having used contraceptives, and only 50% of those who had used contraception reported using it consistently. The most commonly used method of contraception was male condoms, the use of which frequently depends on gender norms that enable females to negotiate condom use. Collectively, these findings indicate low sexual health literacy, low access to contraception, and challenges to ensuring consistent contraceptive use. One potentially promising preliminary finding was that out of the 50% of females who became pregnant, the majority (75%) reported that they could talk to a parent, family member, or friend about it to get help. This finding highlights indigenous features of the social environment that allow girls at risk to seek help and that are valuable assets that communities could mobilize in their subsequent interventions.

4.2 Challenges and lessons for future data collection

The data were collected with systematic oversight in the field and entered with care. Overall, there were few missing data or questions that participants did not want to answer. Still, conducting this baseline study did present some challenges that are important to consider for the future study phases and also for other organizations that intend to study child protection and strengthening CBCPMs in general.

4.2.1 Reaching participants

Unless the participants were heads of household, consent was obtained from parents/caregivers and the young participants. Because parents and children usually farmed during the day, it was challenging to meet parents to obtain consent. The ideal time to approach parents was early in the day or late at night. Children were often working with the parents or in school. A valuable lesson learned is the importance of timing one's interviews according to farming and schooling routines.

Awareness of community events also proved to be important for data collection. In one village, for example, a political event caused elders and community members to be unavailable to give consent. Political events such as the turmoil surrounding regularly scheduled elections will remain important for the duration of the action research. Funerals and sporting games were also events that impeded data collection. In the end, the data collection schedule should be guided by community rhythms and events more than the convenience of the researchers.

4.2.2 Migration

Establishing residency in a village was also a challenge since some children traveled from other villages to be interviewed. Additionally, some children who resided on the periphery of villages were from semi-nomadic groups that were important but difficult to reach. In cases such as these, there is a risk of being unable to follow up with the same teenager in subsequent data collection periods. Another common issue was that children who attended school in neighboring villages could be hard to find, as some commuted every day or rented rooms for the week and came home on weekends. These issues will be important to clarify in upcoming phases of the research since the intervention will likely have little effect on children who were listed as residents of a village but who in fact were often outside of the village and had little exposure to the intervention.

4.2.3 Probing about sexual activity

Two additional issues from the baseline evaluation related to questions about sexual activity. The first issue centered around the cultural appropriateness of discussing sex. Researchers experienced some discomfort asking prepubescent children if they were sexually active. In future rounds of data collection, it will be helpful to organize special sessions for research staff to discuss this topic and ensure team members are able to debrief about this topic. On the participants' side, an unexpected ethical issue arose when some respondents reported that they were hurt or offended that researchers would ask whether they were sexually active. Perhaps this problem could be prevented in the future by consulting with teenage girls about strategies to mitigate this issue and applying those strategies prior to future rounds of data collection.

The second issue concerned the psychosocial burden of the study on the research team. Some participants reported having sexual activity at a very young age; although interviewers did not feel that this was a type of abuse that necessarily warranted urgent action, there was sufficient ambiguity to make interviewers upset. In future rounds of data collection, more time may need to be spent anticipating and thinking through how to provide psychosocial support to the research team.

5.0 Toward the Future

This baseline survey is not only a fundamental part of the action research in Sierra Leone but also a step toward creating much-needed measures of the effectiveness of national child protection systems (Davis, McCaffrey, & Conticini, 2012). In an era that focuses on strengthening national child protection systems, it is essential to measure on a large scale whether the protection and well-being of children is improving. The standard NGO approach of measuring outcomes on a project-by-project basis is ill-suited to this task. For one thing, different projects typically employ different indicators and measures, which makes it difficult to discern wider, more common patterns of change in children's protection and well-being. In addition, the fundamental question to be asked is whether the protection and well-being of children is increasing or decreasing on a national scale, beyond that of any particular project.

Nor would tracking cases of child protection violations on a national scale by itself constitute an adequate means of measuring the effectiveness of national child protection systems. A case tracking system measures violations after they have occurred, but does little to assess prevention in terms of the reduction of exposure to risks. Also, from a prevention standpoint, it makes more sense to track well-being, since children who are doing relatively well are in a better position to protect themselves and to cope effectively with life adversities. Ultimately, the aim of child protection systems is not only to minimize and prevent the harms to children but also to strengthen their well-being and resilience.

This study helps to define much-needed measures of the effectiveness of national child protection systems by using a public health strategy of measuring children's risk and well-being outcomes on a population basis. This type of strategy helped to transform the health sector, and could also have significant positive impact on global child protection. By systematically collecting such population-based outcomes measures on an annual or bi-annual basis, one can track over time changes in the overall protection of children. In principle, this strategy could be applied on a national scale,

making it possible to discern whether the national child protection system was making tangible, meaningful improvements in children's lives. It is hoped that this study will encourage movement in this direction.

Because this study used a wider systems approach, a word of caution is in order. In a typical baseline study of outcomes, the strategy is to include only the outcomes that one expects the intervention to affect. In contrast, the present study used a broad array of outcomes, only some of which are intended to be responsive to the teenage pregnancy intervention that communities are implementing. For example, one expects the community-driven intervention to affect outcomes such as teenage pregnancy and knowledge about and use of contraceptives. Yet there is no expectation that the intervention to reduce teenage pregnancy will affect outcome measures pertaining to heavy work or child beating, among many others. Only pregnancy-related outcome measures are expected to change at subsequent measurement periods. At the end of the day, this baseline study is as important for the directions it outlines in regard to system strengthening as it is for the assessment of the impact of a particular intervention.

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Interagency Learning Initiative on Community-Based Child Protection Mechanisms and Child



What exists in communities to protect children? What processes or mechanisms are used by families and communities to support children who are affected by various protection threats? Are community-based mechanisms that are linked to formal child protection systems more effective? How can external agencies most effectively support communities to protect their children?

These are some of the important questions being explored in a four-year interagency learning initiative on community-based child protection mechanisms. Running from 2010 to 2014, the initiative involves action research in Sierra Leone and Kenya, and the establishment of a global community of practice– the Community Child Protection Exchange.

What are community-based child protection mechanisms?

Community-based child protection mechanisms are defined broadly to include all groups or networks at the grassroots level that prevent and respond to issues of child protection and vulnerable children. These may include family supports, peer group supports, and community groups such as women's groups, religious groups, and youth groups as well as traditional community processes, government mechanisms, and mechanisms initiated by civil society and international agencies such as child protection committees.

Why are they so important?

