Appendix 1. REGISTRATION FORM OF SYSTEMATIC REVIEW

PROSPERO International prospective register of systematic reviews

Review title and timescale

1 Review title

Give the working title of the review. This must be in English. Ideally it should state succinctly the interventions or exposures being reviewed and the associated health or social problem being addressed in the review.

Systematic review and meta-analysis of using mass media entertainment narratives to promote safer sexual behaviors of youth in developed and developing countries.

2 Original language title

For reviews in languages other than English, this field should be used to enter the title in the language of the review.

This will be displayed together with the English language title.

N/A

3 Anticipated or actual start date

Give the date when the systematic review commenced, or is expected to commence.

01/04/2016

4 Anticipated completion date

Give the date by which the review is expected to be completed.

31/03/2017

5 Stage of review at time of this submission

Indicate the stage of progress of the review by ticking the relevant boxes. Reviews that have progressed beyond the point of completing data extraction at the time of initial registration are not eligible for inclusion in PROSPERO. This field should be updated when any amendments are made to a published record.

The review has not yet started **×**

Review stage Started Completed

Preliminary searches No

Piloting of the study selection process No

Formal screening of search results against eligibility criteria No

Data extraction No

Risk of bias (quality) assessment No

Data analysis No

Provide any other relevant information about the stage of the review here.

Review team details

6 Named contact

The named contact acts as the guarantor for the accuracy of the information presented in the register record.

Victor Orozco

7 Named contact email

Enter the electronic mail address of the named contact.

victor.orozcoolvera@spi.ox.ac.uk

8 Named contact address

Enter the full postal address for the named contact.

9 Named contact phone number

Enter the telephone number for the named contact, including international dialing code.

12024913548

10 Organisational affiliation of the review

Full title of the organisational affiliations for this review, and website address if available. This field may be completed as 'None' if the review is not affiliated to any organisation.

University of Oxford-Department of Social Policy and Intervention

Website address:

https://www.spi.ox.ac.uk/home.html?no_cache=1

11 Review team members and their organisational affiliations

Give the title, first name and last name of all members of the team working directly on the review. Give the organisational affiliations of each member of the review team.

Title First name Last name Affiliation

Mr Victor Orozco University of Oxford-Department of Social

Policy and Intervention / World Bank

Dr Fuyuan Shen Penn State University-College of

Communications

Dr Lucie Cluver University of Oxford-Department of Social

Policy and Intervention

12 Funding sources/sponsors

Give details of the individuals, organizations, groups or other legal entities who take responsibility for initiating, managing, sponsoring and/or financing the review. Any unique identification numbers assigned to the review by the individuals or bodies listed should be included.

The World Bank Impact to Impact Initiative (P146841-TF018639)

13 Conflicts of interest

List any conditions that could lead to actual or perceived undue influence on judgements concerning the main topic investigated in the review.

Are there any actual or potential conflicts of interest?

Yes

The lead author (Victor Orozco) conducts impact evaluation research on entertainment-education interventions for international development.

14 Collaborators

Give the name, affiliation and role of any individuals or organisations who are working on the review but who are not listed as review team members.

Title First name Last name Organisation details

Review methods

15 Review question(s)

State the question(s) to be addressed / review objectives. Please complete a separate box for each question.

What is the impact of mass media entertainment narratives on high-risk sexual behaviors of youth in developed and developing countries?

What is the impact of mass media entertainment narratives on youth's knowledge, attitudes and behavior intentions?

Are these interventions moderated by communication medium, gender, country income level, country HIV/AIDS epidemiological level, and intervention intensity?

16 Searches

Give details of the sources to be searched, and any restrictions (e.g. language or publication period). The full search strategy is not required, but may be supplied as a link or attachment.

We will search the following databases: Communication & Mass Media Complete, EBSCO, ERIC (CSA), EconLit, JSTOR, MEDLINE, CINAHL (EBSCO), JSTOR, metaRegister of controlled trials, NBER, OpenSIGLE (grey literature), PsycINFO, RePEC, and The Cochrane library. The search period will cover from 1985 to the latest available year.

The searches will be re-run just before the final analyses and further studies retrieved for inclusion. Our search will be restricted to studies in English.

17 URL to search strategy

If you have one, give the link to your search strategy here. Alternatively you can e-mail this to PROSPERO and we will store and link to it.

I give permission for this file to be made publicly available

No

18 Condition or domain being studied

Give a short description of the disease, condition or healthcare domain being studied. This could include health and wellbeing outcomes.

HIV/AIDS. Teenage pregnancies.

19 Participants/population

Give summary criteria for the participants or populations being studied by the review. The preferred format includes details of both inclusion and exclusion criteria.

Inclusion: 15-30 year old youth for targeted interventions. For TV and radio broadcasts, and depending on studies' age categories and available data, individuals around that same age range. Exclusion: Individuals younger or older than the above age range.

20 Intervention(s), exposure(s)

Give full and clear descriptions of the nature of the interventions or the exposures to be reviewed

Developed by Mexican TV producer Miguel Sabido and Stanford University social psychologist Albert Bandura in the late 1960s, mass media narratives or dramas purposely introduce positive messages with the goal to raise awareness and motivate changes in attitudes and behaviors of audiences. These educational narratives have been extensively applied in the fields of HIV prevention and reproductive health. The studied interventions will include mass media narratives broadcast on TV and radio channels; and interventions targeted to specific subgroups, like film screenings for in- and out-of-school youth or audio-visual materials for patients of clinics treating sexually transmitted infections.

The intervention may be a “pure” entertainment-education program - exclusively produced with a social purpose in mind- or a commercial program such as a running drama or soap opera that inadvertently or purposely introduced positive messaging of the risks of risky sex. The intervention may take place at a single time point or sustained over a longer period

21 Comparator(s)/control

Where relevant, give details of the alternatives against which the main subject/topic of the review will be compared (e.g. another intervention or a non-exposed control group).

The studies should include a control group that did not receive the intervention, received a placebo or received it after the post-intervention survey had been administered for the treatment group. We will exclude studies where exposure to the drama could not be disentangled from other interventions, such as post-screening group discussions common in HIV/AIDS sensitization campaigns.

22 Types of study to be included

Give details of the study designs to be included in the review. If there are no restrictions on the types of study design eligible for inclusion, this should be stated.

We will include randomized controlled trials (RCTs), cluster RCTs, and interrupted time series (ITS) designs with at least three time periods; and non-randomized controlled trials designs that properly addressed sample selection bias and contemporaneous changes.

23 Context

Give summary details of the setting and other relevant characteristics which help define the inclusion or exclusion criteria.

Studies conducted in controlled settings for short periods of exposure (e.g. colleges labs) and field studies where exposure may vary (e.g. interventions being broadcast on TV and radio channels).

24 Primary outcome(s)

Give the most important outcomes.

The primary outcome will be high-risk sexual behaviors such as number of sexual partners, unprotected sex, birth control strategies and pregnancy rates for teenagers. The primary outcomes will be based on self-reported survey responses; and independent sources, such as health facility and administrative records.

Give information on timing and effect measures, as appropriate.

We will study effects from at least one week after exposure to the last available follow-up.

25 Secondary outcomes

List any additional outcomes that will be addressed. If there are no secondary outcomes enter None.

Secondary outcomes will be knowledge of HIV transmission; attitudes in the form of perceived personal risk of HIV infection and general attitudes towards people living with HIV/AIDS; and behavior intentions for safer sex.

Give information on timing and effect measures, as appropriate.

We will study effects from at least one week after exposure to the last available follow-up.

26 Data extraction (selection and coding)

Give the procedure for selecting studies for the review and extracting data, including the number of researchers involved and how discrepancies will be resolved. List the data to be extracted.

Two review authors will independently screen the abstracts of articles identified in the search strategy. Each will then independently examine full articles of the combined list, determining whether studies fulfilled the inclusion and exclusion criteria. Each of the two authors will independently assess the study's quality. Any disagreements will be resolved by discussion. Data extracted will include: study setting, evaluation design, exposure time, timing of the follow up, outcome data for the treatment and control groups, media medium, country, and intervention name.

Authors will be contacted for further information if required.

27 Risk of bias (quality) assessment

State whether and how risk of bias will be assessed, how the quality of individual studies will be assessed, and whether and how this will influence the planned synthesis.

Two review authors will independently assess the risk of bias in included studies. For RCTs, we will assess three criteria: i) random sequence generation (selection bias); ii) allocation concealment (selection bias); and iii) incomplete outcome data (attrition bias). For ITS, we will assess five criteria: i) intervention occurred at clearly defined point in time and there are at least three data points before and after the intervention; ii) intervention was independent of other changes and a formal trends test is reported; iii) intervention was unlikely to have affected the data collection; iv) there was assessment of primary outcomes or there were objective outcome variables; and v) and a 80% completeness of the dataset. Any disagreements will be resolved by discussion of the review authors.

28 Strategy for data synthesis

Give the planned general approach to be used, for example whether the data to be used will be aggregate or at the level of individual participants, and whether a quantitative or narrative (descriptive) synthesis is planned. Where appropriate a brief outline of analytic approach should be given.

The study will provide a narrative synthesis of the findings structured around the primary and secondary outcomes, the medium type and study designs. We will provide summaries of intervention effects for each study. The meta-analysis will use Comprehensive Meta-Analysis (CMA) to compute the effect size and other associated statistics. We will pool results using a random effects model for interventions that used similar evaluation designs and outcomes, using standardized mean differences for continuous outcomes and risk ratios for binary outcomes. We will adjust the standard deviations for the design effect in studies that failed to adjust for the effects of clustering. The effects across different periods of ITS studies will be converted using time series models recommended for systematic reviews (Ramsay, Grilli and Grimshaw 2001). We will use the I2 statistic to measure heterogeneity between the effects of included studies. If the necessary data is available, the meta-analysis will analyze heterogeneity in effect estimates according to: study design (experimental vs ITS); country income level (developed vs developing country); country HIV/AIDS epidemiological level (low, medium and high), medium type (TV, radio, film screenings), and exposure time (above and below median time).

29 Analysis of subgroups or subsets

Give any planned exploration of subgroups or subsets within the review. ‘None planned’ is a valid response if no subgroup analyses are planned.

If the necessary data is available, subgroup analysis will be done by gender.

Review general information

30 Type and method of review

Select the type of review and the review method from the drop down list.

Meta-analysis, Systematic review

International development, Public health (including social determinants of health)

31 Language

Select the language(s) in which the review is being written and will be made available, from the drop down list. Use the control key to select more than one language.

English

Will a summary/abstract be made available in English?

Yes

32 Country

Select the country in which the review is being carried out from the drop down list. For multi-national collaborations select all the countries involved. Use the control key to select more than one country.

England, United States of America

33 Other registration details

Give the name of any organisation where the systematic review title or protocol is registered together with any unique identification number assigned. If extracted data will be stored and made available through a repository such as the

Systematic Review Data Repository (SRDR), details and a link should be included here.

N/A

34 Reference and/or URL for published protocol

Give the citation for the published protocol, if there is one.

N/A

Give the link to the published protocol, if there is one. This may be to an external site or to a protocol deposited with CRD in pdf format.

I give permission for this file to be made publicly available

No

35 Dissemination plans

Give brief details of plans for communicating essential messages from the review to the appropriate audiences.

The study will be submitted to a peer-reviewed journal and the report and policy summary briefs will be posted in the

World Bank website.

Do you intend to publish the review on completion?

Yes

36 Keywords

Give words or phrases that best describe the review. (One word per box, create a new box for each term)

systematic review

meta-analysis

HIV/AIDS

behavior change

mass media

entertainment

social norms

reproductive health

youth

37 Details of any existing review of the same topic by the same authors

Give details of earlier versions of the systematic review if an update of an existing review is being registered, including full bibliographic reference if possible.

N/A

38 Current review status

Review status should be updated when the review is completed and when it is published.

Ongoing

39 Any additional information

Provide any further information the review team consider relevant to the registration of the review.

40 Details of final report/publication(s)

This field should be left empty until details of the completed review are available.

Give the full citation for the final report or publication of the systematic review.

Give the URL where available.

Appendix 2. MAIN PAPER OF SHUGA TRIAL

The Entertaining Way to Behavioral Change: Fighting HIV with MTV*

Abhijit Banerjee — MIT

Eliana La Ferrara — Bocconi University, ICIER and LEAP

Victor Orozco — Oxford University and The World Bank

Abstract

We test the effectiveness of an educational entertainment TV series, Shuga, aimed at providing information and changing attitudes and behaviors related to HIV/AIDS. Using a simple model we show that "edutainment" can work through an "information" or through a "conformity" channel. We conducted a randomized controlled trial in urban Nigeria where young viewers were exposed to Shuga or to a non-educational TV series. Among those who watched Shuga, we created additional variation in the "social messages" they received and in the people with whom they watched the show. We find significant improvements in knowledge and attitudes towards HIV and risky sexual behavior. Treated subjects are twice as likely to get tested for HIV 6 to 9 months after the intervention. We also find reductions in STDs among women. Our experimental manipulations of the social norm component did not produce significantly different results from the main treatment. Also, we don't detect significant spillovers on the behavior of friends who did not watch Shuga. The "information" effect of edutainment thus seems to have prevailed in the context of our study.

*We thank Laura Costica and Edwin Ikuhoria for outstanding fieldwork coordination. Awa Ambra Seck, Tommas Coen, Dante Donati, and Francesco Loiacono provided excellent research assistance. La Ferrara acknowledge financial support from ERC Advanced Grant ASNODEV. The findings, interpretations, and conclusions expressed in this paper do not necessarily represent the views of the World Bank, its Executive Directors, or the countries they represent.

Correspondence: banerjee@mit.edu; eliana.laferrara@unibocconi.it; vorozco@worldbank.org.

Introduction

The experience of behavior change campaigns aimed at changing deep preferences (sexual practices, fertility, child-rearing, gender based violence) has been at best mixed.[1] The general sense seems to be that the usual means of public communication -media campaigns, campaigns by public health officials, etc.- find it difficult to substantially change these types of preferences and the resulting behaviors. This difficulty is often invoked to make the case for what has come to be known as "edutainment" (short for "educational entertainment"), that is, media programs (usually cinema or television) that aim to change behaviors and preferences by getting the viewer immersed into an entertaining narrative where the messages are presented as an integral part of a bigger story.

There are potentially three different reasons why edutainment may be more effective than directly confronting viewers with the same messages, as in traditional behavior change communication. One is that being told that the way that they live their lives is wrong triggers defensive reactions and people stop listening -what is called "counterarguing" (Moyer-Gusé, 2008). As a result, individuals may even discard useful messages -non-judgmental expressions of facts for example- if they are associated with a campaign that they are inclined to resist. Edutainment may work here by going under this type of defense mechanism. Second, people may be overloaded with information on what to do and not do, especially in the context of health and family choices, and close their ears to any more messages. Edutainment here has the advantage that the messages are buried inside something people actually want to listen to or see. Finally, people may have doubts about how the message can be made consistent with other aspects of their life. This may be because they may lack a vision of other kinds of lives (" how does a childless woman do when she grows old?", "how can a daughter substitute for a son?") or they may feel that the content of the message is contrary to how they are expected to live their life ("cool guys do not use condoms", "our tradition is that we have lots of children", etc.). In the first case edutainment is useful because it provides a coherent vision of an alternative lifestyle. In the second case it highlights the fact that an alternative social norm is actually out there among people who seem otherwise attractive -the characters in the show demonstrate a different but desirable way to live life.

There are therefore two broad ways in which edutainment can contribute to behavior change: by getting people to change their understanding of facts, including their vision of their own life, and by getting people to change the particular social norm they adhere to. We call the former an information effect and the latter a conformity effect, as it exists only because the viewer values conforming to a social norm. It is of course true that event the conformity effect might be the result of some information (about the norm), but it would not exist if no one needed to conform. In the first part of the paper we present a simple theoretical framework

that assumes individuals care about making the "right" choice (hence they value media content to the extent that it conveys information on what this choice may be) but they also dislike deviating from some socially accepted behavior. When media may also convey information about others' values and

[1] See, among others, Carvalho et al. (2011), Moreno et al. (2014), Krishnaratne et al. (2016).

choices, we study how exposure to different signals leads to updating one's priors and eventually one's behavior. This simple framework serves as a guide to the empirical tests we conduct.

We present results from a randomized control trial that does two things. First, it experimentally evaluates whether an edutainment intervention was able to affect the behavior of young men and women in urban Nigeria in a direction that would reduce the spread of HIV and improve the lives of those who are already infected with the disease. Very crudely, the goal was to reduce risky sexual behavior, encourage testing for HIV and reduce prejudice against those who are HIV-positive. Henceforth we will describe as positive those views and actions that are more consistent with these positions. The second goal of our intervention is to try to understand the mechanism that drives this effect using experimental and non-experimental evidence: in particular we try to distinguish between the view that edutainment matters because of the information effect or the conformity effect.

To accomplish these goals we worked with MTV to evaluate the third season of the popular TV series Shuga.[2] Shuga was filmed in Kenya for the first two seasons, but for season 3 the context and the actors were shifted to Nigeria. The narrative was built around HIV and the importance of adopt safe behaviors, as well as avoid hurting people you care about by exposing them to risk.

From a pool of 80 urban locations in Southern Nigeria, our experiment randomly chose 54 where Shuga was shown and a random sample of local youths were invited to the showing; in the control locations another serial was shown, chosen for the absence of HIV-related content. Our first contribution is to show that there are striking effects in the desired direction on a range of behavioral outcomes (both self-reported and objective) six months or more after the showing. Consistent with this, there is a clear increase in knowledge about HIV and a range of related attitudes. Specifically, the likelihood of testing for HIV, objectively measured through redemption of a voucher that we distributed at health camps, increased by 3 percentage points in the treatment compared to the control group. This corresponds to a 100 percent increase over the control group mean. Analogous effects are estimated for the self reported measure, where the likelihood of testing increases by 2.7 percentage points. Corresponding to this effect is an improvement in treated individuals' knowledge about HIV, including source of contagion and transmission, knowledge of anti-retroviral drugs, and need to take a second HIV test after at least three months for the first (window period). These are topics specifically covered in Shuga. The impact on HIV attitudes is more nuanced: some of the topics specifically featured in the show exhibit marked improvements in attitudes (e.g., the right of HIV-positive boys to play in a football team), but the impact on an aggregate attitudinal index is not significant.

Nuanced are also the effects on attitudes towards risky sex: while the acceptability (and reported incidence) of concurrent sexual partnerships significantly decreases, the effect on aggregate indexes of risky sexual behavior is insignificant. Most notably, Shuga did not induce greater condom use, neither as reported by respondents nor as revealed in an experimental game that our subjects played in health camps. Despite the lack of effect on condom use, we do find significant impacts on a biomarker that proxies for unprotected sex with risky partners: the likelihood of testing positive for Chlamydia (a common STD) decreases by 55 percent in response to treatment for women in our sample (the impact on men is in the same direction but statistically insignificant). This is consistent with the reduction in the number of concurrent partners, and possibly with a more general shift away from risky behaviors.

[2] Information on all series of Shuga can be found at http://www.mtvshuga.com/show/.

The second main contribution of our paper is to investigate what mechanisms drive these effects, with particular attention to the role played by the conformity effect. The distinction is critical for the design of behavior change campaigns: two examples of the kind of campaigns that try to exploit conformity for greater impact were part of our experimental design. More generally if conformity is a very important part of the reaction, then coordinating the shift in beliefs across the relevant peer group has to be an important part of the intervention.

We designed the experiment and the data collection so that we have access to multiple ways for addressing this issue. First, in half the treatment locations, chosen at random, after the Shuga episodes we showed video-clips containing information on the attitudes of peers in other communities who had watched Shuga. These video-clips included interviews of youth condemning negative behaviors and praising positive ones after watching Shuga, as well as "smart graphs" with statistics on their attitudes. We refer to this as our "announcement intervention" and denote the combination of Shuga and announcement as treatment T2, to compare it with the basic Shuga screening that we denote as T1. T2 could potentially have two separate effects. First it may reinforce the message from Shuga, which could either be an information effect or a conformity effect. Second, it may inform people about the post- Shuga norm among a similar population, which should encourage conformists to move in the same way. Consider a case where most people watching Shuga had their beliefs shifted in the desired direction. The prediction is that if people are conformists then those who believed that the social norm was less positive to start with should adjust more (in a positive direction) when they hear the announcement. To this end we collected everyone's priors about other people's opinions on a series of attitudinal variables for which we conducted the announcement treatment. This allows us to test if the treatment effect differed for those who received a positive as opposed to a negative "surprise" relative to their priors. Contrary to the prediction from Bayesian learning in the presence of conformity, we do not see systematically different effects on those who had less positive priors.

A second set of results in this direction is non-experimental. In the baseline we asked all our survey respondents to respond to a set of standard questions measuring conformity, tradition and self-direction (Schwartz, 2012). These included measures of the extent to which respondents were willing to restrain their behavior in order to please other people, adherence to religious and customary norms, or (in the opposite direction) inclination to think and act independently. Since Shuga highlighted the lives of a hip group of young people, we would expect that those who are more conformists and traditional (and less self-directed) should react less to Shuga. We find no evidence of differential effects, regardless of the measure of conformity used.

A third way in which we experimentally tried to get at conformity was by randomizing whether those invited to watch the show (Shuga or the "control" show) were given an extra ticket to bring a friend with them. The idea was that if people are conformists they should be more confident in changing their views if they saw that their friend was also moved in the same direction by Shuga. We also thought that those who came with their sexual partners would find it easier to shift if their partner shifted at the same time, but our data suggests that in fact most people came with a friend from the same gender and, given the context, these are unlikely to have been their partners. We find that the "Shuga+friend" intervention had no differential effect relative to plain Shuga, or relative to Shuga+announcement. This is again some evidence against the importance of conformity in this context.

The final piece of evidence comes from our analysis of spillovers. We asked a random sample of baseline participants to name two friends and we contacted and surveyed one, chosen randomly from the pair. We find evidence that untreated friends' knowledge about HIV improves, suggesting that people who watched Shuga did talk to their friends. However, no significant effects is found on

attitudes and a (borderline significant) negative effect on testing behavior emerges. The latter may be suggestive of counter-arguing rather than a positive influence.

Overall we find little support for the view that conformity is a big part of viewers' reaction to Shuga. This does not tell us that conformity is not important, but it does say that if it is important it must take a form that is different from the ones we were able to manipulate. For example, it is possible that an intervention that simultaneously treats an entire naturally formed peer group (a college class, for example) would be enhanced by the presence of conformity effects. On the other hand, our results do suggest that a significant part of the value of edutainment comes from its ability to deliver information that is very difficult to deliver in other ways. Therefore edutainment can play an important role even in contexts where we think that changing social norms would be challenging.

Our paper contributes to a growing literature on the effects of the media on socioeconomic outcomes (see DellaVigna and La Ferrara (2015) and La Ferrara (2016) for a review). Part of this literature exploits non-experimental variation to study the effects of commercially oriented TV programs (e.g., Jensen and Oster (2009); Chong and La Ferrara (2009); La Ferrara et al. (2012); Kearney and Levine (2015a, 2015b)). Another part of the literature focuses on programs that have an explicit educational goal, and randomizes exposure to videos or short documentaries containing information on policy (e.g., Ravallion et al. (2015); Banerjee, Barnhardt and Duflo (2015)) or role models (e.g., Bernard et al. (2014); Bjorvatn et al. (2015)). Like Berg and Zia (2013), we focus on a large scale commercial production and conduct a randomized controlled trial. Differently from them, however, ours is not an encouragement design but an actual randomization of the screening. Also, while their outcomes of interest relate to financial knowledge, ours include HIV testing and sexual behavior. To the best of our knowledge, we are the first to experimentally evaluate an edutainment TV series designed to change deep seated preferences such as those pertaining to sexual behaviors and attitudes.

Also, an important contribution of our work is the attempt to take into account the importance of social effects in the workings of edutainment programs. We share with Paluck (2009) and Paluck and Green (2009) the interest in whether and how edutainment can change social norms. Differently from them, however, we try to experimentally manipulate the extent to which social effects may operate. Our results in this direction may open the way for new ways of designing edutainment production that explicitly leverage conformity and social effects, especially in a world where social networks have become increasingly important.

2 A simple model of learning and conformity

Assume that the respondents in our study want to maximize a utility that depends on the distance to some objectively correct choice y^*, the difference between the choice they make and their preferred point a and possibly also on the distance between the observed choice and the average choice in the peer population Y. Formally at time t individual i chooses y_{it} to maximize

$$-E_{it}[\alpha(y_{it} - y^*)^2 + \beta(y_{it} - Y_i)^2 + (1 - \alpha - \beta)(y_{it} - a_{it})^2]$$

where E_t is the expectation operator taken based on the information at time t. This tells us that

$$y_{it} = \alpha E_{it}[y^*] + \beta E_i[Y_i] + (1 - \alpha - \beta)a_{it}.$$

Here α captures the importance of information about the "truth" while β picks up the degree of conformity. The fact that Y_i is assumed not to change over time is based on the idea that while individuals move up and down, it all averages out.

2.1 Information and decisions

We consider two periods, $t = 0$ and $t = 1$, corresponding to before and after the screening of Shuga. In making this decision i starts from a prior on y^*, $s_{i0} \sim N(y^*, 1/p_{y0})$ and a prior on $Y_i, r_{i0} \sim N(Y_i, 1/p_{Y0})$, where p_y and p_Y denote the precision of the two signals. Therefore the

baseline choice y_{i0}, in both treatment and control groups is given by

$$y_{i0} = \alpha s_{i0} + \beta r_{i0} + (1 - \alpha - \beta) a_{i0}.$$

We assume that a_{it} evolves following a first order autoregressive process: $a_{it} = \rho a_{it-1} + \eta_t$ where η_t is distributed as $N(0, 1/p_\eta)$ and that people in the control group do not get any more signals other than the prior one. Therefore

$$y_{it}^C = \alpha s_{i0} + \beta r_{i0} + (1 - \alpha - \beta) a_{it}$$

for $t = 0, 1$. Obviously,

$$\begin{aligned} y_{i1}^C &= \alpha s_{i0} + \beta r_{i0} + (1 - \alpha - \beta) a_{i1} \\ &= \alpha s_{i0} + \beta r_{i0} + (1 - \alpha - \beta) \rho a_{i0} + (1 - \alpha - \beta) \eta_1 \end{aligned}$$

which simplifies to

$$y_{i1}^C = (1 - \rho)(\alpha s_{i0} + \beta r_{i0}) + \rho y_{i0} + (1 - \alpha - \beta) \eta_1. \tag{1}$$

In our first experimental treatment (T1) each individual i gets a signal s_{iT1} about y^*, $s_{iT1} \sim N(y^*, 1/p_{yT1})$. Assume that all signals are drawn independently from the relevant distributions, both across people and across types of signals. The updated choice based on the new information is:

$$y_{i1}^{T1} = \alpha \frac{p_{y0} s_{i0} + p_{yT1} s_{iT1}}{p_{y0} + p_{yT1}} + \beta r_{i0} + (1 - \alpha - \beta) \rho a_{i0} + (1 - \alpha - \beta) \eta_1. \tag{2}$$

$$y_{i1}^{T1} = \alpha \frac{p_{yT1} s_{iT1}}{p_{y0} + p_{yT1}} - \alpha \frac{p_{yT1} s_{i0}}{p_{y0} + p_{yT1}} + (1 - \rho)(\alpha s_{i0} + \beta r_{i0}) + \rho y_{i0} + (1 - \alpha - \beta) \eta_1. \tag{3}$$

In our second experimental treatment (T2) in addition to the signal in $T1$ each i gets a signal about Y_i, $r_{i1} = \bar{y}_{J1}^{T1}$, that is the average realization of y_{j1}^{T1} for $j \in J$ where J is the set of viewers in the pilot screenings, which were similar to $T1$. From above

$$\bar{y}_{J1}^{T1} = \alpha \frac{p_{y0} \bar{s}_{J0} + p_{yT1} \bar{s}_{JT1}}{p_{y0} + p_{yT1}} + \beta \bar{r}_{J0} + (1 - \alpha - \beta) \bar{a}_{J1}.$$

Assume that the viewers believe that those who watched the pilot had the same prior $\bar{s}_{J0} = s_{i0}$ and got the exact same signal as them from Shuga: $\bar{s}_{JT1} = s_{iT1}$.[3] Moreover they know that $\bar{r}_{J0}$ is drawn from the same distribution as r_{i0}, $N(Y_i, 1/p_{Y0})$. Finally let individual i assume that $\bar{a}_{J1} = a$. In other words he assumes that while individual taste parameters vary

and change over time, group averages are stable over time, which is consistent with their being mean reverting, as assumed above.

Under these (admittedly extreme) assumptions $\bar{y}_{J1}^{T1}$only contains new information about

$$\bar{r}_{J0} = \frac{1}{\beta}[\bar{y}_{J1}^{T1} - \alpha\frac{p_{y0}s_{i0} + p_{yT1}s_{iT1}}{p_{y0} + p_{yT1}} - (1-\alpha-\beta)a].$$

The choice of participants in treatment T2 is thus

$$y_{i1}^{T2} = \alpha\frac{p_{y0}s_{i0} + p_{yT1}s_{iT1}}{p_{y0} + p_{yT1}} + \beta\frac{r_{i0} + \bar{r}_{J0}}{2} + (1-\alpha-\beta)a_{i1}$$

since both $r_{i0}$and $\bar{r}_{J0}$are drawn from the same distribution. Substituting in the expression for $\bar{r}_{J0}$ we get

$$y_{i1}^{T2} = \frac{\alpha}{2}\frac{p_{y0}s_{i0} + p_{yT1}s_{iT1}}{p_{y0} + p_{yT1}} + \beta\frac{r_{i0} + \frac{1}{\beta}\bar{y}_{J1}^{T1}}{2} - \frac{1}{2}(1-\alpha-\beta)a + (1-\alpha-\beta)a_{i1}$$

which can be rewritten as

$$y_{i1}^{T2} = \frac{\alpha}{2}\frac{p_{y0}s_{i0} + p_{yT1}s_{iT1}}{p_{y0} + p_{yT1}} + \frac{\bar{y}_{J1}^{T1}}{2} + \beta\frac{r_{i0}}{2} + (1-\alpha-\beta)a_{i1} - \frac{1}{2}(1-\alpha-\beta)a. \quad (4)$$

Notice that because r_{io} is an unbiased estimate of $\bar{r}_{J0}$, i's prior on $\bar{y}_{J1}^{T1}$

$$E[\bar{y}_{J1}^{T1}|r_{i0}] = \alpha\frac{p_{y0}s_{i0} + p_{yT1}s_{iT1}}{p_{y0} + p_{yT1}} + \beta r_{i0} + (1-\alpha-\beta)a. \quad (5)$$

Add and subtract $\frac{1}{2}E[\bar{y}_{J1}^{T1}|r_{i0}]$in (4) and substitute $E[\bar{y}_{J1}^{T1}]$ from *(5)* to get

$$y_{i1}^{T2} = \alpha\frac{p_{y0}s_{i0} + p_{yT1}s_{iT1}}{p_{y0} + p_{yT1}} + \frac{1}{2}\left(\bar{y}_{J1}^{T1} - E[\bar{y}_{J1}^{T1}]\right) + \beta r_{i0} + (1-\alpha-\beta)a_{i1}.$$

Since

$$(1-\alpha-\beta)a_{i1} = \rho(1-\alpha-\beta)a_{i0} + (1-\alpha-\beta)\eta_{i1} = \rho(y_{i0} - \alpha s_{i0} - \beta r_{i0}) + (1-\alpha-\beta)\eta_{i1}$$

$$\begin{aligned} y_{i1}^{T2} \quad = \quad & \alpha\frac{p_{yT1}s_{iT1}}{p_{y0} + p_{yT1}} - \alpha\frac{p_{y0}s_{i0}}{p_{y0} + p_{yT1}} + (1-\rho)(\alpha s_{i0} + \beta r_{io}) + \rho y_{i0} + \frac{1}{2}\left(\bar{y}_{J1}^{T1} - E[\bar{y}_{J1}^{T1}|r_{io}]\right) \\ & + (1-\alpha-\beta)\eta_1. \end{aligned}$$

The additional signal provided in T2 effectively just adds the information surprise term $\frac{1}{2}\left(\bar{y}_{J1}^{T1} - E[\bar{y}_{J1}^{T1}|r_{io}]\right)$ to the expression for y_{i1}^{T1}.

2.2 Empirical approach

The challenge with estimating the relationships directly coming out of our model is that they contain several terms that the econometrician does not observe.

At this point we can compute the difference in potential outcomes between treatment T1 and control subtracting (1) from (3) and taking expectations in two ways. First, while we do not observe s_{i0} we do observe y_{i0} and r_{i0} which help us back out what s_{i0} must have been, so we can condition on both of these to get

$$E[y_{i1}^{T1} - y_{i1}^{C} | y_{i0}, r_{i0}] = \alpha \frac{p_{yT1} s_{iT1}}{p_{y0} + p_{yT1}} - \alpha \frac{p_{yT1}}{p_{y0} + p_{yT1}} E[s_{i0} | y_{i0}, r_{i0}]$$

which suggests an estimating equation:

$$y_{i1} = \kappa + \delta_{T1}(i) + \lambda y_{i0} + \mu r_{i0} + \phi \delta_{T1}(i) y_{i0} + \psi \delta_{T1}(i) r_{i0} + \varepsilon_{i1}. \tag{6}$$

The term $\delta_{T1}(i)$ is the coefficient on an indicator for whether individual i has received treatment T1; y_{i0} denotes i's baseline position on y; ϕ is the coefficient on the interaction term between treatment and i's baseline value of y; and ψ is the coefficient on the interaction term between treatment and i's baseline prior about Y_i.[4]

Alternatively, we can take unconditional expectations and get:

$$E[y_{i1}^{T1} - y_{i1}^{C}] = \alpha \frac{p_{yT1} s_{iT1}}{p_{y0} + p_{yT1}} - \alpha \frac{p_{yT1}}{p_{y0} + p_{yT1}} E[s_{i0}]$$

which results in an estimating equation

$$y_{i1} = \kappa + \delta_{T1}(i) + \varepsilon_{i1}. \tag{7}$$

Before carrying out a similar operation for treatment T2 note that the econometrician does not observe $E[\bar{y}_{J1}^{T1} | r_{io}]$ but he does have an estimate of r_{i0} from what i says he believes the position of others to be on this issue at baseline. The difference in the potential outcomes conditional on y_{i0} and r_{i0} is

$$E[y_{i1}^{T2} - y_{i1}^{C} | y_{i0}, r_{io}] = \alpha \frac{p_{yT1} s_{iT1}}{p_{y0} + p_{yT1}} - \alpha \frac{p_{y0} E[s_{i0} | y_{i0}, r_{io}]}{p_{y0} + p_{yT1}} + \frac{1}{2} \left(\bar{y}_{J1}^{T1} - E[\bar{y}_{J1}^{T1} | r_{io}] \right).$$

The first two terms parallel the effects of T1: there is the direct effect of watching Shuga and its interaction with the person's baseline position. The last term is the part of T2 effect that is not in T1, which is the interaction of T2 with the change in the beliefs of the pilot group after watching Shuga. The corresponding estimating equation is:

$$y_{i1} = \kappa + \delta_{T2}(i) + \lambda y_{i0} + \mu r_{i0} + \phi \delta_{T2}(i) y_{i0} + \psi \delta_{T2}(i)(\overline{r} - r_{i0}) + \varepsilon_{i1}. \tag{8}$$

Alternatively, the unconditional difference in potential outcomes is:

$$E[y_{i1}^{T2} - y_{i1}^{C}] = \frac{\alpha}{2} \frac{p_{yT1} s_{iT1}}{p_{y0} + p_{yT1}} - \frac{\alpha}{2} \frac{p_{yT1} E[s_{i0}]}{p_{y0} + p_{yT1}}$$

which yield the estimating equation:

$$y_{i1} = \kappa + \delta_{T2}(i) + \varepsilon_{i1}. \tag{9}$$

2.3 Extensions of the model

We made a number of strong assumptions to make the analysis tractable. In particular the assumption that everyone believes that others get the same signal (both in terms of their prior and from Shuga) as themselves is the reason why the announcement only provides information about the social norm Y_i. If we relaxed these assumptions the announcement would also provide information about other people's priors and what they learnt from Shuga. We chose not to emphasize this effect since, as already noted, we also expect the announcement to have a reinforcement effect, which -in the context of the model- would be equivalent to increasing the precision of the signal from Shuga and therefore strengthening the information effect. Therefore, the announcement, even absent the complications just mentioned, cannot be thought of as operating purely through the conformity channel. Moreover, allowing these (clearly plausible) extensions to the model will not change the empirical specification: in the end the impact would only depend on the treatment status and the two priors that the econometrician observes, y_{i0} and r_{i0}.

For the same reason we also rule out variation in the preferences of the peer group. Adding this possibility would mean that we would have to allow for the possibility that the decision makers learn about the preferences of others from the announcement of their beliefs. This would change the expression for y^{T2}_{i1} but the estimating equation would remain the same.

The simplicity of the estimating equation derived above also relies on the assumption of quadratic preferences. Without this assumption how an individual reacts to new information will depend, for example, on how far he or she is from the views of peer population.

3 Background and experimental design

3.1 Background

The edutainment product we evaluate is a TV series called Shuga and produced by MTV International. Shuga is a TV drama designed to raise awareness and change attitudes and behavior related to HIV/AIDS among young people in Africa. It presents young Africans from various socioeconomic strata balancing bright futures with the negative consequences of high-risk behaviors. The third season of Shuga, which is the one we evaluate, was filmed in Nigeria in 2013 and features prominent Nigerian actors and music, making it very appealing for the local public. The series consists of eight 22-minute episodes which we screened in two blocks of four episodes, for a total duration of about 1.5 hours for each screening. In the words of the producers, "secrets and lies, crossed wires and broken dreams are at the heart of series 3 of Shuga. Set against the clubs, bars and student hangouts of Lagos, Shuga relates a bitter-sweet tale of love, betrayal, relationships and heartache among a group of friends in the city of Lagos". [3]

For the control group we chose another TV series filmed in Nigeria, Gidi Up, which portrays a similar setting as Shuga -urban and relatively upscale compared to the average population- but has no educational content.

In order to have exogenous variation in the exposure to the show, we conducted the study before Shuga was widely distributed in Nigeria, and we organized our own screenings of the show in community centres, schools, and other locations that we could rent and that could accommodate

[3] http://www.mtvshuga.com/show/?series=series-3

about 100 individuals. We bunched the eight episodes in two groups of four, and showed the whole series in two screenings, for a duration of about 90 minutes per screening. We did the same with Gidi Up, the TV series that was shown to the control group. In all cases, screenings took place on Saturday or Sunday, and were one week apart.

The study sites were 80 urban and peri-urban locations chosen in 7 towns across three states of South-West Nigeria. The selection of these towns balanced competing requirements such as: (i) excluding states earmarked by MTV as priority states for marketing Shuga (to avoid contamination of the control group); (ii) excluding areas where the integrity of the evaluation could have been compromised by security risks; (iii) choosing contiguous states to facilitate the logistical implementation.[4] Locations were defined as households located within a 2-mile radius of each screening center where the intervention was implemented. We ensured that there were buffer zones between communities to minimize the risk of contamination across study groups. These locations constitute our unit of randomization.

To identify study participants, we adopted a 3-step recruitment strategy. First, enumerators visited a random selection of 200 - 225 households in each location and collected basic demographic information about all young people aged 18 to 25 residing in those households.

Second, the research team randomly selected one person in each household to be invited to a film screening. This film was different from Shuga as the intent was to recruit amongst those interested in attending film screenings. The selection was stratified by gender, half males and half females. At the screening, attendees were asked to provide contact details of up to two friends aged 18 to 25 living in the community (from now on, "network members").

Third, in each location enumerators paid home visits to approximately 63 individuals of those who attended the first screening (from now on, "main study participants") and to 15 randomly selected network members (with no more than one friend per main respondent). All were invited to participate in the study and administered the baseline survey if they agreed. At the end of the survey, the main study participants received invitations to attend two other screenings organized in the two weekends following the interview. Those in the Friends treatment group also received an invitation for a friend.[5]

In each location, all baseline survey and screening activities were concluded in four weeks. Implementation was rolled out so that activities in a given location were completed before moving to the next, in order to avoid high attrition due to subjects forgetting about the screenings, travelling or relocating.