Community-based child protection mechanisms are at the front line of efforts to protect children from abuse, neglect, violence, and exploitation. They are foundational elements of the national child protection system for reasons of scale and sustainability. It is in the community that children and families experience and interact with the wider child protection system, making community mechanisms the face of the system for many people.

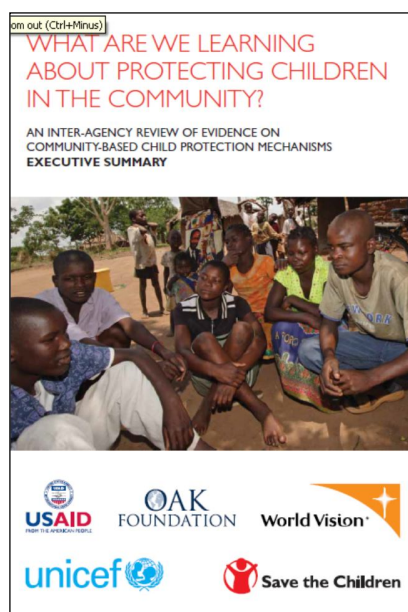
An interagency learning process

Since January 2009, a group of child protection agencies has come together around this interagency learning initiative. Prompted by a collective need for increased evidence and the development of standards for practice in supporting communities to better protect children, the agencies began a collective process of grounded learning in this important area of child protection.

The initiative is implemented through strong interagency partnerships and overseen by a global reference group involving 10 national and international agencies. Save the Children serves as the coordinator of the initiative and lead of the community of practice. The Columbia Group for Children in Adversity serves as the technical lead for the action research.

The initiative is funded with generous support from the Oak Foundation, USAID DCOF, USAID PEPFAR, UNICEF, Save the Children, and World Vision.

A global desk review of evaluation evidence was conducted as the first phase of work and foundation for this initiative. A significant finding was the low quality of the evidence base and severe lack of evidence of the impact of community-based mechanisms on children's outcomes. The issue of linkages between community mechanisms and the national child protection system was highlighted as a potential factor for effectiveness.



The report is available to download in English and French at www.savethechildren.org

Action research

A core component of the learning initiative is a multi-year program of action research in two countries – Sierra Leone and Kenya. The research objectives are to:

- Identify and learn about the functioning of community-based child protection processes and mechanisms, whether indigenous or external
- Construct rigorous measures of child protection and well-being outcomes that reflect local definitions and understandings
- Test the effectiveness of community-driven models for strengthening linkages between community mechanisms and the national child protection system on children's outcomes

The action research will take place over three years in each country. The research design emphasizes depth of evidence and robust measurement of change in children's protection and well-being outcomes. The action research methodology in each country involves:

- Facilitation of extensive consultation and engagement with national stakeholders including governments, NGOs, INGOs, donors and UNICEF
- Quasi-experimental research design with intervention and comparison communities
- Rapid ethnography
- Community-driven development of models to strengthen the linkages between communities and the national child protection system
- Construction and repeated measurement of locally relevant outcome measures at baseline and 12 and 24 months following intervention

Community Child Protection Exchange – www.childprotectionforum.org

The Community Child Protection Exchange is an online initiative for practitioners working with or supporting community-based child protection and child protection system strengthening. The Exchange recognizes the rich knowledge base that resides within the practitioners and implementers working with communities to protect children. This recognition is reflected in the Exchange's "ground up" learning approach to information and knowledge exchange, which sees practitioners as experts in their field. The Exchange's main focus – the website – was set up in 2011 to enable practitioners from around the world to connect with each other and share information and learning on community-based child protection and systems. In addition, the Exchange runs webinars, which are open to all, with a strong emphasis on encouraging lively dialogue and debate between participants and key speakers.

Anyone interested in child protection can join the Exchange. The Exchange's "ground up" learning approach means that the website and webinars are specifically designed to serve our key audience – the practitioners and implementers of community child protection programs and projects. However, people working on all levels of child protection will also find the Exchange an important information source on community child protection.

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ANNEX 2: Members of the global Reference Group for the Interagency Learning Initiative on Strengthening Community-Based Child Protection Mechanisms and Child Protection Systems

Organization	Representative
Child Protection Working Group	Katy Barnett
CPC Learning Network	Lindsay Stark
International Institute for Child Rights and Development (IICRD)	Martha Nelems
Plan International	MajaCubarrubia
Regional Psychosocial Support Initiative (REPPSI)	Brighton Gwezera
Save the Children (Chair)	Sarah Lilley Eva Bellander Bill Bell
TPO Uganda	Patrick Onyango
Oak Foundation	Blaine Teketel
United Nations Children's Fund (UNICEF)	Jennifer Keane Karin Heissler
USAID Displaced Children and Orphans Fund (DCOF)	John Williamson Martin Hayes
USAID President's Emergency Plan for AIDS Relief (PEPFAR)	Janet Shriberg
War Child Holland	Esther Obdam
World Vision	Bill Forbes

ANNEX 3: English version of the Child Protection Survey, 2012: Sierra Leone and consent form



**Child Protection Survey, 2012:
Sierra Leone**

Questionnaire for Youth Ages 13-19

Informed Consent Form – Heads of Household/Caregiver

Greeting

Hello, my name is _____. May I please speak with the head of the household? (If the child is also the head of household, skip to Child/Youth Consent Form)

As I said, my name is _____. I am a researcher, and I work for Columbia Group. The full name of the group is The Columbia Group for Children in Adversity. This organization works on behalf of children who are in situations that pose a threat to their well-being and safety.

Background of research

We have come to learn about the children of this village. This research is supported by many of the global child protection agencies, like Plan International, Save the Children, and UNICEF. The research is not limited only to your village. It is being carried out in three countries, and Sierra Leone was chosen as one of the countries to conduct this research. And in Sierra Leone, because we could not go everywhere, the Group chose two districts: Moyamba District in the South and Bombali District in the North. And we chose two chiefdoms in each district. MagbainbaNdorhahun and Liebesegahun in Bombali District, and in Moyamba, we chose Upper Banta and Kombora. Within the chiefdoms, we also chose three villages, because we cannot go everywhere. And your village was one of the villages we chose to learn about children's issues.

Purpose of research

The purpose of this research is to learn about how you and your community care for your children. We want to understand how you can work together with the government and child protection NGOs to improve the lives of children.

We came last year and asked you about the kinds of risks that threatened the well-being of your children and how you responded to those risks. Then we returned and asked you to teach us what it means when you say your children are doing well. You told us it meant that children were doing the kinds of things that prepared them for a better future.