3.2 Experimental design

Since individual level randomization would run a significant risk of contamination through communication among neighbors, we implemented a clustered randomized trial where our study locations were randomly assigned to treatment and control groups. The experiment was designed to allow us to study the impact of Shuga screenings alone as well as that of being exposed to information

[4] The distribution of locations across states and towns is as follows. Oyo state: Ibadan (50 locations), Ogbomosho -(6 locations), Oyo (4 locations). Osun state: Ile-Ife (3 locations), Ilesha (4 locations), Osogbo (7 locations). Ondo state: Akure (6 locations).

[5] Note that while we have a full baseline and follow-up survey for "network members" (who did not watch Shuga), we do not know anything other than gender about the friends that participants in the Friends treatment brought along. This is because the decision of who to bring was left to the study participants and until the day of the screening we did not know if and who they may bring. The timing and logistics at the screening centers made it impossible to interview these friends on the spot.

on beliefs and values of peers. We created different treatment arms and stratified the sample so that each town would have an equal number of locations in each treatment (where possible).

Treatment T1 was administered to 27 randomly selected locations. As described above, participants were shown the Shuga TV drama in two screenings of four 22 minutes episodes each. At the end of each screening participants were handed a two-page questionnaire containing a subset of questions identical to those asked in the baseline, on topics close to those portrayed in the episodes they had just watched. The questions were read aloud to make sure everyone would understand, but there was no discussion of the content of the screening, nor of the questionnaire.[6]

The second treatment (T2) involved another 27 randomly chosen locations and was the same as T1 except that after the Shuga episodes we showed video-clips containing information on beliefs and values of peers in other communities who had watched Shuga. These video-clips included interviews of youth condemning negative behaviors and praising positive ones after watching Shuga, as well as "smart graphs" with statistics. The intent is to raise awareness about how common certain beliefs and attitudes are among other participants, and how willing other participants may be to change them.

To half of the treated individuals (both T1 and T2) randomly selected, we offered the option to bring an extra person to the screening. The goal of this treatment is to determine whether the effect of Shuga differs when individuals can discuss its content with close peers who also watched the drama. This treatment is randomized at the individual level and is cutting across the other two treatments. We denote this as the "Friends treatment".

To sum up, we thus have three treatments: T1 and T2, randomized at the cluster level, and the "Friends" treatment, which is cross cutting across T1 and T2 and is randomized at the individual level. These treatments together cover 54 locations. The remaining 26 locations constitute our control group, where we screened the "placebo" TV series Gidi Up.

In all locations, survey participants who were not in the "Friends" treatment were asked to list up to two friends to whom they regularly talked and who lived in the community ("network members" from now on). We administered the baseline and the follow-up surveys to a random sample of 15 network members in each location. At follow up, we interviewed 16 more network members per location in order to improve statistical power for the spillover analysis.

[6] The choice of not having a post-screening discussion was made to ensure uniformity of the treatment and to make the experience more comparable to that of a viewer watching TV at home.

4 Empirical strategy and data

4.1 Empirical strategy

Benchmark specification. To estimate the average treatment effect, we estimate the following benchmark specification, which is the counterpart of equation in the model:

$$y_{i1} = \kappa + \delta_{T2}(i) + \lambda y_{i0} + \mu r_{i0} + \phi \delta_{T2}(i) y_{i0} + \psi \delta_{T2}(i)(\overline{r} - r_{i0}) + \varepsilon_{i1}. \qquad (8)$$

where Y_{ilcl} is the outcome of interest for individual *i* who lives in location *l* within city *c* in the follow-up survey (time 1) and YilcO is the baseline (time 0) value of the same variable. T_{ilc0} is a dummy equal to 1 if the individual was assigned to either one of the two treatments involving Shuga (T1 or T2); $\mathbf{X}_{ilc0}$ is a vector of controls measured at baseline that include age, years of education, a dummy for being enrolled in school, a dummy for being single, dummies for being a Muslim, speaking Yoruba as main language at home, speaking English (either as main language at home or as second language), not living with one's parents, then household size, a wealth index, homeownership, and two dummies for father and mother having achieved more than secondary education; d_c denotes town fixed effects.

We cluster standard errors at the location level, which is our unit of randomization (we have 80 locations). Appendix Table A1 reports variable definitions and Appendix Table A2 reports summary statistics for our outcomes of interest and for the control variables.

To test whether the impact of Shuga differs by gender, we will also estimate a variant of (10) on the two subsamples of male and female respondents.

Effect of announcement. Next we test whether the provision of information on how other people reacted to Shuga (treatment T2) differentially affected viewers compared to the simple screening of the series (treatment T1). In this case we restrict the sample to treated individuals and start by estimating the simple specification:

$$Y_{ilc1} = \alpha Y_{ilc0} + \beta T2_{ilc0} + \gamma(T2_{ilc0} * Y_{ilc0}) + \mathbf{X}'_{ilc0}\zeta + \delta_c + \varepsilon_{ilc1}. \quad (11)$$

The estimated values of $\widehat{\beta}$ and $\widehat{\gamma}_1$ will reveal whether on average viewers exposed to T2 behaved differently from those exposed to T1.

We then estimate the specification that directly corresponds to equation (8) in the model:

$$\begin{aligned} Y_{ilc1} &= \alpha Y_{ilc0} + \beta T2_{ilc0} + \gamma(T2_{ilc0} * Y_{ilc0}) + \\ &\quad + \boldsymbol{\lambda}(T2_{ilc0} * (\widetilde{Y}^A - \widetilde{Y}_{ilc0})) + \boldsymbol{\mu}\widetilde{Y}_{ilc0} + \mathbf{X}'_{ilc0}\zeta + \delta_c + \varepsilon_{ilc1} \end{aligned} \quad (12)$$

where $\widetilde{Y}^A$ is the value that we announced in treatment T2 containing pilot viewers' average realization of outcome Y after they watched Shuga (the value $\widetilde{Y}^A$ is the same for everyone); and $\widetilde{Y}_{ilc0}$ is individual i's prior on the average realization of outcome Y in the community. The term $(\widetilde{Y}^A - \widetilde{Y}_{ilc0})$ thus represents the "surprise" that respondent i received from our announcement. We sign this variable so that a positive value corresponds to an announcement that goes more in the direction of the message that Shuga conveys compared to i's priors. The expected sign of λ in the presence of social effects is therefore positive.

Conformism. To shed light on the relative importance of conformism (the term $\beta(y_{it} - Y_i)^2$ in the model), we exploit an individual level measure of conformism that we elicited through our survey. We estimate an augmented version of equation (10) that includes an interaction term between T_{ilc0} and i's conformism at baseline, plus of course the standalone conformity variable.

Friends treatment. Another approach to assess the importance of social effects is to test whether viewers who watched Shuga with a friend exhibited stronger (or weaker) responses. We estimate:

$$Y_{ilc1} = \alpha Y_{ilc0} + \beta_0 T_{ilc0} + \beta_F(T_{ilc0} * Friend_{ilc0}) + \gamma(T_{ilc0} * Y_{ilc0}) + \mathbf{X}'_{ilc0}\zeta + \delta_c + \varepsilon_{ilc1} \quad (13)$$

where $Friend_{ilc0}$ is a dummy that takes value one if individual i received an invitation to bring along a friend to Shuga screenings.[9] If the possibility of talking about the show with a friend reinforced the message in Shuga, one would expect $\widehat{\beta}_F > 0$ for cases where the main effect $\widehat{\beta}_0$ is positive, and $\widehat{\beta}_F < 0$ when the main effect $\widehat{\beta}_0 < 0$. Of course, this need not necessarily be the case, depending on the friend's own preferences, as we discuss in section 6.3.

Spillovers. To estimate spillover effects, we use a different sample of respondents j who were referred to us by our study participants i. We use the notation ji to indicate that j is a member of i's network. We estimate:

$$Y_{jilc1} = \alpha Y_{jlc0} + \beta_S T_{ilc0} + \gamma(T_{ilc0} * Y_{jlc0}) + \mathbf{X}'_{jlc0}\zeta + \delta_c + \varepsilon_{jilc1} \quad (14)$$

where the outcome Y and the controls X refer to network member j, but exposure to Shuga is indirect, only through j's friend i. In the presence of spillovers, the estimated coefficient $\widehat{\beta}_S$ should have the same sign as $\widehat{\beta}$ in (10). In other words, if Shuga positively affected i's outcome and i talked about it with his/her friend j, then j's outcome would also respond positively (and viceversa).

Reporting results. Since we have a large number of outcome variables, we present results in two formats. First, to address the issue of multiple hypothesis testing we group our original outcomes into indices. This reduces the number of hypothesis actually tested and increases the statistical power of the analysis by reducing errors due to random variation at the level of the individual variables through aggregation. We use two methods for constructing indexes: the one proposed by Kling, Liebman and Katz (2007) and principal component analysis. We describe both types of indexes below.

Aggregation only partially solves the multiplicity problem, since we still have several hypotheses being tested jointly. To correct for this, we adjust p-values according to the free step-down resampling method (Westfall and Young, 1993) so that they can be used to control the family-wise error rate (FWER), defined as the probability of rejecting at least one true null hypothesis.

Our second way of reporting results focuses on individual outcomes that can be regarded as important on their own. These are selected within the broader list of variables from which we compute the indices and we single them out because they are key to the overall message of Shuga (e.g., "you should wear a condom"; "having concurrent partners can be risky"; etc.) or they capture specific messages that are strongly emphasized in certain episodes (e.g., "a young boy should be allowed to play football"; "you have to take a second HIV test after 3 months"; etc.). For these results, we report both "naive" p-values corrected for clustering at the location level, and FWER-adjusted ones (that adjust for multiple hypothesis testing).

4.2 Data and descriptive statistics

Sample

In total we interviewed 5,166 main study participants at baseline and 4,986 at follow up.[7] Since our benchmark specification includes the lag of the dependent variable, our working sample consists of the individuals for whom we have both rounds of data, i.e., 4986 observations. For some specifications we use smaller samples because of missing data for specific outcomes.

To make sure that attrition from round 1 to round 2 of the survey does not invalidate our identification strategy, in Appendix Table A3 we regress the decision to participate in the follow-up round on the treatment dummy, and on baseline values of our outcome indexes and of socioeconomic controls. As we can see, attrition does not differ by treatment status, nor by individuals' prior HIV knowledge, attitudes towards HIV and testing behavior. Attrition is also uncorrelated with individual attitudes towards and experience of risky sexual behavior (columns 4-5).

Among socioeconomic controls, the only significant predictors of attrition are gender (women are 2 percentage points less likely to be interviewed at follow up), whether the respondent is currently attending school, father's education and Muslim religion.[8]

[7] We performed power calculations using the Nigeria DHS 2008 and determined that a sample of 64 individuals per location, or 5120 individuals in total, half male and half female, would enable us to detect a change of between 0.15-0.20 standard deviations in our main outcomes of interest. Updated power calculations using our baseline data showed an improved minimum detectable effect of 0.12-0.17 standard deviations.

[8] Among socioeconomic controls, the only significant predictors of attrition are gender (women are 2 percentage points less likely to be interviewed at follow-up), whether the respondent is currently attending school, father's education and Muslim religion. Notice however that the magnitude of these coefficients is quite small compared to the baseline propensity of 0.97.

Indexes

As mentioned above, we group our outcome variables into two broad topics: those related to HIV and those related to risky sexual behavior. For each topic we elicit responses on knowledge, attitudes and behavior using several survey questions. The individual questions are then aggregated into indexes using two methods.

The first method follows Kling et al. (2007): we construct equally weighted averages of the z -scores of the variables that enter each index, where the sign of each variable is oriented so that answers consistent with Shuga's message translate into higher values of the index. We construct five indexes in total: HIV knowledge, HIV attitudes, HIV testing, Attitudes towards risky sex, and Risky sexual behavior. The list of variables contained in each index is reported in Appendix Tables A4 and A5, with a sign (+) or (-) to denote whether the variable enters the index with a positive or negative sign. Variables are oriented so that the impact of treatment on each index should be positive.

Our second method for constructing indexes relies on principal components analysis. Starting from the same lists of variables as above, we extract the first principal component for each family of outcomes. The individual variables and their loading factors are shown in Appendix Tables A4 and A5.

The five indexes we produce with both methods can be briefly described as follows. HIV knowledge measures how aware an individual is about the method of transmission, the avail- ability of drugs, and the timing of testing for HIV. Higher values of this index correspond to greater awareness about transmission, testing and therapy. A second index, HIV attitudes, captures respondents' inclination to potentially reveal their status, allow HIV-positive people to interact with the community, as well as non-negative judgements towards these people. Again, a higher value of this index denotes more progressive attitudes (consistent with the message of Shuga). The third index, HIV testing, measures whether the respondent knows where to get tested, if he/she has been tested and when, if he/she picked up the results and if he/she asked for the test him/herself. It is important to underline that we have both self-reported and objective measures of testing. Our respondents were invited to a health camp where they could be tested for free, and we "objectively" know both if they got tested and if they picked up the result (we do not know the result of the test). As Appendix Table A4 shows, increasing values of this index correspond to more active testing.

A second family of variables relates to risky sexual behavior. The index Attitudes towards risky sex includes individual opinions regarding promiscuity, whether dating a sugar daddy is considered acceptable under different circumstances, and whether bringing a condom is a sign that a woman is not serious. As Table A5 shows, increasing values of this index correspond to attitudes more consistent with the message of Shuga. The index Risky sex, also detailed in the same table, captures whether the respondent has multiple concurrent sexual partners (and the number), condom use during the last intercourse, as well as having a main or additional sexual partner. Increasing values of this index correspond to less risky sexual behavior, so we should expect a positive treatment effect.

Health camps

In order to collect biomarkers, we set up "health camps" in 80 schools to which survey respondents were invited. Participants were informed about testing by counsellors and were offered the opportunity to test for Chlamydia through urine sample collection. During the same session they also participated in a game that consisted in choosing between N50 (approximately equivalent to 0.25 USD at the time) and a certain number of condom packs. The number was randomly determined and could vary from 1 to 3, with each pack worth approximately N50 on the market. At the end of the session participants received contact details of HIV counselling and testing centres in their town and were

given a voucher that would entitle them to free HIV testing at one of these centers. After the specimens were analyzed and the results for Chlamydia were available, participants were invited for a second visit to the health camp, where they were informed of the outcome and -if they tested positive for Chlamydia- they were prescribed treatment.[9]

In our analysis we will use the following outcomes 'objectively' collected at health camps:

(i) whether participants attended the health camp and took the Chlamydia test; (ii) whether they tested positive for Chlamydia; (iii) whether they redeemed the voucher to get tested for HIV; and (iv) whether they chose condoms over money when given the choice.[10]

Expectations

Among the variables we collected through our survey, it is worth detailing how we elicited expectations regarding community attitudes, because these variables play an important role in our test for social effects. For the main attitudinal outcomes we elicited two types of responses. The first was the individual's own position, for example: "If you had HIV and you had a boyfriend/girlfriend, would you reveal your status to him/her?". This type of variable is used as dependent variable in our analysis.

The second type of variable relates to the position of community members, for example: "If you picked 20 people of your age from your community who had a partner, how many would reveal their status to their partner if they had HIV?". From this type of question we construct the share of community members who would choose a certain action (or support a certain statement, etc.) and we employ this variable as the "prior" about the average choice in the peer population (r_{i0} in the model, Y_{ilcO} in regression (8)). Due to constraints on the length of the questionnaire, we elicited these priors for many but not all of our outcomes of interest. For this reason, we will be able to estimate specifications (7), (6) and (9) for all outcomes, and specification (8) for a subset of them.

Conformism

Another set of variables that is useful to describe relates to individuals' propensity to conform to others' opinions as opposed to thinking independently. In the model, the parameter *B* captures how costly it is for the individual to deviate from the choices of a reference group. In our survey, we included a series of questions aimed at measuring how strongly individuals identified with three of the values categorized by Schwartz (2012): conformity, tradition and self-direction. For each category, respondents were read four questions describing people with certain characteristics and were asked how similar each person was to them, with answers on a 5-point scale ranging from "not like me at all" to "very much like me". We aggregate the four questions in an index using principal component analysis (see Appendix Table A6 for the variable list and loading factors) and we construct the following three indexes

Conformity: captures how inclined an individual is to restrain his/her own choices if these were to upset other or violate social norms. People with a high value of this index believe that people should do what they are told, be obedient and polite, and they generally have a taste for smooth social interaction, even at the cost of self-restraint.

[9] We did not test anyone for HIV hence do not know who is HIV positive or negative, but only if they took the test.

[10] From our sample, 3,828 individuals attended the health camp, and all got tested for Chlamydia and participated in the condom game; 74 of them tested positive for Chlamydia, and 213 redeemed the voucher to get tested for HIV.

Tradition: captures individuals' acceptance and commitment to the values that their culture or religion promote. In addition to supporting traditional customs, respondents who identify with this profile believe that people should be humble and be satisfied with what they have. "Tradition" and "conformity" are similar in the sense that they capture individuals' willingness to subordinate to what is expected from them, but they differ in the group to which one subordinates him/herself: in the case of conformity it is mainly people (e.g., parents or peers), while in the case of conformity it is religious and cultural customs.

Self-direction: captures how inclined an individual is to think and act independently. Respondents with a high value of this index like to be curious, creative, free to make their own decisions and to rely on themselves.

We will use these variables interacted with our main treatment dummy to see if exposure to Shuga had differential effects depending on viewers' degree of conformity or independent judgement.

Randomization check

Before conducting our main analysis we verify that our randomization strategy was successfully implemented.

[Insert Table 1]

Table 1 reports summary statistics for our outcomes of interest (Panel A) and the control variables (Panel B) at baseline.[11] We report the mean in the control and in the treatment group, the p-value for the test that the difference is zero, the normalized difference and the number of observations for each variable. The normalized difference in column 4 is a scale-free measure of the difference in distributions, recommended by Imbens and Wooldridge (2009):

$$\Delta = \frac{\overline{X}_T - \overline{X}_C}{\sqrt{S_T^2 + S_C^2}}$$

where $\overline{X}_T$ and $\overline{X}_C$ are the means of covariate X in the treatment and control group, respectively, and S_T^2 and S_C^2 are the corresponding sample variances of X. A rule of thumb suggested by Imbens and Rubin (2015) is that the normalized difference should not exceed 0.25.

As can be seen in the top panel of Table 1, the indexes that we employ as outcomes are all well balanced. For all five indexes, the difference in means is never statistically significant even at the 10 percent level. When we look at individual outcomes, out of 22 variables 3 have p-values of .05 or less (although these p-values are not corrected for multiple hypothesis testing. The p-values would be much higher if we accounted for that). Even so, the normalized difference in means is extremely small, well below the cutoff suggested by Imbens and Rubin (2015).

Turning to control variables, Panel B of Table 1 shows that variables such as gender, age, education, religion and language spoken are well balanced. We have instead imbalance in household size, wealth and parents' education: on these variables the control group seems to be better off than the treatment. The normalized differences, however, are well below 0.25, so in terms of economic significance of the imbalance we do not find reasons for concern. Furthermore, we control for these variables in all our specifications.

[11] Definitions of all our variables are reported in Appendix Table A1, and summary statistics at follow-up in Appendix Table A2.

[Insert Table 2]

In table 2 we perform an alternative test for the validity of our randomization strategy. We regress a dummy taking value one if the individual is treated on the set of covariates that we use in our regressions (column 1) as well as on covariates and outcome indexes (subsequent columns). Standard errors are clustered at the screening center level. None of the regressors is significantly different from zero, except for homeownership and father's education. The F test for joint significance always yields p-values greater than 0.10.

5 Results: average treatment effects

In this section we report our estimates of the impact of Shuga on a variety of outcomes, starting from the average treatment effects in equation (10).

5.1 HIV related outcomes

[Insert Table 3]

Table 3 reports the average treatment effects for our indexes of HIV knowledge, attitudes and behavior. As a benchmark, we employ the indexes constructed following Kling et al. (2007) and described in section 4.2. Appendix Table A7 reports analogous estimates for indexes constructed using principal component analysis: the results are qualitatively unchanged. We show results for the full sample and for subsamples of male and female respondents separately. For all regressions we report the coefficient on treatment, on the interaction between treatment and the lagged dependent variable, and on the standalone lagged dependent variable. As is clear from specification (10), individual level controls and city fixed effects are included but not shown. Standard errors in parenthesis are adjusted for clustering at the screening center level. For the treatment dummy we also show p-values corrected for multiple hypothesis testing using FWER (in square brackets). At the bottom of the table we report the mean of the dependent variable at follow-up in the control group and the p-value for the test that the sum of the coefficients on *Treated* and *Treated* * Y_{t-1} is equal to zero when evaluated at the mean of Y_{t-1}.

A first important result is that exposure to Shuga significantly improved respondents' knowledge about HIV: the impact on the summary index is positive and significant at the 1 percent level with either method of correction for the standard errors. The magnitude of the effect corresponds to .13 of a standard deviation of this index. The effect is stronger for women compared to men: treatment increases women's knowledge about HIV by 0.2 standard deviations and men's by 0.08 standard deviations.

Shuga also improved attitudes towards people with HIV. The effect on the aggregate index is again positive and significant at the 1 percent level, with an effect size of .08 of a standard deviation. In this case the effect is stronger for men, both in terms of significance and magnitude.

Finally and importantly, Shuga also affected testing behavior. Treatment induced an in- crease of 0.33 in the aggregate index, which corresponds to .08 of a standard deviation. When we split the sample, the coefficient remains significant at the 5 percent level for the female sample, but it loses significance for the male sample (while retaining the positive sign). The magnitude of the increase for women is 0.1 standard deviations.

As for the other coefficients in the table, the lagged dependent variable is always significantly correlated with current outcomes, while the sign on the interaction between treatment and the lagged dependent variables is mostly negative (as predicted by the model), though typically insignificant.

[Insert Table 4]

In Table 4 we consider some of the individual outcomes that are included in the indexes but are also of interest in and of themselves, e.g., because they are explicitly targeted in the messages of Shuga. In this table the dependent variable is listed by row and the columns report, respectively: estimated coefficient on treatment and standard errors adjusted for clustering at the screening centre level (column 1), FWER adjusted p-value (column 2), test for the null that the sum of the coefficients on *Treated* and *Treated * Y_{t-1}* is equal to zero (column 4), number of observations (column 5) and mean of the dependent variable in the control group at follow-up (column 6).[12]

First of all, we compare the results on testing obtained when using objective behavior as recorded in our health camps and when relying on respondent's own reports. With both variables, exposure to treatment increases the probability of testing for HIV. The self-reported likelihood of testing increased by 2.7 percentage points (over a mean of 8.6 percentage points in the control group). The impact is even larger when we use as dependent variable the actual testing for HIV measured by the fact that people redeemed the vouchers received at our health camps. The second row of table 3 shows that the probability of taking an HIV test increases by 3.1 percentage points, which is a 100 percent increase over the control group mean.[13]

Several individual outcomes related to knowledge and explicitly addressed in Shuga show significant effects: knowledge about transmission during pregnancy, contagion through sexual intercourse, awareness of anti-retroviral (ARV) drugs, need to take a second test and knowledge that this test is after at least three months (window period).[14] The impacts are also sizeable, especially on the latter variables on which baseline rates in the control group are relatively low.

Among attitudinal variables, support for the claim that HIV positive boys should be allowed to play football is particularly noteworthy, as Shuga prominently features a sub-plot about a boy who was born with HIV and struggles to remain part of a football team. Significant impacts are also found on willingness to buy from HIV-positive shopkeepers. On the other hand, the impacts on willingness to reveal one's status to the partner and on blame against HIV-positive people go in the expected direction but are not significant after correcting for multiple hypothesis testing.

5.2 Risky sexual behavior

[Insert Table 5]

In table 5 we estimate the effect of Shuga on attitudes towards various sexual behaviors and on risky behavior itself as reported by the respondent. The sample for the behavioral outcomes (columns 4-6)

[12] The p-values in this table are adjusted "within family" of variables (e.g., knowledge, attitudes). For this reason the two testing measures do not have associated FWER-adjusted p-values.

[13] The sample in this regression is smaller because not all respondents attended health camps. Also, given that the option to test for HIV was given at follow-up but not at baseline, for this regression we cannot estimate the specification interacted with the baseline value of the outcome, and we report instead the equivalent of equation
(7) in the model.

[14] The discussion on the window period is explicitly featured in a scene where the main female character receives the results of her HIV test and the nurse tells her that she cannot consider herself free from risk until she takes a second test at least three months later.

is smaller because it is restricted to respondents who are sexually active. The impact on our two aggregate indexes mostly goes in the expected direction, namely improvement in attitudes and a reduction in risky behavior (recall that our outcomes are constructed in a way that the expected treatment effect is positive), but none of the coefficients is statistically significant.

[Insert Table 6]

In Table 6 we turn to individual components of the indexes. In the top part of the table our outcomes of interest refer to actual behavior of respondents who are sexually active. The likelihood of not having concurrent sexual partners is higher for treated respondents. When evaluated at the mean, the total effect is an increase by 2.9 percentage points.

The effect on the number of current sexual partners (second row in the table) is negative when evaluated at the mean of the dependent variable: exposure to Shuga decreases the number of current partners by 0.06. While this magnitude is relatively small, it is interesting to consider how the effect size depends on the starting number of partners. For people who have only one partner, the impact of Shuga is virtually nil (0.173 - 0.177). For people who have two partners, however, the effect is (0.173 - 2 * 0.177), that is a reduction of 0.18. For those who have three, the number of partners decreases by 0.35 on average.

We do not find significant effects on the likelihood of having used a condom the last time the respondent had sex. This is somewhat surprising because the importance of using condoms is repeatedly stressed during the show. We tested whether the result differed if we distinguished between the "main" partner and "secondary" partners (whom respondents may view as less safe), but found insignificant results in both cases. Also, the result does not seem to be driven by reporting bias, as we will obtain similar (nil) effects in Table 7 when examining game outcomes.[15]

Turning to attitudes, we find significant effects on attitudes towards concurrent partners: respondents who were assigned to watch Shuga are more likely to say that men and women should have only one partner (the combined effect of treatment is significant in column 4). Treated respondents are also more likely to state that it is not acceptable for girls to date sugar daddies in exchange for money. Interestingly, attitudes towards women who are proactive in bringing condoms do not improve: this could be related to the fact that the character who is shown taking out a condom during a sex scene, Princess, is somewhat ambivalent and considered by many viewers as a "loose girl".[16]

[Insert Table 7]

In Table 7 we consider outcomes related to risky sexual behavior that are "objectively" measured at our health camps. Since the sample includes only treated and control respondents who attended health camp, in Appendix Table A9 we test whether the likelihood of attending health camp differs by treatment status and by our index of risky sexual behavior (measured at baseline) and we find that it does not.

Panel A shows the results of the condom game described in section 4.2. Participants were offered a choice between 50 Naira and one, two or three packs of condoms -depending on the randomization- each pack of the value of approximately N50. The dependent variable in Table 7 takes value one if the

[15] We also tested if treatment affected the likelihood of being sexually active and found no effects (results available from the authors).

[16] When we prompted viewers showing a picture of this characters, 74 percent of the viewers remembered her, and the main features they associated with this character were: being a "loose girl" (10 percent of respondents), having a shugar daddy (21 percent), and getting HIV (28 percent).

respondent chose the condoms over the monetary amount and zero otherwise. We control for the same individual correlates that we employ in the rest of the analysis and for the number of condom packs that respondents were offered, testing for both linear (columns 1-2) and nonlinear effects (columns 3-4). While participants were more likely to choose condoms when the relative price was lower (i.e., when offered a higher number of packs against the same monetary amount), choice behavior did not differ among those who watched Shuga and those who did not. This zero effect of treatment is consistent with the results obtained in Table 6 when looking at self-reported condom use.

Against these less-than-encouraging results on condom use stands an opposite result on the prevalence of sexually transmitted diseases. Panel B of Table 7 shows the effect of treatment on the probability of testing positive for Chlamydia. Results are shown for the full sample, for women and for men. While the estimated effect is negative in all three samples, it is only statistically significant for women. This is not surprising as Chlamydia is more prevalent among women. The magnitude of the effect is quite sizeable relative to the baseline prevalence rate: exposure to Shuga leads to a 55 percent decrease in the likelihood that women test positive for Chlamydia. Even in the absence of an effect on condom use, this improvement may be generated by more careful behavior on behalf of the respondent, e.g., decreasing the number of sexual partners (as shown in Table 6) or choosing "safer" partners. We tested whether, conditional on showing symptoms, treated respondents were more likely to seek treatment for STDs and found that they were not.[17]

6 Results: social effects

An important focus of this paper is whether, in addition to understanding if edutainment interventions are on average successful, we can say anything on the extent to which social effects may reinforce or undermine the impact of such interventions. In this section we address this questions from different points of view.

6.1 Conformism

Our first exercise is to test whether the impact of treatment differs based on respondents' baseline propensity to think independently as opposed to conforming with other people's desires or with cultural and religious customs. In the model, this propensity is captured by the parameter f3 in the utility function. As explained in section 4.2, empirically we use a series of questions derived from Schwartz's (2012) categorization and create three indexes: Conformity, which captures an individual's willingness to restrain his/her behavior in order not to upset other people; Tradition, which captures "humble" behavior and adherence to religious and cultural norms; and Self-direction, which captures individuals' creativity as well as inclination to think and act independently.

[Insert Table 8]

In Table 8 we estimate a series of regressions having as outcomes of interest our HIV and risky sexual behavior indexes, and as main regressors of interest Treated and the interaction between Treated and Conformity (Panel A), Tradition (Panel B) and Self-direction (Panel C). Save a couple of exception in which the interaction term is significant at the 10 percent level, the impact of treatment never differs by the three variables we consider. Based on this first piece of evidence, we may expect social effects not to play an important role in the context of our study.

[17] The estimated coefficient on Treated is insignificant and equal to 0.019, where the mean of the dependent variable is 0.15.

6.2 Announcement treatment

Our experimental design for testing the importance of social effects relies on complementing the basic treatment with an announcement on how other viewers reacted to Shuga. As explained in section 3.2, in half of the treated locations (randomly selected) after the Shuga screenings we showed a short video that included interviews with young people who had watched Shuga, as well as "smart graphs" with statistics on their reactions. The statistics in these graphs should constitute an additional signal that participants in this treatment (T2) receive compared to participants in the basic treatment (T1). The effect of this signal should depend on whether, compared to an individual's own prior regarding community attitudes, the new information provided is "good news" or "bad news".

[Insert Table 9]

Table 9 reports our estimates of equations (11) and (12), which are conducted on the sample of treated individuals who attended the first Shuga screening and aim at comparing the effects of T1 and T2. The dependent variables in this table correspond to the individual variables on which we announced statistical averages in the short videos after the first Shuga screening: these are the outcomes for which the response to new information should be strongest given that the new information precisely matches community attitudes on those outcomes. In particular, the dependent variables are indicators for whether the respondent states that (i) he/she would reveal his/her status to the partner (columns 1-2); (ii) it is not OK to date a sugar daddy in order to finance one's education (columns 3-4); and (iii) men should only have one partner (columns 5-6).

In columns 1, 3 and 5 we simply test whether the overall effect of T2 is significantly different from that of T1. If it were, this could be due to social effects, or simply to the fact that the videos in T2 have a "reinforcement" component, in that they add extra information to the message of Shuga.

In columns 2, 4 and 6 we perform a more stringent test and estimate model (12), testing whether the individual's own attitude moves in the direction of the values announced in T2. Given the way in which we construct our variables, Bayesian updating in the presence of social effects would be consistent with the interaction term *T2 *(announcement -prior on community* Y_t*)* having a positive and significant coefficient. The results in Table 9 show that the coefficient on this interaction term is never statistically significant. This suggests that the type of manipulation we were able to experimentally generate did not elicit significant conformity effects.

6.3 Friends treatment

Our third approach for assessing the importance of social effects is to test whether people who watched Shuga with a friend ex post have different outcomes from those who watched it alone. To avoid selection in the type of individuals who would like to bring a friend, we generated experimental variation by randomly providing half of the treated sample with a ticket that they could give to a friend to allow him/her to access the screening (see section 3.2 for a detailed description of this treatment).

[Insert Table 10]

Table 10 reports our results. The dependent variables are our five indexes related to HIV and risky sexual behavior. In columns 1 to 5 we estimate a simple cross-sectional model including a dummy for Friend Invitation (i.e., treatment T3), while in columns 6 to 10 we also include the lagged dependent variable. As can be seen from the table, the coefficient of interest is never statistically different from zero.

The interpretation of this result, however, is not straightforward. One possibility is that social effects are absent altogether, and individuals do not care about what their friend says about Shuga. Another possibility is that there are social effects, but half of the sample brought friends who were positively inclined towards the message of Shuga, while another half brought friends who would "talk them out" of the Shuga message. The two effects could cancel out, generating a zero-overall effect. As explained in section 3.1 (footnote 7), due to logistical constraints we could not collect information on site on the friends that people brought along. But we know the characteristics of the friends that another part of the treatment group (the respondents selected for the spillover analysis) indicated as friends. Given that who was selected for the friend treatment was random, in ongoing work we are examining the characteristics of "spillover friends" to see if they are systematically different from the main respondents in their attitudes, and if so in which direction.

6.4 Spillovers

Our final exercise is a test for the presence of spillovers. As described in section 3.2, in each location we interviewed not only the main study participants, but also a random sample of "network members" that they indicated and who were not part of the friends treatment, thus could not have been directly influenced by Shuga. In order to test whether people who watched Shuga passed on any of the effects on friends who did not watch it, we estimate model (14). In this model, the observations refer to network members, but the treatment status is that of the main study participant who "nominated" the respondent. In other words, the variable Friend of Treated in Table 11 is a dummy equal to 1 not if the respondent was treated (none of the respondents in this analysis were), but if he/she was a friend of a treated individual.

[Insert Table 11]

Columns 1, 5, 9, 13 and 17 report estimates for the full sample of network members. On this sample no significant spillovers are detected. The remaining columns in the table refer to the subsample of network members for which the lagged dependent variable is non-missing (hence the lower number of observations). In this subsample we detect positive spillovers on knowledge regarding HIV: people who watched Shuga seem to have passed on "factual" information to their friends. On the other hand, no effect is found on HIV attitudes, attitudes towards risky sexual behavior and experience of risky sexual behavior. The effect on HIV testing is negative and borderline significant when we control for the lagged dependent variable.

Overall, the results on spillovers suggest that, while edutainment programs may have trickle down effects when it comes to information provision, in order to generate attitudinal and behavioral change direct exposure to the program is needed.

6.5 Robustness

Given the nature of our outcomes, one point deserves some discussion. Some of our dependent variables (notably biomarkers, HIV testing and condom choice) are objectively observed in health camps. Other outcomes, however (e.g., attitudes, number of partners, etc.) are self-reported by the respondent. One may thus worry about "experimenter effects" or social desirability bias. Two pieces of evidence lead us to believe that our results are not driven by social desirability bias.

[Insert Table 12]

The first piece of evidence comes from Table 12. In this table we consider three dependent variables that we included in our questionnaire as "placebos". These variables capture out- comes on which a western research team would plausibly have strong opinions but that should not be affected by Shuga.

Specifically, the dependent variables in this table capture whether the respondent agrees that "it is OK for someone who runs a business to have a policy of only hiring from his/her own ethnic group" (columns 1-2); "it is OK for someone who runs a business to pay bribes to obtain government contracts" (columns 3-4); and "giving dangerous criminals the opportunity to defend themselves by the law is not in the public interest. There are many situations where it makes sense for the police to shoot first and ask questions later" (columns 5-6). If treatment made respondents more complacent to the values that MTV or western researchers might approve, we should expect significant effects on the treatment dummy in Table 12, while we find precisely estimated zeroes.

One may still be concerned that the experimenter demand effects are not generalized, but specific to messages related to HIV that were contained in Shuga and not in the control soap opera. However, if this were the case we should find that when study participants have a chance of pleasing the research team by choosing condoms in the experimental game, treated respondents are more likely to do so. Panel A of Table 7 showed that this was not the case.

7 Conclusions

In this paper we have tested the effectiveness of an educational entertainment TV series, Shuga, aimed at providing information and changing attitudes and behaviors related to HIV/AIDS. Using a simple model we have shown that "edutainment" can work through an "information" or through a "conformity" channel. We conducted a randomized controlled trial in urban Nigeria where young viewers were exposed to Shuga or to a non-educational TV series. Among those who watched Shuga, we created additional variation in the "social messages" they received and in the people with whom they watched the show. We found significant improvements in knowledge and attitudes towards HIV and risky sexual behavior. Treated subjects were twice as likely to get tested for HIV 6 to 9 months after the intervention. We also found reductions in STDs among women.

Our experimental manipulations of the social norm component did not produce significantly different results from the main treatment. Also, we did not detect significant spillovers on the behavior of friends who did not watch Shuga. The fact that an "information" effect of edutainment seems to have prevailed in the context of our study does not imply that social effects are unimportant in general: simply the kind of manipulation that we could experimentally induce was not effective. More research is needed to assess the potential role of conformity when manipulation can be induced in larger and naturally occurring sets of peer groups (e.g., classrooms, schools or villages). This seems especially relevant for the edutainment agenda given the growing importance of social networks in today's society.

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Tabl
es

Table 1: Average individual characteristics, pre-treatment

	Mean Control	*Mean Treated*	*Diff=0 (p-value)*	*Normalized Diff.* [(a)]	*No. Obs.*
	(1)	(2)	(3)	(4)	(5)
Panel A: Outcomes					
Indexes					
HIV knowledge	-0.047	0.201	0.182	0.028	5166
HIV attitudes	0.036	-0.016	0.625	-0.010	5166
HIV testing	-0.048	-0.035	0.916	0.002	5166
Attitudes towards risky sexual behavior	6.804	6.750	0.575	-0.012	5166
Risky sexual behavior (sex act)	-0.018	0.079	0.458	0.020	3246
Individual variables					
HIV transmitted during pregnancy	0.612	0.611	0.962	-0.001	5166
Has mentioned ARV drugs spontaneously	0.020	0.024	0.330	0.021	5166
Has mentioned drugs to live longer with HIV	0.619	0.634	0.310	0.021	5166
Recognizes ARV when mentioned by enumerator	0.170	0.193	0.050	0.042	5166
Second test necessary	0.277	0.287	0.450	0.016	5166
Window period 3 months	0.074	0.089	0.078	0.038	5166
Can get HIV through intercourse	0.947	0.948	0.897	0.003	5166
Would buy from an HIV+ shopkeeper	0.415	0.427	0.398	0.018	5166
An HIV+ boy should play footbal	0.579	0.571	0.571	-0.012	5166
People HIV+ should not be blamed	0.652	0.632	0.165	-0.029	5166
HIV is not punishment for sleeping around	0.433	0.465	0.031	0.046	5166
Would reveal HIV status	0.707	0.694	0.365	-0.019	5166
Tested last 6 months (self-reported)	0.053	0.055	0.675	0.009	5166
Men should have one partner only	0.842	0.860	0.106	0.034	5163
Women should have one partner only	0.880	0.898	0.056	0.040	5166
Not ok date sugardaddy to finance educ	0.760	0.745	0.265	-0.024	5166
Not ok date sugardaddy for money	0.670	0.675	0.713	0.008	5166
Not ok date sugardaddy to go out	0.886	0.866	0.050	-0.042	5166
If a woman brings a condom does not mean she's no serious	0.579	0.603	0.111	0.034	5166
Has not had multiple concurrent sexual partners	0.775	0.785	0.527	0.017	3246
umber of current sexual partners if sexually active	1.328	1.289	0.105	-0.042	3246
Used condom the last time he/she had sex	0.519	0.498	0.221	-0.033	3246
Panel B: Controls					
Female	0.473	0.474	0.943	0.002	5166
Age	20.618	20.614	0.962	-0.001	5166
Currently attending school	0.342	0.350	0.565	0.012	5166
Years of education	11.598	11.596	0.950	-0.001	5166
Speaks English	0.129	0.129	0.959	-0.001	5166
Single	0.232	0.224	0.509	-0.014	5166
Does not live with the family	0.229	0.246	0.186	0.028	5166
Household size	4.482	4.257	0.001	-0.067	5166
Wealth index	1.781	1.736	0.010	-0.054	5150
Owns his/her house	0.448	0.355	0.000	-0.135	5165
Father obtained education higher then sec.	0.376	0.314	0.000	-0.092	3928
Mother obtained education higher then sec.	0.252	0.214	0.004	-0.065	4393
Muslim	0.370	0.374	0.799	0.005	5166
Native language Yoruba	0.920	0.921	0.894	0.003	5166

Notes: (a) Normalized difference is the difference in the sample means of treatment and control groups divided by the square root of the difference in the sample variances.

Table 2: Exogeneity of treatment assignment

Dependent variable =1 if Treated.

	(1)	(2)	(3)	(4)	(5)	(6)
HIV knowledge		0.002				
		(0.001)				
HIV attitudes			-0.000			
			(0.003)			
HIV testing				0.001		
				(0.002)		
Attitudes towards risky sexual behavior					-0.000	
					(0.002)	
Risky sexual behavior						0.002
						(0.002)
Female	0.003	0.003	0.003	0.002	0.003	-0.001
	(0.013)	(0.013)	(0.013)	(0.013)	(0.014)	(0.018)
Age	-0.002	-0.003	-0.002	-0.003	-0.002	-0.001
	(0.004)	(0.004)	(0.004)	(0.004)	(0.004)	(0.004)
Currently attending school	0.020	0.019	0.020	0.020	0.020	0.016
	(0.023)	(0.022)	(0.022)	(0.023)	(0.023)	(0.026)
Years of education	0.002	-0.000	0.002	0.001	0.002	0.003
	(0.009)	(0.009)	(0.009)	(0.009)	(0.009)	(0.009)
English Spoken	-0.003	-0.005	-0.003	-0.003	-0.003	0.002
	(0.030)	(0.030)	(0.030)	(0.030)	(0.030)	(0.033)
Single	-0.006	-0.007	-0.006	-0.005	-0.005	-0.003
	(0.022)	(0.022)	(0.023)	(0.022)	(0.022)	(0.028)
Does not live with the family	-0.039	-0.039	-0.039	-0.038	-0.039	-0.019
	(0.032)	(0.032)	(0.032)	(0.032)	(0.032)	(0.035)
Owns his/her house	-0.005	-0.005	-0.005	-0.005	-0.005	-0.006
	(0.004)	(0.004)	(0.004)	(0.004)	(0.004)	(0.006)
Wealth index	-0.012	-0.015	-0.012	-0.013	-0.012	-0.018
	(0.027)	(0.027)	(0.027)	(0.027)	(0.027)	(0.028)
Home owner	-0.088**	-0.089**	-0.088**	-0.089**	-0.088**	-0.082**
	(0.039)	(0.039)	(0.039)	(0.039)	(0.039)	(0.035)
Father obtained education higher then sec.	-0.048***	-0.050***	-0.048***	-0.048***	-0.048***	-0.052**
	(0.018)	(0.017)	(0.017)	(0.017)	(0.018)	(0.024)
Mother obtained education higher then sec.	-0.020	-0.021	-0.019	-0.020	-0.020	-0.011
	(0.021)	(0.021)	(0.021)	(0.021)	(0.021)	(0.033)
Muslim	0.007	0.010	0.007	0.007	0.007	-0.009
	(0.032)	(0.032)	(0.032)	(0.032)	(0.032)	(0.039)
Yoruba Native	0.012	0.013	0.012	0.012	0.012	0.017
	(0.051)	(0.051)	(0.051)	(0.051)	(0.051)	(0.055)
Constant	0.808***	0.842***	0.806***	0.820***	0.808***	0.766***
	(0.159)	(0.155)	(0.158)	(0.155)	(0.160)	(0.168)
Observations	5,166	5,166	5,166	5,166	5,166	3,246
R-squared	0.021	0.022	0.021	0.021	0.021	0.024
P-val F-test of joint significance	0.152	0.160	0.164	0.194	0.149	0.299

Standard errors in parentheses clustered at the screening centre level.

*** p<0.01, ** p<0.05, * p<0.1

Table 3 : Impact on HIV Indexes

Dep. Var. (Y_t):	*HIV knowledge*			*HIV attitudes*			*HIV testing*		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Full Sample	*Females*	*Males*	*Full Sample*	*Females*	*Males*	*Full Sample*	*Females*	*Males*
Treated	0.784***	1.151***	0.477*	0.340***	0.278*	0.411***	0.336**	0.427**	0.264
	(0.213)	(0.311)	(0.278)	(0.103)	(0.141)	(0.134)	(0.128)	(0.200)	(0.180)
p-val. FWER:	[0.001]	[0.003]	[0.168]	[0.002]	[0.071]	[0.013]	[0.012]	[0.071]	[0.168]
Treated*Y_{t-1}	-0.068*	-0.028	-0.106***	0.009	0.021	-0.001	-0.032	-0.052	-0.031
	(0.035)	(0.049)	(0.038)	(0.037)	(0.039)	(0.052)	(0.032)	(0.039)	(0.046)
Y_{t-1}	0.391***	0.381***	0.395***	0.358***	0.389***	0.332***	0.472***	0.522***	0.424***
	(0.028)	(0.042)	(0.026)	(0.031)	(0.029)	(0.046)	(0.027)	(0.032)	(0.037)
Observations	4,986	2,323	2,663	4,986	2,323	2,663	4,986	2,323	2,663
R-squared	0.194	0.221	0.189	0.180	0.238	0.149	0.264	0.361	0.184
Controls [(a)]	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Mean Dep. Var. (Control)	0.123	0.028	0.208	0.001	-0.240	0.218	-0.039	0.499	-0.522
P-value test joint sig	0.000	0.000	0.104	0.001	0.058	0.002	0.010	0.053	0.102

Notes. Standard errors in parentheses adjusted for clustering at the screening centre level (80 clusters). ***, ** and * denote significance at the 1, 5 and 10 percent level, respectively. P-values in square brackets corrected for multiple hypothesis testing using FWER. Increasing values of the dependent variable correspond to outcomes more consistent with the messages of Shuga.

(a) Controls in each regression include: female, age, currently attending school, years of education, english spoken, single, does not live with the family, household size, wealth index, home owner, father obtained higher than secondary education, mother obtained higher than secondary education, muslim, speaks yoruba as a native language.

Table 4 : Impact on selected HIV outcomes

	Treated		Treated*Y_{t-1}			
	Coeff (Std.Err)	*P-Value FWER*	*Coeff (Std.Err)*	*P-Value (1)+(3)*	*N.Obs*	*Mean Controls*
	(1)	(2)	(3)			
Tested for HIV (observed)	0.031***				3828	0.033
	(0.013)	[0.022]				
Tested last 6 months (self-reported)	0.027***		-0.039	0.008	4986	0.086
	(0.009)	[0.013]	(0.063)			
HIV transmitted during pregnancy	0.127***		-0.098***	0.000	4986	0.621
	(0.033)	[0.001]	(0.032)			
Has mentioned ARV drugs spontaneously	0.006		-0.056	0.598	4986	0.047
	(0.008)	[0.610]	(0.119)			
Has mentioned drugs to live longer with HIV	0.027		-0.009	0.224	4986	0.726
	(0.026)	[0.610]	(0.026)			
Recognizes ARV when mentioned by enumerator	0.029*		-0.013	0.091	4986	0.276
	(0.015)	[0.227]	(0.039)			
Second test necessary	0.055***		-0.040	0.004	4986	0.343
	(0.018)	[0.016]	(0.037)			
Window period 3 months	0.045***		-0.009	0.001	4986	0.129
	(0.012)	[0.004]	(0.062)			
Can get HIV through intercourse	-0.036		0.050	0.061	4986	0.969
	(0.034)	[0.610]	(0.034)			
Would buy from an HIV-positive shopkeeper	0.082***		-0.094***	0.002	4986	0.487
	(0.020)	[0.000]	(0.032)			
An HIV-positive boy should play footbal	0.080***		-0.045	0.000	4986	0.662
	(0.028)	[0.024]	(0.036)			
People HIV-positive should not be blamed	0.044		-0.031	0.157	4986	0.676
	(0.037)	[0.398]	(0.041)			
HIV is not punishment for sleeping around	0.026		0.021	0.063	4986	0.486
	(0.028)	[0.398]	(0.034)			
Would reveal HIV status	0.049*		-0.044	0.158	4986	0.713
	(0.029)	[0.261]	(0.034)			

Notes. Standard errors in parentheses adjusted for clustering at the screening centre level (80 clusters). ***, ** and * denote significance at the 1, 5 and 10 percent level, respectively. P-values in square brackets corrected for multiple hypothesis testing using FWER. Increasing values of the dependent variable correspond to outcomes more consistent with the messages of Shuga.

Controls in each regression include: female, age, currently attending school, years of education, english spoken, single, does not live with the family, household size, wealth index, home owner, father obtained higher than secondary education, mother obtained higher than secondary education, muslim, speaks yoruba as a native language.

Table 5: Impact on Risky Sexual Behavior

	Attitudes towards risky sexual behavior			Risky sexual behavior		
	(1)	(2)	(3)	(4)	(5)	(6)
	Full Sample	*Females*	*Males*	*Full Sample*	*Females*	*Males*
Treated	0.083	0.036	0.219	0.146	-0.122	0.296
	(0.256)	(0.332)	(0.406)	(0.145)	(0.198)	(0.244)
p-val. FWER:	[0.750]	[0.919]	[0.602]	[0.562]	[0.537]	[0.798]
Treated*Y_{t-1}	0.006	-0.017	0.016	-0.115**	-0.058	-0.101
	(0.033)	(0.047)	(0.048)	(0.056)	(0.096)	(0.066)
Y_{t-1}	0.290***	0.311***	0.273***	0.321***	0.226***	0.325***
	(0.027)	(0.038)	(0.041)	(0.046)	(0.086)	(0.056)
Observations	4,986	2,323	2,663	3,070	1,287	1,783
R-squared	0.104	0.133	0.096	0.152	0.080	0.080
Controls [(a)]	Yes	Yes	Yes	Yes	Yes	Yes
Sample	Full Sample	Full Sample	Full Sample	Sexually active	Sexually active	Sexually active
Mean dep var (Control)	6.767	6.416	7.082	0.0486	1.268	-0.861
P-value test joint sig	0.145	0.553	0.0171	0.334	0.142	0.131

Notes. Standard errors in parentheses adjusted for clustering at the screening centre level (80 clusters). ***, ** and * denote significance at the 1, 5 and 10 percent level, respectively. P-values in square brackets corrected for multiple hypothesis testing using FWER. Increasing values of the dependent variable correspond to outcomes more consistent with the messages of Shuga. (a) Controls in each regression include: female, age, currently attending school, years of education, english spoken, single, does not live with the family, household size, wealth index, home owner, father obtained higher than secondary education, mother obtained higher than secondary education, muslim, speaks yoruba as a native language.

Table 6 : Impact on selected risky sexual behavior variables

	Treated		Treated*Y_{t-1}			
	Coeff (Std.Err)	*P-Value FWER*	*Coeff (Std.Err)*	*P-Value (1)+(3)*	*N.Obs*	*Mean Controls*
	(1)	(2)	(3)			
Men should have one partner only	0.074**		-0.048	0.003	4973	0.867
	(0.037)	[0.213]	(0.036)			
Women should have one partner only	0.103***		-0.088**	0.017	4986	0.906
	(0.035)	[0.018]	(0.036)			
Not ok date sugardaddy to finance educ	0.006		0.023	0.102	4986	0.731
	(0.033)	[0.950]	(0.036)			
Not ok date sugardaddy for money	0.027		0.008	0.028	4986	0.674
	(0.030)	[0.821]	(0.032)			
Not ok date sugardaddy to go out	-0.021		0.005	0.084	4986	0.921
	(0.041)	[0.950]	(0.044)			
If a woman has condom does not mean she's no serious	0.013		-0.004	0.478	4986	0.613
	(0.026)	[0.950]	(0.030)			
Has not had multiple concurrent sexual partners	0.110***		-0.103**	0.060	3070	0.780
	(0.038)	[0.012]	(0.041)			
Number of current sexual partners if sexually active	0.173**		-0.177***	0.022	3070	1.324
	(0.074)	[0.036]	(0.062)			
Used condom the last time he/she had sex	-0.018		0.027	0.789	3070	0.497
	(0.027)	[0.497]	(0.048)			

Notes. Standard errors in parentheses adjusted for clustering at the screening centre level (80 clusters). ***, ** and * denote significance at the 1, 5 and 10 percent level, respectively. P-values in square brackets corrected for multiple hypothesis testing using FWER. Increasing values of the dependent variable correspond to outcomes more consistent with the messages of Shuga. Controls in each regression include: female, age, currently attending school, years of education, english spoken, single, does not live with the family, household size, wealth index, home owner, father obtained higher than secondary education, mother obtained higher than secondary education, muslim, speaks yoruba as a native language.

Table 7: Outcomes measured at health camp

Panel A: Demand for condoms

Dep. Var. =1 if chose condoms over N50	(1)	(2)	(3)	(4)
Treated	0.013	-0.023	0.013	
	(0.021)	(0.043)	(0.021)	
Treated * # packs offered		0.018		
		(0.019)		
# packs offered	0.059***	0.047***		
	(0.009)	(0.016)		
Game offer: 2 packs of condoms vs N50			0.040**	0.068**
			(0.016)	(0.026)
Game offer: 3 packs of condoms vs N50			0.116***	0.095***
			(0.018)	(0.031)
Treated * 1 pack offered				0.017
				(0.028)
Treated * 2 packs offered				-0.024
				(0.028)
Treated * 3 packs offered				0.049
				(0.031)
Constant	-0.066	-0.038	0.000	0.001
	(0.117)	(0.119)	(0.116)	(0.116)
Observations	3,827	3,827	3,827	3,827
R-squared	0.137	0.137	0.137	0.138
Controls [(a)]	Yes	Yes	Yes	Yes
Mean dep var (Control)	0.383	0.383	0.383	0.383

Panel B: STD biomarkers

Dep. Var. =1 if tested positive for Chlamydia	*Full Sample* (1)	*Females* (2)	*Males* (3)
Treated	-0.014	-0.017*	-0.013
	(0.012)	(0.010)	(0.015)
Observations	3,820	1,839	1,981
R-squared	0.010	0.024	0.014
Controls [(a)]	Yes	Yes	Yes
Mean dep var (Control)	0.029	0.031	0.013

Notes. Standard errors in parentheses adjusted for clustering at the screening centre level (80 clusters).

***, ** and * denote significance at the 1, 5 and 10 percent level, respectively

(a) Controls in each regression include: female, age, currently attending school, years of education, english spoken, single, does not live with the family, household size, wealth index, home owner, father obtained higher than secondary education, mother obtained higher than secondary education, muslim, speaks yoruba as a native language.

Table 8: Conformism

Panel A: Conformism					
	(1)	(2)	(3)	(4)	(5)
	HIV knowledge	*HIV attitudes*	*HIV testing*	*Attitudes towards risky sexual behavior*	*Risky sexual behavior (sexually active)*
Treated	0.893***	0.346**	0.358**	0.122	0.128
	(0.242)	(0.136)	(0.150)	(0.086)	(0.132)
Treated*Conformism	0.187	-0.146	-0.016	-0.049	-0.069
	(0.147)	(0.110)	(0.098)	(0.077)	(0.086)
Conformism	0.006	0.197**	-0.033	0.171***	0.127*
	(0.127)	(0.090)	(0.070)	(0.057)	(0.070)
Observations	4,986	4,986	4,986	4,986	3,618
R-squared	0.082	0.055	0.094	0.026	0.092
Controls [(a)]	Yes	Yes	Yes	Yes	Yes
Mean dep var (Control)	0.041	0.044	-0.139	6.862	-0.063
P-Value of joint signif.	0.000	0.013	0.019	0.165	0.345

Panel B: Self Direction					
	(6)	(7)	(8)	(9)	(10)
	knowledge	*attitudes*	*testing*	*Attitudes towards risky sexual behavior*	*Risky sexual behavior (sexually active)*
Treated	0.867***	0.335**	0.352**	0.119	0.127
	(0.237)	(0.135)	(0.150)	(0.088)	(0.128)
Treated*Self-direction	0.129	0.006	0.125*	0.034	0.135*
	(0.121)	(0.070)	(0.069)	(0.077)	(0.078)
Self-direction	-0.534***	-0.145***	-0.089*	-0.081	-0.149**
	(0.100)	(0.052)	(0.046)	(0.065)	(0.059)
Observations	4,986	4,986	4,986	4,986	3,618
R-squared	0.092	0.056	0.094	0.024	0.092
Controls [(a)]	Yes	Yes	Yes	Yes	Yes
Mean dep var (Control)	0.041	0.044	-0.139	6.862	-0.063
P-Value of joint signif.	0.000	0.015	0.021	0.179	0.322

Panel C: Tradition					
	(11)	(12)	(13)	(14)	(15)
	knowledge	*attitudes*	*testing*	*Attitudes towards risky sexual behavior*	*Risky sexual behavior (sexually active)*
Treated	0.902***	0.345**	0.357**	0.119	0.120
	(0.242)	(0.135)	(0.149)	(0.086)	(0.132)
Treated*Tradition index	-0.004	-0.131*	0.016	0.015	-0.143
	(0.152)	(0.069)	(0.090)	(0.085)	(0.107)
Tradition Index	-0.024	0.153***	-0.047	0.129*	0.222**
	(0.116)	(0.055)	(0.061)	(0.073)	(0.095)
Observations	4,986	4,986	4,986	4,986	3,618
R-squared	0.081	0.054	0.094	0.026	0.093
Controls [(a)]	Yes	Yes	Yes	Yes	Yes
Mean dep var (Control)	0.041	0.044	-0.139	6.862	-0.063
P-Value of joint signif.	0.000	0.013	0.019	0.166	0.383

Notes. Standard errors in parentheses adjusted for clustering at the screening centre level (80 clusters). ***, ** and * denote significance at the 1, 5 and 10 percent level, respectively. Increasing values of the dependent variable correspond to outcomes more consistent with the messages of Shuga.

(a) Controls in each regression include: female, age, currently attending school, years of education, english spoken, single, does not live with the family, household size, wealth index, home owner, father obtained higher than secondary education, mother obtained higher than secondary education, muslim, speaks yoruba as a native language.

Table 9: Impact of announcements

Dep. Var. (Y_t):	(1) *Would reveal HIV status to partner*	(2) *Would reveal HIV status to partner*	(3) *Not ok date sugardaddy to finance educ*	(4) *Not ok date sugardaddy to finance educ*	(5) *Men should have one partner only*	(6) *Men should have one partner only*
T2	0.032	0.047	-0.003	0.068	0.006	0.023
	(0.019)	(0.056)	(0.016)	(0.051)	(0.013)	(0.045)
T2 * (announcement-prior on community Y_t)		0.032		-0.064		-0.008
		(0.080)		(0.063)		(0.043)
Prior on community Y_t		0.099		0.076		0.060*
		(0.062)		(0.051)		(0.033)
$T2*Y_{t-1}$		-0.038		-0.068		-0.016
		(0.048)		(0.054)		(0.043)
Y_{t-1}		0.267***		0.247***		0.107***
		(0.035)		(0.043)		(0.036)
Observations	2,346	2,346	2,346	2,346	2,344	2,344
R-squared	0.033	0.103	0.032	0.089	0.037	0.057
Controls [(a)]	Yes	Yes	Yes	Yes	Yes	Yes
Mean dep var (Control)	0.725	0.725	0.754	0.754	0.904	0.904
P-value joint significance		0.220		0.494		0.704

Notes. Standard errors in parentheses adjusted for clustering at the screening centre level (80 clusters). ***, ** and * denote significance at the 1, 5 and 10 percent level, respectively. Increasing values of the dependent variable correspond to outcomes more consistent with the messages of Shuga. The analysis is performed on a sample reduced to the treated who attended the first screening.

(a) Controls in each regression include: female, age, currently attending school, years of education, english spoken, single, does not live with the family, household size, wealth index, home owner, father obtained higher than secondary education, mother obtained higher than secondary education, muslim, speaks yoruba as a native language.

Table 10: Friends invitations

	Cross-Section					Ancova				
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
	HIV knowledge	*HIV attitudes*	*HIV testing*	*Attitudes towards risky sexual behavior*	*Risky sexual behavior (sex act)*	*HIV knowledge*	*HIV attitudes*	*HIV testing*	*Attitudes towards risky sexual behavior*	*Risky sexual behavior (sex act)*
Friend Invitation	-0.078	-0.021	0.117	-0.080	-0.160	-0.115	-0.038	0.154	-0.065	-0.200
	(0.203)	(0.117)	(0.150)	(0.116)	(0.122)	(0.188)	(0.121)	(0.127)	(0.107)	(0.120)
Observations	3,402	3,402	3,402	3,402	2,487	3,402	3,402	3,402	3,402	2,117
R-squared	0.087	0.059	0.094	0.032	0.086	0.183	0.183	0.247	0.113	0.136
Controls	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Controls [(a)]	No	No	No	No	No	Yes	Yes	Yes	Yes	Yes
Mean dep var (Control)	0.838	0.415	0.200	6.959	0.126	0.838	0.534	0.200	6.959	0.126

Notes. Standard errors in parentheses adjusted for clustering at the screening centre level (80 clusters). ***, ** and * denote significance at the 1, 5 and 10 percent level, respectively. Increasing values of the dependent variable correspond to outcomes more consistent with the messages of Shuga. Analysis performed only on the sample of treated respondents.

(a) Controls in each regression include: female, age, currently attending school, years of education, english spoken, single, does not live with the family, household size, wealth index, home owner, father obtained higher than secondary education, mother obtained higher than secondary education, muslim, speaks yoruba as a native language.

Table 11: Spillovers

Dep. Var. (Y_t):	*HIV knowledge*				*HIV attitudes*				*HIV testing*			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Treated	0.197	0.779**	0.769**	0.786**	-0.058	0.059	0.059	0.036	-0.185	-0.454	-0.451*	-0.456*
	(0.262)	(0.381)	(0.338)	(0.337)	(0.191)	(0.258)	(0.234)	(0.229)	(0.181)	(0.287)	(0.269)	(0.270)
Y_{t-1}			0.375***	0.435***			0.317***	0.422***			0.331***	0.306***
			(0.033)	(0.051)			(0.038)	(0.063)			(0.040)	(0.070)
Treated * Y_{t-1}				-0.088				-0.155**				0.037
				(0.063)				(0.074)				(0.080)
Observations	2,348	955	955	955	2,348	955	955	955	2,348	955	955	955
R-squared	0.047	0.072	0.222	0.224	0.039	0.064	0.162	0.167	0.049	0.072	0.175	0.175
Controls [(a)]	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Mean dep var (Control)	-0.176	-0.176	-0.176	-0.176	-0.312	-0.312	-0.312	-0.312	-0.157	-0.157	-0.157	-0.157
P-value test joint signif.				0.0250				0.760				0.098

Dep. Var. (Y_t):	*Attitudes towards risky sexual behavior*				*Risky sexual behavior (sex act)*			
	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
Treated	-0.147	-0.172	-0.022	-0.283	0.077	-0.381	-0.412	-0.398
	(0.146)	(0.195)	(0.188)	(0.543)	(0.221)	(0.345)	(0.314)	(0.315)
Y_{t-1}			0.301***	0.273***			0.253***	0.334***
			-0.033	-0.059			(0.057)	(0.101)
Treated * Y_{t-1}				0.039				-0.117
				-0.07				(0.118)
Observations	2,348	955	955	955	1,618	593	593	593
R-squared	0.026	0.030	0.123	0.124	0.089	0.119	0.176	0.179
Controls [(a)]	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Mean dep var (Control)	6.768	6.768	6.768	6.768	-0.201	-0.201	-0.201	-0.201
P-value test joint signif.				0.870				0.188

Notes. Standard errors in parentheses adjusted for clustering at the screening centre level (80 clusters). ***, ** and * denote significance at the 1, 5 and 10 percent level, respectively. Increasing values of the dependent variable correspond to outcomes more consistent with the messages of Shuga.

(a) Controls in each regression include: female, age, currently attending school, years of education, english spoken, single, does not live with the family, household size, wealth index, home owner, father obtained higher than secondary education, mother obtained higher than secondary education, muslim, speaks yoruba as a native language.

Table 12: Social desirability bias

Dep. Var. (Y_t):	*Agrees hiring only from own ethnic group*		*Agrees pay bribes to get government contracts*		*Agrees police shoot first ask later*	
	(1)	(2)	(3)	(4)	(5)	(6)
Treated	-0.015	-0.014	0.010	0.009	0.005	0.007
	(0.012)	(0.012)	(0.014)	(0.014)	(0.015)	(0.015)
Y_{t-1}		0.142***		0.141***		0.145***
		(0.015)		(0.017)		(0.016)
Observations	4,986	4,986	4,986	4,986	4,986	4,986
R-squared	0.027	0.051	0.026	0.048	0.013	0.033
Controls	Yes	Yes	Yes	Yes	Yes	Yes
Model	Cross-section	Ancova	Cross-section	Ancova	Cross-section	Ancova
Mean Dep. Var. (Control)	0.203	0.203	0.198	0.198	0.358	0.358

Notes. Standard errors in parentheses adjusted for clustering at the screening centre level (80 clusters). ***, ** and * denote significance at the 1, 5 and 10 percent level, respectively.

(a) Controls in each regression include: female, age, currently attending school, years of education, english spoken, single, does not live with the family, household size, wealth index, home owner, father obtained higher than secondary education, mother obtained higher than secondary education, muslim, speaks yoruba as a native language.

Appendix Tables

Table A1: Variable definition

Variable name	*Definition*
Panel A: Outcomes	**Outcomes**
Indexes	*Indexes*
HIV knowledge - index	Index capturing individuals' knowledge on testing and diffusion of HIV
HIV respondent's attitudes - index	Index capturing indivduals' attitudes toward HIV positive people
HIV testing - index	Index capturing indivduals' testing behaviors
Attitudes towards risky sexual behavior - index	Index measuring the attitudes of an individual toward risky sexual behavior
Risky sexual behavior - index	Index measuring individuals' risky sexual behavior
Attitudes towards violence - index	Index capturing individuals' attitudes toward gender based violence
Experienced violence - index	Index measuring the extent to which a woman has been subject to domestic violence
Individual variables	
HIV transmitted during pregnancy	HIV can be transmitted during a woman pregnancy
Has heard of ARVs	When specifically asked for this the respondent says she/he has heard of ARV drugs
Second test necessary	Knows that a second test is necessary
Window period 3 months	Knows that a 3 month period is necessary before retest
Can get HIV through intercourse	Knows that HIV can be contracted via sexual intercourse
Would buy from an HIV-positive shopkeeper	Says that she/he would buy edible products from an HIV positive shopkeeper
An HIV-positive boy should play footbal	Agrees that an HIV positive boy should be allowed to play football
People HIV-positive should not be blamed	Agrees that HIV positive people should not be blamed
HIV is not punishment for sleeping around	Claims that HIV is not a punishment for sleeping around
Would reveal HIV status	She/he would reveal her/his HIV status to the partner
Tested last 6 months (self-reported)	Has been tested less than 6 months ago
Tested at health camp (observed)	Has attended the health camp and there she/he has been tested for STDs
Men should have one partner only	Agrees that men should only date one partner at a time
Women should have one partner only	Agrees that women should only date one partner at a time
Not ok date sugardaddy to finance educ	She/he does not consider appropriate dating a sugardaddy even if he offers to pay for the girls' education
Not ok date sugardaddy for money	She/he does not consider appropriate dating a sugardaddy even if he offers to pay
Not ok date sugardaddy to go out	She/he does not consider appropriate dating a sugardaddy even if he brings the girl out
If a woman brings a condom does not mean she's no serious	Disagrees that if a woman brings a condom her man thinks she's no serious
Has not had multiple concurrent sexual partners	Has not had multiple sexual partners at the same time
umber of current sexual partners if sexually active	Number of current sexual partners
Used condom the last time he/she had sex	The respondent used a condom during his last sexual intercourse
Panel B: Controls	
Female	The respondent is female
Age	Age of the respondent
Currently attending school	The respondent is currently attending school
Years of education	Years of education
Speaks English	The respondent speaks english as primary or secondary language
Single	The respondent does not have a partner
Does not live with the family	The respondent doesn't live with her/his family

Household size	Number of components of the respondent's family
Wealth index	Index capturing individuals' wealth (includes house facilities and durable goods)
Owns his/her house	The respondents own her/his house
Father obtained education higher then sec.	The respondent's father obtained a level of education higher than secondary
Mother obtained education higher then sec.	The respondent's mother obtained a level of education higher than secondary
Muslim	The respondent is of muslim faith
Native language Yoruba	The espondent's native language is Yoruba

Table A2: Summary Statistics

	Mean	*Std. Dev.*	*No. Obs.*
	(1)	(2)	(3)
Panel A: Outcomes (at follow-up)			
Indexes			
HIV knowledge	0.585	6.018	4986
HIV attitudes	0.297	3.476	4986
HIV testing	0.093	4.441	4986
Attitudes towards risky sexual behavior	6.928	3.252	4986
Risky sexual behavior (sex act)	0.067	3.525	3618
Individual variables			
HIV transmitted during pregnancy	0.669	0.471	4986
Has mentioned ARV drugs spontaneously	0.049	0.215	4986
Has mentioned drugs to live longer with HIV	0.740	0.439	4986
Recognizes ARV when mentioned by enumerator	0.292	0.447	4986
Second test necessary	0.372	0.484	4986
Window period 3 months	0.160	0.367	4986
Can get HIV through intercourse	0.976	0.153	4986
Would buy from an HIV-POSITIVE shopkeeper	0.521	0.500	4986
An HIV-POSITIVE boy should play footbal	0.696	0.460	4986
People HIV-POSITIVE should not be blamed	0.693	0.461	4986
HIV is not punishment for sleeping around	0.520	0.500	4986
Would reveal HIV status	0.727	0.446	4986
Tested last 6 months (self-reported)	0.103	0.304	4986
Tested for HIV (observed)	0.056	0.229	3828
Men should have one partner only	0.894	0.308	4976
Women should have one partner only	0.926	0.262	4986
Not ok date sugardaddy to finance educ	0.744	0.437	4986
Not ok date sugardaddy for money	0.696	0.460	4986
Not ok date sugardaddy to go out	0.905	0.293	4986
If a woman brings a condom does not mean she's no	0.625	0.484	4986
Has not had multiple concurrent sexual partners	0.801	0.382	3618
umber of current sexual partners if sexually active	1.289	0.691	3618
Used condom the last time he/she had sex	0.493	0.462	3618
Panel B: Controls (at baseline)			
Female	0.473	0.499	5166
Age	20.615	2.362	5166
Currently attending school	0.348	0.476	5166
Years of education	11.597	1.085	5166
Speaks English	0.129	0.335	5166
Single	0.227	0.419	5166
Does not live with the family	0.241	0.428	5166
Household size	4.328	2.362	5166
Wealth index	1.750	0.587	5150
Owns his/her house	0.385	0.487	5165
Father obtained education higher then sec.	0.334	0.472	3928
Mother obtained education higher then sec.	0.226	0.418	4393
Muslim	0.373	0.484	5166
Native language Yoruba	0.920	0.271	5166

Note: summary statistics calculate at follow-up for all variables besides controls which are summarized at baseline.

Table A3: Attrition between baseline and follow-up

Dep. Var. : =1 if interviewed at follow-up					
	(1)	(2)	(3)	(4)	(5)
d subject was treated	-0.004	-0.004	-0.004	-0.004	-0.000
	(0.005)	(0.005)	(0.005)	(0.005)	(0.007)
HIV knowledge	-0.000				
	(0.000)				
HIV attitudes		-0.001			
		(0.001)			
HIV testing			0.001		
			(0.001)		
Attitudes towards risky sexual behavior				-0.000	
				(0.001)	
Risky sexual behavior					-0.001
					(0.001)
Female	-0.022***	-0.022***	-0.023***	-0.022***	-0.029***
	(0.005)	(0.005)	(0.005)	(0.005)	(0.007)
Age	0.001	0.001	0.001	0.001	0.002
	(0.001)	(0.001)	(0.001)	(0.001)	(0.002)
Currently attending school	-0.013**	-0.013**	-0.013**	-0.013**	-0.016*
	(0.006)	(0.006)	(0.006)	(0.006)	(0.008)
Years of education	0.001	0.001	0.000	0.000	0.002
	(0.003)	(0.003)	(0.003)	(0.003)	(0.003)
English Spoken	0.002	0.002	0.002	0.002	0.009
	(0.009)	(0.009)	(0.009)	(0.009)	(0.010)
Single	-0.003	-0.003	-0.003	-0.003	0.006
	(0.005)	(0.005)	(0.005)	(0.005)	(0.009)
Does not live with the family	-0.014	-0.014	-0.014	-0.014	-0.021**
	(0.009)	(0.009)	(0.009)	(0.009)	(0.011)
Household size	0.000	0.000	0.000	0.000	0.001
	(0.001)	(0.001)	(0.001)	(0.001)	(0.002)
Wealth index	0.008	0.007	0.007	0.007	0.010
	(0.005)	(0.005)	(0.005)	(0.005)	(0.006)
Home owner	-0.004	-0.004	-0.004	-0.004	-0.015*
	(0.007)	(0.007)	(0.007)	(0.007)	(0.008)
Father obtained education higher then sec.	0.010**	0.009**	0.009**	0.009**	0.009
	(0.005)	(0.005)	(0.005)	(0.005)	(0.007)
Mother obtained education higher then sec.	0.005	0.005	0.004	0.004	0.004
	(0.004)	(0.004)	(0.004)	(0.004)	(0.007)
Muslim	0.012*	0.012**	0.012**	0.012**	0.016**
	(0.006)	(0.006)	(0.006)	(0.006)	(0.008)
Yoruba Native	0.018	0.018	0.018	0.018	0.006
	(0.013)	(0.013)	(0.013)	(0.013)	(0.014)
Constant	0.948***	0.949***	0.963***	0.956***	0.914***
	(0.041)	(0.042)	(0.043)	(0.043)	(0.049)
	5,166	5,166	5,166	5,166	3,246
R-squared	0.094	0.094	0.094	0.093	0.080
Controls	Yes	Yes	Yes	Yes	Yes
City FE	Yes	Yes	Yes	Yes	Yes
Mean Controls	0.966	0.966	0.966	0.966	0.966
P-value joint significance	0.000	0.000	0.000	0.000	0.000

Notes. Standard errors in parentheses adjusted for clustering at the screening centre level (80 clusters). ***, ** and * denote significance at the 1, 5 and 10 percent level, respectively. The dependent variable takes value one if the individual has been interviewed at follow-up.

Table A4: HIV indexes

HIV knowledge		
# of correct sources of contagion listed	+	0.343
Can get HIV through intercourse	+	0.171
Has mentioned drugs to live longer with HIV (not ARVs)	+	0.178
Has mentioned ARV	+	0.166
Recognizes ARV when mentioned by enumerator	+	0.224
# of correct ways to avoid contracting HIV listed	+	0.317
Avoid HIV knowing your/your partner's status	+	0.049
Window period 3 months	+	0.346
Knows that an early negative test is no guarantee of no HIV	+	0.374
Second test necessary	+	0.406
HIV transmitted during pregnancy	+	0.245
Says exist drugs to reduce transmission risk to baby	+	0.255
Says HIV can be transmitted from mother to baby during delivery	+	0.246
Says HIV can be transmitted from mother to baby by breastfeeding	+	0.176
HIV attitudes		
Would not prefer to keep HIV of family member a secret	+	-0.066
Would reveal HIV status	+	0.228
Would buy from an HIV-positive shopkeeper	+	0.389
An HIV-positive boy should play football	+	0.406
'If a young person get tested for HIV, he has been sleeping around'	+	0.441
'People with HIV should be blamed'	+	0.490
'HIV/AIDS is a punishment for sleeping around'.	+	0.439
HIV testing		
Tested for HIV at least once	+	0.501
Tested last 12 months (self-reported)	+	0.467
Tested last 6 months (self-reported)	+	0.371
Asked him(her)self for the test	+	0.345
Tested and picked up results	+	0.493
Knows a place to get HIV test	+	0.174

Notes: Shaded cells refer to ordinal variable. The variables are coded so that higher values correspond to higher levels of disagreement.

Table A5: Indexes of risky sexual behavior

Attitudes towards risky sex		
"Men who are not married should not only have sex with one partner"	+	0.227
"Women who are not married should not only have sex with one partner"	+	0.230
"OK for a young girl to date an older married man if he offers to pay for her education"	+	0.556
"OK for a young girl to date an older married man if her family needs financial support"	+	0.557
"OK for a young girl to date an older married man if he offers to take her out"	+	0.514
If a woman brings a condom it does not mean she's no serious	+	0.113
Risky sexual behavior		
Not multiple concurrent sexual partners	+	0.520
In the last 6 months had only one partner in the same month	+	0.482
Number of current sexual partners	-	-0.478
Used condom last time he/she had sex	+	-0.064
Has a main partner	+	0.143
Has not an "other" partner	+	0.495

Notes: Shaded cells refer to ordinal variable. The variables are coded so that higher values correspond to higher levels of disagreement.

Table A6: Indexes of conformism

Conformity Index	
Believes that people should do what they're told.	0.490
It is important to her/him to always behave properly.	0.556
Believe she/she should always show respect to her/his parents	0.431
It is important other/him to be polite to other people all the time.	0.515
Tradition Index	
She/he thinks it's important not to ask for more than what you have.	0.531
Religious belief is important to her/him.	0.510
He/she thinks it is best to do things in traditional ways.	0.419
It is important other/him to be humble and modest.	0.532
Self-Direction Index	
Does not think up new ideas and being creative is not important to her/hi	0.478
It is not important to make her/his own decisions about what he/she doe	0.546
He/she thinks it is not important to be interested in things.	0.467
It is not important to her/him to be independent.	0.505

Notes: The variables are coded so that higher values correspond to higher levels of agreement.

Table A7: Impact on HIV (indexes calculated with PCA)

	HIV knowledge			*HIV attitudes*			*HIV testing*		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Full Sample	*Females*	*Males*	*Full Sample*	*Females*	*Males*	*Full Sample*	*Females*	*Males*
Treated	0.191***	0.292***	0.099	0.178***	0.157***	0.209***	0.147**	0.163*	0.132
	(0.060)	(0.085)	(0.081)	(0.042)	(0.059)	(0.053)	(0.057)	(0.086)	(0.083)
Treated*Lagged Depvar	-0.072**	-0.029	-0.121***	-0.008	-0.006	-0.012	-0.028	-0.038	-0.034
	(0.034)	(0.046)	(0.043)	(0.040)	(0.051)	(0.053)	(0.033)	(0.041)	(0.050)
Lagged Depvar	0.385***	0.380***	0.392***	0.433***	0.487***	0.388***	0.543***	0.591***	0.491***
	(0.025)	(0.039)	(0.029)	(0.032)	(0.040)	(0.046)	(0.026)	(0.033)	(0.038)
Observations	4,670	2,222	2,448	4,986	2,323	2,663	4,971	2,320	2,651
R-squared	0.182	0.205	0.173	0.190	0.247	0.161	0.281	0.378	0.198
Controls [(a)]	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Mean dep var (Control)	-0.306	-0.322	-0.291	-0.181	-0.190	-0.173	-0.202	0.007	-0.390
P-value test joint sig	0.001	0.001	0.102	0.000	0.012	0.000	0.008	0.061	0.056

Notes. Standard errors in parentheses adjusted for clustering at the screening centre level (80 clusters). ***, ** and * denote significance at the 1, 5 and 10 percent level, respectively. P-values in square brackets corrected for multiple hypothesis testing using FWER. Increasing values of the dependent variable correspond to outcomes more consistent with the messages of Shuga.

(a) Controls in each regression include: female, age, currently attending school, years of education, english spoken, single, does not live with the family, household size, wealth index, home owner, father obtained higher than secondary education, mother obtained higher than secondary education, muslim, speaks yoruba as a native language.

Table A8: Impact on risky sexual behavior (indexes calculated with PCA)

	Attitudes towards risky sexual behavior			Risky sexual behavior (sexually active)		
	(1)	(2)	(3)	(4)	(5)	(6)
	Full Sample	*Females*	*Males*	*Full Sample*	*Females*	*Males*
Treated	0.042	-0.023	0.112**	0.056	0.149	0.030
	(0.036)	(0.055)	(0.056)	(0.075)	(0.167)	(0.141)
Treated*Lagged Depvar	0.016	0.007	0.020	-0.162**	-0.261*	-0.142*
	(0.031)	(0.046)	(0.043)	(0.063)	(0.155)	(0.075)
Lagged Depvar	0.279***	0.295***	0.260***	0.394***	0.383**	0.402***
	(0.024)	(0.037)	(0.036)	(0.054)	(0.145)	(0.064)
Observations	4,973	2,320	2,653	1,682	760	922
R-squared	0.113	0.148	0.101	0.266	0.144	0.126
Controls [(a)]	Yes	Yes	Yes	Yes	Yes	Yes
Mean dep var (Control)	-0.042	-0.199	0.099	-0.054	0.746	-0.705
P-value test joint sig	0.256	0.665	0.043	0.396	0.500	0.360

Notes. Standard errors in parentheses adjusted for clustering at the screening centre level (80 clusters). ***, ** and * denote significance at the 1, 5 and 10 percent level, respectively. P-values in square brackets corrected for multiple hypothesis testing using FWER. Increasing values of the dependent variable correspond to outcomes more consistent with the messages of Shuga.