Today, we have come to learn about how young people are doing in this village. We want to ask young people here some questions about the things that they experience, like how they get on with their family and the community. We want to talk to them about life for young people here, about work and school. We will also ask them a bit about sex, contraception and about HIV and AIDS.

Confidentiality

The information that she/he gives me will be confidential. I am not going to tell anyone anything that your daughter/son/youth tells me. I will keep it to myself. Only the Columbia Group research team will see anything that is said. That means they are the only ones who can connect your child's name to the information she/he gives me. We will write a report, but we won't disclose your child's identity and we will only use the information for the purpose of research to help those who make policy and create programs for children do their work well.

Consent and managing expectations

There is no pressure on you to allow us to talk with your daughter/son/youth. You are free to say “No” and we will not be offended if you say you prefer that she/he not talk with us. Also, if you agree to permit her/him to talk with us, she/he will be free at any time to not answer any questions or to end the interview.

So I would like to ask permission from you to talk to your daughter/son/youth today. If you agree, I will interview your child. At any point in the interview, if your child does not want to continue, she/he can say so and we will stop. That is fine. We do not pay anybody to take part in the interview. We are undertaking this for the purpose of research and to learn. The information will be used to know more about how to support families to care for their children. The findings from this survey may also help us find ways to decrease problems among young people. The interview will take about one hour.

Tracing

If you agree, we would like to speak with your son/daughter/this youth three times over the next two years. We would speak to him/her once today to ask some questions about their experience at school and at home, and what they know about health issues. Then we would come back again around this same time next year and find out what has changed and what has stayed the same in regards to these questions. Finally, we would come back one more time the year after that to ask one more time about what has changed and what has stayed the same.

- Do you have any questions?
- Do you understand our purpose?
- Do you understand that the information your daughter/son/youth gives us will not have your or her/his name associated with it and that your and her/his identity will be kept confidential?
- Do you understand that your daughter/son/youth is free not to participate, and, if she/he does participate, to not answer any question or to end the interview at any time of her/his choosing?

Are you willing to allow your daughter/son/youth to talk with us and share her/his experiences? Thank you for listening to me. May God protect us all, Amen.

NOTE WHETHER RESPONDENT AGREES TO ALLOW YOU TO SPEAK TO THE CHILD TODAY:

[] DOES NOT AGREE TO ALLOW YOU TO SPEAK TO THE CHILD. (THANK PARTICIPANT FOR HIS OR HER TIME AND END.)

[] AGREES TO ALLOW YOU TO SPEAK WITH THE CHILD.

Name of Columbia Group Member Obtaining Agreement _____

Signature: _____ Date: _____

Informed Consent Form –Youth

Greeting

How are you? My name is _____. I am a researcher, and I work for Columbia Group. The full name of the group is The Columbia Group for Children in Adversity. This organization works on behalf of children who are in situations that pose a threat to their well-being and safety.

Background

We have come to learn about the children of this village. This research is supported by many of the global child protection agencies, like Plan International, Save the Children, and UNICEF. The research is not limited only to your village. It is being carried out in three countries, and Sierra Leone was chosen as one of the countries to conduct this research. And in Sierra Leone, because we could not go everywhere, the Group chose two districts: Moyamba District in the South and Bombali District in the North. And we chose two chiefdoms in each district. MagbainbaNdorhahun and Liebesegahun in Bombali District, and in Moyamba we chose Upper Banta and Kombora. Within the chiefdoms, we also chose three villages, because we cannot go everywhere. And your village was one of the villages we chose to learn about children's issues.

Purpose of research

The purpose of this research is to learn about how your community cares for their children. Our goal is to better understand how the community can work together with the government and child protection NGOs to improve the lives of children.

We came last year and asked you about the kinds of risks that threatened the well-being of children in this village and how your community responded to those risks. Then, we returned and asked you to teach us what it means when someone says a child doing well. You told us it meant that children were doing the kinds of things that prepared them for a better future.

Today, we have come to learn about how you as young people are doing in this village. I will ask you some questions about the things that you experience, like how you get on with your family and the community. I will talk to you about life for young people here, about work and school. I will also ask you a bit about sex, contraception and about HIV and AIDS.

Confidentiality

The information that you give me will be confidential. I am not going to tell anyone anything that you tell me. I will keep it to myself. Only the Columbia Group research team will see anything that you say. That means they are the only ones who can connect your name to the information you give me. When we write a report, we will not disclose your identity, and we will only use the information for the purpose of research to help those who make policy and create programs for children do their work well.

Consent and managing expectations

There is no pressure on you to talk to me. You are free to say “No” and we will not be offended if you say you prefer not to talk with us. Also, if you agree to talk with us, you will be free at any time to not answer any questions or to end the interview.

So I would like to ask your permission to talk to me today. If you agree, and at any point of the interview, you do not want to continue, you can tell me, and I will stop. That is fine. We do not pay anybody to take part in the interview. We are undertaking this for the purpose of research and to learn. And the information will be used to know more about how to support families to care for their children. The findings from this survey may also help us find ways to decrease problems among young people. The interview will take about one hour.

Your participation is **completely voluntary** but your experiences could be very helpful to other young people in Sierra Leone.

The interview today will take approximately 40 to 60 minutes to complete.

- Do you have any questions?
- Do you understand our purpose?
- Do you understand that the information you give us will not have your name associated with it and that your identity will be kept confidential?
- Do you understand that you are free not to participate, and, if you do participate, to not answer any question or to end the interview at any time of your choosing?

Are you willing to talk with us and share your experiences?

NOTE WHETHER RESPONDENT AGREES:

[] DOES NOT AGREE. THANK PARTICIPANT FOR HIS/HER TIME AND END.

[] AGREES.

It is very important that we talk in private. Interviewer will ask the following question if a centrally located area to conduct the interview has not been identified: Is this a good place to hold the interview or is there somewhere else that you would like to go?