(a) Controls in each regression include: female, age, currently attending school, years of education, english spoken, single, does not live with the family, household size, wealth index, home owner, father obtained higher than secondary education, mother obtained higher than secondary education, muslim, speaks yoruba as a native language.

Table A9: Selection in health camp participation

Dep. Var. : =1 if attended the health camp

	(1)	(2)
Treated	-0.001	-0.008
	(0.015)	(0.018)
Risky sexual behavior (baseline)		-0.000
		(0.002)
Female	0.000	-0.017
	(0.015)	(0.019)
Age	0.003	0.005
	(0.003)	(0.004)
Currently attending school	-0.057***	-0.061***
	(0.013)	(0.018)
Years of education	-0.013**	-0.003
	(0.006)	(0.007)
English Spoken	-0.007	-0.019
	(0.019)	(0.023)
Single	-0.024	-0.028
	(0.015)	(0.025)
Does not live with the family Household	-0.153***	-0.145***
	(0.021)	(0.023)
size	0.013***	0.009**
	(0.003)	(0.004)
Wealth index	-0.006	-0.003
	(0.014)	(0.016)
Home owner	0.011	0.018
	(0.015)	(0.021)
Father obtained education higher then s	-0.032*	-0.033
	(0.017)	(0.020)
Mother obtained education higher then	0.024	0.029
	(0.018)	(0.023)
Muslim	0.024*	0.025
	(0.013)	(0.015)
Yoruba Native Constant	0.066**	0.076**
	(0.027)	(0.030)
	0.806***	0.648***
	(0.098)	(0.124)
Observations	4,986	3,127
R-squared	0.067	0.065
Mean dep var (Control)	0.773	0.773

Appendix 3: Script and Main HIV/AIDS Messages of MTV Shuga (Third season, Shuga Naija)

Link to all eight episodes: https://www.google.com/#q=shuga+naija

Episode 1: Sophie offers sex to professor in order to pass an exam. He refuses (sugar daddy). Sophie already has a sugar daddy to support her glamorous life style. (sugar daddy). Ekene is in a stable relationship with Fayo; he is an event organizer, she is a DJ. They're both excited that their good friend Femi is coming back from Nairobi. Femi was Fayo's first, but Ekene doesn't know that (multiple partnerships).

Episode 2: Ekene finds out that Femi and Fayo were together before his own relationship with Fayo. He is very upset and sleeps with Sophie, an ex-girlfriend, as consolation (multiple partnerships). Sophie discovers her sugar daddy, Solomon, is on ARVs and has HIV. She decides to go get tested (revealing HIV status, testing).

Episode 3: Ekene sleeps with his girlfriend Fayo (multiple partnerships). Sophie tells Ekene about her sugar daddy having HIV and they both go to get tested. Both test negatively, but have to come back for a second test 3 months later (revealing HIV status, testing). Sophie tells Fayo about her one-night stand with Ekene and advises her to go get tested. Fayo tests negative. She breaks off with Ekene. Femi sees this as an opportunity to get Fayo back, but he is HIV positive and is afraid of her reaction if she found out (revealing HIV status, living with HIV). Weki is a 15 year old boy who has HIV since birth. His mother has died and his aunt is taking care of him. He wants to join a football academy, but his aunt won't allow him to because she doesn't want people to know his status (HIV transmission from mother to child, living with HIV, stigma).

Episode 4: Malaika is in an abusive marriage. Her friend Sophie discovers this and advises her to avoid getting pregnant. Malaika start taking the pill, but her husband discovers it and in a fit of rage, slaps her and rapes her in order to give her a child (violence against women). Toby is in a relationship with Princes. He wants to wait until marriage (delaying sexual debut). Princes, very young and newly arrived in Lagos, get herself a sugar daddy; the same HIV positive Solomon (sugar daddies, multiple partnerships).

Episode 5: Malaika is pregnant. She doesn't tell her abusive husband, and, advised by Sophie, she tries to induce an abortion by taking traditional medicine (induced abortion, abusive relationships). Exasperated by his aunt's over-protective attitude, Weki decided to run away from home in order to join a football academy (living with HIV).
Episode 6: Weki reveals his HIV status to his friend Bikiya (female), who is helping him run away from home. She is supportive and persuades him to return home and reason with his aunt. He would like to reveal his HIV status to everyone so that he can have a normal life (living with HIV, supporting people who are HIV positive). Malaika's attempt to abort the child fails. Her husband takes her to hospital, where the doctor tells him what his wife tried to do. She is terrified of what he might do to her (induced abortion, abusive relationships). Princess gets a modelling job with the help of her sugar-daddy (sugar daddies). Femi reveals his HIV status to Foye, who struggles to accept it (attitudes towards people who are HIV positive).

Episode 7: With his aunt's approval, Weki enrolls in a football academy, hiding his HIV status. His team mates find his ARVs in his locker and he is forced to reveal that he has HIV from his mother. His team mates don't say anything then, but before a big match, their parents withdraw all of them from the pitch, asking the coach to kick Weki out of the team (stigma). Weki's team mates, acting against their parents' will, decide to play the match, but at that point he realizes that his HIV status is making life complicated and decides not to continue playing football (supporting people with HIV, living with HIV). Ekene and Sophie test after 3 months, both test negative. Princess sleeps with her sugar-daddy in exchange for all the money and gifts he's been giving her (sugar daddies).

Episode 8: Sophie finds out about Princess' relationship with Solomon, who had been her sugar daddy. She tells Princess that Solomon is positive and advises her to go get tested. Princess confronts Solomon, who

denies his HIV status. She goes to test and finds out she is positive (revealing HIV status). Malaika is terrified by her husband. After another one of his fits rage, she is very distressed and accidentally runs him over with the car (abusive relationships). Sophie tells Tobi that Princess is HIV positive. In a fit of rage, he goes to Badoo (the club) and hits Solomon. His aid comes to the rescue and fires his gun, accidentally shooting Sophie. She collapses unconscious and we see her being taken to hospital by an ambulance, while everyone else reflects on the recent events.

Appendix 4: TIDieR CHECKLIST (Template for Intervention Description and Replication)

Item number	Item	Where located	
		MTV Shuga-3 (treatment)	Gidi Up Seasons 1-2 (Control or Placebo)
	BRIEF NAME		
1.	Provide the name or a phrase that describes the intervention.	MTV Shuga is a TV drama with educational messages, financed by foundations and development agencies. The third season was shot in Nigeria, with characters and storylines mainly from that country.	Gidi Up is a regular (commercial) TV drama produced in Nigeria.
	WHY		
2.	Describe any rationale, theory, or goal of the elements essential to the intervention.	MTV Shuga is an entertainment-education intervention aimed at changing knowledge, attitudes and behaviors regarding HIV/AIDS and gender-based violence of African youth audiences. The show is about the challenges and opportunities that a group of young individuals face living in Lagos. The thesis provides the script of the third season. The main theories behind entertainment-education are the following: Narratives are easier to understand and remember than abstract concepts (Fisher 1987), dramas may reduce counter-arguing by immersing audiences (Slater and Rouner 2002), characters can serve as role models and promote self-efficacy of audiences for achieving difficult or new behaviors (Bandura's 1977) and the shows may storylines can shift perceptions of social norms (Singhal and Rogers 2004).	The main difference between the treatment and placebo TV dramas is that the latter lacks HIV educational messages. Gidi Up follows the lives of four friends with different dreams and aspirations. They are faced with many challenges; they get into troubles, make bad and regretful decisions as they pursue their creative careers in the city of Lagos, Nigeria. Gidi Up was selected as a placebo as it is similar to MTV Shuga-3 in terms of content (e.g., a group of young friends living in Lagos) and high production quality (e.g., the show is widely popular among youth in Nigeria, receiving top reviews by entertainment media outlets).
	WHAT		
3.	Materials: Describe any physical or informational materials used in the intervention, including	Study participants in both treatment arms and the control group were provided with non-transferable tickets	The control group was offered identical tickets and as the treatment group, did not receive further information.

	those provided to participants or used in intervention delivery or in training of intervention providers. Provide information on where the materials can be accessed (e.g. online appendix, URL).	inviting them to entertainment screenings that included lottery prizes to encourage attendance. No further educational information was provided during the invitation nor the screenings.	
4.	Procedures: Describe each of the procedures, activities, and/or processes used in the intervention, including any enabling or support activities.	The World Bank research department hired an NGO to carry out a series of 240 community screenings. Individuals were invited to three community screenings. The first screening was identical for both the treatment and the control group and aimed to minimize attrition rates by obtaining a sample of individuals most likely to attend these type of events. Attendees of the first screening were invited to two more screenings: the second and the third screenings showed MTV Shuga-3 and Gidi Up. In addition to the mentioned lottery prizes, snacks and beverages were provided to increase attendance rates.	The same procedure was applied in control screenings.
	WHO PROVIDED		
5.	For each category of intervention provider (e.g. psychologist, nursing assistant), describe their expertise, background and any specific training given.	The Nigerian NGO "Breaking Barriers In Development" carried out both the treatment and the control screenings. This NGO is a social enterprise based in Abuja, Nigeria that specializes in organizing social advocacy events for youth. The majority of the NGO staff had completed or were working toward undergraduate degrees in the social sciences.	The same NGO conducted the placebo screenings.
	HOW		
6.	Describe the modes of delivery (e.g. face-to-face or by some other mechanism, such as internet or telephone) of the intervention and whether it was	The intervention was provided through community entertainment screenings. Three screenings in 80 community centers were carried out. Two NGO staff carried out each of the screenings.	The control screenings were planned to be as similar as possible as the treatment screenings.

	provided individually or in a group.	NGO staff was explicitly asked not to provide additional information, especially regarding HIV/AIDS and gender-based violence resources.	
	WHERE		
7.	Describe the type(s) of location(s) where the intervention occurred, including any necessary infrastructure or relevant features.	The vast majority of screenings took place in schools (these were closed as the screenings took place over the weekends), while some screenings took place in community centers.	The share of schools was similar for both treatment and control groups.
	WHEN and HOW MUCH		
8.	Describe the number of times the intervention was delivered and over what period of time including the number of sessions, their schedule, and their duration, intensity or dose.	Study participants were invited to three 50-minute entertainment community screenings, for a total of 2.5 hours. The three sessions were conducted in three consecutive weekends.	The invitation and the implementation and duration of the community screenings for the placebo were conducted as similarly as possible as the treatment screenings. The placebo intervention also lasted 2.5 hours.
	TAILORING		
9.	If the intervention was planned to be personalised, titrated or adapted, then describe what, why, when, and how.	The full third season was shown without being changed. TV broadcasts are not conducive for tailoring as stand-alone interventions. While community screenings are commonly used in sensitization campaigns targeting youth, the main goal for having placebo screenings in this study was to net-out the effects of community screenings in order to study the effects of the TV drama.	Not applicable. Gidi Up doesn't have a development goal. Episodes were selected that lacked sexual messages, educational or not.
	MODIFICATIONS		
10.‡	If the intervention was modified during the course of the study, describe the changes (what, why, when, and how).	There were no modifications during the study course.	There were no modifications during the study course.
	HOW WELL		
11.	Planned: If intervention adherence or fidelity was assessed, describe how and by	The NGO had previously worked with one of the Principal Investigators in a similar research project in Nigeria. The	The supervision strategies were identical for both the treatment and control screenings.

	whom, and if any strategies were used to maintain or improve fidelity, describe them.	NGO was hired again due to their quality and adherence to the previous research protocol. For the previous and current studies, the research team had one external consultant based in the field supervising the intervention fidelity. The consultant showed up to screenings unannounced. The contract for the NGO stipulated that payments would be reduced if the field team considered poor delivery and adherence.	
12.‡	Actual: If intervention adherence or fidelity was assessed, describe the extent to which the intervention was delivered as planned.	The NGO greatly adhered to the planned treatment intervention. A field-based coordinator supervised the implementation of screenings.	The NGO greatly adhered to the planned placebo intervention. A field-based coordinator supervised the implementation of screenings.

Appendix 5: CONSENT FORMS FOR MAIN PARTICIPANTS AND NETWORK MEMBERS

CONSENT TO PARTICIPATE IN NON-BIOMEDICAL RESEARCH – FOLLOW-UP SURVEY

Study Title: Norms and behaviour of young people in Nigeria: a study using entertainment TV – Follow-up study

Investigators: Prof Abhijit Banerjee, Department of Economics, Massachusetts Institute of Technology; Prof Eliana La Ferrara Department of Economics, Bocconi University; Victor Orozco, Development Impact Evaluation Unit, World Bank

Sponsor: The World Bank and Bill & Melinda Gates Foundation

Hello. My name is _____. I am a field officer from Hanovia Medical Ltd.

Purpose: You have previously been invited to participate in a research study conducted in cities in Oyo, Osun and Ogun state by a team of researchers. Last year a colleague came to your house to ask you some questions and to invite you to come see a movie. My colleague might have mentioned then that we will return after 6 months to conduct one follow-up survey that includes similar questions. We are now inviting you to participate in this follow-up survey. The information collected in the follow-up survey will be used to study how health behavior of your people in your community has changed over time. We would also like to invite you to come for a health camp our colleagues from *[insert name of institution]* will organise in your community at the weekend. There, they will give you more information about infections that young people can get from their girlfriends/boyfriends and they will invite you to get tested for free for one of the most common infections that affect many young people.

Participation and withdrawal: Your participation in this study is completely voluntary. You can refuse to answer the entire survey, or you can tell us when a question makes you uncomfortable and we can skip that question. If you like, you can end the interview at any time. There will be no penalty for ending or refusing to participate in the survey.

Procedures: If you volunteer to participate in this study, we would like to ask you some questions about yourself, what you know and think about HIV, your relationships and some of your past experiences. This survey will take approximately one hour and 20 minutes.

Risks and Benefits: There are no risks associated with participating in this survey. If you come to the health camp, you will learn more about infections that affect young people and you can also get tested for free for one common infections that affect young people like you. We hope that our results will add to the knowledge about the health of young people in Nigeria.

Payment for participation: We will offer you a small gift at the end of the interview to thank you for taking the time to talk to us. If you come to the health camp and get tested, you will receive N1500.

Confidentiality: All of your answers are confidential and will not be told to anyone. The information you provide will be accessible only to those responsible for the research study. Your responses will be numbered and the code linking your responses with your name will be stored in password protected files on password protected computers.

Questions: If you have any questions about this study, please feel free to contact Edwin Ikhuoria, Field Coordinator, at 0802 3423 446. The researchers can be reached at: Prof Abhijit Banerjee, +1 617 2538855; Prof Eliana La Ferarra, +39 02 58363328; Victor Orozco. +1 202 4737154.

Rights of research subjects: If you feel you have been treated unfairly, or you have questions regarding your rights as a research subject, you may contact the Chairman of the National Health Research Ethics Committee of Nigeria (NHREC), located at the Federal Ministry of Health, Federal Secretariat Complex Shehu Shagari Way, Garki, Abuja P.M.B. 083, Garki-Abuja, phone: 09-523-8367. The NHREC approval number for this study is *[insert approval number]* and the period of approval is *[insert starting date and ending date]*.

Signature of research subject: I have read (or someone has read to me) and understood the above information. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

_____ _____ _____

Name of Subject Signature of Subject Date

Signature of study staff: In my judgment the subject is voluntarily and knowingly giving informed consent and has the legal capacity to give informed consent to participate in this research study.

_____ _____

Signature of study staff Date

CONSENT TO PARTICIPATE IN BIOMEDICAL RESEARCH

Study Title: Norms and behaviour of young people in Nigeria: a study using entertainment TV – Follow-up study

Investigators: Prof Abhijit Banerjee, Department of Economics, Massachusetts Institute of Technology; Prof Eliana La Ferrara Department of Economics, Bocconi University; Victor Orozco, Development Impact Evaluation Unit, World Bank

Sponsor: The World Bank and Bill & Melinda Gates Foundation

Hello. My name is _____. I am a health officer from *[insert health camp organiser]*

Purpose: A few days ago a colleague from Hanovia Medical Ltd. came to your house to invite you to participate in a study about the health of young people. She/he also gave you an invitation to come to this health camp to find out more information about infections that young people can get from their girlfriends/boyfriends and to get tested for free for some of the most common infections that affect many young people.

Before you decide if you want to get tested, I will tell you more about what infections people can get from intimate contact with others. I will then explain the testing procedure, the risks and benefits to you, and what is expected of you. I am here to discuss the information with you. I will answer any questions you may have. After the testing procedures have been fully explained to you, you can decide whether or not you want to participate. If you understand the tests and agree to participate, you will be asked to sign this consent form. You will be offered a copy of this form to keep.

Participation and withdrawal: Your participation in this research is completely VOLUNTARY. If you choose to participate you may change your mind at any point without penalty or consequences of any kind.

Procedures: Before taking samples for the tests, I will talk to you about infections people can get from intimate contact with others and what it may mean to know your status. This will involve the following:

Pre-test counseling: First I will talk to you about infections that people can get from intimate contact with others.

Sample collection: Second, will ask you to collect a small amount of urine. This sample will be used to test for *chlamydia,* an infection that affects many young people in Nigeria. If you agree, I will give you a sterile disposable bottle and a bag so that you can collect the urine yourself, place it in the bag and return it to me.

Testing: The sample you provide will be tested in our laboratory at *[insert name of institution]*. Maximum privacy will be ensured.

Post-test counseling: In two weeks' time, someone from Hanovia Medical Ltd will call you on the phone to inform you that your tests results are ready and will invite you to come here again, where our team will be available to discuss what the result means and what the next steps are. If you discover that you don't have chlamydia, we will discuss ways for you to make sure you don't get it or other infections like it in the future. If the test results show that you have chlamydia, a doctor will prescribe you the appropriate treatment or we will refer you to a health centre where you can be treated.

Confidentiality: The results of your test will be held in confidence. We will not share it with anyone, including your parents or girlfriend/wife (if applicable). Your test result will not be associated to your name but with a number, and the code linking this number with your name will be stored in password protected files on password protected computers. Members of the research team will only receive your test results and the code, excluding your name or any other information that may be used to identify you.

Risks: There are no risks in collection the urine sample. You will collect the sample yourself in privacy.

Benefits: If you agree to participate in this research, you will have the chance to know whether you are currently infected with *chlamydia*. If you decide to come and collect the result of your test, you will receive free counseling and, if you have this infection you will be offered treatment or referred to a place where you can receive treatment. You will then enjoy better health if you decide to go for treatment. As an additional benefit to the community, we hope that the results of our research will add to the knowledge about the health of young people in Nigeria.

Payment for participation: You will be compensated with N1500 for the sample collection.

Questions: If you have any questions about this study, please feel free to contact Edwin Ikhuoria, Field Coordinator, at 0802 3423 446. The researchers can be reached at: Prof Abhijit Banerjee, +1 617 2538855; Prof Eliana La Ferrara, +39 02 58363328; Victor Orozco. +1 202 4737154.

Rights of research subjects: If you feel you have been treated unfairly, or you have questions regarding your rights as a research subject, you may contact the Chairman of the National Health Research Ethics Committee of Nigeria (NHREC), located at the Federal Ministry of Health, Federal Secretariat Complex Shehu Shagari Way, Garki, Abuja P.M.B. 083, Garki-Abuja, phone: 09-523-8367. The NHREC approval number for this study is *[insert approval number]* and the period of approval is *[insert starting date and ending date]*.

Signature of research subject:

I understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

_____ _____ _____

Name of Subject Signature of Subject Date

Signature of study staff:

In my judgment the subject is voluntarily and knowingly giving informed consent and possesses the legal capacity to give informed consent to participate in this research study.

_____ _____

Signature of study staff Date

CONSENT TO PARTICIPATE IN NON-BIOMEDICAL RESEARCH – FOLLOW-UP SURVEY - FRIEND

Study Title: Norms and behaviour of young people in Nigeria: a study using entertainment TV – Follow-up study

Investigators: Prof Abhijit Banerjee, Department of Economics, Massachusetts Institute of Technology; Prof Eliana La Ferrara Department of Economics, Bocconi University; Victor Orozco, Development Impact Evaluation Unit, World Bank

Sponsor: The World Bank and Bill & Melinda Gates Foundation

Hello. My name is _____. I am a field officer from Hanovia Medical Ltd.

Purpose: You are invited to participate in a research study conducted in cities in Oyo, Osun and Ogun state by a team of researchers. The goal of the study is to learn about the life of young people. You have been selected to be a potential participant in this study because a friend of yours agreed to be a part of this study and gave us your contact details.

Participation and withdrawal: Your participation in this study is completely voluntary. You can refuse to answer the entire survey, or you can tell us when a question makes you uncomfortable and we can skip that question. If you like, you can end the interview at any time. There will be no penalty for ending or refusing to participate in the survey.

Procedures: If you volunteer to participate in this study, we would like to ask you some questions about yourself, what you know and think about HIV, your relationships and some of your past experiences. This survey will take approximately one hour and 20 minutes.

Risks and Benefits: There are no risks associated with participating in this survey. You will not receive any direct benefits from participating. We hope that our results will add to the knowledge about how to make the lives of young people in Nigeria safer and happier.

Payment for participation: We will offer you a small gift at the end of the interview to thank you for taking the time to talk to us.

Confidentiality: All of your answers are confidential and will not be told to anyone. The information you provide will be accessible only to those responsible for the research study. Your responses will be numbered and the code linking your responses with your name will be stored in password protected files on password protected computers.

Questions: If you have any questions about this study, please feel free to contact Edwin Ikhuoria, Field Coordinator, at 0802 3423 446. The researchers can be reached at: Prof Abhijit Banerjee, +1 617 2538855; Prof Eliana La Ferarra, +39 02 58363328; Victor Orozco. +1 202 4737154.

Rights of research subjects: If you feel you have been treated unfairly, or you have questions regarding your rights as a research subject, you may contact the Chairman of the National Health Research Ethics Committee of Nigeria (NHREC), located at the Federal Ministry of Health, Federal Secretariat Complex Shehu Shagari Way, Garki, Abuja P.M.B. 083, Garki-Abuja, phone: 09-523-8367. The NHREC approval number for this study is *[insert approval number]* and the period of approval is *[insert starting date and ending date]*.

Signature of research subject: I have read (or someone has read to me) and understood the above information. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

_____ _____ _____

Name of Subject Signature of Subject Date

Signature of study staff: In my judgment the subject is voluntarily and knowingly giving informed consent and has the legal capacity to give informed consent to participate in this research study.

_____ _____

Signature of study staff Date

Appendix 6: Ethics Approval Letters (Nigerian Government Ethics Committee, MIT and Bocconi University)

National Health Research Ethics Committee of Nigeria (NHREC)

Promoting Highest Ethical and Scientific Standards for Health Research in Nigeria

Federal Ministry of Health

NHREC Protocol Number NHREC/01/01/2007-23/06/2014
NHREC Approval Number NHREC/01/01/2007-14/07/2014
Date: 14th July, 2014

Re: Changing norms and behaviors through entertainment TV: Impact Evaluation of the MTV series Shuga

Health Research Ethics Committee (HREC) assigned number: NHREC/01/01/2007

Principal Investigator:	Abhijit Banerjee
Name of Co-Investigator:	Victor Orozco
Address of Co-Investigator:	The World Bank 102 Yakubu Gowon Crescent Opp. ECOWAS Secretariat Asokoro District P.M.B 339, Garki Abuja, F.C.T., Nigeria

Date of receipt of valid application: 23-06-2014
Date when final determination of research was made: 14-07-2014

Notice of Expedited Committee Review and Approval

This is to inform you that the research described in the submitted protocol, the consent forms, advertisements other participant information materials have been reviewed and given *expedited committee approval by the National Health Research Ethics Committee.*

This approval dates from 14/07/2014 to 13/07/2015. If there is delay in starting the research, please inform the HREC so that the dates of approval can be adjusted accordingly. Note that no participant accrual or activity related to this research may be conducted outside of these dates. *All informed consent forms used in this study must carry the HREC assigned number and duration of HREC approval of the study.* In multiyear research, endeavour to submit your annual report to the HREC early in order to obtain renewal of your approval and avoid disruption of your research.

The National Code for Health Research Ethics requires you to comply with all institutional guidelines, rules and regulations and with the tenets of the Code including ensuring that all adverse events are reported promptly to the HREC. No changes are permitted in the research without prior approval by the HREC except in circumstances outlined in the Code. The HREC reserves the right to conduct compliance visit your research site without previous notification.

Signed

Clement Adebamowo BMChB Hons (Jos), FWACS, FACS, DSc (Harvard)
Chairman, National Health Research Ethics Committee of Nigeria (NHREC)

Department of Health Planning, Research & Statistics
Federal Ministry of Health
11th Floor, Federal Secretariat Complex Phase III
Ahmadu Bello Way, Abuja

Tel: +234-09-523-8367
E-mail: chairman@nhrec.net, secretary@nhrec.net,
deskofficer@nhrec.net,
URL : http://www.nhrec.net

National Health Research Ethics Committee of Nigeria (NHREC)

Promoting Highest Ethical and Scientific Standards for Health Research in Nigeria

Federal Ministry of Health

NHREC Protocol Number NHREC/01/01/2007-24/03/2015
NHREC Approval Number NHREC/01/01/2007-14/04/2015
Date: 14th May, 2015

Re: Changing norms and behaviors through entertainment TV: Impact Evaluation of the MTV series Shuga

Health Research Ethics Committee (HREC) assigned number: NHREC/01/01/2007

Principal Investigator: Abhijit Banerjee

Name of Co-Investigator: Edwin Ikhuoria
Address of Co-Investigator: The World Bank
102 Yakubu Gowon Crescent
Opp. ECOWAS Secretariat Asokoro District
P.M.B 339, Garki
Abuja, F.C.T., Nigeria

Date of receipt of valid application: 24-03-2015
Date when final determination of research was made: 14-04-2015

Notice of Expedited Committee Review and Approval

This is to inform you that the research described in the submitted protocol, the consent forms, advertisements other participant information materials have been reviewed and given *expedited committee approval by the National Health Research Ethics Committee*.

This approval dates from 14/04/2015 to 13/04/2016. If there is delay in starting the research, please inform the HREC so that the dates of approval can be adjusted accordingly. Note that no participant accrual or activity related to this research may be conducted outside of these dates. *All informed consent forms used in this study must carry the HREC assigned number and duration of HREC approval of the study*. In multiyear research, endeavour to submit your annual report to the HREC early in order to obtain renewal of your approval and avoid disruption of your research.

The National Code for Health Research Ethics requires you to comply with all institutional guidelines, rules and regulations and with the tenets of the Code including ensuring that all adverse events are reported promptly to the HREC. No changes are permitted in the research without prior approval by the HREC except in circumstances outlined in the Code. The HREC reserves the right to conduct compliance visit your research site without previous notification.

Signed

Clement Adebamowo BMChB Hons (Jos), FWACS, FACS, DSc (Harvard)
Chairman, National Health Research Ethics Committee of Nigeria (NHREC)

Department of Health Planning, Research & Statistics
Federal Ministry of Health
11th Floor, Federal Secretariat Complex Phase III
Ahmadu Bello Way, Abuja

Tel: +234-09-523-8367
E-mail: chairman@nhrec.net, secretary@nhrec.net,
deskofficer@nhrec.net,
URL: http://www.nhrec.net

MIT Committee On the Use of Humans as Experimental Subjects

MASSACHUSETTS INSTITUTE OF TECHNOLOGY
77 Massachusetts Avenue
Cambridge, Massachusetts 02139
Building E 25-143B
(617) 253-6787

To:	Abhijit Banerjee E17-201B
From:	Leigh Firn, Chair COUHES
Date:	02/13/2014
Committee Action:	**Approval**
Committee Action Date	02/13/2014
COUHES Protocol #	1401006127
Study Title	Norms and Behavior of Young People in Nigeria: A Study Using Entertainment TV ("Shuga")
Expiration Date	02/12/2015

The above-referenced protocol has been APPROVED following Full Board Review by the Committee on the Use of Humans as Experimental Subjects (COUHES).

If the research involves collaboration with another institution then the research cannot commence until COUHES receives written notification of approval from the collaborating institution's IRB.

It is the Principal Investigator's responsibility to obtain review and continued approval before the expiration date. Please allow sufficient time for continued approval. You may not continue any research activity beyond the expiration date without COUHES approval. Failure to receive approval for continuation before the expiration date will result in the automatic suspension of the approval of this protocol.

Information collected following suspension is unapproved research and cannot be reported or published as research data. If you do not wish continued approval, please notify the Committee of the study termination.

Adverse Events: Any serious or unexpected adverse event must be reported to COUHES within 48 hours. All other adverse events should be reported in writing within 10 working days.

Amendments: Any changes to the protocol that impact human subjects, including changes in experimental design, equipment, personnel or funding, must be approved by COUHES before they can be initiated.

Prospective new study personnel must, where applicable, complete training in human subjects research and in the HIPAA Privacy Rule before participating in the study.

You must maintain a research file for at least 3 years after completion of the study. This file should include all correspondence with COUHES, original signed consent forms, and study data.

Università Commerciale
Luigi Bocconi

Via Sarfatti 25
20136 Milano

Tel. +39 025836.1
www.unibocconi.it

UNIVERSITÀ COMMERCIALE LUIGI BOCCONI

ETHICAL APPROVAL DECLARATION

In the session of 17 March 2014 the Ethics Committee of Università Commerciale Luigi Bocconi analyzed the project named: *"Changing norms and behaviors through entertainment TV: Impact Evaluation of the MTV series Shuga" of Professor Eliana La Ferrara* and considered it consistent with the ethical principles applied by the University.

Bocconi

Milano, 17 March 2014

Professor Marco Agliati

President of the Ethics Committee
Università Commerciale Luigi Bocconi

Appendix 7: APPLICATION SUBMITTED TO OXFORD ETHICS COMMITTEE

University of Oxford

CENTRAL UNIVERSITY RESEARCH ETHICS COMMITTEE (CUREC)

Not all research project leaders need to fill in this form. **Before starting work on this form**, please fill in CUREC's checklist (CUREC/1 or 1A) which will show if you need to complete this form. Please also ensure you have consulted the following CUREC guidance documents available on the CUREC website) :

- Guidance on approval process
- Glossary
- FAQs

Definitions of terms marked with an asterisk are to be found in CUREC's glossary and guidance.

SECTION 1: PROJECT TITLE, RESEARCHERS, AND CONTACT DETAILS

1. Person to whom IDREC/CUREC should direct correspondence:

***Principal investigator/supervisor/student researcher**

Title and name: Principal Investigator, Victor Orozco

Appointment: DPhil Student

Department: Social Policy and Intervention

Institution: Oxford University / World Bank

Address: 1818 H St NW Washington, DC USA 20433

Phone: +1 202-473-7154

Fax:

e-mail: victor.orozcoolvera@spi.ox.ac.uk / vorozco@worldbank.org

Please indicate what training on research ethics you have received, e.g. the title of the online or in-person course, and date completed (online training available at www.admin.ox.ac.uk/researchsupport/integrity/human/):

1- Collaborative Institutional Training Initiative (CIT Program), West African Bioethics Training program (online), Basic Course (5/15/14) and Biomedical Researcher Course (12/16/14).

2- Collaborative Institutional Training Initiative (CIT Program), West African Bioethics Training program, Nigerian National Code for Health Research Ethics (online), 5/15/14

3- National Institutes of Health Web-based training course "Protecting Human Research Participants", 01/06/2014

FOR STUDENT RESEARCH PROJECTS ONLY

Name of Supervisor: Lucie Cluver

2. Full project title and proposed starting date:

Norms and behaviour of young people in Nigeria: a study using entertainment TV- Follow-Up Survey

May 13, 2015 (data collection for follow-up survey)

Office use only: **IDREC Ref. No.**_____ **Date of Approval: / /**

Application date: / /

Approval Period: from / / to / /
Signature of IDREC approver: _____
Name (printed) and position of approver: _____

Date applicant informed of approval: / /

3. Are you submitting this project to another ethics committee or has it been previously submitted to an ethics committee?

☒ Yes - provide details.

☐ No

This research protocol is for the collection of the follow-up survey and of STI biomarkers for an ongoing impact evaluation studying the effects of a television drama on Nigerian adults (18-26 year olds).

This research project is being conducted under the auspices of the World Bank in collaboration with the Nigerian National AIDS Commission, MTV Stay Alive, the Bill and Melinda Gates Foundation and two academic institutions. As described below, the baseline survey and a study of prevalent sexually transmitted infections (STI) have previously received ethical clearances from three institutional review boards (IRB). The firms that collected the baseline survey and biomarkers for the STI study will be hired by the World Bank to collect the follow-up survey.

BASELINE SURVEY

The intervention and the baseline survey, which took place between September and December 2014, received ethical clearances from:

1- National Health Research Ethics Committee of Nigeria (NHREC/01/01/2007-14/07/2014)

2- Massachusetts Institute of Technology (MIT) - Committee on the Use of Humans as Experimental Subjects (1401006127)

3- Bocconi University - Ethics Committee (NA)

SEXUALLY TRANSMITTED INFECTIONS PREVALENCE STUDY

In addition, the above three IRBs provided ethical clearance for a prevalence study of five STI in study sites, conducted in January-February 2015 (NHREC- NHREC/01/01/2007-22/01/2015; MIT-1412006830; and Bocconi University (N/A). The purpose of this STI study was to learn what STIs were prevalent in study sites and to be collected for the follow-up survey (no STI biomarkers were collected at baseline). Attached are the six IRB approval letters.

For the last six years I have worked at the World Bank's research department conducting a series of impact evaluations of HIV/AIDS prevention programs in Sub-Saharan Africa. I am co-Principal Investigator for four impact evaluations that have collected biomarkers for HIV and other STIs. These studies are advised by country biomedical researchers with significant experience in the collection, referral and treatment of STIs.

If other relevant approvals for this research are required (e.g. from other universities' ethics committees) please attach them.

4. Have you made use of professional/CUREC guidelines in framing your research project and preparing documentation?

Note: the CUREC guidelines are available online (http://www.admin.ox.ac.uk/curec/oxonly/protocols/guidelines.shmtl) or by emailing curec@admin.ox.ac.uk

☒ Yes - provide details.

☐ No – explain why not.

The research protocol follows ethics guidelines followed in public health and social sciences.

5. Researchers involved in this project

Please supply one completed copy of this box for each researcher.

***Associate researcher/student researcher** Title and name: Eliana La Ferrara
Appointment: Professor
Department: Economics
Institution: Bocconi University
Address: Via Roentgen 1, 20136 Milano, Italy Phone: 39 02 58363328 Fax:
e-mail: eliana.laferrara@unibocconi.it
Role in this project: Principal Investigator Qualifications and relevant experience for this project: Economics professor with relevant experience in randomised controlled trials and entertainment-education in developing countries. Degree course (if relevant): PhD, Harvard University Will this researcher be approved by the principal researcher as competent to obtain *informed consent from participants? Yes
Please indicate what training on research ethics the researchers involved with this study have received, e.g. the title of the online or in-person course, and date completed (online training available at www.admin.ox.ac.uk/researchsupport/integrity/human/): - Collaborative Institutional Training Initiative (CIT Program), West African Bioethics Training program online, Basic Course (12/31/13) and Biomedical Researcher Course (12/16/14). - Collaborative Institutional Training Initiative (CIT Program), West African Bioethics Training

program, Nigerian National Code for Health Research Ethics (online), 4/25/14

***Associate researcher/student researcher** Title and name: Principal Investigator, Abhijit Banerjee
Appointment: Professor
Department: Economics
Institution: Massachusetts Institute of Technology
Address: MIT Department of Economics, 40 Ames Street Building E17, Room 201A Cambridge MA 02142 Phone: 1-617-253-8855 Fax:
e-mail: banerjee@mit.edu
Role in this project: Principal Investigator Qualifications and relevant experience for this project: Economics professor with extensive experience in randomised controlled trials of health interventions in developing countries. Degree course (if relevant): PhD, Harvard University Will this researcher be approved by the principal researcher as competent to obtain *informed consent from participants? Yes
Please indicate what training on research ethics the researchers involved with this study have received, e.g. the title of the online or in-person course, and date completed (online training available at www.admin.ox.ac.uk/researchsupport/integrity/human/): - Collaborative Institutional Training Initiative (CIT Program), West African Bioethics Training program online, Basic Course (4/18/13) and Biomedical Researcher Course (12/17/14). - Collaborative Institutional Training Initiative (CIT Program), West African Bioethics Training program, Nigerian National Code for Health Research Ethics (5/21/14).

***Associate researcher/student researcher** Title and name: Field Coordinator, Edwin Ikhuoria
Appointment: Consultant
Department: Development Impact Evaluation
Institution: World Bank
Address: World Bank Nigeria office, 102 Yakubu Gowon Crescent Opposite ECOWAS Secretariat P.O. Box 2826, Abuja Nigeria Phone: 234-818-6209-204 Fax:

e-mail: edwindaniels1@gmail.com
Role in this project: Field Coordinator in charge of supervising data collection activities. Edwin supervised the collection of the baseline survey. Qualifications and relevant experience for this project: Substantial experience in supervising data collection activities in Nigeria. Degree course (if relevant): Masters in Management of Development, University of Turin Will this researcher be approved by the principal researcher as competent to obtain *informed consent from participants? Yes
Please indicate what training on research ethics the researchers involved with this study have received, e.g. the title of the online or in-person course, and date completed (online training available at www.admin.ox.ac.uk/researchsupport/integrity/human/): - Collaborative Institutional Training Initiative (CIT Program), West African Bioethics Training program online, Basic Course (5/8/14) and Biomedical Researcher Course (2/11/14), - Collaborative Institutional Training Initiative (CIT Program), West African Bioethics Training program, Nigerian National Code for Health Research Ethics (5/6/14) - National Institutes of Health Web-based training course “Protecting Human Research Participants” (12/24/13)

***Associate researcher/student researcher** Title and name: Evaluation Coordinator, Laura Costica
Appointment: Consultant
Department: Development Impact Evaluation
Institution: World Bank
Address: Insurgentes Sur No. 1605, Piso 24 Col. San José Insurgentes, México 03900, D. F. Phone: 234-817-119-3127 Fax:
e-mail: laura.costica@gmail.com
Role in this project: Evaluation Coordinator supervising data collection and data entry of follow-up survey. Laura supervised both activities for the baseline survey. Qualifications and relevant experience for this project: Substantial experience designing and supervising data collection activities of RCTs in developing countries. Degree course (if relevant): Masters in Economics, University of Essex Will this researcher be approved by the principal researcher as competent to obtain *informed consent from participants? Yes
Please indicate what training on research ethics the researchers involved with this study have received, e.g. the title of the online or in-person course, and date completed (online training available at www.admin.ox.ac.uk/researchsupport/integrity/human/): - Collaborative Institutional Training Initiative (CIT Program), West African Bioethics Training

program online, Basic Course (5/8/14) and Biomedical Researcher Course (12/17/14) - Collaborative Institutional Training Initiative (CIT Program), West African Bioethics Training program, Nigerian National Code for Health Research Ethics (4/25/14) - National Institutes of Health Web-based training course “Protecting Human Research Participants” (12/24/13)

Please supply one completed copy of this box for each researcher.

***Associate researcher/student researcher** Title and name: Dante Donati
Appointment: Research intern
Department: Economics
Institution: Bocconi University
Address: Via Roentgen 1, 20136 Milano, Italy Phone: 39-025836 Fax:
e-mail: donatidante@hotmail.it
Role in this project: Research intern supporting the supervision of data collection activities. Qualifications and relevant experience for this project: Experience in data management and analysis. Degree course (if relevant): Masters student in development economics, Bocconi University Will this researcher be approved by the principal researcher as competent to obtain *informed consent from participants? Yes
Please indicate what training on research ethics the researchers involved with this study have received, e.g. the title of the online or in-person course, and date completed (online training available at www.admin.ox.ac.uk/researchsupport/integrity/human/): - Collaborative Institutional Training Initiative (CIT Program), West African Bioethics Training program, Basic Course and Biomedical Researcher Course (8/27/14)

SECTION 2: PROJECT DESCRIPTION

6. Description of project

Please give a description (300-800 words) of your project to supplement the information already provided in Section A of the checklist (CUREC/1), detailing those aspects of the project which involve *human participants, particularly any aspect which is beyond already established and accepted techniques. Please attach all other documents (e.g. questionnaire, recruitment advertisements, participant information, and consent forms) that you plan to use in the study. **Please note that detailed scientific background is not required unless directly relevant to ethical issues.**

I am applying to CUREC only for the follow-up survey as I had to delay my admission to Oxford for one year due to an administrative delay in my doctorate funding. However, the research project had to move forward during this year due to commitments with the Nigerian government and the study's main donor. The baseline survey was launched a month before I enrolled in my DPhil degree.