Name of Columbia Group Member Obtaining Agreement: _____

Signature: _____

Date: _____

COVER PAGE

1. Village name _____
2. ID Number _____
- 3a. Interviewer Name _____ 3b. Interviewer Code _____
4. Date (DD/MM/YYYY) ____/____/____
5. Start time __: __ 6. Finish time __: __
7. Result of Interview
 - 1 COMPLETED
 - 2 NOTATHOME
 - 3 PARENT/CARETAKER REFUSED
 - 4 YOUTH REFUSED
 - 5 PARTLYCOMPLETED
 - 6 INCAPACITATED
 - 7 OTHER (SPECIFY) _____
8. Checked By _____
9. Data Entered By _____

To be completed by Interviewer

10. Is the head of household also the person responding to the rest of the questionnaire?

1 Yes

2 No

88 DK

11. Is the respondent a male or female?

1 Male

2 Female

12. Main material of the walls **(If unsure of the material, please ask head of household):**

(Mark only one)

1 Grass

2 Wattle (poles and mud)

3 Mud bricks

4 Mud bricks coated with cement

5 Timber

6 Cement bricks

7 Stones

8 Other (specify) _____

88 DK/Cannot determine

13. Main material of roof **(If unsure of the material, please ask head of household):**

(Mark only one)

1 Grass/thatch

2 Corrugated metal

3 Taurpaulin

4 Other (specify) _____

88 DK/Cannot determine

14. Main material of floor **(If unsure of the material, please ask head of household):**

(Mark only one)

1 Dirt

2 Cement

3 Cow dung

4 Other (specify) _____

88 DK

(Count the number of dwelling rooms in total house, which can include a compound with multiple structures. Do not include the bathrooms and kitchen structures)

15. Number of rooms: ____

88 DK/Cannot determine

16. What kind of toilet facility does the household have?

(Mark only one)

1 Pit latrine (shared with other members of the community)

2 Pit latrine (own)

- 3 No facility/bush/field
- 4 Other (specify) _____
- 88 DK/Cannot determine

Respondent's Background

I am going to start by asking you some questions about yourself, for example what you like doing, your age and who you live with.

(Start by asking the young person an introductory question about themselves, their hobbies, what they like to do in their free time. You will come back to this at the end to close the interview).

17. How old are you now?

_____ years old

- 88 Don't Know
- 99 No Response

18. What religion or religious group do you belong to?

(Do not read list aloud. Mark only one)

- 1 Islam
- 2 Christianity
- 3 Other (specify) _____
- 88 DK
- 99 NR

19. What ethnic group is your family a part of?

(Do not read list aloud. Check all that apply)

- 1 Loko
- 2 Temne
- 3 Limba
- 4 Mende
- 5 Fullah
- 6 Madingo
- 7 Susu
- 8 Other (specify) _____
- 88 DK
- 99 NR

20. Are you currently married? **[If yes]** Do you live with your husband/wife?

[If not married] Do you have a boyfriend/girlfriend? **[If yes]** Do you live with your boyfriend/girlfriend?

[If not have boyfriend/girlfriend] So are you single then?

(Do not read list aloud. Mark only one)

- 1 Married and living together
- 2 Married but not living together
- 3 Living with boyfriend/girlfriend
- 4 Has boyfriend/girlfriend but not living together
- 5 Single
- 6 Other (specify) _____
- 88 DK

99 NR

21. Do you have any living biological children of your own? **(Children may be living elsewhere)**1 Yes **(ask Q21a)**2 No **(skip to Q22)**

88 DK

99 NR

21a. **[If Yes]:** How many children do you have? __ __

88DK

99NR

Respondent's Parents and Relationship with Parents

Now I'd like to ask some questions about your biological parents, your natural parents who gave birth to you and the people you live with in your home.

22. Does your biological mother live here with you?

1 Yes **(skip to Q23)**2 No **(ask 22a)**

88 DK

99 NR

22a. **[If No]:** Is your biological mother alive?

1 Yes

2 No

88 DK

99 NR

23. Does your biological father live here with you?

1 Yes **(skip to Q24)**2 No **(ask 23a)**

88 DK

99 NR

23a. **[If No]:** Is your biological father alive?

1 Yes

2 No

88 DK

99 NR

24. Who is directly responsible for your care? By being responsible for your care, I mean the one(s) who provides food, clothing, and any other basic needs and also provides emotional care.

(Do not read list aloud. Mark up to two responses)

1 Biological mother

2 Biological father

3 Biological mother AND father

4 Husband or wife

5 Live alone

6 Grandparent

7 Aunt/uncle

8 Step-parent

9 Sibling

10 Cousin

11 Other relative

12 Friend

13 Employer/boss

14 Other (specify) _____

88 DK

99 NR

25. Who are all the people living here with you in the house?

(Do not read list aloud. Circle all mentioned)

- 1 Biological Mother
- 2 Biological Father
- 3 Live alone
- 4 Husband or Wife
- 5 My children
- 6 Non relative guardian/adoptive parents
- 7 Grandparent
- 8 Mother or Father's brother or sister (Aunt/Uncle)
- 9 Step-Parent
- 10 Brother or sister
- 11 Other relative
- 12 Friend
- 13 Boss
- 14 Others (specify) _____
- 88 DK
- 99 NR

Schooling

Now I'd like to ask you some questions about the schooling you have received, as well as some of your experiences in school.

26. Have you ever attended school?

- | | | | |
|----------------------------|--|-------|-------|
| 1 Yes (skip to Q27) | 2 No (ask 26a then skip to Q41) | 88 DK | 99 NR |
|----------------------------|--|-------|-------|

26a. **[If No]:** Why have you never attended school? **Probe:** "Anything else?"

(Do not read list aloud. Circle all that apply)

- 1 I was sick
- 2 I had to care for a sick relative
- 3 I had to work
- 4 I had to go and stay with family/friends in another area
- 5 I am not treated well at school
- 6 No money for fees, uniform, books, or transportation
- 7 I was pregnant
- 8 I got a girl pregnant
- 9 I did not want to go
- 10 The school is too far
- 11 School not open
- 12 My parents did not want me to go to school
- 13 Disability
- 14 Other (specify): _____
- 88 DK
- 99 NR

(Now skip to Q41)

27. What is the highest level of school you have completed?

(Probe to see if they have gone beyond formal school to post-secondary or informal training)

(Do not read list aloud. Mark only one)

- 1 Pre-primary nursery
- 2 Kindergarten
- 3 Arabic school
- 4 Primary
- 5 Post-primary training **(skip to Q41)**
- 6 Junior secondary school
- 7 Senior secondary school
- 8 Post-secondary training **(Skip to Q41)**
- 9 University **(Skip to Q41)**
- 10 I have not ever been to school (no formal education)
- 11 Other (specify): _____
- 88 DK
- 99 NR

28. What is the highest class/form you completed at that level? By completed, I mean the highest class or form where you attended all terms for that year and sat the final exam.

(Mark only one)

- 1 Class _____
- 2 Form _____
- 3 Other (specify) _____
- 88 DK
- 99 NR

29. Have you attended primary or secondary school in the last year?

- 1 Yes **(skip to Q30)** 2 No **(ask 29a and b)** 88 DK 99 NR

29a. **[If No]** What were the reasons you did not attend primary or secondary school in the last year?

(Do not read aloud. Circle all that apply). Probe: "Anything else?"

- 1 Could not pay school fees
- 2 Lack of school materials
- 3 Completed
- 4 Got pregnant
- 5 Got married
- 6 Illness
- 7 Asked to work (by caregivers, household)
- 8 Not interested
- 9 Not a good student
- 10 Maltreatment at school from teachers
- 11 Peer pressure
- 12 Polygamy in family
- 13 Bad behavior
- 14 Got a job/chose to work
- 15 Disability
- 16 My parents did not put me in school
- 17 School is too far away
- 18 Other (specify) _____
- 88 DK

99 NR

29b. How many years ago did you leave school?

Number of years _____ **[Now skip to Q41]**

88 DK

99 NR

School Attendance and Connectedness

I'd like to ask you some questions about your attendance and feelings about school in the past year. Please tell me whether you strongly agree, agree, disagree, or strongly disagree with the following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree	DK	NR
30. <u>In the past year</u> , have you felt isolated from other people at school?	1	2	3	4	88	99
31. <u>In the past year</u> , has your teacher punished you harshly or treated you unfairly?	1	2	3	4	88	99
32. <u>In the past year</u> , have you felt safe at school?	1	2	3	4	88	99
33. <u>In the past year</u> , have you felt you have friends at school who treat you well?	1	2	3	4	88	99
34. <u>In the past year</u> , have you felt that your teachers care/cared about you?	1	2	3	4	88	99

Now I want to ask you about what you think different people in your life might tell me if I asked them about how you are in school. Different people may have different ideas about the kind of student you are. And I want you to answer as honestly as you can about what these different people might say.

35a. If I talked with your teacher, would he/she say you are not at all serious in school, very serious in school or somewhat serious in school? **(Mark only one)**

- 1 Very serious
- 2 Somewhat serious in school
- 3 Not at all serious in school
- 88 DK
- 99 NR

35b. If I talked with your parent/caregiver, would she/he say you are not at all serious in school, very serious in school or somewhat serious in school? **(Mark only one)**

- 1 Very serious
- 2 Somewhat serious in school

- 3 Not at all serious in school
- 88 DK
- 99 NR

35c. If I talked to your friends would she/he/they say you are not at all serious in school, very serious in school or somewhat serious in school?(**Mark only one**)

- 1 Very serious
- 2 Somewhat serious in school
- 3 Not at all serious in school
- 88 DK
- 99 NR

35d. If you think about yourself personally, would you say you are not at all serious in school, very serious in school or somewhat serious in school?(**Mark only one**)

- 1 Very serious
- 2 Somewhat serious in school
- 3 Not at all serious in school
- 88 DK
- 99 NR

36. During the last 2 weeks, how many days or sessions of school have you missed?

Days/Sessions ___

- 88 DK
- 99 NR

(If child has not missed any days or sessions, skip to Q38. If child has missed 1 session or more, ask Q37)

37. What was the reason you missed these days? (**Do not read aloud. Mark all that apply**)

- 1 I have been ill/sick
- 2 Had to help in the home
- 3 Had to work on family farm
- 4 Did not want to go
- 5 Long distance to school
- 6 Asked out of school for fees
- 7 Other (specify)_____
- 88 DK
- 99 NR

Now I would like to see your report card from last year if you have it.

(If child does not have report card, ask "In your last year's exam, what was your overall grade in school?")

38a.(**Circle source**)

Report Card

Self Report

38b. **Interviewer marks overall grade in school. Mark only one.**

- 1 Mostly in the 90%
- 2 Mostly in the 80%
- 3 Mostly in the 70%
- 4 Mostly in the 60%
- 5 Mostly in the 50%

- 6 Below 50%
 7 Other (Specify) _____
 88 DK
 99 NR

Interviewer marks position in class last year.

39. (Circle source) Report Card Self Report

39a. **If child does not have report card, ask** "Last year, what was your position in your class?"

_____ out of _____ students

Researcher not able to determine

88 DK

99 NR

Sometimes people at school can hurt children and adolescents physically. 'People' could be teachers, other students, or anyone else in the school.

40. Thinking about yourself in the last year, has anyone at school hurt you physically? This could include caning, hitting, slapping, kicking, burning, crawling on your knees or making you stand/kneel in a painful way:

1 Yes (**ask 40a, 40b**)

2 No (**skip to Q41**)

88 DK

99 NR

40a. **[If Yes]:** Has this happened many times, sometimes, once or twice, or maybe it happened but not in the last year?

1 Many times

2 Sometimes

3 Once or twice

4 Not in the past year but this has happened

88 DK

99 NR

40b. **[If Yes]:** Was the person who did this to you an adult, another young person or both?

1 Adult

2 Another child or adolescent

3 Both

88 DK

99 NR

Family and Community Connectedness

(If young person is living alone or is head of household, skip to Q50)

Now I am going to read some statements to you about the relations between parents and children. When I say 'parent,' I am also referring to the big people who take care of you at home. Can you tell me if these situations have happened in your home in the last year? If they have happened in the last year, I would like you to tell me if it happened **most of the time, sometimes** or if it **never happened in the past year**.

	Never	Sometimes	Most of the time	DK	NR
41. <u>In the last year</u> , when you have not been at home, have your [parents/caregivers]	1	2	3	88	99

known where you are?					
42. <u>In the last year</u> , have your [parents/caregivers] asked you about school, work and friends?	1	2	3	88	99
43. <u>In the last year</u> , have you asked your [parents/caregivers] for advice when you needed to make important decisions?	1	2	3	88	99
44. <u>In the last year</u> , have you discussed your plans for your future with your [parents/caregivers]?	1	2	3	88	99
45. <u>In the last year</u> , have your [parents/caregivers] praised you when you have done something the right way?	1	2	3	88	99
46. <u>In the last year</u> , have you often helped out around the house by doing chores and other household activities?	1	2	3	88	99
47. <u>In the last year</u> , have you had a lot of disagreements your parents?	1	2	3	88	99
48. <u>In the last year</u> , have you generally been obedient to your parents?	1	2	3	88	99

Now I would like to ask you a few other questions about your household. We know that a lot of times, young people feel they are treated differently than other children in their homes.