INTERVENTION

Educational entertainment is a communication strategy that uses TV and radio dramas to create a better context for promoting behavior change than the delivery of the information alone. This study uses an experimental design to study the impact of Shuga, a TV drama produced by MTV Stay Alive aimed at young Africans people to promote social norm-shifting and behaviour change related to HIV prevention, HIV testing and gender-based violence.

The baseline survey and the intervention were implemented in September-December, 2014. The study sites are 80 urban and peri-urban locations in South-western Nigeria. Three community film screenings were conducted in each of the 80 locations. Locations were defined as households located within a 2-mile radius of each screening center where the intervention was implemented.

RECRUITMENT STRATEGY (BASELINE)

The baseline survey employed a three-step approach. First, we visited a random selection of households located in each community and collected information about all young adults aged 18 to 25 residing in those households. The basic information collected included gender, age, education and relationship status. Second, we randomly selected one person in each household to be invited to a film screening. This random selection was stratified by gender and by relationship status. Finally, those who showed up at the first screening were visited at home, where they were invited to participate in the study and, if they agreed, administered a baseline survey. The baseline survey was staggered with the intervention and was completed in December 2014.

EVALUATION DESIGN

The evaluation employs a clustered randomized trial design where two thirds of communities were randomly assigned to treatment 1 (Shuga screenings only) and treatment 2 (Shuga screenings plus information about attitudes of peers) and one third to the control group (screenings of a placebo movie lacking HIV messages). We randomized at the individual level the number of tickets to test the additional impact of watching the show with peers. To study spillover effects, the evaluation interviewed friends that study participants regularly talk to in treatment and control communities (network members). At baseline we collected data from 5,166 film viewers (main study participants) and from 1,222 of their friends (network members).

DATA COLLECTION

This research protocol is for the collection of the six-month follow-up survey. Data collection will consist of:

- Self reported data collected through a follow-up survey instrument. Respondents will be presented a follow-up survey consent form and interviewed if they agree to participate. The consent forms will be in English and will not be translated to local languages. Youth in southwest Nigeria are fluent in English and during the collection of the baseline survey we did not observe language issues among study participants. (*Shuga_Follow-upSurveyConsent_Submitted.docx* and *Shuga_Follow-upSurvey-FriendConsent_Submitted.docx*).
- Biomarkers for chlamydia and trichomoniasis, sexually transmitted infections (STIs). Enumerators will invite survey respondents to come to a health camp organized in their community. At the health camps, each person who attends will go through an STI testing protocol that includes obtaining informed consent.

- A measure of demand for condoms obtained by offering survey respondents (1) the option to choose a pack of condoms or receive a financial amount equivalent to the package price and (2) the option to buy more condoms. These offers will be made at the health camps.

- A measure of HIV-related health seeking behavior obtained by providing information about the nearest HIV testing centres and tracking who goes to get tested. The information will be provided at the health camps. We will learn which individuals went to get HIV-tested but not their test results.

The follow-up survey instrument is very similar to the baseline survey and will collect information on demographics and knowledge, attitudes and behaviors related to HIV and violence against women. In addition, we have included a new module measuring how much viewers remember of Shuga and of the control video. The follow-up survey and the consent forms have been annexed to this application (*Shuga_Follow-upSurvey_Submitted.docx*).

Collecting biomarkers will allow us to have a more objective measure of sexual activity and to overcome the social desirability bias that potentially affects measures of self-reported sexual behavior. Each person who comes to a health camp will go through detailed procedure involving the following steps:

- *Consent:* On coming to the health camp, he/she will be informed of the purpose of the study, the procedures, risk and benefits and will be invited to participate. A consent form (*Shuga_BiomarkerPilotConsent_Submitted.docx)* will be used for this purpose and subjects will be given the opportunity to ask questions and to make an informed decision about their participation in the study.

- *Pre-test counselling:* If he/she agrees to participate, he/she will first receive pre-test counselling by a trained counsellor. During this pre-test counselling session, he/she will be asked some information about their sexual behavior, will be informed about the sexually transmitted infections they will be tested for, and what might mean to be infected with this STI.

- *Sample collection:* Then, he/she will be asked to self-collect 150ml of urine in a disposable bottle, place it in the bag and return it.

- *Testing:* The samples will be stored and sent to a medical laboratory for testing. The urine samples will be analyzed for presence of chlamydia and trichomoniasis. Laboratory results will be recorded on paper (*Shuga_Follow-up_Laboratory_Result_Form.docx)* and digitalized by a data entry team.

- *Post-test counseling:* Once the results are available, he/she will be sent a text message and/or called on the phone to be informed that the test results are available for collection at the same venue two weeks after the first health camp. There, a team composed of a counselor and a medical doctor will be available to discuss what the result means and what the next steps are. If the tests are negative, counseling will touch upon ways to avoid contracting sexually transmitted infections in the future. If the test results show that he/she has one or both STIs, a doctor will consult the patient and prescribe medication.

7. Literature search

If the research involves significant risk to the human participants please describe what literature searches have been undertaken to obtain information to aid risk reduction/management.

No significant risks to participants are envisioned. In section 13 we describe the procedures that will

be in place to prevent and/or minimize potential risks or discomfort.

SECTION 3: RESEARCH INVOLVING CONTACT WITH *HUMAN PARTICIPANTS

If the project does NOT involve contact with*human participants, but only use of data about them, do NOT complete this section, but go to Section 4. If you are not completing Section 3 please delete it from your application to save paper.

8. Description of participants

How many participants will be involved in the project?

7,666 (5,166 main study participants + 2,500 network members).

9. Details of participants

(a) What types of people will be recruited e.g. students,* children, people with learning disabilities? [Please see the Glossary on the CUREC website for information on how the meaning of *capacity to consent has been altered by the Mental Capacity Act 2005]

Youth that showed up at the first filming and that were interviewed at baseline and their friends (network members).

(b) What will be the age range of participants?

Adults between the ages of 18-26 (baseline participants were 18-25 years old. We expect that some of them would have turned 26 in the meantime).

(c) How will the competence of participants to give *informed consent be determined?

Enumerators and health personnel will assess if the subject is voluntarily and knowingly giving informed consent and possess the legal capacity to give informed consent to participate in the research study.

(d) What are the *defining criteria for participation in the study?

Young adults who were at least 18 and at most 26 years old at their last birthday and who were interviewed at baseline or who are friends of main study participants interviewed at baseline. No other defining criteria were used.

10. Recruitment of participants

(a) Describe how, where, and by whom participants will be identified, approached, and recruited.

Section 6 describes the recruitment strategy employed for the baseline survey. For the six-month follow-up survey we plan to construct a panel from 6,288 baseline respondents (5,166 main study participants and 1,122 of their friends or network members).

In addition, we plan to expand the sample of network members used to measure spillover effects to 2500 in order to improve the study's power. To recruit the additional Network Members, when we conduct the follow-up survey we will:

- During the follow-up survey, ask some of the main study participants to provide us contact details of up to 2 friends we could approach in order to invite them to participate in the study. The main study participants whom we will ask for additional contact details of friends are those: (1) who were not given the opportunity to come with friends to the screenings and (2) for whom we did not already interview a friend who is part of the

spillover group already identified.

- Trained enumerators will contact the potential new members of the spillover group within a few days in order to invite them to participate in the study.

Hanovia and the University College Hospital-Ibadan will be hired to collect the follow-up survey. Hanovia collected the baseline survey and both organizations collected surveys and STI biomarkers for the sexually transmitted infections prevalence study. The field team will supervise the activities carried out by both organizations.

(b) If your research involves any use of *personal data obtained from a *third party, describe the steps you have taken to ensure that the *third party has arrangements in place to permit disclosure.

No personal data is being obtained by a third party.

(c) Will any *unequal relationships exist between anyone involved in the recruitment and the potential participants?

☐ Yes

☒ No

If yes:

(i) Describe the nature of the unequal relationship.

Not applicable.

(ii) Explain how ethical problems arising from the unequal relationship will be resolved.

Not applicable.

(d) Describe any *financial or other rewards which will be offered to participants.

Study participants will be offered a gift worth approximately US$2.5 as a token of appreciation for taking the time to participate in the follow-up survey. This is likely to consist of phone recharge cards.

Those who attend the health camps will receive a financial incentive equivalent to US$7.5.

Those who have relocated to other neighbourhoods in the same towns will be offered a transportation allowance in order to facilitate their travel to the community where they used to live at baseline and where the health camp will be organized. In particular, Ibadan, where two thirds of the sample is located, is a large, 3 million inhabitants city and the cost of transportation can be a barrier to attending the health camps.

11. *Participant information

It is essential that written information is easily understandable by participants. Failure to provide this information in appropriate lay language is the most frequent reason for delays in ethical approval.

(a) Will participants receive **written** information about the project before giving their consent?

☒ Yes - please attach.

☐ No - give reasons.

(b) Who will give the participants the information and how?

Enumerators and health personnel from Hanovia and University College Hospital-Ibadan will provide the participants with the study's information and consent forms.

For the survey: Both main study participants and network members will be explained the purpose and procedures of the study and each participant will be given the option to sign a consent form *(Shuga_Follow-upSurveyConsent_Submitted.docx, Shuga_Follow-upSurvey-FriendConsent_Submitted.docx)* if they agree to participate in the study, or to refuse to participate. The consent shall be sought under circumstances that provide the prospective subject with sufficient opportunity to consider whether or not to participate. After they have signed the consent form, participants will be reminded that they are free to stop answering the survey questions at any time.

For the biomarker: Main study participants will be invited to come to a health camp when an enumerator will administer the follow-up survey. Network members will not be invited to any health camp. Informed consent *(Shuga_BiomarkerConsent_Submitted.docx)* will be sought at the health camps for collecting urine samples to test for chlamydia, a sexually transmitted infection. Participants will be given the option to sign a consent form if they choose to participate or to refuse to participate. The consent shall be sought under circumstances that provide the prospective subject sufficient opportunity to consider whether or not to participate.

(c) Does the research involve deliberate *deception of participants?

☐ Yes- explain why the real purpose of the research needs to be concealed and how and when participants will be told of the deception.

☒ No

(d) Please describe the basis on which you have decided how long participants will have to think about the information provided before giving consent.

Enumerators and health personnel will be instructed to spend as much time as necessary to listen to respondents' questions and concerns about their participation.

12. *Informed consent

(a) Will you obtain written consent?

☒ Yes - please attach *consent form.

☐ No - explain how consent will be obtained and recorded and why this method is used.

(b) If participants are unable to give valid consent, how and from whom will you obtain consent? [Please see the Glossary on the CUREC website for information on how the meaning of *capacity to consent has been altered by the Mental Capacity Act 2005]

Surveys will not be collected if specific participants are unable to give valid consent.

(c) List those researchers who will, with the authorisation of the principal researcher (or supervisor in the case of student researchers), secure the consent of participants.

Victor Orozco (Principal Investigator, tel. +1-202-473-7154),

Prof Abhijit Banerjee (Principal Investigator, tel. +1-617-2538855),

Prof Eliana La Ferarra (Principal Investigator, tel. +39 02 58363328), and

Edwin Ikhuoria (Field Coordinator, tel. 0802-3423-446).

13. Consequences of participation

(a) What are the potential risks or actual ill effects of participation (if any) e.g. invasive procedures, distress, deception etc, and what will be done to minimise these risks

(i) to the participants?

RISKS

- The subjects may risk social harm if survey confidentiality is breached, since some of the information gathered during the survey may be of sensitive nature and could affect the relationship of the respondents with their parents, partners and friends. We will ensure that the interviews are conducted in a private location and staff will be trained to maintain confidentiality.
- Subjects participating in the health camps may suffer some inconvenience associated with the collection of urine sample for the sexually transmitted infection tests, though this will be minimal as participants will be given a container so that they can collect the urine sample themselves. Subjects participating in the research will not risk any other physical harm. The largest risks to the health camp participants are psychological harm (upon learning that they have a STI) and social harm if confidentiality is breached, since the information gathered has the potential to adversely affect the relationship of the respondents with their parents, friends and other members of the community.
- Subjects who, upon learning about Voluntary Counseling and Testing (VCT) centres in their town, go to get tested for HIV may risk psychological harm if they find out they are HIV positive. This may also negatively affect their relationship with family, friends and community members. However, antiretroviral therapy in Nigeria is free and available, which would help improve the health and welfare of positive individuals.
- The subjects do not risk any legal harm by participating in this research.

PROCEDURES TO PREVENT OR MINIMIZE RISKS OR DISCOMFORTS

- To prevent social harm, strict confidentiality will be ensured.
- To minimize discomfort, participants will be asked to collect urine samples themselves.
- To prevent psychological harm, STI testing and pre/post test counselling will be conducted by appropriately trained counsellors.
- To facilitate referral to treatment and to minimize psychological harm of those participants who learn they are HIV positive upon going to a VCT centre, we will only provide information about accredited VCT centres that offer the appropriate standard of care for HIV.

(ii) to the researchers?

No potential risks are envisioned.

(iii) to others (e.g. the university, family)?

No potential risks are envisioned.

(b) Is there a need for support or counselling?

☒ Yes - describe the form of support or counselling and how, when, and by whom it will be conducted.

☐ No

To prevent psychological harm, STI testing activities will be conducted by appropriately trained counsellors. STI testing for chlamydia and trichomoniasis will include pre- and post-test counselling at health camps. Respondents who test positive for chlamydia and/or trichomoniasis come to collect their results will be prescribed treatment. Additionally, to facilitate referral to treatment and to minimize psychological harm of those participants who learn they are HIV positive upon going to a VCT centre, we will only provide information about accredited VCT centres that offer the appropriate standard of care for HIV, including counselling and anti-retroviral therapy (ART).

(c) Is there a need for debriefing or follow-up discussion?

☒ Yes - describe the form of debriefing or follow-up discussion and how, when, and by whom it will be conducted.

☐ No

Yes. See above (box13-b).

(d) Are there any potential benefits to the participants?

☒ Yes - describe them below.

☐ No

Study participants who attend the health camps and choose to come and collect their results will be informed of their STI status and will benefit from counseling and treatment, or, if treatment cannot be provided, they will be referred for treatment. The research team will organize health camps offering post-test counseling and treatment in the same venues used for sample collection two weeks later. Study participants who only participate in the survey and do not come to the health camps will not receive any direct benefits.

14. *Adverse events

How will adverse events be monitored and reported?

Field staff will be instructed to immediately inform researchers of any adverse effects. In the unlikely event of major adverse events, the researchers will inform CUREC by email within 48 hours.

15. Monitoring

Explain how and by whom (e.g. supervisor in the case of student research projects) the ethical aspects of the

project will be monitored to ensure that they conform to the procedures set out in this application.

Victor Orozco, Principal Investigator and DPhil student, will monitor that training, data collection and management activities adhere to this application. He will be in study sites during training of enumerators and the first two weeks of data collection. Victor will oversee a three-member field team that will in turn supervise the 3-month data collection activities conducted by Hanovia and University College Hospital-Ibadan.

Victor Orozco will keep updated Lucie Cluver, his DPhil advisor, on survey progress and about issues that may emerge from the implementation of the follow-up survey. Major adverse events will be reported to CUREC within 48 hours of their occurrence.

SECTION 4: RESEARCH INVOLVING COLLECTION, USE, OR *DISCLOSURE OF *PERSONAL DATA

Your project must meet the standards laid down in the Data Protection Act (1998) with respect to the collection, use, and storage of *personal data about *human participants.

Please delete questions or parts of questions that you are not required to answer to save paper*.*

16. Need I complete this section?

Does the project involve the collection, use or disclosure of personal information including sensitive and/or genetic information?

☐ No – you need not complete this section. **Go to Section 5.**

☒ Yes – you must answer questions in this section. **Go to Question 17.**

17. Type of activity proposed

Does the research involve:

(a) disclosure of personal information?

☐ Yes

☒ No

(b) collection of personal information?

☒ Yes – **go to Question 18.**

☐ No – **go to Question 20.**

18. Collection of information directly from individuals

(a) Does the project involve collection of information directly from individuals about themselves?

☐ No – **go to Question 19.**

☒ Yes – answer the following questions:

(b) Do the *participant information and the *consent form include the following:

the name of the study?	☒ Yes ☐ No
the name and status (e.g. doctoral student) of the researcher collecting the information and how to contact him/her?	☒ Yes ☐ No

the purpose of the study?	☒ Yes ☐ No
declarations that the participant has read the participant information sheet?	☒ Yes ☐ No
has had the opportunity to ask questions about the study and has received satisfactory answers to questions, and any additional details requested?	☒ Yes ☐ No
understands that s/he may withdraw from the study without penalty at any time by advising the researchers of this decision?	☒ Yes ☐ No
understands that this project has been reviewed by, and received ethics clearance through, the University of Oxford Central University Research Ethics Committee?	☐ Yes ☒ No
understands who will have access to personal data provided, how the data will be stored; and what will happen to the data at the end of the project?	☒ Yes ☐ No
agrees to participate in this study?	☒ Yes ☐ No
understands how to raise a concern and make a complaint?	☒ Yes ☐ No

If you answered 'no' to any of these questions, explain why this information has not been included in the participant information and the consent form.

Consent forms reference contact details of the National Health Research Ethics Committee (NHREC) of Nigeria. While we have yet to submit an application for ethical clearance to NHREC for the follow-up survey, we will send the approval letter to CUREC as soon as we receive it.

It is an NHREC requirement that study participants be given contact details of the local review board. Given that the study is implemented in low-income communities in Nigeria, it is unlikely that participants would have the resources to contact CUREC in in the UK. It is probable that participants would be more comfortable directing their queries to a local entity rather than a foreign one. On the other hand, having NHREC provides a balanced choice as the study has three Principal Investigators with three different academic affiliations (MIT, Bocconi University, and Oxford University).

Finally, there is a precedent for replacing foreign IRB contact details with NHREC contact details on consent forms: The consent form for the study' baseline survey and the STI prevalence study had NHREC contact details.

(c) Are the consent form and participant information on headed letter paper which bears the name of the University and the name and address of the department to which the principal researcher is attached?

☐ Yes

☒ No - explain why not.

See box immediately above.

(d) Are the participant and the researcher who secures the consent required to sign, print and date their names?

☒ Yes

☐ No -explain why not.

19. Collection of information from a third party

(a) Does the project involve collection of information about an individual from a source other than the individual?

☒ No – **Go to Question 20.**

☐ Yes – complete the following sections.

(b) List the individuals or organisations from which information will be collected. If information will be collected from more than one source, state which information or records will be collected from each source.

(c) Have all organisations from which the information is to be collected agreed to provide the information or to allow access to the information?

☐ Yes - attach a copy of each letter of agreement. Provide details of any conditions imposed by the organisation(s) concerning the release of the information.

☐ No - explain how and when the agreement of the disclosing organisation will be obtained.

(d) Will the information be potentially or actually ascribable to an individual when it is received?

☐ No – **go to Question 20.**

☒ Yes – answer the following questions:

(e) Does the project involve collection of information without the consent of the individual to whom it relates?

☒ No – **go to Question 20.**

☐ Yes – answer the following questions:

(f) Give reasons why information will not be collected in a way which prevents its ascription to an individual.

The study design requires constructing a panel dataset by interviewing the same individual at baseline and at follow-up.

(g) Why will consent not be obtained from the individual(s) whom the information describes? [Please see the Glossary on the CUREC website for information on how the meaning of *capacity to consent has been altered by the Mental Capacity Act 2005]

The consent will be obtained form the individual whom the information describes.

20. Form in which data are to be stored

Are the data to be kept

(a) with an open identifier, i.e. in non-anonymised form ☐ Yes ☒ No

(b) as anonymised but potentially identifiable data ☒ Yes ☐ No

(c) as anonymised, non identifiable data ☐ Yes ☒ No

21. Use or disclosure of information about individuals

(a) Does the project involve the use or disclosure of information potentially or actually ascribed to an individual?

☒ No – **go to Question 22.**

☐ Yes – answer the following questions.

(b) Does the project involve use or disclosure of information without the consent of the individual whom the information describes?

☒ No – **go to Question 22.**

☐ Yes – answer the following questions:

(c) What are the specific purposes for which the information will be used?

(d) Is the purpose for which the information will be used related to the purpose for which the information was originally collected?

☒ Yes – give details.

☐ No – give details.

Data collection is conducted for an impact evaluation.

(e) Describe in detail which information or records will be disclosed to which organisations.

(f) Give reasons why information will not be used or disclosed in a way which prevents its ascription to an individual. (If the answer is the same as for question 19 (f), write 'as above'.)

(g) Why will consent not be obtained from the individual(s) whom the information describes? (If the answer is the same as for question 19 (g), write 'as above'.)

(h) Explain why the proposed use or disclosure of information is in the public interest. The public interest in the proposed research must substantially outweigh the public interest in respecting individual privacy.

22. Data collection, storage, and disposal

(a) How many records will be collected, used or disclosed? Specify the information that will be collected, used, or disclosed e.g. date of birth, medical history, number of convictions.

Number of records: Maximum 7,666 individuals

Type of information: The survey instrument will collect personal information on demographics and on knowledge, attitudes and behaviors related to HIV, HIV testing and violence against women. STI biomarkers will be collected for chlamydia and trichomoniasis.

DATA COLLECTION

Surveys will be administered during visits by trained enumerators to subjects' homes. All surveys, which may include personal questions of a sensitive nature, will be conducted in a private location with only the respondent and the enumerator present. The enumerator will ensure a private location is available before administration of the survey. Rooms with a ceiling, a quiet area in the compound or another location away from home may serve as private locations. Enumerators will be trained and instructed to maintain confidentiality.

Survey data will be collected electronically, using Android-based devices such as smartphones or tablets.

Main study participants will be invited to attend a health camp at the end of the survey in order to learn their STI status. Health camps will be organized in schools located in the 80 communities in which participants lived at the time of the baseline. There will be two types of camps: for pre-test counseling and biological sample collection and for post-test counseling. All health camps will be run by trained health personnel from a reputable local institution. Laboratory test results will be collected on paper and digitalized by a data entry team.

At the health camp, participants will be offered a choice between receiving a pack of condoms or the financial equivalent. They will also be offered the option to purchase more condoms. We will record their choice on paper and digitalize this data.

Also at the health camp, participants will be informed about Voluntary Counseling and Testing centres in their town and will be encouraged to find out their HIV status. We will work with VCT centres to find out which of the study participants decided to get tested, but we will never ask for the test results.

(b) How, where, and under what security arrangements will electronic and paper data be stored? Who will have and control access to the information?

PERSONAL IDENTIFIERS

Data will contain personal identifiers since this is necessary in order to ensure we are interviewing the same people interviewed at baseline. Also, personal identifiers are necessary to inform health camp participants of their test results. During the baseline survey conducted in Sep-Dec 2014, each individual who agreed to participate has been assigned a unique numeric study identifier. The follow-up survey will use the same study identifiers. A master list linking the names of the individuals to the numeric study identifiers will be kept in an encrypted file in a password protected computer. During the analysis stage, identifying information will be removed from the data containing the results of the sexually transmitted infections tests, and individuals will be identified in the analysis only by a unique ID number. The de-identified data will be used by the principal and associate investigators on the study as well as the research manager.

DATA STORAGE AND SECURITY

Survey data will be collected digitally on encrypted tablets, from where it will be transferred to a secure server using Wi-Fi/mobile data. Data will be kept in encrypted files and will be shared only among the key project personnel.

Strict protocols will be followed to protect the identity of health camp participants and prevent disclosure of individuals STI test results. Trained personnel will label biological samples with a unique laboratory number, which will differ from the study identify number. A master list linking the laboratory number to the study identity number will be kept in an encrypted file in a password protected computer. The laboratory conducting the STI tests will communicate the test results to the research team in a de-identified dataset that contains the unique laboratory number of each participant.

(c) When, how and by whom will the information be disposed of?

Electronic data will already be de-identified. Identifiers will be kept encrypted and will be kept secure by the study principal investigators. De-identified data will become publically available after the publication of the study. Biological samples will be destroyed after analysis is complete.

(d) How will the privacy of individuals be respected in any publication arising from this project?

Individual data is aggregated for final analysis so individuals cannot be identified in any publication.

(e) Have you explained in the *participant information and *consent form that maintenance of confidentiality of information is subject to normal legal requirements?

☒ Yes

☐ No – explain why not.

23. Adverse and unforeseen events

How will adverse and unforeseen events relating to the collection, use, or disclosure of information be managed, monitored and reported?

Some of the survey data collected from subjects could conceivably affect their relationship with their partners or their parents. To avoid this, field workers will ensure complete privacy during the interview and testing, and will keep all information obtained in the strictest of confidence. If family members, friends or other members of the community find out that a study participant tested positively for a sexually transmitted infection, this could conceivable affect the participant's relationships with others and their status in the community. To avoid this, health personnel and enumerators will insure complete privacy during the invitation, testing and communication of test results and will keep all information obtained in the strictest of confidence. Nigeria's presidential elections took place on March 28, 2015, with the incumbent President Goodluck Jonathan publicly recognizing his defeat the last day of the vote count. While there have been incidents of post-electoral violence in Nigeria, these have been sparse and none to the best of our knowledge has taken place in our study sites in southwest Nigeria. To minimize any post-election risk, the research and the survey teams were asked to conduct the follow-up survey in a manner that avoids any potential association with the political process or specific political parties. As a World Bank project, the teams will be informed and will follow security protocols of United Nations.

SECTION 5: MISCELLANEOUS ISSUES

24. *Conflict of interest

(a) Do researchers on this project have a financial or other interest in its conduct or outcomes?

☐ Yes – give details.

☒ No

(b) If there is a conflict of interest, have you declared it in your *participant information and *consent form?

☐ Yes

☐ No – explain why not.

Not applicable.

(c) Are there any other potential conflicts of interest e.g. research findings that could compromise the researcher's relationship with the university?

No

25. *Peer review

Has this project been peer reviewed?

☒ Yes – explain by whom (e.g. by a, tutor, supervisor, funding body etc) and with what outcome.

☐ No – explain why not.

Technical staff from the Bill and Melinda Gates Foundation (BMGF), the study's main funding body, reviewed the grant proposal for this study. BMGF staff cleared and approved two grant proposals, first in the fall of 2013 and the second in winter of 2014. Two World Bank researchers and one World Bank operations specialist served as peer-reviewers for the evaluation design. The World Bank's Nigeria Country Director cleared the study in the summer of 2014.

26. Funding

List all bodies and individuals from whom funding has been or will be sought.

Source	**Amount in £**	**Status of Funds** Available	Applied for
Bill and Melinda Gates Foundation	£ 850, 230 (US$1.27 million)	Yes ☒ No ☐	Yes ☐ No ☐
i2i implementation grant (World Bank)	£ 67,000 (US$100 thousand)	Yes ☒ No ☐	Yes ☐ No ☐

27. Reporting of results

(a) Will the project outcomes be made public at the end of the project?

☒ Yes – describe the intended report and how and to whom it will be made available.

☐ No – explain why not.

The study results will be published in a series of research papers, which will be submitted for publication first to the World Bank working papers series and then to peer-reviewed academic journals. The research papers will be presented in academic and policymaker conferences.

(b) Will a report(s) of the project outcomes (for example, individual or group data) be made available to participants at the end of the project?

☐ Yes – describe report and how it will be made available.

☐ No – explain why not.

☒ N/A

The large number of study participants prohibits informing each individual about the final study results. However, study participants and the general public will have full access to the study papers as the World Bank working paper series website is open access.

28. Declaration by researchers

Full project title: Norms and behaviour of young people in Nigeria: a study using entertainment TV-Follow-up survey

I/We, the researcher(s) agree:

- To start this research project only after obtaining approval from IDREC/CUREC;
- To carry out this research project only if funding is adequate to enable it to be carried out according to good research practice and in an ethical manner;
- To provide additional information as requested by IDREC/CUREC before approval is secured and as research progresses;
- To maintain the confidentiality of all data collected from or about project participants;
- To notify IDREC in writing immediately of any proposed change which would increase the risks that any participant is exposed to and await approval before proceeding with the proposed change;
- To notify IDREC if the principal researcher on the project changes and supply the name of the successor;
- To notify IDREC in writing within seven days if any serious *adverse event occurs in the course of research;
- To use data collected only for the study for which approval has been given;
- To grant access to data only to authorised persons; and
- To maintain security procedures for the protection of personal data, including (but not restricted to): removal of identifying information from data collection forms and computer files, storage of linkage codes in a locked cabinet and password control for access to identified data on computer files.

Signed by principal researcher/supervisor/student researcher:……

…

Date:……April 07,2015…

Print name (block capitals)…VICTOR OROZCO……

Signed by supervisor:……(for student projects)

Date:……

Print name (block capitals)……LUCIE CLUVER……

Signed by associate/other researcher: ……

Print name (block capitals)……

Date ……

29. Certification by *principal researcher/supervisor/student researcher and head of department

Full project title: … Norms and behaviour of young people in Nigeria: a study using entertainment TV

Certification by *principal researcher/supervisor/student researcher

I accept responsibility for the conduct of this research project.

I certify that all researchers and other personnel involved in this project are appropriately qualified and experienced or will undergo appropriate training to fulfil their role in this project.

Signed by principal researcher/supervisor/student researcher:

Date:…… April 07,2015……

Print name (block capitals)……VICTOR OROZCO……

Acceptance by head of department/other senior member of the department if the principal researcher is the head of department

I have read the research project application named above.

On the basis of the information available to me, I judge the principal researcher/supervisor/student researcher to be aware of her/his ethical responsibilities in regard to this research. I am satisfied that the proposed project has been/will be subject to appropriate peer review and is likely to contribute to existing knowledge and/or to the education and training of the researcher(s) and that it is in the public interest.

Name of head of department/other senior member of the department (e.g Chair of DREC, Director of Graduate Studies for student projects):

……

Signature …… Date……..…

FINAL CHECK

To prevent delay please check each of the following before submitting the application.

Have you answered all relevant questions in Sections 1-5? ☒

Have you defined all technical terms and abbreviations used? ☒

Have you included all questionnaires and participant information, consent forms, advertisements, and surveys to be used? ☒

Have you included all relevant approvals and supporting letters? ☒

Have you declared all potential conflicts of interest? ☒

Are all pages (including appendices and attachments) numbered? ☒

Have you completed the declaration by researcher(s)? ☒

Have you completed the certification by principal researcher and head of department? ☒

Appendix 8. Ethics Approval and Renewal Letters (OxTREC)

Oxford Tropical Research Ethics Committee

University of Oxford
Joint Research Office, Block 60
Churchill Hospital, Oxford OX3 7LE
Tel. +44 (0) 1865 (5)72346, fax +44 (0) 1865 (5)72224
E-mail: oxtrec@admin.ox.ac.uk

Mr Victor Orozco
1818 H St NW
Washington, DC
USA 20433

07 May 2015

Dear Mr Orozco

Full Title of Study: Norms and behavior of young people in Nigeria: a study using entertainment TV – Follow-up study and Collection of Biomarkers

OXTREC Reference: 564-15

Thank you for your email of the 22 April 2015, and for your minimal risk application form. Other documents reviewed were:

Documents:	Version:	Date:
Protocol	V1	21/4/15
Consent form x 3		
Lab result form		
Follow-up survey		
Biomarkers training manual		

The OxTREC executive team reviewed the above application on the 7 May 2015 and gave approval for this study.

Approval is given for the first five years and is subject to receiving the local ethical approval (if this approval has not yet been received).

Any subsequent changes to the application must be submitted to the Committee as an Amendment. This should include a letter to give the reasons for the proposed modifications and all modified documents with changes tracked.

Please ensure that you submit a completed Annual Report form on every anniversary of this approval and a final End of Study Report. The relevant forms can be found on the OxTREC website: http://www.tropicalmedicine.ox.ac.uk/oxtrec.

Yours sincerely

MJWarrell

Dr Mary Warrell, OxTREC Chairman

Direct Line Tel: +44 (0)1865 (5)72224
Fax: +44 (0)1865 (5)72228 Email: oxtrec@admin.ox.ac.uk
Web: www.admin.ox.ac.uk/rso/

Oxford Tropical Research Ethics Committee

University of Oxford
Research Services, University Offices
Wellington Square, Oxford OX1 2JD
Tel. +44 (0)1865 (2)82106
E-mail: oxtrec@admin.ox.ac.uk

Mr. Victor Orozco
1818 H St. NW
Washington, DC
20433
USA

18 April 2017

Dear Mr. Orozco,

Full Title of Study: Norms and behaviour of young people in Nigeria: a study using entertainment TV – Follow-up study and Collection of Biomarkers

OXTREC Reference: 564-15

Thank you for your email of the 14 April 2017, in which you have included the annual report. The study continues to have OxTREC approval.

We will update our database accordingly.

Yours sincerely

Ms Sami Kelsh
Research Ethics Administrator, OxTREC

Appendix 9A: SHUGA 3 EVALUATION BASELINE SURVEY

0. COVER PAGE

Enumerator, Team Leader Information

	1. Enumerator	2. Team Leader
Names and Codes of Officers	_____ |__|__|	_____ |__|__|

Identification

3.	a. Town **(see codes for towns below):** |__|	b. Re-enter Town: |__|
4.	a. Screening centre ID: |__|__|	b. Re-enter Screening centre ID: |__|__|
5.	a. Household ID: |__|__|__|	b. Re-enter Household ID: |__|__|__|
6.	a. Invitation Serial Number: |__|__|__|__|__|__|	b. Re-enter Invitation Serial Number: |__|__|__|__|__|__|
7.	Address **(do not include town name)**: _____	
8.	Landmark: _____	
9.	Location coordinates: a. Latitude: |__|__|.|__|__|__|__|__| b. Longitude: |__|__|.|__|__|__|__|__|	
10.	a. Respondent Name: _____ b. Respondent Surname: _____	
11.	Mobile phone number a. |__|__|__|__|__|__|__|__|__|__|__|__| b. |__|__|__|__|__|__|__|__|__|__|__|__|	Re-enter phone number c. |__|__|__|__|__|__|__|__|__|__|__|__| d. |__|__|__|__|__|__|__|__|__|__|__|__|
Codes for Towns:	1 = Ibadan 2 = Oyo 3 = Ogbomosho 4 = Oshogbo 5 = Ilesha 6 = Ife 7 = Akure	

	CONTACTS IF LEAVING THE CITY
1.	In case you leave the city, can you tell us the names of two friends or family members who are sure to know where you are, and how to contact you? These should be friends or family that we could find in your city if you moved away.

	Contact 1	**Contact 2**
2.	First name:	First name:
3.	Family name:	Family name:
4.	Relation to you:	Relation to you:
5.	State:	State:
6.	Town:	Town:
7.	Phone number: |__|__|__|__|__|__|__|__|__|__|	Phone number: |__|__|__|__|__|__|__|__|__|__|

SHUGA 3 EVALUATION BASELINE SURVEY

1. DEMOGRAPHICS

	Demographics		
1.	Gender	MALE ..... 1 FEMALE 2	
2.	What is your religion?	CHRISTIAN - CATHOLIC..... 1 OTHER CHRISTIAN ..... 2 TRADITIONAL RELIGION..... 3 MUSLIM..... 4 NOT RELIGIOUS ..... 5 OTHER (SPECIFY) _____ 6	
3.	What is your own language?	YORUBA ..... 1 IGBO ..... 2 HAUSA ..... 3 OTHER (SPECIFY) _____ 5	
4.	What language do you **mainly** speak in this house? *PICK ONE*	YORUBA ..... 1 IGBO..... 2 PIDGIN ..... 3 ENGLISH ..... 4 OTHER (SPECIFY) _____ 5	
5.	What other languages apart from the main language do you speak? *TICK ALL THAT APPLY*	YORUBA ..... 1 IGBO..... 2 PIDGIN ..... 3 ENGLISH ..... 4 OTHER (SPECIFY) _____ 5	
6.	In what month and year were you born? *WRITE -99 IF "DON'T KNOW"*	MONTH: |__|__| YEAR: |__ |__|__|__|	
7.	How old were you at your last birthday?	|__|__|	

	RECORD AGE IN COMPLETED YEARS		
8.	Are you currently attending school?	YES ..... 1 NO 2	→ 11
9.	What level are you at: secondary, or higher?	PRIMARY ..... 1 JUNIOR SECONDARY ..... 2 SENIOR SECONDARY ..... 3 HIGHER 4	→15
10.	What class are you in?	|__|	→14
11.	Have you ever attended school?	YES ..... 1 NO 2	→ 15
12.	What is the highest level of school you attended: primary, junior secondary, senior secondary, or higher?	PRIMARY ..... 1 JUNIOR SECONDARY ..... 2 SENIOR SECONDARY ..... 3 HIGHER 4	→ 15
13.	What is the highest class you completed at that level?	|__|	
14.	Now I would like you to read this sentence to me: *SHOW CARD TO RESPONDENT.* *IF RESPONDENT CANNOT READ THE WHOLE SENTENCE, ASK: Can you read any part of the sentence to me?*	ABLE TO READ WHOLE SENTENCE WITHOUT PAUSING ..... 1 ABLE TO READ WHOLE SENTENCE WITH PAUSES ..... 2 ABLE TO READ ONLY PARTS OF SENTENCE ... 3 CANNOT READ AT ALL 4	
15.	Did you do any work during the last 30 days for which you were paid?	YES ..... 1 NO 2	→ 17
16.	Have you done any work in the last 12 months in which you were paid?	YES ..... 1 NO 2	→ 20
17.	For how many months did you work in the last 12 months? *IF LESS THAN 1, WRITE 1.*	|__|__|	

18.	In your current or last job, were you a wage employee, casual worker, apprentice, family employee or self-employed? IF WAGE EMPLOYEE: Do/did you work for the government, a business or a non-governmental organisation?	WAGE EMPLOYEE – GOVERNMENT ..... 1 WAGE EMPLOYEE - BUSINESS OR NON-GOVERNMENTAL ORGANISATION ..... 2 CASUAL WORKER ..... 3 APPRENTICE ..... 4 FAMILY EMPLOYEE ..... 5 TRADER ..... 6 SELF-EMPLOYED (OTHER) ..... 7 OTHER (SPECIFY) _____ 11	
19.	How much [do/did] you earn? *RECORD EITHER MONTHLY OR WEEKLY OR DAILY EARNINGS.*	MONTHLY: |__|__|__|__|__|__| OR WEEKLY: |__|__|__|__|__| OR DAILY: |__|__|__|__|__|	
20.	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL 4	
21.	DO NOT ASK, OBSERVE: What are the walls of the main dwelling predominantly made of?	POLES AND MUD ..... 1 UNBURNT BRICKS ..... 2 COMPACTED EARTH ..... 3 BURNT BRICKS ..... 4 GRASS ..... 5 BAMBOO ..... 6 IRON SHEETS ..... 7 CEMENT BLOCKS ..... 8 WOOD PLANKS ..... 10 OTHER (SPECIFY) _____ 11	
22.	IF LIVING WITH FAMILY: Does the family own, rent or get this house for free? IF NOT LIVING WITH FAMILY: Do you rent or own this house, or do you get it for free?	OWNED ..... 1 FREE ..... 2 SUBSIDIZED 3	

		RENT (REGULAR PAYMENTS) ..... 4 UNAUTHORIZED TENANCY ..... 5 OTHER (SPECIFY) _____ 6		
23.	What type of toilet facility does your household usually use?	COVERED PIT LATRINE – PRIVATE ..... 1 COVERED PIT LATRINE – SHARED ..... 2 UNCOVERED PIT LATRINE ..... 3 FLUSH TOILET – PRIVATE ..... 4 FLUSH TOILET – SHARED ..... 5 BUSH ..... 6 OTHER (SPECIFY) _____ 9		
24.	Does your household have the following items which are in good working order:	YES	NO	
a.	Electricity - NEPA?	1	2	
b.	A radio?	1	2	
c.	A television?	1	2	
d.	A mobile phone?	1	2	
e.	A landline?	1	2	
f.	A refrigerator?	1	2	
g.	A cable TV, for example DSTV, StarTimes TV, M-Net, HiTV?	1	2	
h.	A generator?	1	2	
i.	Airconditioner ?	1	2	
j.	A computer or laptop?	1	2	
k.	Electric iron ?	1	2	
25.	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL 4		
26.	Do you watch TV series, I mean the shows that continue from one week to the next?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK 2		

	If yes, how often: almost every day, at least once a week, or less than once a week or not at all?	LESS THAN ONCE A WEEK ..... 3 NOT AT ALL 4	→ 28
27.	Which channel do you usually watch TV series on?	NTA ..... 1 AIT ..... 2 DSTV ..... 3 STAR TIMES TV ..... 4 M-NET ..... 5 OTHER CABLE TV (SPECIFY) _____ 6 OTHER TV STATIONS (SPECIFY) _____ 7	
28.	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY .....1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL 4	
29.	Do you browse the Internet al.most every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL 4	

HOUSEHOLD ROSTER

I'm now going to ask you some questions about all members in your household. By household members, I mean all the people who normally live together and eat their meals 'from the same pot'. Please tell me who lives in this household.