49. In the last year, have you been treated worse, better or the same as other children in your home?

(Do not read aloud. Mark only one)

- 1 The same **(Skip to Q50)**
- 2 Better **(ask Q49a and b)**
- 3 Worse **(ask Q49a and b)**
- 4 It depends/sometimes **(ask Q49a and b)**
- 5 No other children in house **(skip to Q50)**
- 88 Don't know **(skip to Q50)**
- 99 NR

49a. **[If Better/Worse/Depends]:** How are you treated differently?

(Do not read aloud. Circle all that apply)

- 1 Get less/worse food
- 2 Get less/worse clothes
- 3 Sent to worse schools
- 4 Sent to work while other children sent to school

- 5 Sent to school less than other children because of work
- 6 Disciplined more harshly
- 7 Get less time for themselves (e.g., to play or study)
- 8 Get worse sleeping place
- 9 Get more/better food
- 10 Get more/better clothes
- 11 Sent to better schools
- 12 Sent to school while other children sent to work
- 13 Disciplined less harshly
- 14 Get more time for themselves (e.g., to play or study)
- 15 Get better sleeping place
- 16 Other (specify) _____
- 88 Don't know
- 99 NR

49b. Why do you think you are treated differently?

(Do not read aloud. Circle all that apply)

- 1 Because I am not living with both biological parents
- 2 Because my step parent or caregiver treats me differently
- 3 Oldest child
- 4 Youngest child
- 5 Other (specify) _____
- 88 Don't know
- 99 NR

Now I'd like to ask you some questions about your friends and community. Please tell me whether you strongly agree, agree, disagree, or strongly disagree with the following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree	DK	NR
50. <u>In the past year</u> , if you have had a problem, could you count on your friends for support and advice?	1	2	3	4	88	99
51. <u>In the past year</u> , if you have had a problem, are there other adults in the community you could go to for help, comfort or advice?	1	2	3	4	88	99
52. <u>In the past year</u> , have you usually felt hopeful about your future?	1	2	3	4	88	99

(If young person is living alone or is head of household, skip to Q55)

Now I'd like to ask you some questions about your parents or the people that you live with.

Once	Twice	Three times	Four times or	DK	NR
------	-------	-------------	---------------	----	----

				more		
53. <u>In the past year</u> , how many times have your parents/the people that you live with usually had to tell you to do something before you do it? (probe if they don't give exact answer)	1	2	3	4	88	99
54. <u>In the past year</u> , how many times have your parents/the people that you live with usually had to call you before you answer? (probe if they don't give exact answer)	1	2	3	4	88	99

Daily Activities and Income

We know that young people are sometimes expected to help out with 'heavy work.' Please tell me whether/how often you were expected to do the following in the last year:

(Probe to check that each type is heavy work for the young person)

	4-7 times a week	1-3 times a week	Occasionally	Never	DK	NR
55. <u>In the past year</u> , have you done any hard work on the farm (including swamp farming, burning the bush, etc.)?	1	2	3	4	88	99
56. <u>In the past year</u> , have you had to log for firewood? (probe to make sure this is heavy work)	1	2	3	4	88	99
57. <u>In the past year</u> , have you had to cut and/or carry banga (palm nuts)?	1	2	3	4	88	99
58. <u>In the past year</u> , have you had to help to process palm oil?	1	2	3	4	88	99
59. <u>In the past year</u> , have you had to fetch water too heavy for your body?	1	2	3	4	88	99
60. <u>In the past year</u> , have you had to carry loads too heavy for your body?	1	2	3	4	88	99
61. <u>In the past year</u> , have you had to	1	2	3	4	88	99

pound rice? **(probe to ensure this is heavy work)**

62. In the past year, have you had to break or carry stones?

1

2

3

4

88

99

63. In the past year, have you had to do any other heavy work? **(specify below up to two more types of work):**

a. _____

1

2

3

4

88

99

b. _____

1

2

3

4

88

99

64. In the past year, have you worked or done any business that brought in money to help your family?

1 Yes **(ask Q64a,b,c,**

2 No **(skip to Q65)**

88 DK

99 NR

& d)

64a. **[If Yes]:** What kinds of work or business?

(Do not read list aloud. Check all that apply)

1 Petty trading or any kind of selling

2 Tailoring or other skill

3 Farming own land

4 Farming others' land

5 Other (specify) _____

88 DK

99 NR

64b. Does this work make you or your family any money or profit?

1 Yes **(ask Q64c and Q64d)**

2 No **(skip to Q65)**

64c. Who has mainly decided how the money will be used in the last year?

(Do not read list aloud. Mark only one)

1 Respondent

2 Spouse/partner

3 Parent/caregiver

4 Other (specify) _____

88 DK

99 NR

64d. For what has the money generally been used in the last year?

(Do not read list aloud. Check all that apply)

1 School fees

2 School materials

3 Food

- 4 Health needs
- 5 Clothes, shoes and other personal items
- 6 Other (specify) _____
- 88 DK
- 99 NR

Lifetime Sex History/Sexual Risk Taking

As we get older, we can feel that we are ready to start being sexually active. We can feel that we are ready to have a boyfriend/girlfriend or sometimes to get married. Now I would like to ask you two or three questions about these things. But you are free to say you do not want to talk to me about these things at any time.

65. In the past year, have you had any boyfriends/girlfriends? **(This should be asked even if youth is married)**

- 1 Yes **(ask Q66)**
- 2 No **(skip to Q67)**
- 88 DK
- 99 NR

66. **[If Yes]** How many boyfriends/girlfriend have you had in the past year?

Number of partners: _____

- 88 DK
- 99 NR

67. Have you had sex with anyone in the past year, maybe one of these boyfriends/girlfriends or any other person (including your husband or wife)?

- 1 Yes
- 2 No **(skip to Q70)**
- 88 DK
- 99 NR

Pregnancy

The next few questions are about getting pregnant.

68. Have you been pregnant in the last year?/Have you made somebody else pregnant in the last year? **(Mark Yes if currently pregnant, was pregnant and had baby, or was pregnant but baby later died)**

- 1 Yes **(ask Q69)**
- 2 No **(skip to Q70)**
- 88 DK
- 99 NR

69. **[If Yes]** Now I would like to ask you some questions about the most recent pregnancy in the last year. At the time, did you want to have a child or not?

- 1 Wanted to have a child then **(skip to Q70)**
- 2 Did not want to have a child then **(ask Q69a)**
- 88 DK
- 99 NR

69a. **[If did not want to have a child then]** Did you feel like there was someone you could go to for help? For example, someone to talk to or who could give you advice about how to handle your pregnancy.

- 1 Yes **(ask Q69b)**
- 2 No **(skip to Q70)**
- 88 DK
- 99 NR

69b. **[If Yes]** Who was that person? **(Do not read list aloud. Mark only one)**

- 1 Parent
- 2 Other family
- 3 Friend
- 4 Neighbor
- 5 Teacher
- 6 Community member
- 7 FSU
- 8 Other (specify) _____
- 88 DK
- 99 NR

Goods Exchanged for Sex

Life can be hard for kids and adults, and sometimes people may promise to help them in different ways. I'd like to ask you about some experiences you may have had.

70. In the last year, has anyone ever asked you to sleep with them because they are helping you or your family, or because they are giving you or your family something you wanted in return?

- 1 Yes (**ask Q71**)
- 2 No (**skip to Q72**)
- 88 DK
- 99 NR

71. **[If Yes]** In the last year, have you had sex with anyone because they are helping you or your family, or because they are giving you or your family something you wanted in return?

- 1 Yes (**ask Q71a**)
- 2 No (**skip to Q72**)
- 88 DK
- 99 NR

71a. **[If Yes]**: Who was this person/these people?

(Do not read list aloud. Mark all that apply) Probe: Any other people?

- 1 Boyfriend/girlfriend
- 2 Friend
- 3 Sugar daddy/sugar mommy
- 4 Family member
- 5 Neighbor
- 6 Teacher
- 7 Stranger
- 8 Other (specify) _____
- 88 DK
- 99 NR

Contraception

Now I would like to talk about family planning, the various ways or methods that a male or female can use to delay or avoid a pregnancy.

72. Do you know any ways that people can avoid pregnancy?

- 1 Yes (**ask Q72a**)
- 2 No (**skip to Q73**)
- 88 DK (**skip to 73**)
- 99 NR

72a. **[If Yes]** Can you tell me all the ways that you know to avoid pregnancy?

(Do not read list aloud. Mark all that apply)

- 1 Pill

- 2 Injectables/implant
- 3 Coil
- 4 Patch
- 5 Male condom
- 6 Female condom
- 7 Foam/jelly
- 8 Rhythm/periodic abstinence
- 9 Withdrawal
- 10 Traditional medicine
- 11 Other (specify)_____
- 88 DK
- 99 NR

73. In the past year, have you received any information about ways to avoid pregnancy?

- 1 Yes
- 2 No
- 88 DK
- 99 NR

(If young person answered that they have had sex in the last year in Q67, then ask Q74. If young person said that they have not had sex in last year, skip to Q80).

74. In the past year, have you or your partner used any of these method to delay or avoid a pregnancy?

- 1 Yes (**ask Q74a, 75, 76, 77**)
- 2 No (**skip to Q78**)
- 88 DK(**skip to Q75**)
- 99 NR

74a. **[If Yes]** In the past year, what method(s) did you or your partner use?

(Do not read list aloud. Mark all that apply)

- 1 Pill
- 2 Injectables/implant
- 3 Coil
- 4 Patch
- 5 Male condom
- 6 Female condom
- 7 Foam/jelly
- 8 Rhythm/periodic abstinence
- 9 Withdrawal
- 10 Traditional medicine
- 11 Other (specify)_____
- 88 DK
- 99 NR

75. **[If Yes to 74]** How easy is it for you to access contraceptives – these ways to avoid pregnancy – if you needed them? Please tell me is it very difficult, somewhat difficult, fairly easy, or very easy?

- 1 Very difficult
- 2 Somewhat difficult
- 3 Fairly easy
- 4 Very easy
- 88 DK
- 99 NR

76. **[If Yes to 74]** In the past year, did you use a method to delay or avoid pregnancy every time you slept with someone, most times you slept with someone, or occasionally when you slept with someone? **(Mark only one)**

- 1 Every time (**skip to Q78**)
- 2 Most times (**ask Q77**)

- 3 Occasionally (**ask Q77**)
- 88 DK (**skip to Q77**)
- 99 NR

77. **[If answered Most Times, Occasionally, or DK to Q76]** For the times you did NOT use any method to delay or avoid pregnancy, what were the reasons? (**Do not read list aloud. Mark all that apply**)

- 1 I didn't want to
- 2 My partner didn't want to
- 3 Forgot
- 4 Could not afford
- 5 Did not know where to get a method
- 6 Out of stock
- 7 I don't know how to use it
- 8 Other (specify) _____
- 88 DK
- 99 NR

78. The last time you slept with someone, did you use any of these methods?

- 1 Yes (**ask Q79**)
- 2 No (**skip to Q80**)
- 88 DK (**skip to Q80**)
- 99 NR

79. **[If Yes]** What method(s) did you use?

(Do not read list aloud. Mark all that apply)

- 1 Pill
- 2 Injectables/implant
- 3 Coil
- 4 Patch
- 5 Male condom
- 6 Female condom
- 7 Foam/jelly
- 8 Rhythm/periodic abstinence
- 9 Withdrawal
- 10 Traditional medicine
- 11 Other (specify) _____
- 88 DK
- 99 NR

HIV and AIDS

80. Now I would like to talk about something else. Have you ever heard of an illness called HIV and AIDS?

- 1 Yes
- 2 No (**skip to Q86**)
- 88 DK
- 99 NR

81. If you knew another person your age had HIV and AIDS, would you play with them?

- 1 Yes
- 2 No
- 88 DK
- 99 NR

82. If you knew another person your age had HIV and AIDS, would you share a meal with them?

- 1 Yes
- 2 No
- 88 DK
- 99 NR

83. I will not ask anyone's name, but do you know anyone with HIV and AIDS?

1 Yes

2 No

88 DK

99 NR

84. I will not ask for anyone's name or their relation to you, but can you tell me if anyone in your household presently has HIV and AIDS or has died of HIV and AIDS?

1 Yes (ask Q85a-e)

2 No (skip to Q86)

88 DK (skip
to Q86)

99 NR

[If Yes]:85. Please tell me if you strongly agree, agree, disagree or strongly disagree with the following statements:

	Strongly Agree	Agree	Disagree	Strongly Disagree	DK	NR
85a. <u>In the past year</u> , other children have not wanted to play with you because of your family member's HIV status.	1	2	3	4	88	99
85b. <u>In the past year</u> , you have been left out of social activities because of your family member's HIV status.	1	2	3	4	88	99
85c. <u>In the past year</u> , you have been treated just the same as your friends because of your family member's HIV status.	1	2	3	4	88	99
85d. <u>In the past year</u> , you have been called names or teased because of your family member's HIV status.	1	2	3	4	88	99
85e. <u>In the past year</u> , you have not been allowed to eat off the same plate as somebody else because of your family member's HIV status.	1	2	3	4	88	99

Forms of Violence

We want to find out about experiences that happen to young people at home or inside the family. We want to find out about the things that adults sometimes do to children and adolescents that may hurt them or make them feel uncomfortable, upset or scared in their home. We want to ask you about things that have happened to you in the past year. We will not ask about who in the household may have done any of these things, just whether it was an adult, a child, or both.