NOTE: Wait for respondent to answer, then read: I will ask now ask you some questions about each household member, **starting with yourself.**

30.	31.	32.
Relationship to the respondent	Age	Gender
1=Respondent 2=Spouse/Partner 3= Child 4= Father 5= Mother 6= Brother 7= Sister 8=Other relative 9=Non-relative 10=Other -99=Unknown	Write years. If unknown, write -99	1=Male 2=Female

|_0_|_1_|		
|__|__|	|__|__|	|__|
|__|__|	|__|__|	|__|
|__|__|	|__|__|	|__|
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|__|__|	|__|__|	|__|
|__|__|	|__|__|	|__|
|__|__|	|__|__|	|__|

33.	You told me there are […] people living in this household, including yourself. Just to make sure that I have a complete listing. Are there any other persons such as small children or infants that we have not listed?	YES ..... 1 NO 2	→ Add to HH Roster
34.	Who is the **head** of this household? *USE RELATIONSHIP TO RESPONDENT*	RESPONDENT ..... 1 SPOUSE ..... 2 CHILD ..... 3 FATHER ..... 4 MOTHER ..... 5 BROTHER ..... 6 SISTER ..... 7 OTHER RELATIVE ..... 8 NON-RELATIVE .....9 OTHER ..... 10 NO HOUSEHOLD HEAD.....88	→ 39 → 39

	What is the highest level of education achieved by the household head?	NONE ..... 1 SOME PRIMARY ..... 2 COMPLETED PRIMARY ..... 3 SOME SECONDARY ..... 4 COMPLETED SECONDARY ..... 5 SOME UNIVERSITY ..... 6 COMPLETED UNIVERSITY ..... 7 OTHER TERTIARY ..... 8 OTHER (SPECIFY) ..... 9 DON'T KNOW 99	
36.	What is the primary occupation of the household head?	HOUSEWIFE ..... 0 WAGE EMPLOYEE – GOVERNMENT ..... 1 WAGE EMPLOYEE – BUSINESS / NON-GOVERNMENTAL ORGANISATION ..... 2 CASUAL WORKER ..... 3 APPRENTICE ..... 4 FAMILY EMPLOYEE ..... 5 TRADER ..... 6 SELF-EMPLOYED (OTHER) ..... 7 STUDENT ..... 8 UNEMPLOYED ..... 9 SEEKING ADMISSION TO HIGHER EDUCATION ..... 10 OTHER _____ 11 DON'T KNOW 99	
37.	ONLY IF THERE IS A SPOUSE AND THIS PERSON IS NOT THE RESPONDENT: What is the highest level of education achieved by the **head's spouse?**	NONE ..... 1 SOME PRIMARY ..... 2 COMPLETED PRIMARY 3	

		SOME SECONDARY ……. 4 COMPLETED SECONDARY ……. 5 SOME UNIVERSITY ……. 6 COMPLETED UNIVERSITY …….. 7 OTHER TERTIARY ……. 8 OTHER (SPECIFY) ……. 9 DON'T KNOW …….. 99	
38.	ONLY IF THERE IS A SPOUSE AND THIS PERSON IS NOT THE RESPONDENT: What is the primary occupation of the head's spouse?	HOUSEWIFE ……. 0 WAGE EMPLOYEE – GOVERNMENT …….. 1 WAGE EMPLOYEE – BUSINESS / NON-GOVERNMENTAL ORGANISATION ……. 2 CASUAL WORKER ……. 3 APPRENTICE ……. 4 FAMILY EMPLOYEE ……. 5 TRADER …….. 6 SELF-EMPLOYED (OTHER) …….. 7 STUDENT ……. 8 UNEMPLOYED ……. 9 SEEKING ADMISSION TO HIGHER EDUCATION …….. 10 OTHER _____ 11 DON'T KNOW …….. 99	
39.	DO NOT READ: Are the respondent's biological parents listed in Household Roster?	YES, BOTH BIOLOGICAL PARENTS …….. 1 YES, BIOLOGICAL MOTHER ONLY …….. 2 YES, BIOLOGICAL FATHER ONLY …….. 3 NO ……. 4	→ MODULE 2 → ASK 40-42 FOR FATHER ONLY → ASK 40-42 FOR MOTHER ONLY

					→ ASK 40-42 FOR BOTH PARENTS
		CODES:	**a. Mother**	**b. Father**	
40.	Is your [mother / father] still alive?	1=YES 2=NO 3=UNKNOWN	|__|	|__|	
41.	What is the highest level of education attained by your [mother / father]?	1 = NONE 2 = SOME PRIMARY 3 = COMPLETED PRIMARY 4 = SOME SECONDARY 5 = COMPLETED SECONDARY 6 = SOME UNIVERSITY 7 = COMPLETED UNIVERSITY 8 = OTHER TERTIARY 99=UNKNOWN	|__|__|	|__|__|	
42.	ONLY IF MOTHER/FATHER ALIVE: What is your [mother / father]'s primary occupation, I mean the job s/he spends most time doing)?	CODES: 0 = HOUSEWIFE 1 = WAGE EMPLOYEE – GOVERNMENT 2 = WAGE EMPLOYEE – BUSINESS / NON-GOVERNMENTAL ORGANISATION 3 = CASUAL WORKER 4 = APPRENTICE 5 = FAMILY EMPLOYEE 6=TRADER	|__|__|	|__|__|	

		7 = SELF-EMPLOYED (OTHER) 8 = STUDENT 9 = UNEMPLOYED 15=FARMER 11=OTHER 99 = DON'T KNOW			

SHUGA 3 EVALUATION BASELINE SURVEY

2. HIV/AIDS KNOWLEDGE AND ATTITUDES, CONFORMISM

	KNOWLEDGE ABOUT HIV		
1.	Now I would like to talk about HIV and the way it is transmitted.		
2.	How can someone get HIV? DO NOT PROMPT. Tick all that apply.	SEXUAL INTERCOURSE ..... 1 SHARING NEEDLES/RAZORS/BLADES ..... 2 BLOOD TRANSFUSION..... 3 MOTHER TO CHILD TRANSMISSION ..... 4 MOSQUITO BITES ..... 5 EATING/DRINKING FROM THE SAME POT..... 6 OTHER _____7 (SPECIFY)	
3.	Can HIV be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	DURING PREG . . . . . Y N DK DURING DELIVERY . . . Y N DK BREASTFEEDING . . . . Y N DK	
4.	Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
5.	Have you heard about special drugs that people infected with HIV can get from a doctor or a nurse to help them live longer? Do you remember how they are called?	HEARD OF DRUGS, MENTIONED ANTI-RETROVIRALS..... 1 HEARD OF DRUGS, DID NOT MENTION ANTI-RETROVIRALS ..... 2 DID NOT KNOW OF ANY DRUGS 3	→ 7
6.	Have you heard about antiretroviral drugs or ARVs that people infected with HIV can get from a doctor or a nurse to help them live longer?	YES ..... 1 NO ..... 2 DON'T KNOW 8	

7.	What can a person do to reduce their chances of getting HIV? RECORD ALL MENTIONED.	ABSTAIN FROM SEX ..... 1 USE CONDOMS ..... 2 LIMIT SEX TO ONE PARTNER/ STAY FAITHFUL TO ONE PARTNER ..... 3 LIMIT NUMBER OF SEXUAL PARTNERS ..... 4 CIRCUMCISION ..... 5 AVOID SEX WITH PROSTITUTES ..... 6 AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS ..... 7 AVOID BLOOD TRANSFUSION .....8 AVOID SHARING NEEDLES/RAZORS/BLADES .9 AVOID KISSING ..... 10 AVOID MOSQUITO BITES .....11 OTHER: _____.....12 (SPECIFY)	
8.	Suppose a person thinks [he/she] may have been exposed to HIV, for example through sex or through a contaminated blade. Suppose this person immediately goes for an HIV test and it is negative. Can this person be sure that [he/she] has not been infected with HIV?	YES ..... 1 NO 2	→ 11
9.	Why not?	IT IS NECESSARY TO TAKE A SECOND TEST TO BE SURE ..... 1 THESE TESTS CANNOT BE TRUSTED ..... 2 OTHER _____ _____ 3 (SPECIFY)	→ 11 → 11
10.	How many months after the first test should this person go for a second test?	|__|__|	
11.	Where did you learn this information on HIV?	FRIENDS ..... 1 PARENTS/OLDER RELATIVES 2	

	RECORD ALL MENTIONED.	SIBLINGS/COUSINS .....3 SCHOOL ..... 4 OUTREACH FROM OTHER NGO ..... 5 NEWSPAPER/BOOK/MAGAZINE ..... 6 RADIO ..... 7 TELEVISION..... 8 DOCTOR/HEALTH WORKER .....9 INTERNET ..... 10 OTHER: _____ ___ ..... 11 (SPECIFY)	
	HIV TESTING		
12.	I don't want to know the results, but were you ever tested for HIV?	YES ..... 1 NO ..... 2 NO ANSWER..... 8	→ 16 → 16
13.	When was the last time you were tested?	LESS THAN 6 MONTHS AGO ..... 1 6 - 12 MONTHS AGO ..... 2 12 - 23 MONTHS AGO ..... 3 2 OR MORE YEARS AGO 4	
14.	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST..... 1 OFFERED AND ACCEPTED ..... 2 REQUIRED 3	
15.	I don't want to know the results, but did you get the results of the test?	YES ..... 1 NO ..... 2 NO ANSWER..... 8	
16.	Do you know of a place where people can go to get tested for HIV?	YES ..... 1 NO 2	→ 18
17.	What is the name and location of the place?	NAME: _____	

18.	Do you personally know someone who has or is suspected to have HIV?	YES ..... 1 NO 2	

	STIGMA – OWN		
19.	READ THE FOLLOWING INSTRUCTIONS Now I will ask you some questions about how you and others in your community feel about people who have HIV. There is no right or wrong answer, so please say what people in this community think. I will first ask about your own opinion. Then I will ask you about other people's opinion. And then I will ask you if you are certain or uncertain about other people's opinion. Let me give you an example. If I ask you if you like egusi soup, you may tell me you like it, or you don't like it. Suppose I then asked you how many out of 20 people your age in your community like egusi soup. If you think many do, you will say 15 or maybe 18 or 19. If you think very few like it, you will say 1 or 2. If you think half of them like it, you will say 10. Now, in some cases you may say that 10 out of 20 people like egusi soup, and you are sure that it is precisely 10. In this case, if ask you if you are very unsure, somewhat unsure, somewhat sure, or very sure about your estimate, you would say "somewhat sure" or "very sure". In other cases, you may estimate that there are 10 people, but you think they could also be 8 or 12, in which case you would say you are "somewhat unsure". If you thought that your answer could take many values, for example from 5 out of 20 to 15 out of 10, you would say "very unsure". Saying "sure" or "unsure" has nothing to do with being right or wrong It is only a matter of whether you think you have precise information or not. Is this clear or should I give another example? NOTE: If the respondent wants another example, ask how many people out of 20 are fan of a specific football team, and let respondent answer alone to see if [he/she] understood].		
20.	If a member of your family got HIV, would you want it to remain a secret?	YES ……1 NO ..... 2 DK/NOT SURE/DEPENDS……3	
21.	If you picked 20 people your age from your community, how many would want it to remain a secret if a member of their family got HIV?	|__|__|	
22.	If you had HIV, would you reveal your status to your partner?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS.....3	

23.	If you picked 20 people your age from your community, how many would reveal their status to their partner if they had HIV?	|__|__|	
24.	How sure are you about this number? Remember, this is not about being right or wrong, but just about how precise is your answer. Are you very sure, somewhat sure, somewhat unsure or very unsure?	VERY SURE …… 1 SOMEWHAT SURE …… 2 SOMEWHAT UNSURE…… 3 VERY UNSURE …… 4	
25.	If you knew that a shopkeeper had HIV/AIDS, would you buy fresh vegetables from him or her?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS……3	
26.	If you picked 20 people your age from your community, how many would buy fresh vegetables from a shopkeeper that has HIV/AIDS?	|__|__|	
27.	Do you think a young boy with HIV should be allowed to play football with other boys?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS……3	
28.	If you picked 20 people your age from your community, how many would think that a young boy with HIV should be allowed to play football with other boys?	|__|__|	
29.	When I asked you about members of this community and how they would treat people with HIV, how sure were you about your answers?	VERY SURE …… 1 SOMEWHAT SURE …… 2 SOMEWHAT UNSURE…… 3 VERY UNSURE …… 4	
30.	Suppose I say: "People with HIV should be blamed for bringing the disease into the community". Do you agree or disagree? Strongly or just [agree/disagree]?	STRONGLY AGREE……1 AGREE..... 2 DISAGREE..... 3 STRONGLY DISAGREE…… 4	
31.	If you picked 20 people your age from your community, how many will agree that	|__|__|	

	"People with HIV should be blamed for bringing the disease into the community"?		
32.	Suppose I say: "HIV/AIDS is a punishment for sleeping around". Do you agree or disagree? Strongly or just [agree/disagree]?	STRONGLY AGREE……..1 AGREE..... 2 DISAGREE..... 3 STRONGLY DISAGREE…….. 4	
33.	If you picked 20 people your age from your community, how many will agree that "HIV/AIDS is a punishment for sleeping around"?	|__|__|	
34.	When I asked you about members of this community and the fact that HIV positive people would be blamed or punished for sleeping around, how sure were you about your answers?	VERY SURE …… 1 SOMEWHAT SURE …… 2 SOMEWHAT UNSURE…….. 3 VERY UNSURE …… 4	
	ATTITUDES – SUGAR DADDIES, SEX BEFORE MARRIAGE AND MULTIPLE PARTNERSHIPS		
35.	Suppose I say: "It is justifiable for a young girl to date an older married man if he offered to finance her education." Do you agree or disagree? Strongly or just [agree/disagree]?	STRONGLY AGREE..... 1 AGREE…… 2 DISAGREE…… …… 3 STRONGLY DISAGREE …….. 4	
36.	If you picked 20 women/men your age from your community, how many do you think will agree that "It is justifiable for a young girl to date an older married man if he offered to finance her education."?	WOMEN: |__|__| MEN: |__|__|	
37.	Suppose I say: "It is justifiable for a young girl to date an older married man if her family had financial problems and he offered to give her money." Do you agree or disagree? Strongly or just [agree/disagree]?	STRONGLY AGREE..... 1 AGREE…… 2 DISAGREE…… …… 3 STRONGLY DISAGREE …….. 4	
38.	If you picked 20 women/men your age from your community, how many do you think will agree that "It is justifiable for a young girl to date an older married man if	WOMEN: |__|__| MEN: |__|__|	

	her family had financial problems and he offered to give her money"?		
39.	Suppose I say: "It is justifiable for a young girl to date an older married man if he offered to buy her clothes, shoes and take her out." Do you agree or disagree? Strongly or just [agree/disagree]?	STRONGLY AGREE ..... 1 AGREE..... 2 DISAGREE..... 3 STRONGLY DISAGREE 4	
40.	If you picked 20 women/men your age from your community, how many do you think will agree that "It is justifiable for a young girl to date an older married man if he offered to buy her clothes, shoes and take her out".	WOMEN: |__|__| MEN: |__|__|	
41.	When I asked you about what members of this community think about a girl dating an older man, how sure were you about your answers?	VERY SURE ..... 1 SOMEWHAT SURE ..... 2 SOMEWHAT UNSURE..... 3 VERY UNSURE 4	
42.	Now I would like to ask you about attitudes and behaviours towards partners.		
43.	Suppose I say: "Men who are not married and are having sex should only have sex with one partner". Do you agree or disagree? Strongly or just [agree/disagree]?	STRONGLY AGREE..... 1 AGREE..... 2 DISAGREE..... 3 STRONGLY DISAGREE 4	
44.	If you picked 20 women/men your age from your community, how many do you think will agree that "Men who are not married and are having sex should only have sex with one partner"?	WOMEN: |__|__| MEN: |__|__|	
45.	Suppose I say: "Women who are not married and are having sex should only have sex with one partner." Do you agree or disagree? Strongly or just [agree/disagree]?	STRONGLY AGREE..... 1 AGREE..... 2 DISAGREE..... 3 STRONGLY DISAGREE 4	

46.	If you picked 20 women/men your age from your community, how many do you think will agree that "Women who are not married and are having sex should only have sex with one partner"?	WOMEN: |__|__| MEN: |__|__|	
47.	If you picked 20 women/men your age from your community who are having sex, how many are having sex with more than one partner?	WOMEN: |__|__| MEN: |__|__|	
48.	When I asked you about members of this community and people having sex with more than one partner, how sure were you about your answers?	VERY SURE …… 1 SOMEWHAT SURE …… 2 SOMEWHAT UNSURE…….. 3 VERY UNSURE …… 4	
49.	Now I would like to ask you about people who influence your views and behaviour in matters related to relationships and HIV.		
50.	Whose opinion or behaviour matter to you when you think about how to behave in relationships with boys/girls? DO NOT PROMPT. TICK ALL THAT APPLY.	MY FATHER.....1 MY MOTHER.....2 MY SIBLINGS.....3 FRIENDS MY AGE.....4 OLDER FRIENDS.....5 RELIGIOUS LEADER.....6 OTHER (SPECIFY)_____.7	
51.	Whose opinion or behaviour matter to you when you think about how to treat people who have HIV? DO NOT PROMT. TICK ALL THAT APPLY.	MY FATHER.....1 MY MOTHER.....2 MY SIBLINGS.....3 FRIENDS MY AGE.....4 OLDER FRIENDS.....5 RELIGIOUS LEADER.....6 OTHER (SPECIFY)_____.7	

CONFORMISM

52.	Here we briefly describe some people. Please listen to each description and think about how much each person is or is not like you. You can answer “very much like me”, “like me”, “somewhat like me”, “a little like me”, “not like me”, or “not like me at all”.		
53.	NOTE TO ENUMERATOR: Show the respondent the card saying: HOW MUCH LIKE YOU IS THIS PERSON? 6 - very much like me 5 - like me 4 - somewhat like me 3 - a little like me 2 - not like me 1 - not like me at all		
	Conformity		
54.	[He/she] believes that people should do what they're told. [He/she] thinks people should follow rules at all times, even when no-one is watching	VERY MUCH LIKE ME ..... 6 LIKE ME ..... 5 SOMEWHAT LIKE ME ..... 4 A LITTLE LIKE ME ..... 3 NOT LIKE ME ..... 2 NOT LIKE ME AT ALL 1	
55.	It is important to [him/her] to always behave properly. [He/she] wants to avoid doing anything people would say is wrong.	VERY MUCH LIKE ME ..... 6 LIKE ME ..... 5 SOMEWHAT LIKE ME ..... 4 A LITTLE LIKE ME ..... 3 NOT LIKE ME ..... 2 NOT LIKE ME AT ALL 1	
56.	[He/she] believes [he/she] should always show respect to [his/her] parents and to older people. It is important to [him/her] to be obedient.	VERY MUCH LIKE ME ..... 6 LIKE ME ..... 5 SOMEWHAT LIKE ME ..... 4 A LITTLE LIKE ME ..... 3 NOT LIKE ME ..... 2 NOT LIKE ME AT ALL 1	
57.	It is important to [him/her] to be polite to other people all the time. [He/she] tries never to disturb or irritate others.	VERY MUCH LIKE ME ..... 6 LIKE ME ..... 5 SOMEWHAT LIKE ME ..... 4 A LITTLE LIKE ME ..... 3 NOT LIKE ME ..... 2 NOT LIKE ME AT ALL 1	
	<u>Tradition</u>		
58.	[He/she] thinks it's important not to ask for more than what you have. [He/she] believes that people should be satisfied with what they have.	VERY MUCH LIKE ME ..... 6 LIKE ME ..... 5 SOMEWHAT LIKE ME ..... 4 A LITTLE LIKE ME ..... 3 NOT LIKE ME ..... 2 NOT LIKE ME AT ALL 1	

59.	Religious belief is important to [him/her]. [He/she] tries hard to do what [his/her] religion requires.	VERY MUCH LIKE ME ..... 6 LIKE ME ..... 5 SOMEWHAT LIKE ME ..... 4 A LITTLE LIKE ME ..... 3 NOT LIKE ME ..... 2 NOT LIKE ME AT ALL 1	
60.	[He/she] thinks it is best to do things in traditional ways. It is important to [him/her] to keep up the customs he has learned.	VERY MUCH LIKE ME ..... 6 LIKE ME ..... 5 SOMEWHAT LIKE ME ..... 4 A LITTLE LIKE ME ..... 3 NOT LIKE ME ..... 2 NOT LIKE ME AT ALL 1	
61.	It is important to [him/her] to be humble and modest. [He/she] tries not to draw attention to [himself/herself].	VERY MUCH LIKE ME ..... 6 LIKE ME ..... 5 SOMEWHAT LIKE ME ..... 4 A LITTLE LIKE ME ..... 3 NOT LIKE ME ..... 2 NOT LIKE ME AT ALL 1	
	Self-Direction		
62.	Thinking up new ideas and being creative is important to [him/her]. [He/she] likes to do things in [his/her] own original way.	VERY MUCH LIKE ME ..... 6 LIKE ME ..... 5 SOMEWHAT LIKE ME ..... 4 A LITTLE LIKE ME ..... 3 NOT LIKE ME ..... 2 NOT LIKE ME AT ALL 1	
63.	It is important to [him/her] to make his own decisions about what [he/she] does. [He/she] likes to be free to plan and to choose what to do [himself/herself].	VERY MUCH LIKE ME ..... 6 LIKE ME ..... 5 SOMEWHAT LIKE ME ..... 4 A LITTLE LIKE ME ..... 3 NOT LIKE ME ..... 2 NOT LIKE ME AT ALL 1	
64.	[He/she] thinks it's important to be interested in things. He likes to be curious and to try to understand all sorts of things.	VERY MUCH LIKE ME ..... 6 LIKE ME ..... 5 SOMEWHAT LIKE ME ..... 4 A LITTLE LIKE ME ..... 3 NOT LIKE ME ..... 2 NOT LIKE ME AT ALL 1	
65.	It is important to [him/her] to be independent. He likes to rely on himself.	VERY MUCH LIKE ME ..... 6 LIKE ME ..... 5 SOMEWHAT LIKE ME ..... 4 A LITTLE LIKE ME ..... 3 NOT LIKE ME ..... 2 NOT LIKE ME AT ALL 1	

SHUGA 3 EVALUTION BASELINE SURVEY

3. BIRTH CONTROL AND SEXUAL ACTIVITY

	MENSTRUATION		
1.	Now I would like to talk about women's health.		
2.	ONLY FOR WOMEN: How old were you when you had your menstrual cycle for the first time? *AGE IN YEARS*	|__|__|	
3.	Between one menstrual flow and another, are there certain days when a woman has a higher chance of getting pregnant if she has sex?	YES ..... 1 NO ..... 2 DON'T KNOW 3	→ 6 → 6
4.	Is this time just before her period begins, during her period, right after her period finished, or halfway between two periods? *TICK ALL THAT APPLY.*	JUST BEFORE HER PERIOD BEGINS ..... 1 DURING HER PERIOD ..... 2 RIGHT AFTER HER PERIOD HAS ENDED ..... 3 HALFWAY BETWEEN TWO PERIODS ..... 4 OTHER (SPECIFY)_____ 5 DON'T KNOW 8	
5.	FOR WOMEN: Do you keep track of your menstrual cycle on a calendar?	YES ..... 1 NO 2	
6.	FOR WOMEN Do you know which day of the month your last menstrual cycle started? FOR MEN: Do you know which day of the month you partner's last menstrual cycle started?	YES ..... 1 NO ..... 2 PREGNANT 3	→ 8
7.	Which day (approximately)?	DAY |__|__| MONTH |__|__|	

	CONTRACEPTION: ATTITUDES & KNOWLEDGE		
8.	Now I would like to talk about birth control - the various ways or methods that people use to delay or avoid a pregnancy. I'll make some statements and I'll need you to give me your opinion. There is no right or wrong answer, I just want to know what you think.		
9.	Suppose I say: "A woman has the right to use birth control without telling her boyfriend/husband if he doesn't want them to use birth control." Do you agree or disagree? Strongly or do you just [agree/disagree]?	STRONGLY AGREE..... 1 AGREE ..... 2 DISAGREE ..... 3 STRONGLY DISAGREE..... 4 DON'T KNOW 5	
10	If a woman asks her partner to use a condom, is it a sign that she does not trust him?	YES ..... 1 NO 2	
11	If a woman brings a condom, will her partner think that she is not serious and lose respect for her?	YES ..... 1 NO 2	
12	In the last few months have you heard about safe sex and condoms on the radio?	YES ..... 1 NO 2	
13	In the last few months have you seen programmes about safe sex and condoms on TV?	YES ..... 1 NO 2	
14	Imagine a married couple who already have several children and don't want to have more. Which ways or methods can they use to avoid pregnancies? *LET THE RESPONDENT ANSWER WITHOUT PROMPTING, AND CIRCLE ALL THAT APPLY.*	CONDOM..... 1 PILL..... 2 WITHDRAWAL..... 3 INJECTABLES..... 4 INTRA-UTERINE DEVICE (IUD)..... 5 DIAPHRAGM..... 6 FOAM OR JELLY..... 7 STERILIZATION..... 8	

		OTHER (SPECIFY) _____ 9	
15	Do you know of a place where someone can get a birth control method, including condoms?	YES ……. 1 NO …….. 2	→ 17
16	Where is that? *ANY OTHER PLACE?*	HOSPITAL ..... 1 FAMILY PLANNING CLINIC ..... 2 PHARMACY/CHEMIST..... 3 SHOP .....4 OTHER (SPECIFY)_____ _____ 9	
17	If you had to go buy a condom, how many minutes would it take you?	LESS THAN 10 MINUTES …… 1 BETWEEN 10 AND 30 MINUTES …… 2 BETWEEN 30 MINUTES AND 1 HOUR ……. 3 MORE THAN 1 HOUR …….. 4 NO ANSWER …….. 5	

	PARTNER INFORMATION		
18	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY. Now I would like to ask you some questions about your relationships. It's not that I want to invade your privacy. We are trying to learn how to make young people's lives safer and happier. Please be open because for our work to be useful to anyone, we need to understand the reality of young people's lives. Remember that all your answers will be kept strictly confidential.		
19	Many young people have boyfriends or girlfriends. Are you dating someone?	YES …….. 1 NO …….. 2 MARRIED …….. 3	
20	What is your relationship status?	SINGLE ……..1	

		IN A RELATIONSHIP (NOT LIVING TOGETHER) …… 2 MARRIED …… 3 LIVING WITH A PARTNER AS IF MARRIED …. 4 DIVORCED …… 5 WIDOWED …… 6	 → 29 → 29 → 29 → 29
21	How old was your partner on [his/her] last birthday? *RECORD AGE IN COMPLETED YEARS.* *WRITE -99 IF "DON'T KNOW".*	|__|__|	
22	Is your partner currently attending school?	YES …… 1 NO …… 2	 → 25
23	What level is [he/she] at: junior secondary, senior secondary, or higher?	PRIMARY …… 1 JUNIOR SECONDARY …… 2 SENIOR SECONDARY …… 3 HIGHER …… 4	 → 28
24	What class is [he/she] in?	|__|	
25	Did your partner ever attend school?	YES …… 1 NO …… 2	 → 28
26	What was the highest level of school [he/she] attended: primary, secondary, or higher?	PRIMARY …… 1 JUNIOR SECONDARY …… 2 SENIOR SECONDARY …… 3 HIGHER …… 4 DON'T KNOW …… 9	 → 28 → 28
27	What was the highest class [he/she] completed at that level? *WRITE -99 IF "DON'T KNOW".*	|__|	
28	What is your partner's occupation? Is [he/she] a wage employee, casual worker,	HOUSEWIFE …… 0 WAGE EMPLOYEE – GOVERNMENT …… 1	

	apprentice, family employee or self-employed? IF WAGE EMPLOYEE, ASK: Does [he/she] work for the government, a business or a non-governmental organisation?	WAGE EMPLOYEE - BUSINESS OR NON-GOVERNMENTAL ORGANISATION ……. 2 CASUAL WORKER …… 3 APPRENTICE …….. 4 FAMILY EMPLOYEE …….. 5 TRADER …… 6 SELF-EMPLOYED (OTHER) …….. 7 STUDENT …… 8 UNEMPLOYED …… 9 SEEKING ADMISSION TO HIGHER EDUCATION ……10 DON'T KNOW ……..11	
	SEXUAL BEHAVIOUR		
29	Now I would like to ask you some questions about sexual activity. You can be sure that everything you say will remain absolutely confidential. Please be open.		
30	Have you ever had sex?	YES …….. 1 NO …….. 2 NO ANSWER …….. 8 NOT SURE …… 9	→ 33
31	What is your main reason for not having ever had sex? *SPONTANEOUS MENTION.* *MORE THAN ONE RESPONSE POSSIBLE.*	NO PARTNER AVAILABLE …… 1 MAIN PARTNER AWAY…….. 2 DO NOT WANT TO HAVE SEX / NOT READY… 3 WAITING FOR MARRIAGE TO HAVE SEX …….. 4 RELIGIOUS REASONS …….. 5 AVOIDING HIV OR OTHER SEXUALLY TRANSMITTED DISEASE …… 6 AVOIDING PREGNANCY OR GETTING SOMEONE PREGNANT …….. 7 DON'T LIKE SEX …….. 8 FAMILY/COMMUNITY WOULD DISAPPROVE 9	

		OTHER (SPECIFY)_____10	
32	The first time you will have sex, do you plan to use a condom?	YES ..... 1 NO ..... 2 NOT SURE/DEPENDS 8	ANY ANSWER → MODULE 4
33	Have you ever used a condom?	YES ..... 1 NO ..... 2 NO ANSWER ..... 8 DON'T KNOW 9	
34	How old were you when you had sex for the very first time? *RECORD AGE IN YEARS. WRITE -99 IF "DON'T KNOW", -88 IF NO ANSWER.*	|__|__|	
35	The first time you had sex, was a condom used?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER 8	
	PARTNERSHIP TABLE		
36	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.		
37	Have you had sex during the last 6 months?	YES ..... 1 NO ..... 2 REFUSE TO ANSWER..... 8	→ 39
38	What is your main reason for not having had sex in the previous 6 months? *SPONTANEOUS MENTION.* *MORE THAN ONE RESPONSE POSSIBLE.*	NO PARTNER AVAILABLE ..... 1 MAIN PARTNER AWAY..... 2 DO NOT WANT TO HAVE SEX ..... 3 WAITING FOR MARRIAGE TO HAVE SEX 4	

		RELIGIOUS REASONS …….. 5 AVOIDING HIV OR OTHER SEXUALLY TRANSMITTED DISEASE …….. 6 AVOIDING PREGNANCY OR GETTING SOMEONE PREGNANT …….. 7 DON'T LIKE SEX …….. 8 OTHER (SPECIFY)_____ 9			
39	IF IN A RELATIONSHIP/MARRIED: I would like to ask you a few questions about your main partner/spouse. I do not need to know who [she/he] is, so let's just call [him/her] X:				
40	IF SINGLE: I would like to ask you a few questions about the person that you most recently had sex with. I do not need to know who [she/he] is, so let's just call [him/her] X:				
		X…	X2…	X3…	
41	How old is [X / X2 /X3]? *IF "DON'T KNOW", ASK THE RESPONDENT TO APPROXIMATE THE AGE.*	|__|__|	|__|__|	|__|__|	
42	How would you describe your relationship with him/her? *READ OUT OPTIONS*	MARRIED ..... 1 LIVING TOGETHER … 2 MAIN PARTNER ..... 3 A FRIEND.....4 SOMEONE I'VE KNOWN FOR A WHILE ……. 5 SOMEONE I JUST MET .... 6 ONE NIGHT ENCOUNTER 7 OTHER -SPECIFY	MARRIED ..... 1 LIVING TOGETHER … 2 MAIN PARTNER ..... 3 A FRIEND.....4 SOMEONE I'VE KNOWN FOR A WHILE ……. 5 SOMEONE I JUST MET .... 6 ONE NIGHT ENCOUNTER 7 OTHER -SPECIFY	MARRIED ..... 1 LIVING TOGETHER … 2 MAIN PARTNER ..... 3 A FRIEND.....4 SOMEONE I'VE KNOWN FOR A WHILE ……. 5 SOMEONE I JUST MET .... 6 ONE NIGHT ENCOUNTER 7 OTHER -SPECIFY	→50

		_____ 8	_____ 8	_____ 8	
43	When did this relationship begin? *WRITE –99 if "DON'T KNOW".*	MONTH: |__|__| YEAR: |__|__|__|__|	MONTH: |__|__| YEAR: |__|__|__|__|	MONTH: |__|__| YEAR: |__|__|__|__|	
44	Is this relationship still going on?	YES ..... 1 NO 2	YES ..... 1 NO 2	YES ..... 1 NO 2	→ 46
45	How long did it last? *RECORD IN DAYS IF LESS THAN 1 WEEK, IN WEEKS IF LESS THAN 1 MONTH, IN MONTHS IF LESS THAN 1 YEAR OR IN YEARS.*	DAYS: |__|__| WEEKS: |__| MONTHS: |__|__| YEARS: |__|__|	DAYS: |__|__| WEEKS: |__| MONTHS: |__|__| YEARS: |__|__|	DAYS: |__|__| WEEKS: |__| MONTHS: |__|__| YEARS: |__|__|	ANY ANSWER → 47
46	Do you expect that you will still be in a relationship with [him/her]… 1. In one week 2. In one month 3. In one year	 YES ..... 1 NO ..... 2 MAYBE ..... 3 YES ..... 1 NO ..... 2 MAYBE ..... 3 YES ..... 1 NO ..... 2 MAYBE 3	 YES ..... 1 NO ..... 2 MAYBE ..... 3 YES ..... 1 NO ..... 2 MAYBE ..... 3 YES ..... 1 NO ..... 2 MAYBE 3	 YES ..... 1 NO ..... 2 MAYBE ..... 3 YES ..... 1 NO ..... 2 MAYBE ..... 3 YES ..... 1 NO ..... 2 MAYBE 3	 → 47 → 47
47	How long had you known this person **before having sex** with [him/her] the first time?	< 1 WEEK ..... 1 2-6 WEEKS.... 2 7 WEEKS – 6 MONTHS..... 3 > 6 MONTHS 4	< 1 WEEK ..... 1 2-6 WEEKS.... 2 7 WEEKS – 6 MONTHS..... 3 > 6 MONTHS 4	< 1 WEEK ..... 1 2-6 WEEKS.... 2 7 WEEKS – 6 MONTHS..... 3 > 6 MONTHS 4	
48	IF WOMAN: In the last year, did [X / X2 / X3] give you money or gifts because you had sex with him? IF MAN: In the last year, did you give	YES ..... 1 NO 2	YES ..... 1 NO 2	YES ..... 1 NO 2	

	money or gifts to [X / X2 / X3] because she had sex with you?	YES ……. 1 NO …….. 2	YES ……. 1 NO …….. 2	YES ……. 1 NO …….. 2	
49	How often do you usually have sex with [X / X2 / X3]? *READ OUT OPTIONS. ONE RESPONSE ONLY.*	JUST THIS ONCE ..... 1 ONCE IN WHILE..... 2 1-2 TIMES A MONTH …… 3 ONCE A WEEK ..... 4 MORE THAN ONCE A WEEK …….. 5	JUST THIS ONCE ..... 1 ONCE IN WHILE..... 2 1-2 TIMES A MONTH …… 3 ONCE A WEEK ..... 4 MORE THAN ONCE A WEEK …….. 5	JUST THIS ONCE ..... 1 ONCE IN WHILE..... 2 1-2 TIMES A MONTH …… 3 ONCE A WEEK ..... 4 MORE THAN ONCE A WEEK …….. 5	
50	Did you use a condom the last time you had sex with this person?	YES ……. 1 NO …….. 2 UNSURE ……. 3	YES ……. 1 NO …….. 2 UNSURE ……. 3	YES ……. 1 NO …….. 2 UNSURE ……. 3	→53 →54
51	Who suggested using a male condom that last time?	MYSELF ..... 1 MY PARTNER 2 JOINT DECISION .... 3 DON'T KNOW 8	MYSELF ..... 1 MY PARTNER 2 JOINT DECISION .... 3 DON'T KNOW 8	MYSELF ..... 1 MY PARTNER 2 JOINT DECISION .... 3 DON'T KNOW 8	
52	Why did you use a condom? *TICK ALL THAT APPLY.* *PROBE: IF THEY SAY PARTNER INSISTED, ASK WHY THE PARTNER WANTED TO USE A CONDOM.*	PREVENT PREGNANCY .1 PREVENT HIV.2 PREVENT STDs…… 3 DON'T KNOW ……4	PREVENT PREGNANCY .1 PREVENT HIV.2 PREVENT STDs…… 3 DON'T KNOW ……4	PREVENT PREGNANCY .1 PREVENT HIV.2 PREVENT STDs…… 3 DON'T KNOW ……4	ANY ANSWER →54
53	Why didn't you use a condom this last time?	WANTED TO GET PREGNANT … 1	WANTED TO GET PREGNANT .. 1	WANTED TO GET PREGNANT .. 1	

		PARTNER REFUSED ..... 2 DIDN'T HAVE A CONDOM …… 3 FELT SAFE ..... 4 CANNOT GET PREGNANT/ ALREADY PREGNANT ... 5 OTHER BIRTH CONTROL METHOD USED ..... 6 OTHER -SPECIFY _____ 98	PARTNER REFUSED ..... 2 DIDN'T HAVE A CONDOM …… 3 FELT SAFE ..... 4 CANNOT GET PREGNANT/ ALREADY PREGNANT ... 5 OTHER BIRTH CONTROL METHOD USED ..... 6 OTHER -SPECIFY _____ 98	PARTNER REFUSED ..... 2 DIDN'T HAVE A CONDOM …… 3 FELT SAFE ..... 4 CANNOT GET PREGNANT/ ALREADY PREGNANT ... 5 OTHER BIRTH CONTROL METHOD USED ..... 6 OTHER -SPECIFY _____ 98	
54	Do you know the HIV status of [X / X2 / X3]?	YES ……. 1 NO …….. 2	YES ……. 1 NO …….. 2	YES ……. 1 NO …….. 2	
55	Did you have other sexual partners while you were with [X / X2 / X3]?	YES ……. 1 NO …….. 2	YES ……. 1 NO …….. 2	YES ……. 1 NO …….. 2	→ 57
56	Did [X / X2 / X3] know that you were having sexual relations with someone else while you were seeing [him/her]?	YES ……. 1 NO…….. 2 DON'T KNOW…….. 9	YES ……. 1 NO…….. 2 DON'T KNOW…….. 9	YES ……. 1 NO…….. 2 DON'T KNOW…….. 9	
57	INTERVIEWER – READ ONLY FOR X: Let me assure you again that your answers are completely confidential and will not be told to anyone. Please be very open so that we can learn from your experiences.				
58	Apart from the person(s) we already talked about, have you had sex with anyone else in the last 6 months?	YES ……. 1 NO…….. 2	YES ……. 1 NO…….. 2	YES ……. 1 NO…….. 2	→ 60
59	I don't want to know who this person is, but let's talk about him/her. Let's call this person [X2 / X3].				

	REPEAT SET QUESTIONS ASKED ABOUT THE LAST PARTNER. INCLUDE MAX 3 PARTNERS				

60	During the LAST 6 MONTHS, did you have sex with more than one person during the same month?	YES ……. 1 NO ……. 2	
61	How many sexual partners do you CURRENTLY have? *WRITE NUMBER BUT DON'T RESTRICT.*	|__|__|	

	CONTRACEPTION: USE		
62	FOR WOMEN: Have you ever given birth?	YES ……. 1 NO ……. 2	→ 64
63	FOR WOMEN: How many times have you given birth?	|__|	
64	FOR WOMEN: Are you currently pregnant?	YES ……. 1 NO ……. 2 UNSURE ……. 3	
65	FOR WOMEN: ONLY IF NOT PREGNANT OR UNSURE: Are you currently doing something or using any method to delay or avoid getting pregnant? FOR MEN: Are you currently doing something or using any method to avoid getting someone pregnant?	YES ……. 1 NO ……. 2 YES ……. 1 NO ……. 2	→ 67 → 67
66	Are you currently using condoms?	YES ……. 1 NO ……. 2	→ 68 → 72
67	Which method are you using?	CONDOM……. 1	

	CIRCLE ALL MENTIONED.	PILL..... 2 WITHDRAWAL..... 3 INJECTABLES..... 4 INTRA-UTERINE DEVICE (IUD)..... 5 DIAPHRAGM..... 6 FOAM OR JELLY..... 7 STERILIZATION..... 8 OTHER (SPECIFY) _____ 9	
68	IF CONDOM IS MENTIONED: You told me that you are currently using condoms. What brand name of the condoms did you use the last time you had sex?	GOLD CIRCLE ..... 1 DUREX ..... 2 ROUGH RIDER ..... 3 TWIN LOTUS ..... 4 OTHER (SPECIFY) _____ _ 6 DON'T KNOW 7	
69	IF USING BIRTH CONTROL& METHOD DIFFERENT FROM CONDOM OR WITHDRAWAL: Does your partner know that you are using a birth control method?	YES ..... 1 NO ..... 2 DON'T KNOW..... 3	→ MODULE 4
70	Would you say that using birth control or condoms is mainly your decision, mainly your partner's decision, or do you both decide together?	MAINLY RESPONDENT ..... 1 MAINLY PARTNER ..... 2 JOINT DECISION ..... 3 OTHER (SPECIFY) _____ 6	→ MODULE 4 → MODULE 4 → MODULE 4
71	In case of disagreement, who really decides?	MAINLY RESPONDENT ..... 1 MAINLY PARTNER ..... 2 OTHER (SPECIFY) _____ 6	ANY ANSWER → MODULE 4
72	IF NOT USING BIRTH CONTROL: You have said that you are not using any method to avoid pregnancy. Can you tell me why you are not using any method? Any other reason?	NOT HAVING SEX ..... 1 FATALISTIC ..... 2 RESPONDENT OPPOSED ..... 3 PARTNER OPPOSED 4	

	RECORD ALL REASONS MENTIONED	RELIGIOUS PROHIBITION …… 5 KNOWS NO METHOD …….. 6 WANTS TO HAVE A CHILD..... 7 BREASTFEEDING …… 8 FEAR OF SIDE EFFECTS …….. 9 INCONVENIENT TO USE …….. 10 OTHER (SPECIFY) _____ _ 11	

SHUGA 3 EVALUTION BASELINE SURVEY

4. EXPECTATIONS AND STDS

	EXPECTATIONS MODULE FOR HIV		
1.	READ THE FOLLOWING INSTRUCTIONS I will ask you some questions about the chances or possibility that something will happen. There are 10 beads. I would like you to choose some of these beads and put them down to show what you think are the chances of a certain event happening. **One bead represents one chance out of 10.** If you do not put down any beads, it means that you think that the event will NOT happen. As you add beads, it means that you think the chances that the event happens increase. **NOTE: USE THE BEANS TO GIVE AN EXAMPLE. READ:** Let me give you an example. I have family in Abuja. If you ask me what are the chances that I see my family in Abuja tonight, I will tell you there is no chance and I will not put down any beans. If you ask me what are the chances that I do interviews next week, it's for sure, so I will put down all 10 beans. If you asked me what are the chances that my sister calls me on the phone this evening, I will put down 5 beans because I think the chances are 50-50. If you asked me what are the chances that my cousin calls me, I will only put down 1 or 2 beans because I don't speak to him often. **NOTE: NOW GIVE THE BEANS TO THE RESPONDENT. READ:** Now, take the beans. Suppose I asked you: • What are the chances of you eating dinner tonight? • What are the chances of you eating dinner in the nicest restaurant in town? Let's try a few other examples.		
2.	Imagine that you have 10 eggs in a bag: 2 white and 8 brown. If you pick one of these eggs without looking, what are the chances that you pick a brown egg?	Number of beads: |__|__|	
3.	What are the chances that you will go to the market between today and tomorrow?	Number of beads: |__|__|	
4.	What are the chances that you will go to the market at least once between today and 2 weeks from now?	Number of beads: |__|__|	
5.	What are the chances that you go to Lagos today?	Number of beads: |__|__|	

6.	What are the chances that you buy phone credit or someone gives it to you in the next one month?	Number of beads: |__|__|	
7.	I will ask you some more questions, and for these questions I would also like to know if you feel that the chances that you tell me are a number that you can precisely estimate, or a number that could be a bit higher or a bit lower. I will ask you if you are very sure, somewhat sure, somewhat unsure, or very unsure. This has nothing to do with being right or wrong, but just with how certain a given answer is for you. For example, if I toss a coin and you ask me what are the chances that it is head, I will put down 5 beans because the chances are 50:50. If you ask me if I am sure, I will say "very sure" because I know for a fact that the chances are 50:50. Now if you ask me what are the chances that it will rain tomorrow, I will put down 7 beans because I think the chances are high, I think they are 7 out of 10. But if you ask me if I am very sure, somewhat sure, somewhat unsure, or very unsure, I would say "somewhat unsure" because I think they may not necessarily be 7 out of 10, maybe they are 6 or 8 out of 10. If I thought that the chances could take many values, for example from 3 out of 10 to 9 out of 10, I would say "very unsure". So there is nothing bad about saying that I am unsure, it is only a matter of whether I think I have precise information about this chance, or not very precise information.		
8.	Now I would like to ask you about the chances of other events related to health.		
9.	What are the chances that you are CURRENTLY infected with malaria? Please place more beads, the more likely you think it is.	Number of beads: |__|__|	
10.	What are the chances that you will be infected with malaria in the next 2 years <u>if you don't sleep under a bednet</u>?	Number of beads: |__|__|	
11.	What are the chances that you will be infected with malaria in the next 2 years <u>if you sleep every day under a bednet</u>?	Number of beads: |__|__|	
12.	How sure are you about all these chances of being infected with malaria? READ OPTIONS	VERY SURE …… 1 SOMEWHAT SURE …… 2 SOMEWHAT UNSURE…….. 3 VERY UNSURE …… 4	
13.	What are the chances that you CURRENTLY have HIV?	Number of beads: |__|__|	

14.	What are the chances that you will have sex in the next 2 years?	Number of beads: |__|__|	
15.	What are the chances that you will be infected with HIV/AIDS in the next 2 years if you have sex and you don't use a condom?	Number of beads: |__|__|	
16.	What are the chances that you will be infected with HIV/AIDS in the next 2 years if you have sex and you use a condom every time you have sex?	Number of beads: |__|__|	
17.	How sure are you about all these chances of you being infected with HIV/AIDS? READ OPTIONS	VERY SURE ..... 1 SOMEWHAT SURE ..... 2 SOMEWHAT UNSURE..... 3 VERY UNSURE 4	
18.	ONLY IF IN A RELATIONSHIP OR MARRIED: What are the chances that your partner is CURRENTLY infected with HIV/AIDS?	Number of beads: |__|__|	
19.	ONLY IF IN A RELATIONSHIP OR MARRIED: Are you sure or unsure about this chance? READ OPTIONS	VERY SURE ..... 1 SOMEWHAT SURE ..... 2 SOMEWHAT UNSURE..... 3 VERY UNSURE 4	
20.	What are the chances that a person your age in this community CURRENTLY has HIV?	Number of beads: |__|__|	
21.	What are the chances that a person your age in this community will be infected with HIV/AIDS in the next 2 years if they have sex and they don't use a condom?	Number of beads: |__|__|	
22.	What are the chances that a person your age in this community will be infected with HIV/AIDS in the next 2 years if they use a condom every time they have sex?	Number of beads: |__|__|	
23.	How sure are you about all these chances of people your age in this community being infected with HIV/AIDS? READ OPTIONS	VERY SURE ..... 1 SOMEWHAT SURE ..... 2 SOMEWHAT UNSURE..... 3	

		VERY UNSURE 4	
	OWN HIV RISK – REASONS		
24.	Do you think your chances of getting HIV/AIDS in the next 2 years are great, moderate, small or you have no chance at all?	GREAT ..... 1 MODERATE ..... 2 SMALL ..... 3 NO CHANCE AT ALL ..... 4 HAS HIV/AIDS ..... 5 DON'T KNOW 8	→ 26 → 26 → 27
25.	IF GREAT/MODERATE: Why do you think so? *DO NOT READ OPTIONS.* *MULTIPLE RESPONSES POSSIBLE.*	DON'T/DIDN'T USE CONDOMS ..... 1 PARTNER IS OR WAS UNFAITHFUL ..... 3 MORE THAN ONE SEX PARTNER ..... 4 TOO MANY SEX PARTNERS ..... 5 HAVE/HAD SEX WITH PROSTITUTES/ SEX WORKERS ..... 6 I AM/WAS UNLUCKY ..... 7 MY ANCESTORS ARE/WERE ANGRY WITH ME/DO NO PROTECT ME ..... 8 OTHER (SPECIFY) _____ 9	
26.	IF SMALL/NO CHANCE AT ALL: Why do you think so? *DO NOT READ OPTIONS.* *MULTIPLE RESPONSES POSSIBLE.*	HAVE NEVER HAD SEX BEFORE ..... 1 NOW ABSTAINING FROM SEX ..... 2 FAITHFUL TO ONE PARTNER/ TRUST MY PARTNER ..... 3 ALWAYS USE CONDOMS ..... 4 DO NOT HAVE SEX WITH PROSTITUTES/SEX WORKERS ..... 5 DO NOT SHARE USED NEEDLES OR BODY PIERCING INSTRUMENTS ..... 6 KNOW THAT BOTH MY PARTNER AND I HAVE TESTED NEGATIVE FOR HIV & AIDS .. 7	

		MY ANCESTORS PROTECT ME ..... 8 GOD PROTECTS ME ..... 9 I AM LUCKY ..... 10 OTHER (SPECIFY)_____ 11	
	OTHER STDs		
27.	Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?	YES ..... 1 NO 2	
28.	MALE RESPONDENT: Sometimes, men experience an abnormal discharge or pus from their penis. Did you ever have an abnormal discharge from your penis? FEMALE RESPONDENT: Sometimes, women experience abnormal discharge from their vagina. Did you ever have an abnormal discharge from your vagina?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 3 YES ..... 1 NO ..... 2 DON'T KNOW 3	→30 →30
29.	Was this during the last 6 months?	YES ..... 1 NO 2	
30.	MALE RESPONDENT: Sometimes, men have a sore or wound on their penis. Did you ever have a sore or wound on your penis? FEMALE RESPONDENT: Sometimes, women have a sore or wound on their vagina. Did you ever have a sore or wound on your vagina?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 3 YES ..... 1 NO ..... 2 DON'T KNOW 3	→32 →32
31.	Was this during the last 6 months?	YES ..... 1 NO 2	

32.	If respondent says YES to either question about STDs:		
33.	The last time you had these symptoms, did you go for treatment?	YES ..... 1 NO 2	
34.	ONLY IF RESPONDENT HAS HAD SEX IN THE PAST 6 MONTHS: When you had these symptoms, did you tell the person(s) with whom you were having sex?	YES, ALL ..... 1 YES, SOME ..... 2 NO ..... 3 NO PARTNER 4	→ MODULE 5
35.	ONLY IF RESPONDENT HAS HAD SEX IN THE PAST 6 MONTHS: When you had the problems, did you do anything to avoid infecting your sexual partner?	YES ..... 1 NO ..... 2 PARTNER ALREADY INFECTED 3	→ MODULE 5 → MODULE 5
36.	ONLY IF RESPONDENT HAS HAD SEX IN THE PAST 6 MONTHS: What did you do to avoid infecting your partner?	USED MEDICINE ..... 1 STOPPED HAVING SEX ..... 2 USED CONDOM ..... 3 OTHER 4	

SHUGA 3 EVALUTION BASELINE SURVEY

5A. ITEM LISTS

NOTE: Some questions will be for women only, some for men only.

READ: Now I'm going to read some statements about many different things. Some of these statements will be true and some will not. After I read all statements, please tell me HOW MANY of them are true for you. **I don't want to know which ones, just how many** .

Let's try with an example first. Suppose I read you 4 statements. After I read each statement, I want you to count with your fingers if it is true, and keep track without showing to me. I will then ask you how many are true. Let me demonstrate first.

NOTE: READ THE STATEMENTS BELOW AND SHOW THEM HOW YOU ARE COUNTING:

1. I went to the movies with my best friend on Sunday
2. I had dinner last night
3. I can speak French
4. Abuja is the capital of Nigeria

I will now read you the statements. As I'm reading, count with your fingers without showing me. At the end, you'll tell me how many are true for you.

1. You went to the movies with your best friend on Sunday
2. You had dinner last night
3. You can speak French
4. Abuja is the capital of Nigeria

How many of these statements are true?

	WOMEN ONLY		
1.	LIST 1 1. You have been to Cotonou 2. Nigerians love football 3. You have two or three friends that you can always depend on if you need money 4. Sometimes your partner hits you when he gets angry 5. You have watched the movie "An uncomfortable truth"	Number of true statements |__|	
2.	LIST 2	Number of true statements |__|	

	1. You love reading history books and you buy one every week 2. You know someone who has been to prison 3. You have a sister who has two children 4. Schools should spend more time teaching young people about health.		
3.	LIST 3 1. You have at least one friend who offers sex for money 2. When your partner is violent with you, you talk about it with someone. 3. You have read a novel in the past month and discussed it with a friend. 4. If you got a gift of money, you would use some to buy something for yourself. 5. You enjoy talking about fashion with your friends.	Number of true statements |__|	
4.	LIST 4 1. Last time you injured yourself you went to the hospital 2. You have never smoked a cigarette 3. Over-speeding can kill 4. If you had to call your doctor, you know his/her phone number by heart	Number of true statements |__|	
5.	LIST 5 1. There are 36 States in Nigeria 2. You have stolen money from your parents before 3. You like to hang out with your friends in clubs 4. Your best friend buys a brand new car every year 5. You have slept with a married man in exchange for money or gifts	Number of true statements |__|	
6.	LIST 6 1. You are good at listening and your friends trust you with their secrets 2. Children should wash their hands before they eat.	Number of true statements |__|	

	3. If you get pregnant, you would like to get antenatal care from a hospital 4. You travel to South Africa with your family every year		

	MEN ONLY		
1.	LIST 1 1. You have been to Cotonou. 2. Nigerians love football 3. You have two or three friends that you can depend on if you need money 4. Sometimes you hit your partner when you get angry 5. You have watched the movie "An uncomfortable truth"	Number of true statements |__|	
2.	LIST 2 1. You love reading history books and you buy one every week 2. You know someone who has been to jail- 3. You have a sister who has two children 4. Schools should spend more time teaching young people about health	Number of true statements |__|	
3.	LIST 3 1. There are 36 States in Nigeria 2. You have stolen money from your parents before 3. You like to hang out with your friends in clubs 4. Your best friend buys a brand new car every year 5. You have given money or gifts to a younger woman so she would sleep with you	Number of true statements |__|	

6.	LIST 4 1. You are good at listening and your friends trust you with their secrets 2. Children should wash their hands before eating 3. If your wife got pregnant, you would like her to get antenatal care from a hospital 4. You travel to South Africa with your family every year	Number of true statements |__|	

SHUGA 3 EVALUTION BASELINE SURVEY

5B. ITEM LISTS

NOTE: Some questions will be for women only, some for men only.

READ: Now I'm going to read some statements about many different things. Some of these statements will be true and some will not. After I read all statements, please tell me HOW MANY of them are true for you. **I don't want to know which ones, just how many**.

Let's try with an example first. Suppose I read you 4 statements. After I read each statement, I want you to count with your fingers if it is true, and keep track without showing to me. I will then ask you how many are true. Let me demonstrate first.

NOTE: READ THE STATEMENTS BELOW AND SHOW THEM HOW YOU ARE COUNTING:

1. I went to the movies with my best friend on Sunday
2. I had dinner last night
3. I can speak French
4. Abuja is the capital of Nigeria

I will now read you the statements. As I'm reading, count with your fingers without showing me. At the end, you'll tell me how many are true for you.

1. You went to the movies with your best friend on Sunday
2. You had dinner last night
3. You can speak French
4. Abuja is the capital of Nigeria

How many of these statements are true?

	WOMEN ONLY		
1.	LIST 1 1. You have been to Cotonou 2. Nigerians love football 3. You have two or three friends that you can always depend on if you need money. 4. You have watched the movie "An uncomfortable truth"	Number of true statements |__|	
2.	LIST 2 1. You love reading history books and you buy one every week. 2. You know someone who has been to prison	Number of true statements |__|	

	3. You have a sister who has two children 4. Schools should spend more time teaching young people about health 5. It happened that your partner forced you to have sex when you did not want to		
3.	LIST 3 1. You have at least one friend who offers sex for money 2. You have read a novel in the past month and discussed it with a friend. 3. If you got a gift of money, you would use some to buy something for yourself. 4. You enjoy talking about fashion with your friends.	Number of true statements |__|	
4.	LIST 4 1. Last time you injured yourself you went to the hospital 2. Last time your partner forced you to have sex, you talked about it with someone 3. You have never smoked a cigarette 4. Over-speeding can kill 5. If you had to call your doctor, you know his/her phone number by heart	Number of true statements |__|	
5.	LIST 5 1. There are 36 States in Nigeria 2. You have stolen money from your parents before 3. You like to hang out with your friends in clubs 4. Your best friend buys a brand new car every year	Number of true statements |__|	
6.	LIST 6 1. You are good at listening and your friends trust you with their secrets 2. Children should wash their hands before they eat 3. If you had HIV, you would not reveal your status to your partner	Number of true statements |__|	

	4. If you get pregnant, you would like to get antenatal care from a hospital 5. You travel to South Africa with your family every year		

	MEN ONLY		
1.	LIST 1 1. You have been to Cotonou 2. Nigerians love football 3. You can always count on two or three friends if you need help 4. You have watched the movie "An uncomfortable truth"	Number of true statements |__|	
2.	LIST 2 1. You love reading history books and you buy one every week. 2. You know someone who has been to jail. 3. You have a sister who has two children. 4. Schools should spend more time teaching young people about health. 5. It happened that you forced your partner to have sex when she did not want to	Number of true statements |__|	
3.	LIST 3 1. There are 36 States in Nigeria 2. You have stolen money from your parents before 3. You like to hang out with your friends in clubs 4. Your best friend buys a brand new car every year	Number of true statements |__|	
4.	LIST 4	Number of true statements |__|	

	1. You are good at listening and your friends trust your with their secrets 2. Children should wash their hands before eating 3. If you had HIV, you would not reveal your status to your partner 4. If your wife got pregnant, you would like her to get antenatal care from a hospital 5. You travel to South Africa with your family every year		

SHUGA 3 EVALUATION BASELINE SURVEY

6. TIME AND RISK PREFERENCES

Imagine that you were a participant in a game where someone asks you to choose between different options where you can win some money. This is an **imaginary and not a real situation** but please try to answer as if you were really given that choice.

TIME PREFERENCES

1 – Suppose you win a prize. You can choose between receiving an amount of money today, or receiving another amount 1 week from today. Would you choose to receive (Option A) or to receive (Option B)?

(We can try using cards with amounts written on them, so that subjects clearly see the choice.)

Alternative	**Option A** **Receive today**	**Option B** **Receive 1 week from today**	**Option preferred (circle A or B)**	
1	₦ 100	₦ 400	A	B
2	₦ 150	₦ 400	A	B
3	₦ 200	₦ 400	A	B
4	₦ 250	₦ 400	A	B
5	₦ 300	₦ 400	A	B
6	₦ 325	₦ 400	A	B
7	₦ 350	₦ 400	A	B
8	₦ 375	₦ 400	A	B
9	₦ 400	₦ 400	A	B
10	₦ 450	₦ 400	A	B
11	₦ 500	₦ 400	A	B

2 – Now suppose your choice is between receiving an amount of money in 1 week, or receiving another amount in 2 weeks. Would you choose to receive (Option A) or to receive (Option B)?

Alternative	**Option A** **Receive 1 week from today**	**Option B** **Receive 2 weeks from today**	**Option preferred (circle A or B)**	
1	₦ 100	₦ 400	A	B
2	₦ 150	₦ 400	A	B
3	₦ 200	₦ 400	A	B

4	₦ 250	₦ 400	A	B
5	₦ 300	₦ 400	A	B
6	₦ 325	₦ 400	A	B
7	₦ 350	₦ 400	A	B
8	₦ 375	₦ 400	A	B
9	₦ 400	₦ 400	A	B
10	₦ 450	₦ 400	A	B
11	₦ 500	₦ 400	A	B

RISK AVERSION

3 – Suppose now that someone asks you to choose between an option that gives you money for sure or a lottery that might give you or not money. This is again an **imaginary and not a real situation** but please try to answer as if you were really given that choice. Which one would you choose?

(Again, we could use cards)

Alternative	**Option A** **Pays for sure**	**Option B** **Lottery**	**Option preferred** **(circle A or B)**	
1	₦ 25	₦ 0 with 50% probability ₦ 400 with 50% probability	A	B
2	₦ 50	₦ 0 with 50% probability ₦ 400 with 50% probability	A	B
3	₦ 100	₦ 0 with 50% probability ₦ 400 with 50% probability	A	B
4	₦ 125	₦ 0 with 50% probability ₦ 400 with 50% probability	A	B
5	₦ 150	₦ 0 with 50% probability ₦ 400 with 50% probability	A	B
6	₦ 175	₦ 0 with 50% probability ₦ 400 with 50% probability	A	B
7	₦ 200	₦ 0 with 50% probability ₦ 400 with 50% probability	A	B
8	₦ 225	₦ 0 with 50% probability ₦ 400 with 50% probability	A	B
9	₦ 250	₦ 0 with 50% probability ₦ 400 with 50% probability	A	B
10	₦ 275	₦ 0 with 50% probability	A	B

		₦ 400 with 50% probability		
11	₦ 300	₦ 0 with 50% probability ₦ 400 with 50% probability	A	B
12	₦ 325	₦ 0 with 50% probability ₦ 400 with 50% probability	A	B

ADDITIONAL QUESTIONS

4	Do you think your income in 1 week will be higher, lower, or the same as this week?	HIGHER ..... 1 SAME ..... 2 LOWER ..... 3 DON'T KNOW ..... 4 NOT EARNING AN INCOME 5
5	How certain is your income in 1 week?	VERY CERTAIN ..... 1 SOMEWHAT CERTAIN ..... 2 SOMEWHAT UNCERTAIN ..... 3 VERY UNCERTAIN 4
6	If someone gave you ₦ 300 today that you had to invest, how much could you make over the ₦ 300 during the next week?	|__|__|__|__|

SHUGA 3 EVALUATION BASELINE SURVEY

7. VIOLENCE AGAINST WOMEN

NOTE: Some questions will be for women only, some for men only, some for both men and women. Before a set of questions, you will see a line indicating which group to administer it to.

	VIOLENCE AGAINST WOMEN - ATTITUDES						
1.	We are almost at the end. This is the last set of questions. I will now ask you some questions about your well-being and about what people sometimes experience in their relationships.						
2.	DO NOT READ: PRESENCE OF OTHERS AT THIS POINT TRY TO OBTAIN PRIVACY	CHILDREN < 10 …… Yes No SPOUSE/PARTNER …… Yes No OTHER MALES …… Yes No OTHER FEMALES …… Yes No					
3.	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food? If she fails to prepare food on time? If she refuses to have another child?	GOES OUT …… Yes No DK NEGL. CHILDREN …… Yes No DK ARGUES …… Yes No DK REFUSES SEX ……Yes No DK BURNS FOOD …… Yes No DK FOOD ON TIME …… Yes No DK ANOTHER CHILD …… Yes No DK					
4.	Is a husband justified in forcing his wife to have sex with him when she doesn't want to have sex with him?	YES …… 1 NO …… 2					
5.	I will read you a list of statements, and I would like you to tell me whether you strongly agree, agree, disagree or strongly disagree with the statement. There are no	1. Strongly Agree	2. Agree	3. Disagree	4. Strongly disagree	3. Don't know	

	right or wrong answers, just tell me what you think. *DO NOT READ "DON'T KNOW"*						
a.	a. A good wife obeys her husband even if she disagrees.	1	2	3	4	5	
b.	b. Family problems should only be discussed with people in the family.	1	2	3	4	5	
c.	c. It is important for a man to show his wife or girlfriend who the boss is.	1	2	3	4	5	
d.	d. A woman should be able to choose her own friends even if her husband or boyfriend disapproves.	1	2	3	4	5	
e.	e. A man has the right to check his wife's or girlfriends's phone calls and messages.	1	2	3	4	5	
f.	f. It is a wife's obligation to have sex with her husband even if she doesn't feel like it.	1	2	3	4	5	
g.	g. If a man mistreats his wife or girlfriend, someone in the family should intervene.	1	2	3	4	5	
h.	h. If a man mistreats his wife or girlfriend, someone outside of the family, like friends or neighbours, should intervene.	1	2	3	4	5	

6.	Now I would like to ask you about people who influence your views and behaviour in relationships.				
7.	Whose opinions or behaviour matter to you when you think about how to treat your spouse/partner?	MY FATHER.....1 MY MOTHER.....2 MY SIBLINGS.....3 FRIENDS MY AGE.....4 OLDER FRIENDS.....5 OTHER PEOPLE IN THE COMMUNITY.....6 OTHER (SPECIFY)_____.7			

********** **ONLY FOR WOMEN** **********

	DOMESTIC VIOLENCE		
8.	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED. Please make every possible effort to ensure privacy.	PRIVACY OBTAINED ..... 1 PRIVACY NOT POSSIBLE 2	→31
9.	Now I would like to ask you questions about some other important aspects of a woman's life. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the condition of women in Nigeria. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else will know that you were asked these questions.		
10.	CHECK MARITAL STATUS:	CURRENTLY MARRIED OR LIVING WITH A PARTNER ..... 1 IN A RELATIONSHIP.....2 DIVORCED ..... 3 SINGLE/WIDOWED 4	→Read in past tense → 20
11.	First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) husband/partner? a) He [is/was] jealous or angry if you [talk/talked] to other men b) He frequently [accuses/accused] you of being unfaithful c) He [does/did] not permit you to meet your female friends d) He [tries/tried] to limit your contact with your family e) He [insists/insisted] on knowing where you (are/were) at all times	JEALOUS ..... Yes No DK ACCUSES ..... Yes No DK NOT MEET FRIENDS ..... Yes No DK NO FAMILY ..... Yes No DK	

	f) He [expects/expected] you to ask for permission if you want to hang out with your friends g) He [checks/checked] your phone calls and messages h) He [does/did] not trust you with any money	WHERE YOU ARE …….. Yes No DK PERMISSION FRIENDS ……. Yes No DK CHECKS PHONE ……..Yes No DK MONEY …….. Yes No DK				
12.	Now if you permit me, I will ask some more questions about your relationship with your [husband / boyfriend].					
13.	In the past 6 months did your [husband/partner]:		14. How often did this happen in the **last 6 months**: often, sometimes or not at all?			
			Often	Sometimes	Not at all	
	a) Insult you or make you feel bad about yourself?	Yes … 1 → No … 2	1	2	3	
	b) Make you afraid that you could be physically hurt?	Yes … 1 → No … 2	1	2	3	
	c) Say or do something to humiliate you in front of others?	Yes … 1 → No … 2	1	2	3	
	d) Slap, kick, push, choke, or punch you?	Yes … 1 → No … 2	1	2	3	
	e) Physically force you to have sexual intercourse or perform other sexual acts even when you did not want to?	Yes … 1 → No … 2	1	2	3	
15.	DO NOT READ: Did she answer YES to <u>at least one</u> of the questions above?	YES …… 1 NO …… 2				→ 20
16.	Have you ever tried to seek help to stop your partner from doing this to you again?	YES …… 1				→ 18

		NO ……. 2	
17.	From whom have you sought help to stop this? *ANYONE ELSE?* *RECORD ALL MENTIONED*	OWN FAMILY …… 1 HUSBAND'S FAMILY …… 2 CURRENT/LAST HUSBAND …….. 3 CURRENT/FORMER BOYFRIEND …… 4 FRIEND …….. 5 NEIGHBOUR …… 6 RELIGIOUS LEADER …….. 7 DOCTOR/MEDICAL PERSONNE …….. 8 POLICE (e.g. Victim Support Unit) …… 9 LAWYER …….. 10 SOCIAL SERVICE ORGANIZATION (e.g YWCA) …….. 11 OTHER (SPECIFY) _____ 12	
18.	Why didn't you seek help? *RECORD ALL MENTIONED*	DID NOT HAVE ANY ONE TO TURN TO…… 1 DID NOT WANT OTHER PEOPLE TO KNOW…. 2 VIOLENCE NORMAL IN A RELATIONSHIP……..3 AFRAID HE WOULD BEAT YOU UP MORE…… 4 AFRAID IT WOULD END THE RELATIONSHIP...5 HOPED IT WOULD END BY ITSELF…… 6 OTHER (SPECIFY) _____ 7	
19.	Have you ever told anyone else about this?	YES …….. 1 NO …….. 2	
20.	As far as you know, did your father ever beat your mother?	YES …….. 1 NO …….. 2 DON'T KNOW …….. 3	
21.	Do you have a female friend or relative who is beaten or physically hurt by her partner?	Yes…….. 1 No…….. 2	→ 23

22.	What did you do last time your friend told you that she was beaten or physically hurt by her partner?	ENCOURAGED HER TO LEAVE THE PARTNER…1 TALKED AND PACIFIED…….. 2 ENCOURAGED HER TO TELL HER FAMILY …... 3 HELPED HER GO TO THE POLICE …… 4 DID NOTHING, IT IS THEIR PROBLEM …….. 5 OTHER (SPECIFY) _____ 6	ANY ANSWER → 24
23.	What would you do if a friend told you that she was beaten or physically hurt by her partner? *TICK ALL THAT APPLY*	ENCOURAGE HER TO LEAVE THE PARTNER …1 TALK AND PACIFY …….. 2 ENCOURAGE HER TO TELL HER FAMILY …….. 3 HELP HER GO TO THE POLICE……4 DO NOTHING, IT IS THEIR PROBLEM …….. 5 OTHER (SPECIFY) _____ 6	
24.	If you consider other women your age living in your COMMUNITY, how many are in relationships where they are beaten or physically hurt by their husbands or boyfriends? *READ OUT OPTIONS*	MANY…….. 1 SOME…….. 2 VERY FEW…….. 3 NONE…….. 4	
25.	Out of 20 women your age living in your COMMUNITY, how many are in relationships where they are beaten or physically hurt by their husbands or boyfriends?	|__|__|	
26.	Are you sure or unsure about this chance? READ OPTIONS	VERY SURE …….. 1 SOMEWHAT SURE …… 2 SOMEWHAT UNSURE…….. 3 VERY UNSURE …… 4	
27.	If you consider other women your age living in your COMMUNITY, how many are in relationships where they are forced to have sex by their husbands or boyfriends? *READ OUT OPTIONS*	MANY…….. 1 SOME…….. 2 VERY FEW…….. 3 NONE…….. 4	
28.	Out of 20 women your age living in your COMMUNITY, how many are in		

	relationships where they are forced to have sex by their husbands or boyfriends?	|__|__|			
29.	Are you sure or unsure about this chance? READ OPTIONS	VERY SURE …… 1 SOMEWHAT SURE …… 2 SOMEWHAT UNSURE…… 3 VERY UNSURE …… 4			
30.	Thank you for your cooperation. Let me reassure you that the answers you provided are confidential and will not be shared with anyone.				
31.	DO NOT READ: Did you have to interrupt the interview because some adult was trying to listen, or came into the room, or interfered in any other way?	YES, ONCE	YES, MORE ONCE THAN ONCE	NO	
32.	1. Husband / boyfriend 2. Other male adult 3. Female adult	1 1 1	2 2 2	3 3 3	
33.	***Read the following conclusion:*** We are now finished with the interview. Thank you very much for your time. The results of this survey will help to provide better services to the youth. **NOW GIVE THE RESPONDENT THEIR GIFT.**				

********** **ONLY FOR MEN** **********			
	DOMESTIC VIOLENCE		
34.	Do you have a male friend or relative who beats or physically hurt his partner or wife?	YES……..……..... 1 NO ……..……. 2	→36
35.	What did you do last time your friend beat or physically hurt his partner?	ENCOURAGED HIM TO STOP IT ……1 SPOKE TO HIS FAMILY …….. 2 AVOID/SHUN THE FRIEND…….. 3 DID NOTHING, IT IS THEIR PROBLEM …….. 3 OTHER (SPECIFY) _____ 4	
36.	What would you do if you found out that a friend beats or physically hurts his partner?	ENCOURAGED HIM TO STOP IT ……1 SPOKE TO HIS FAMILY …….. 2 AVOID/SHUN THE FRIEND…….. 3 DID NOTHING, IT IS THEIR PROBLEM …….. 3 OTHER (SPECIFY) _____ 4	
37.	If you consider other men your age living in your COMMUNITY, how many are in a relationship where they beat or physically hurt their wives or girlfriends? *READ OUT OPTIONS*	MANY……..…….. 1 SOME……..…….. 2 VERY FEW…….. 3 NONE…….. 4	
38.	Out of 20 men your age living in your COMMUNITY, how many are in a relationship where they beat or physically hurt their wives or girlfriends?	____	
39.	Are you sure or unsure about this chance?	VERY SURE …….. 1 SOMEWHAT SURE …….. 2	

	READ OPTIONS	SOMEWHAT UNSURE…….. 3 VERY UNSURE …….. 4	
40.	If you consider other men your age living in your COMMUNITY, how many are in a relationship where they force their wives or girlfriends to have sex? *READ OUT OPTIONS*	MANY…….. 1 SOME…….. 2 VERY FEW…….. 3 NONE…….. 4	
41.	Out of 20 men your age living in your COMMUNITY, how many are in a relationship where they force their wives or girlfriends to have sex?	__|__|	
42.	Are you sure or unsure about this chance? READ OPTIONS	VERY SURE …….. 1 SOMEWHAT SURE …….. 2 SOMEWHAT UNSURE…….. 3 VERY UNSURE …….. 4	
43.	***Read the following conclusion:*** We are now finished with the interview. Thank you very much for your time. The results of this survey will help to provide better services to the youth. **NOW GIVE THE RESPONDENT THEIR GIFT.**		

Appendix 9B: SIX-MONTH FOLLOW-UP SURVEY INSTRUMENT

SHUGA 3 EVALUATIONFOLLOW-UP SURVEY

0. COVER PAGE

Enumerator, Team Leader Information

	1. Enumerator	2. Team Leader
Names and Codes of Officers	_____ |__|__|	_____ |__|__|

Identification

12.	a. Town **(see codes for towns below):** |__|	b. Re-enter Town:|__|
13.	a. Location ID: |__|__|	b. Re-enter Location ID: |__|__|
14.	a. Serial Number: |__|__|__|__|__|__|	b. Serial Number: |__|__|__|__|__|__|
15.	Address **(do not include town name)**: _____	
16.	Landmark: _____	
17.	Location coordinates: a. Latitude: |__|__|.|__|__|__|__|__| b. Longitude: |__|__|.|__|__|__|__|__|	
18.	Is this a main study participant or one of the people in the network of friend? [ ] Main study participant [ ] Network of friends	
19.	a. Respondent First Name: _____ b. Respondent Surname: _____	
20.	Mobile phone number a. |__|__|__|__|__|__|__|__|__|__|__| b. |__|__|__|__|__|__|__|__|__|__|__|	Re-enter phone number c. |__|__|__|__|__|__|__|__|__|__|__| d. |__|__|__|__|__|__|__|__|__|__|__|

Codes for Towns: 1 = Ibadan 2 = Oyo 3 = Ogbomosho
4 = Oshogbo 5 = Ilesha 6 = Ife 7 = Akure
222 = Other (specify) _____

SHUGA 3 EVALUATIONFOLLOW-UP SURVEY

1. DEMOGRAPHICS

	DEMOGRAPHICS		
43.	Gender	MALE ..... 1 FEMALE 2	
44.	What language do you **mainly** speak in this house? *PICK ONLY ONE*	YORUBA ..... 1 IGBO..... 2 PIDGIN ..... 3 ENGLISH ..... 4 OTHER (SPECIFY) _____ 5	
45.	What other languages apart from the main language do you speak? *TICK ALL THAT APPLY*	YORUBA ..... 1 IGBO..... 2 PIDGIN ..... 3 ENGLISH ..... 4 OTHER (SPECIFY) _____ 5	
46.	In what month and year were you born? *WRITE -99 IF "DON'T KNOW"*	MONTH: |__|__| YEAR: |__ |__|__|__|	
47.	How old were you at your last birthday? *AGE IN COMPLETED YEARS*	|__|__|	
48.	Are you currently attending school?	YES ..... 1 NO 2	→ 9
49.	What is your current school level?	PRIMARY ..... 1 JUNIOR SECONDARY ..... 2 SENIOR SECONDARY ..... 3 HIGHER 4	→12
50.	Which class are you in?	|__|	→12
51.	Have you ever attended school?	YES ..... 1 NO 2	→ 12

MODULE 1. DEMOGRAPHICS

52.	What is the highest level of school you attended: primary, junior secondary, senior secondary, or higher?	PRIMARY ..... 1 JUNIOR SECONDARY ..... 2 SENIOR SECONDARY ..... 3 HIGHER 4	→ 12
53.	What is the highest class you completed at that level?	|__|	
54.	Did you do any work during the last 30 days for which you were paid?	YES ..... 1 NO 2	→ 14
55.	Have you done any work in the last 6 months in which you were paid?	YES ..... 1 NO 2	→ 19
56.	For how many months did you work in the last 6 months? *IF LESS THAN 1, WRITE 1.*	|__|__|	
57.	In your current or last job, were you a wage employee, casual worker, apprentice, family employee or self-employed? *IF THE RESPONDENT SAYS HE/SHE HAS A BUSINESS, FIND OUT IF IT'S HIS/HER OWN, HIS FAMILY'S OR SOMEBODY ELSE OWNS IT.* *IF WAGE EMPLOYEE, FIND OUT IF HE/SHE WORKS FOR THE GOVERNMENT, A BUSINESS OR A NON-GOVERNMENTAL ORGANISATION (NGO)*	WAGE EMPLOYEE – GOVERNMENT ..... 1 WAGE EMPLOYEE - BUSINESS OR NON-GOVERNMENTAL ORGANISATION .... 2 CASUAL WORKER ..... 3 APPRENTICE ..... 4 FAMILY EMPLOYEE ..... 5 TRADER ..... 6 SELF-EMPLOYED (OTHER) ..... 7 OTHER (SPECIFY) _____ 11	
58.	How much [do/did] you earn? *RECORD EITHER MONTHLY OR WEEKLY OR DAILY EARNINGS.*	MONTHLY: |__|__|__|__|__|__| OR WEEKLY: |__|__|__|__|__| OR DAILY: |__|__|__|__|__|	→ 19 → 18
59.	How many weeks did you work in a month?	|__|__|	→ 19
60.	How many days did you work in a month?	|__|__|	

MODULE 1. DEMOGRAPHICS

61.	DO NOT ASK, OBSERVE: What are the walls of the main dwelling predominantly made of?	POLES AND MUD ..... 1 UNBURNT BRICKS ..... 2 COMPACTED EARTH ..... 3 BURNT BRICKS ..... 4 GRASS ..... 5 BAMBOO ..... 6 IRON SHEETS ..... 7 CEMENT BLOCKS ..... 8 WOOD PLANKS ..... 10 OTHER (SPECIFY) _____ 11		
62.	Are you living with your family?	YES ..... 1 NO 2		
63.	IF LIVING WITH FAMILY: Does the family own, rent or get this house for free? IF NOT LIVING WITH FAMILY: Do you rent or own this house, or do you get it for free?	OWNED ..... 1 FREE ..... 2 SUBSIDIZED ..... 3 RENT (REGULAR PAYMENTS) ..... 4 UNAUTHORIZED TENANCY ..... 5 OTHER (SPECIFY) _____ 6		
64.	What type of toilet facility does your household usually use?	COVERED PIT LATRINE – PRIVATE ..... 1 COVERED PIT LATRINE – SHARED ..... 2 UNCOVERED PIT LATRINE ..... 3 FLUSH TOILET – PRIVATE ..... 4 FLUSH TOILET – SHARED ..... 5 BUSH ..... 6 OTHER (SPECIFY) _____ 9		
65.	Does your household have the following items which are in good working order:	YES	NO	

MODULE 1. DEMOGRAPHICS

	IF ANY ITEM DOESN'T WORK, SELECT "NO"			
a.	Light from national grid (NEPA/PHCN)?	1	2	
b.	A radio?	1	2	
c.	A television?	1	2	
d.	A mobile phone?	1	2	
e.	A landline?	1	2	
f.	A refrigerator?	1	2	
g.	A cable TV, for example DSTV, StarTimes TV, M-Net, HiTV?	1	2	
h.	A generator?	1	2	
i.	Airconditioner ?	1	2	
j.	A computer or laptop?	1	2	
k.	Electric iron ?	1	2	
66.	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL 4		
67.	Do you watch TV series, I mean the shows that continue from one week to the next? If YES: How often: almost every day, at least once a week, or less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL 4		→ 27
68.	Which channel do you usually watch TV series on?	NTA ..... 1 AIT ..... DSTV ..... 3 STAR TIMES TV ..... 4 M-NET ..... 5 OTHER CABLE TV (SPECIFY) _____ 6 OTHER TV STATIONS (SPECIFY) _____ 7		

MODULE 1. DEMOGRAPHICS

69.	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ……..1 AT LEAST ONCE A WEEK …….. 2 LESS THAN ONCE A WEEK …….. 3 NOT AT ALL …….. 4	
70.	Do you browse the Internet al.most every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY …….. 1 AT LEAST ONCE A WEEK …….. 2 LESS THAN ONCE A WEEK …….. 3 NOT AT ALL …….. 4	

HOUSEHOLD ROSTER

I'm now going to ask you some questions about all members in your household. By household members, I mean all the people who normally live together and eat their meals 'from the same pot. This includes small children and infants, and excludes visitors'. Please tell me who lives in this household.