86. In the past year, has anyone in your family or living in your home called you names, said mean things or sworn at you? I mean names like _____ or any other name or swear word.

1 Yes (ask Q86a, b)

2 No (skip to Q87)

88 DK

99 NR

86a. **[If Yes]:** Has this happened many times, sometimes, or maybe it happened but not in the last year?

- 1 Many times
- 2 Sometimes
- 3 Not in the past year but this has happened
- 88 DK
- 99 NR

86b. **[If Yes]** Was the person who did this to you an adult, another young person or both?

- 1 Adult
- 2 Another child or adolescent
- 3 Both
- 88 DK
- 99 NR

87. In the past year, has anyone in your family or living in your home made you stand in one place holding a heavy load?

- 1 Yes (**ask Q87a, b**)
- 2 No (**skip to Q88**)
- 88 DK
- 99 NR

87a. **[If Yes]** Has this happened many times, sometimes, or maybe it happened but not in the last year?

- 1 Many times
- 2 Sometimes
- 3 Not in the past year but this has happened
- 88 DK
- 99 NR

87b. **[If Yes]** Was the person who did this to you an adult, another young person or both?

- 1 Adult
- 2 Another child or adolescent
- 3 Both
- 88 DK
- 99 NR

88. Sometimes, people that live in the same home as children and adolescents can hurt them physically. Thinking about yourself, in the past year, has anyone in your home done something such as hit, beat or kick you with their hand, foot, belt, a cane, a paddle, a stick, a shoe/slipper, or other object?

- 1 Yes (**ask Q88 a, b**)
- 2 No (**skip to Q89**)
- 88 DK
- 99 NR

88a. **[If Yes]** Has this happened many times, sometimes, or maybe it happened but not in the last year?

- 1 Many times
- 2 Sometimes
- 3 Not in the past year but this has happened
- 88 DK
- 99 NR

88b. **[If YES]:** Was the person who did this to you an adult, another young person or both?

- 1 Adult
- 2 Another child or adolescent
- 3 Both
- 88 DK
- 99 NR

89. In the past year, has anyone in your family or living in your home burned you (including "peppering" you)?

- 1 Yes (**ask Q89a, b**)
- 2 No (**skip to Q. 90**)
- 88 DK
- 99 NR

89a. **[If Yes]** Has this happened many times, sometimes, or maybe it happened but not in the last year?

- 1 Many times
- 2 Sometimes
- 3 Not in the past year but this has happened

88 DK

99 NR

89b. **[If Yes]** Was the person who did this to you an adult, another young person or both?

1 Adult

2 Another child or adolescent

3 Both

88 DK

99 NR

90. In the past year, has anyone in your family or living in your home starved you as punishment?1 Yes (**ask Q90a, b**)2 No (**skip to Q91**)

88 DK

99 NR

90a. **[If Yes]** Has this happened many times, sometimes, or maybe it happened but not in the last year?

1 Many times

2 Sometimes

3 Not in the past year but this has happened

88 DK

99 NR

90b. **[If Yes]** Was the person who did this to you an adult, another young person or both?

1 Adult

2 Another child or adolescent

3 Both

88 DK

99 NR

91. Do you have any other experiences with being hurt at home or elsewhere in the past year that we have not already asked you about? For example, has anyone threatened to hurt or kill you, including invoking evil spirits?

Conclusion

92. I have now finished asking you most of my questions for today. Before we end our interview, I wanted to ask you a few questions about your experience talking to me today. How difficult was it for to you understand the questions I asked you today?

1 Difficult

2 Medium

3 Easy

88 DK

99 NR

93. How difficult was it to be completely open about what happened to you?

1 Very
difficult2 Somewhat
difficult

3 Fairly easy

4 Very easy

88 DK

99 NR

94. Is there anything else you would like to say about what happened to you or about filling in the questionnaire?

1 Yes

2 No

88 DK

99 NR

(Remember to end the interview on a positive note. You may want to refer back to what the young person said they enjoyed doing at school and in their free time. Talk to the young person for a few minutes about

something positive.)

(Now you should talk to the young person about consent to give their details for following them up in 12 months time. ONLY ask this question if the parent has already given consent for providing personal details for tracing. If parent has not given consent for this, you should skip this section and move to the thank you and closing.)

Thank you for your time to talk with me today. As I said at the beginning, this action research project will be continuing over the next two years and we would really like to come back here again to find out how young people are doing in your village.

95. Would you be willing for us to come and speak with you again in 12 months time to ask you some similar questions?

1 Yes

2 No

[If Yes] In order for us to find you in 12 months time, we would like to take down some information so that we can contact you in future – including your name, telephone number, your family contacts and details of where you live (GPS). We will keep this information about your details separate from the information you have just told me in this survey – so noone will be able to identify your responses in this survey. We will keep your personal information very safe so that noone else but the Columbia Group research team can access or find your details.

96. Would you be willing to share your contact details with me?

1 Yes

2 No

If Yes, move on to collect the data in the tracing form (last page). If No, go to the thank you and closing.

Close

Thank the child for her/his help and reassure her/him about the confidentiality of her/his answers. ASK IF RESPONDENT HAS ANY QUESTIONS!

Record finish time and other information on cover page. If there are any responses that you think are unreliable, write under "Comments" which questions and why you think that they are unreliable.

Interviewer comments:

97. Interviewer assessment of interview

1 Reliable 2 Unreliable

Supervisor comments

TRACING FORM

THIS FORM IS TO BE SEPARATED FROM THE REST OF THE SURVEY AFTER THE INTERVIEW AND PASSED TO TEAM LEADER (DORA OR PAUL) FOR SECURE KEEPING

(Ask directly to the young person)

What is your full name? _____

What is the name of your caregiver or spouse? _____

What is your phone number? _____

What is the phone number of your caregiver or spouse, or any additional person who is likely to always know where you are (friend, relative, teacher, etc.)? **(Write down the name and number)** _____

Do you have any plans to move away from this village in the next year?

(Complete the rest of information on this from yourself – do not ask of young person)

Respondent ID code: _____

Village name: _____

Description of how to find house (e.g. behind the market, near the mosque):

GPS coordinates of house:

Any other information to help find child: _____