NOTE: Write all the names in your notebook and then say:

I will ask now ask you some questions about each household member, **starting with yourself.**

71.	72.	73.
Relationship to you	Age	Gender
1=Respondent 2=Spouse/Partner 3= Child 4= Father 5= Mother 6= Brother 7= Sister 8=Other relative 9=Non-relative -99=Unknown	Write years. *If unknown, write -99* *If less than 1, write 0.*	0=Male 1=Female
|_0_|_1_|		

MODULE 1. DEMOGRAPHICS

|__|__|	|__|__|	|__|
|__|__|	|__|__|	|__|
|__|__|	|__|__|	|__|
|__|__|	|__|__|	|__|
|__|__|	|__|__|	|__|
|__|__|	|__|__|	|__|
|__|__|	|__|__|	|__|
|__|__|	|__|__|	|__|

74.	You told me there are […] people living in this household, including yourself. Just to make sure that I have a complete listing. Are there any other persons such as small children or infants that we have not listed?	YES ..... 1 NO 2	→ Add to HH Roster
75.	How is the head of this household related to you?	RESPONDENT ..... 1 SPOUSE ..... 2 CHILD ..... 3 FATHER ..... 4 MOTHER ..... 5 BROTHER ..... 6 SISTER ..... 7 OTHER RELATIVE ..... 8 NON-RELATIVE .....9 NO HOUSEHOLD HEAD.....88	→ 39 → 39
76.	What is the highest level of education achieved by the household head?	NONE ..... 1 SOME PRIMARY ..... 2 COMPLETED PRIMARY 3	

MODULE 1. DEMOGRAPHICS

		SOME SECONDARY …….. 4 COMPLETED SECONDARY …….. .5 SOME UNIVERSITY …….. 6 COMPLETED UNIVERSITY …… 7 OTHER TERTIARY …….. 8 OTHER (SPECIFY) _____ 9 DON'T KNOW ……... 99	
77.	What is the primary occupation of the household head? *IF THE HOUSEHOLD HEAD HAS A BUSINESS, FIND OUT IF IT'S HIS/HER OWN, HIS FAMILY'S OR SOMEBODY ELSE OWNS IT.* *IF WAGE EMPLOYEE, FIND OUT IF HE/SHE WORKS FOR THE GOVERNMENT, A BUSINESS OR A NON-GOVERNMENTAL ORGANISATION (NGO)*	HOUSEWIFE …….. 0 WAGE EMPLOYEE – GOVERNMENT …….. 1 WAGE EMPLOYEE – BUSINESS / NON-GOVERNMENTAL ORGANISATION … 2 CASUAL WORKER …….. 3 APPRENTICE …….. 4 FAMILY EMPLOYEE …….. 5 TRADER ……... 6 SELF-EMPLOYED (OTHER) _____ 7 STUDENT …….. 8 UNEMPLOYED …….. 9 SEEKING ADMISSION TO HIGHER EDUCATION …….. 10 OTHER _____ 11 DON'T KNOW …….. 99	
78.	NEXT TWO QUESTIONS TO BE FILLED ONLY IF THE HOUSEHOLD HEAD HAS A SPOUSE AND THE SPOUSE IS DIFFERENT FROM THE RESPONDENT: What is the highest level of education achieved by the **head's spouse?**	NONE …….. 1 SOME PRIMARY …….. 2 COMPLETED PRIMARY …….. 3 SOME SECONDARY …….. 4 COMPLETED SECONDARY …….. 5 SOME UNIVERSITY …….. 6 COMPLETED UNIVERSITY …….. 7	

MODULE 1. DEMOGRAPHICS

		OTHER TERTIARY ..... 8 OTHER (SPECIFY) ..... 9 DON'T KNOW 99			
79.	ONLY IF THE HOUSEHOLD HEAD HAS A SPOUSE AND THE SPOOUSE IS DIFFERENT FORM THE RESPONDENT: What is the primary occupation of the head's spouse? *IF THE SPOUSE OF THE HOUSEHOLD HEAD HAS A BUSINESS, FIND OUT IF IT'S HIS/HER OWN, HIS FAMILY'S OR SOMEBODY ELSE OWNS IT.* *IF WAGE EMPLOYEE, FIND OUT IF HE/SHE WORKS FOR THE GOVERNMENT, A BUSINESS OR A NON-GOVERNMENTAL ORGANISATION (NGO)*	HOUSEWIFE ..... 0 WAGE EMPLOYEE – GOVERNMENT ..... 1 WAGE EMPLOYEE – BUSINESS / NON-GOVERNMENTAL ORGANISATION .. 2 CASUAL WORKER ..... 3 APPRENTICE ..... 4 FAMILY EMPLOYEE ..... 5 TRADER ..... 6 SELF-EMPLOYED (OTHER) _____ 7 STUDENT ..... 8 UNEMPLOYED ..... 9 SEEKING ADMISSION TO HIGHER EDUCATION ..... 10 OTHER _____ 11 DON'T KNOW 99			
		CODES:	**a. Mother**	**b. Father**	
80.	Is your [mother / father] living in this town?	1=YES 2=NO 3=PASSED AWAY 3=DON'T KNOW	|__|	|__|	
81.	What is the highest level of education attained by your [mother / father]?	1 = NONE 2 = SOME PRIMARY 3 = COMPLETED PRIMARY 4 = SOME SECONDARY	|__|__|	|__|__|	

		5 = COMPLETED SECONDARY 6 = SOME UNIVERSITY 7 = COMPLETED UNIVERSITY 8 = OTHER TERTIARY 99=UNKNOWN			
82.	ONLY IF MOTHER/FATHER ALIVE: What is your [mother / father]'s primary occupation, I mean the job s/he spends most time doing)? *IF THE MOTHER/FATHER HAS A BUSINESS, FIND OUT IF IT'S HER/HIS OWN, HIS FAMILY'S OR SOMEBODY ELSE OWNS IT.* *IF WAGE EMPLOYEE, FIND OUT IF HE/SHE WORKS FOR THE GOVERNMENT, A BUSINESS OR A NON-GOVERNMENTAL ORGANISATION (NGO)*	CODES: 0 = HOUSEWIFE 1 = WAGE EMPLOYEE – GOVERNMENT 2 = WAGE EMPLOYEE – BUSINESS / NON-GOVERNMENTAL ORGANISATION 3 = CASUAL WORKER 4 = APPRENTICE 5 = FAMILY EMPLOYEE 6=TRADER 7 = SELF-EMPLOYED (OTHER) 8 = STUDENT 9 = UNEMPLOYED 15=FARMER 11=OTHER	|__|__|	|__|__|	

MODULE 1. DEMOGRAPHICS

		99 = DON'T KNOW			

SHUGA 3 EVALUATION FOLLOW-UP SURVEY

2. HIV-AIDS KNOWLEDGE AND ATTITUDES, CONFORMISM

	GENERAL ATTITUDES		
0.1	We will now ask questions about your beliefs on a range of issues. We want to emphasize that we don't believe that one group should dictate values to another, so you should not feel shy to defend local traditions and customs that you truly believe in. There is no right or wrong answer, so please say what you believe.		
0.2	Suppose I say: "It's OK for someone who runs a business to have a policy of only hiring people from his own ethnic group". Do you agree or disagree? Strongly or just [agree/disagree]?	STRONGLY AGREE..... 1 AGREE..... 2 DISAGREE..... 3 STRONGLY DISAGREE 4	
0.3	Suppose I say: "It's OK for someone who runs a business to pay bribes to obtain government contracts". Do you agree or disagree? Strongly or just [agree/disagree]?	STRONGLY AGREE..... 1 AGREE..... 2 DISAGREE..... 3 STRONGLY DISAGREE 4	
0.4	Suppose I say: "Giving dangerous criminals the opportunity to defend themselves by the law is not in the public interest. There are many situations where it makes sense for the police to shoot first and ask questions later." Do you agree or disagree? Strongly or just [agree/disagree]?	STRONGLY AGREE..... 1 AGREE..... 2 DISAGREE..... 3 STRONGLY DISAGREE 4	
	KNOWLEDGE ABOUT HIV		
66.	Now I would like to talk about HIV and the way it is transmitted.		
67.	How can someone get HIV? DO NOT READ OPTIONS. Tick all that apply.	SEXUAL INTERCOURSE ..... 1 SHARING NEEDLES/RAZORS/BLADES 2	

MODULE 2. HIV-AIDS KNOWLEDGE AND ATTITUDES, CONFORMISM

		BLOOD TRANSFUSION WITH UNSCREENED BLOOD…….. 3 MOTHER TO CHILD TRANSMISSION …….. 4 MOSQUITO BITES …… 5 EATING/DRINKING FROM THE SAME POT…… 6 SHARING CLOTHES …….. 7 OTHER _____222	
68.	Can HIV be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	DURING PREG . . . . . Y N DK DURING DELIVERY . . . Y N DK BREASTFEEDING . . . . Y N DK	
69.	Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
70.	Have you heard about special drugs that people infected with HIV can get from a doctor or a nurse to help them live longer? IF YES: Do you remember how they are called?	HEARD OF DRUGS, MENTIONED ANTI-RETROVIRALS..... 1 HEARD OF DRUGS, DID NOT MENTION ANTI-RETROVIRALS …….. 2 DID NOT KNOW OF ANY DRUGS …….. 3	→ 7
71.	Have you heard about antiretroviral drugs or ARVs that people infected with HIV can get from a doctor or a nurse to help them live longer?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
72.	What can a person do to reduce their chances of getting HIV? RECORD ALL MENTIONED.	ABSTAIN FROM SEX ..... 1 USE CONDOMS ..... 2 LIMIT SEX TO ONE PARTNER/ STAY FAITHFUL TO ONE PARTNER ..... 3 LIMIT NUMBER OF SEXUAL PARTNERS ..... 4 CIRCUMCISION 5	

MODULE 2. HIV-AIDS KNOWLEDGE AND ATTITUDES, CONFORMISM

		AVOID SEX WITH PROSTITUTES ..... 6 AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS ..... 7 AVOID BLOOD TRANSFUSION.....8 AVOID SHARING NEEDLES/RAZORS/BLADES.9 AVOID KISSING ..... 10 AVOID MOSQUITO BITES .....11 OTHER _____ _____ 222	
73.	Suppose someone thinks that [he/she] may have been exposed to HIV, for example through sex or through a contaminated blade. Suppose this person immediately goes for an HIV test and it is negative. Can this person be sure that [he/she] has NOT been infected with HIV?	YES ..... 1 NO ..... 2 DON'T KNOW..... 3	→ 11
74.	Why can't he/she be sure?	IT IS NECESSARY TO TAKE A SECOND TEST TO BE SURE ..... 1 THESE TESTS CANNOT BE TRUSTED ..... 2 OTHER _____ _____ 3	 → 11 → 11
75.	How many months after the first test should this person go for a second test?	|__|__|	
76.	Where did you learn this information on HIV? RECORD ALL MENTIONED.	FRIENDS ..... 1 PARENTS/OLDER RELATIVES ..... 2 SIBLINGS/COUSINS .....3 SCHOOL ..... 4 OUTREACH FROM OTHER NGO ..... 5 NEWSPAPER/BOOK/MAGAZINE ..... 6 RADIO ..... 7 TELEVISION..... 8 DOCTOR/HEALTH WORKER .....9 INTERNET ..... 10 MOVIE SCREENING 11	

MODULE 2. HIV-AIDS KNOWLEDGE AND ATTITUDES, CONFORMISM

		OTHER (SPECIFY) _____ 222	
	HIV TESTING		
77.	I don't want to know the results, but were you ever tested for HIV?	YES ..... 1 NO ..... 2 NO ANSWER..... 8	 → 16 → 16
78.	When was the last time you were tested?	LESS THAN 6 MONTHS AGO ..... 1 6 - 12 MONTHS AGO ..... 2 12 - 23 MONTHS AGO ..... 3 2 OR MORE YEARS AGO 4	
79.	The last time you had the test, did you ask for the test yourself, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST..... 1 OFFERED AND ACCEPTED ..... 2 REQUIRED 3	
80.	I don't want to know the results, but did you get the results of the test?	YES ..... 1 NO ..... 2 NO ANSWER..... 8	
81.	Do you know of a place where people can go to get tested for HIV?	YES ..... 1 NO 2	 → 18
82.	What is the name and location of the place?	NAME: _____	
83.	Have you heard of the Nigerian Agency for the Control of AIDS - NACA?	YES ..... 1 NO 2	 → 20
84.	Have you ever called a hotline of NACA, that is a phone number where professionals can answer your questions about HIV?AIDS?	YES ..... 1 NO 2	
85.	Do you personally know someone who has or is suspected to have HIV?	YES ..... 1 NO 2	

	STIGMA – OWN	
86.	READ THE FOLLOWING INSTRUCTIONS	

MODULE 2. HIV-AIDS KNOWLEDGE AND ATTITUDES, CONFORMISM

	Now I will ask you some questions about how you feel and others in your community feel about people who have HIV. There is no right or wrong answer, so please say what people in this community think. I will first ask about your own opinion. Then I will ask you about other people's opinion. And then I will ask you if you are certain or uncertain about other people's opinion. Let me give you an example. If I ask you if you like egusi soup, you may tell me you like it, or you don't like it. Suppose I then asked you how many out of 20 people of your age in your community like egusi soup. If you think many do, you will say 15 or maybe 18 or 19. If you think very few like it, you will say 1 or 2. If you think half of them like it, you will say 10. **So how many out of 20 people of your age in your community like egusi soup?** NOTE: Wait for the response. You said *[X]* people out of 20 like egusi soup. I will ask you if you are sure or unsure of it. If you have no doubt that <u>precisely</u> *[X]* people like egusi soup, you will say you are very sure. If you think that *[X]* like egusi soup, but that it could also be *[X-1]* or *[X+1]*, then you'll say that you're just sure. Or, you could also think that there are maybe *[X-2] or [X+2]* people out of 20 who like egusi soup, so you will say that you are unsure. If you think that there could be maybe *[X-5]* or *[X+5]* out of 20 or any number between *[X-5] and [X+5]* who like egusi soup, you will say that you are very unsure. Is this clear or should I give another example? NOTE: If the respondent wants another example, ask how many people out of 20 are fan of a specific football team, and let respondent answer alone to see if [he/she] understood].		
87.	If a member of your family got HIV, would you want it to remain a secret?	YES ……1 NO ..... 2 DK/NOT SURE/DEPENDS……..3	
88.	If you picked 20 people of your age from your community, how many would want it to remain a secret if a member of their family got HIV?	|__|__|	
89.	If you had HIV and you had a [boyfriend/girlfriend], would you reveal your status to him/her?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS.....3	
90.	If you picked 20 people of your age from your community who had a partner, how many would reveal their status to their partner if they had HIV?	|__|__|	

MODULE 2. HIV-AIDS KNOWLEDGE AND ATTITUDES, CONFORMISM

91.	Are you sure or unsure about this number? Remember, this is not about being right or wrong, but just about how precise your answer is. Are you very [sure/unsure] or just [sure/unsure]? WAIT FOR A REPLY, THEN ASK THE FOLLOW-UP QUESTION.	VERY SURE …… 1 SURE …… 2 UNSURE…… 3 VERY UNSURE …… 4	
92.	If you knew that a shopkeeper had HIV/AIDS, would you buy fresh vegetables from him or her?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS……..3	
93.	If you picked 20 people of your age from your community, how many would buy fresh vegetables from a shopkeeper that has HIV/AIDS?	|__|__|	
94.	Do you think a young boy with HIV should be allowed to play football with other boys?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS……..3	
95.	If you picked 20 people of your age from your community, how many would think that a young boy with HIV should be allowed to play football with other boys?	|__|__|	
96.	When I asked you about members of this community and how they would treat the HIV-positive shopkeeper and the boy playing football, were you sure or unsure about your answers?	VERY SURE …… 1 SURE …… 2 UNSURE…… 3 VERY UNSURE …… 4	
97.	Suppose I say: "If a young person of your age goes to get tested for HIV, itmeans that he/she has been sleeping around. " Do you agree or disagree? Strongly or just [agree/disagree]?	STRONGLY AGREE……1 AGREE..... 2 DISAGREE..... 3 STRONGLY DISAGREE…… 4	
98.	If you picked 20 people of your age from your community, how many will agree that "If a young person of your age goes to get	|__|__|	

MODULE 2. HIV-AIDS KNOWLEDGE AND ATTITUDES, CONFORMISM

	tested for HIV, it means that he/she has been sleeping around. "?		
99.	Suppose I say: "People with HIV should be blamed for bringing the disease into the community". Do you agree or disagree? Strongly or just [agree/disagree]?	STRONGLY AGREE……1 AGREE..... 2 DISAGREE..... 3 STRONGLY DISAGREE…….. 4	
100	If you picked 20 people of your age from your community, how many will agree that "People with HIV should be blamed for bringing the disease into the community"?	|__|__|	
101	Suppose I say: "HIV/AIDS is a punishment for sleeping around". Do you agree or disagree? Strongly or just [agree/disagree]?	STRONGLY AGREE……1 AGREE..... 2 DISAGREE..... 3 STRONGLY DISAGREE…….. 4	
102	If you picked 20 people of your age from your community, how many will agree that "HIV/AIDS is a punishment for sleeping around"?	|__|__|	
103	When I asked you about members of this community and the fact that HIV positive people would be blamed or punished for sleeping around, were you sure or unsure about your answers? Are you very [sure/unsure] or just [sure/unsure]? WAIT FOR A REPLY, THEN ASK THE FOLLOW-UP QUESTION.	VERY SURE …… 1 SURE …… 2 UNSURE…….. 3 VERY UNSURE …… 4	
	ATTITUDES – SUGAR DADDIES, SEX BEFORE MARRIAGE AND MULTIPLE PARTNERSHIPS		
104	Suppose I say: "It is OK for a young girl to date an older married man if he offered to finance her education." Do you agree or disagree? Strongly or just [agree/disagree]?	STRONGLY AGREE..... 1 AGREE…….. 2 DISAGREE…… …… 3 STRONGLY DISAGREE …….. 4	
105	If you picked *(i) 20 girls (ii) 20 guys* of your age from your community, how many do	WOMEN: |__|__|	

MODULE 2. HIV-AIDS KNOWLEDGE AND ATTITUDES, CONFORMISM

	you think will agree that "It is OK for a young girl to date an older married man if he offered to finance her education"?	MEN: |__|__|	
106	Suppose I say: "It is OK for a young girl to date an older married man if her family had financial problems and he offered to give her money." Do you agree or disagree? Strongly or just [agree/disagree]?	STRONGLY AGREE..... 1 AGREE..... 2 DISAGREE..... 3 STRONGLY DISAGREE 4	
107	If you picked *(i) 20 girls (ii) 20 guys* of your age from your community, how many do you think will agree that "It is OK for a young girl to date an older married man if her family had financial problems and he offered to give her money"?	WOMEN: |__|__| MEN: |__|__|	
108	Suppose I say: "It is OK for a young girl to date an older married man if he offered to buy her clothes, shoes and take her out." Do you agree or disagree? Strongly or just [agree/disagree]?	STRONGLY AGREE ..... 1 AGREE..... 2 DISAGREE..... 3 STRONGLY DISAGREE 4	
109	If you picked *(i) 20 girls (ii) 20 guys* of your age from your community, how many do you think will agree that "It is OK for a young girl to date an older married man if he offered to buy her clothes, shoes and take her out".	WOMEN: |__|__| MEN: |__|__|	
110	When I asked you about what members of this community think about a girl dating an older married man, were you sure or unsure about your answers? Are you very [sure/unsure] or just [sure/unsure]? WAIT FOR A REPLY, THEN ASK THE FOLLOW-UP QUESTION.	VERY SURE ..... 1 SURE ..... 2 UNSURE..... 3 VERY UNSURE 4	
111	Now I would like to ask you about attitudes and behaviours towards partners.		

MODULE 2. HIV-AIDS KNOWLEDGE AND ATTITUDES, CONFORMISM

112	Suppose I say: "Men who are not married and are having sex should only have sex with one partner". Do you agree or disagree? Strongly or just [agree/disagree]?	STRONGLY AGREE..... 1 AGREE..... 2 DISAGREE..... 3 STRONGLY DISAGREE 4	
113	If you picked *(i) 20 girls (ii) 20 guys* of your age from your community, how many do you think will agree that "Men who are not married and are having sex should only have sex with one partner"?	WOMEN: |__|__| MEN: |__|__|	
114	Suppose I say: "Women who are not married and are having sex should only have sex with one partner." Do you agree or disagree? Strongly or just [agree/disagree]?	STRONGLY AGREE..... 1 AGREE..... 2 DISAGREE..... 3 STRONGLY DISAGREE 4	
115	If you picked *(i) 20 girls (ii) 20 guys* of your age from your community, how many do you think will agree that "Women who are not married and are having sex should only have sex with one partner"?	WOMEN: |__|__| MEN: |__|__|	
116	If you picked *(i) 20 girls (ii) 20 guys* of your age from your community who are having sex, how many are having sex with more than one partner?	WOMEN: |__|__| MEN: |__|__|	
117	When I asked you about members of this community and people having sex with more than one partner, were you sure or unsure about your answers? Are you very [sure/unsure] or just [sure/unsure]? WAIT FOR A REPLY, THEN ASK THE FOLLOW-UP QUESTION.	VERY SURE ..... 1 SURE ..... 2UNSURE..... 3 VERY UNSURE 4	
118	Now I would like to ask you about people who influence your views and behaviour in matters related to relationships and HIV.		

MODULE 2. HIV-AIDS KNOWLEDGE AND ATTITUDES, CONFORMISM

119	Whose opinions or behaviour matter to youwhen you think about how to behave in relationships with boys/girls? DO NOT PROMPT. TICK ALL THAT APPLY.	MY FATHER.....1 MY MOTHER.....2 MY SIBLINGS.....3 FRIENDS MY AGE.....4 OLDER FRIENDS.....5 RELIGIOUS LEADER.....6 OTHER (SPECIFY)_____ 222	
120	Whose opinions or behaviour matter to you when you think about how to treat people who have HIV? DO NOT PROMT. TICK ALL THAT APPLY.	MY FATHER.....1 MY MOTHER.....2 MY SIBLINGS.....3 FRIENDS MY AGE.....4 OLDER FRIENDS.....5 RELIGIOUS LEADER.....6 OTHER (SPECIFY)_____ 222	

	CONFORMISM		
121	Here we briefly describe some people. Please listen to each description and think about how much each person is or is not like you. You can answer “very much like me”, “like me”, “somewhat like me”, “a little like me”, “not like me”, or “not like me at all”.		
122	NOTE TO ENUMERATOR: Show the respondent the card saying: HOW MUCH LIKE YOU IS THIS PERSON? 6 - very much like me 5 - like me 4 - somewhat like me 3 - a little like me 2 - not like me 1 - not like me at all		
	Conformity		
123	[He/she] believes that people should do what they're told. [He/she] thinks people should follow rules at all times, even when no-one is watching. Think about how much this person is or is not like you.	VERY MUCH LIKE ME ..... 6 LIKE ME ..... 5 SOMEWHAT LIKE ME ..... 4 A LITTLE LIKE ME ..... 3 NOT LIKE ME ..... 2 NOT LIKE ME AT ALL 1	

MODULE 2. HIV-AIDS KNOWLEDGE AND ATTITUDES, CONFORMISM

124	It is important to [him/her] to always behave properly. [He/she] wants to avoid doing anything people would say is wrong. Think about how much this person is or is not like you.	VERY MUCH LIKE ME ..... 6 LIKE ME ..... 5 SOMEWHAT LIKE ME ..... 4 A LITTLE LIKE ME ..... 3 NOT LIKE ME ..... 2 NOT LIKE ME AT ALL 1	
	Tradition		
125	Religious belief is important to [him/her]. [He/she] tries hard to do what [his/her] religion requires.	VERY MUCH LIKE ME ..... 6 LIKE ME ..... 5 SOMEWHAT LIKE ME ..... 4 A LITTLE LIKE ME ..... 3 NOT LIKE ME ..... 2 NOT LIKE ME AT ALL 1	
126	[He/she] thinks it is best to do things in traditional ways. It is important to [him/her] to keep up the customs he has learned.	VERY MUCH LIKE ME ..... 6 LIKE ME ..... 5 SOMEWHAT LIKE ME ..... 4 A LITTLE LIKE ME ..... 3 NOT LIKE ME ..... 2 NOT LIKE ME AT ALL 1	
	Self-Direction		
127	Thinking up new ideas and being creative is important to [him/her]. [He/she] likes to do things in [his/her] own original way.	VERY MUCH LIKE ME ..... 6 LIKE ME ..... 5 SOMEWHAT LIKE ME ..... 4 A LITTLE LIKE ME ..... 3 NOT LIKE ME ..... 2 NOT LIKE ME AT ALL 1	
128	[He/she] thinks it's important to be interested in things. He likes to be curious and to try to understand all sorts of things.	VERY MUCH LIKE ME ..... 6 LIKE ME ..... 5 SOMEWHAT LIKE ME ..... 4 A LITTLE LIKE ME ..... 3 NOT LIKE ME ..... 2 NOT LIKE ME AT ALL 1	

SHUGA 3 EVALUATION FOLLOW-UP SURVEY

3. BIRTH CONTROL AND SEXUAL ACTIVITY

	MENSTRUATION		
73.	Now I would like to talk about women's health.		
74.	ONLY FOR WOMEN: How old were you when you had your menstrual cycle for the first time?	*AGE IN YEARS* |__|__|	
75.	Between one menstrual flow and another, are there certain days when a woman has a higher chance of getting pregnant if she has sex?	YES ..... 1 NO ..... 2 DON'T KNOW 3	 →5 →5
76.	Is this time just before her period begins, during her period, right after her period finished, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS ..... 1 DURING HER PERIOD ..... 2 RIGHT AFTER HER PERIOD HAS ENDED ..... 3 HALFWAY BETWEEN TWO PERIODS ..... 4 OTHER (SPECIFY)_____ 5 DON'T KNOW 8	
77.	FOR WOMEN: Do you keep track of your menstrual cycle on a calendar?	YES ..... 1 NO 2	
78.	FOR WOMEN: Do you know which day of the month your last menstrual cycle started? FOR MEN: Do you know which day of the month you partner's last menstrual cycle started?	YES ..... 1 NO ..... 2 PREGNANT ..... 3 YES ..... 1 NO ..... 2 PREGNANT 3	 → 8
79.	Which day (approximately)?	DAY |__|__| MONTH |__|__|	

	CONTRACEPTION: ATTITUDES & KNOWLEDGE

MODULE 3. BIRTH CONTROL AND SEXUAL ACTIVITY

80.	Now I would like to talk about birth control - the various ways or methods that people use to delay or avoid a pregnancy. I'll make some statements and I'll need you to give me your opinion. There is no right or wrong answer, I just want to know what you think.		
81.	Suppose I say: "A woman has the right to use birth control without telling her boyfriend or husband if he doesn't want them to use birth control." Do you agree or disagree? Strongly or do you just [agree/disagree]?	STRONGLY AGREE..... 1 AGREE ..... 2 DISAGREE ..... 3 STRONGLY DISAGREE..... 4 DON'T KNOW 5	
82.	If a woman asks her partner to use a condom, is it a sign that she does not trust him?	YES ..... 1 NO 2	
83.	If a woman brings a condom, will her partner think that she is not serious and lose respect for her?	YES ..... 1 NO 2	
84.	In the last few months have you heard about safe sex and condoms on the radio?	YES ..... 1 NO 2	
85.	In the last few months have you seen programmes about safe sex and condoms on TV?	YES ..... 1 NO 2	
86.	Imagine a married couple who already have several children and don't want to have more. Which ways or methods can they use to avoid pregnancies? *LET THE RESPONDENT ANSWER WITHOUT PROMPTING, AND CIRCLE ALL THAT APPLY.*	CONDOM..... 1 PILL.....2 WITHDRAWAL..... 3 INJECTABLES..... 4 INTRA-UTERINE DEVICE (IUD)..... 5 DIAPHRAGM..... 6 IMPLANTS ..... 7 STERILIZATION..... 8 OTHER (SPECIFY) _____222	

MODULE 3. BIRTH CONTROL AND SEXUAL ACTIVITY

87.	Do you know of a place where someone can get a birth control method, including condoms?	YES ..... 1 NO 2	→ 17
88.	Where is that? *ANY OTHER PLACE?* *TICK ALL THAT APPLY.*	HOSPITAL ..... 1 FAMILY PLANNING CLINIC ..... 2 PHARMACY/CHEMIST..... 3 SHOP .....4 OTHER (SPECIFY)_____ _____ 9	
89.	If you had to go get a condom, how many minutes would it take you to reach a place where you can get it from?	LESS THAN 10 MINUTES ..... 1 BETWEEN 10 AND 30 MINUTES ..... 2 BETWEEN 30 MINUTES AND 1 HOUR ..... 3 MORE THAN 1 HOUR ..... 4 NO ANSWER 5	

	PARTNER INFORMATION		
90.	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY. Now I would like to ask you some questions about your relationships. It's not that I want to invade your privacy. We are trying to learn how to make young people's lives safer and happier. Please be open because for our work to be useful to anyone, we need to understand the reality of young people's lives. Remember that all your answers will be kept strictly confidential.		
91.	Many young people have boyfriends or girlfriends. Are you dating someone?	YES ..... 1 NO ..... 2 MARRIED 3	
92.	DO NOT READ OUT: Classify based on previous answer and further probing. If dating: ask "Do you live together or not?"	SINGLE (NOT DATING).....1 IN A RELATIONSHIP (NOT LIVING	

MODULE 3. BIRTH CONTROL AND SEXUAL ACTIVITY

	If not dating: ask "Are you divorced or widowed?" If married: select married without probing any further	TOGETHER) ..... 2 MARRIED ..... 3 LIVING WITH A PARTNER AS IF MARRIED .... 4 DIVORCED ..... 5 WIDOWED 6	→ 29 → 29 → 29 → 29
93.	How old was your partner on [his/her] last birthday? *RECORD AGE IN COMPLETED YEARS.* *WRITE -99 IF "DON'T KNOW".*	|__|__|	
94.	Is your partner currently attending school?	YES ..... 1 NO 2	→ 25
95.	What level of education is [he/she] at?	PRIMARY ..... 1 JUNIOR SECONDARY ..... 2 SENIOR SECONDARY ..... 3 HIGHER 4	→ 28
96.	What class is [he/she] in?	|__|	
97.	Did your partner ever attend school?	YES ..... 1 NO 2	→ 28
98.	What was the highest level of school [he/she] attended: primary, secondary, or higher?	PRIMARY ..... 1 JUNIOR SECONDARY ..... 2 SENIOR SECONDARY ..... 3 HIGHER ..... 4 DON'T KNOW 9	→ 28 → 28
99.	What was the highest class [he/she] completed at that level? *WRITE -99 IF "DON'T KNOW".*	|__|	
100.	What is your partner's occupation? Is [he/she] a wage employee, casual worker, apprentice, family employee or self-employed?	HOUSEWIFE ..... 0 WAGE EMPLOYEE – GOVERNMENT ..... 1 WAGE EMPLOYEE - BUSINESS OR	

	IF THE PARTNER HAS A BUSINESS, FIND OUT IF IT'S HIS/HER OWN, HIS FAMILY'S OR SOMEBODY ELSE OWNS IT. *IF WAGE EMPLOYEE, FIND OUT IF HE/SHE WORKS FOR THE GOVERNMENT, A BUSINESS OR A NON-GOVERNMENTAL ORGANISATION (NGO)*	NON-GOVERNMENTAL ORGANISATION ……. 2 CASUAL WORKER …… 3 APPRENTICE …… 4 FAMILY EMPLOYEE …… 5 TRADER …… 6 SELF-EMPLOYED (OTHER) …… 7 STUDENT …… 8 UNEMPLOYED …… 9 SEEKING ADMISSION TO HIGHER EDUCATION ……10 DON'T KNOW ……11	
	SEXUAL BEHAVIOUR		
101.	Now I would like to ask you some questions about sexual activity. You can be sure that everything you say will remain absolutely confidential. Please be open.		
102.	When was the last time you had sex?	HAS HAD SEX BEFORE …… 1 HAS NEVER HAD SEX …… 2 REFUSED TO ANSWER …… 88	→ 33
103.	What is your main reason for not having ever had sex? *SPONTANEOUS MENTION..*	NO PARTNER AVAILABLE …… 1 MAIN PARTNER AWAY…… 2 DO NOT WANT TO HAVE SEX / NOT READY… 3 WAITING FOR MARRIAGE TO HAVE SEX …… 4 RELIGIOUS REASONS …… 5 AVOIDING HIV OR OTHER SEXUALLY TRANSMITTED DISEASE …… 6 AVOIDING PREGNANCY OR GETTING SOMEONE PREGNANT …… 7 DON'T LIKE SEX …… 8 FAMILY/COMMUNITY WOULD DISAPPROVE 9 OTHER (SPECIFY)_____10	

MODULE 3. BIRTH CONTROL AND SEXUAL ACTIVITY

104.	The first time you will have sex, do you plan to use a condom?	YES ..... 1 NO ..... 2 NOT SURE/DEPENDS 8	ANY ANSWER → MODULE 4
105.	Have you ever used a condom?	YES ..... 1 NO ..... 2 NO ANSWER ..... 8 DON'T KNOW 9	
106.	How old were you when you had sex for the very first time? *RECORD AGE IN YEARS. WRITE -99 IF "DON'T KNOW", -88 IF NO ANSWER.*	|__|__|	
107.	The first time you had sex, was a condom used?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER 8	
	PARTNERSHIP TABLE		
108.	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.		
109.	Have you had sex during the last 6 months?	YES ..... 1 NO ..... 2 REFUSE TO ANSWER..... 8	→ 39
110.	What is your main reason for not having had sex in the previous 6 months? *DO NOT READ OUT*	NO PARTNER AVAILABLE ..... 1 MAIN PARTNER AWAY..... 2 DO NOT WANT TO HAVE SEX ..... 3 WAITING FOR MARRIAGE TO HAVE SEX ..... 4 RELIGIOUS REASONS ..... 5 AVOIDING HIV OR OTHER SEXUALLY	

MODULE 3. BIRTH CONTROL AND SEXUAL ACTIVITY

		TRANSMITTED DISEASE …… 6 AVOIDING PREGNANCY OR GETTING SOMEONE PREGNANT …….. 7 DON'T LIKE SEX …… 8 OTHER (SPECIFY)_____ 9			
111.	IF IN A RELATIONSHIP/MARRIED: I would like to ask you a few questions about your [main partner/spouse]. I do not need to know who [she/he] is, so let's just call [him/her] X:				
112.	IF SINGLE (NOT DATING): I would like to ask you a few questions about the person that you most recently had sex with. I do not need to know who [she/he] is, so let's just call [him/her] X:				
		X…	X2…	X3…	
113.	How old is [X / X2 /X3]? *IF "DON'T KNOW", ASK THE RESPONDENT TO APPROXIMATE THE AGE.*	|__|__|	|__|__|	|__|__|	
114.	How would you describe your relationship with him/her? *READ OUT OPTIONS*	MARRIED ..... 1 LIVING TOGETHER … 2 MAIN PARTNER ..... 3 A FRIEND.....4 SOMEONE I'VE KNOWN FOR A WHILE ……. 5 SOMEONE I JUST MET .... 6 ONE NIGHT ENCOUNTER 7 OTHER -SPECIFY _____ 8	MARRIED .... 1 LIVING TOGETHER …2 MAIN PARTNER ..... 3 A FRIEND.....4 SOMEONE I'VE KNOWN FOR A WHILE ……. 5 SOMEONE I JUST MET .... 6 ONE NIGHT ENCOUNTER 7 OTHER -SPECIFY _____ 8	MARRIED .... 1 LIVING TOGETHER .. 2 MAIN PARTNER ..... 3 A FRIEND.....4 SOMEONE I'VE KNOWN FOR A WHILE ….. 5 SOMEONE I JUST MET .... 6 ONE NIGHT ENCOUNTER 7 OTHER -SPECIF _____ 8	→50

MODULE 3. BIRTH CONTROL AND SEXUAL ACTIVITY

115.	When did this relationship begin? *WRITE –99 if "DON'T KNOW".*	MONTH: |__|__| YEAR: |__|__|__|__|	MONTH: |__|__| YEAR: |__|__|__|__|	MONTH: |__|__| YEAR: |__|__|__|__|	
116.	Is this relationship still going on?	YES ……. 1 NO ……. 2	YES ……. 1 NO ……. 2	YES ……. 1 NO ……. 2	→46
117.	How long did it last? *Record in days if less than 1 week OR in weeks if less than 1 month OR in months if less than 1 year OR in years.*	DAYS: |__|__| WEEKS: |__| MONTHS: |__|__| YEARS: |__|__|	DAYS: |__|__| WEEKS: |__| MONTHS: |__|__| YEARS: |__|__|	DAYS: |__|__| WEEKS: |__| MONTHS: |__|__| YEARS: |__|__|	ANY ANSWER → 47
118.	Do you expect that you will still be in a relationship with [him/her]… 1. In one week 2. In one month 3. In one year	YES ..... 1 NO ……. 2 MAYBE ..... 3 YES ..... 1 NO ……. 2 MAYBE ..... 3 YES ..... 1 NO ……. 2 MAYBE 3	YES ..... 1 NO ……. 2 MAYBE ..... 3 YES ..... 1 NO ……. 2 MAYBE ..... 3 YES ..... 1 NO ……. 2 MAYBE 3	YES ..... 1 NO ……. 2 MAYBE ..... 3 YES ..... 1 NO ……. 2 MAYBE ..... 3 YES ..... 1 NO ……. 2 MAYBE 3	→ 47 → 47
119.	How long had you known this person **before having sex** with [him/her] the first time?	< 1 WEEK ..... 1 2-6 WEEKS…. 2 7 WEEKS – 6 MONTHS..... 3 > 6 MONTHS 4 DID NOT HAVE SEX WITH HIM/HER YET. 5	< 1 WEEK ..... 1 2-6 WEEKS…. 2 7 WEEKS – 6 MONTHS..... 3 > 6 MONTHS 4 DID NOT HAVE SEX WITH HIM/HER YET. 5	< 1 WEEK .... 1 2-6 WEEKS .. 2 7 WEEKS – 6 MONTHS..... 3 > 6 MONTHS 4 DID NOT HAVE SEX WITH HIM/HER YET 5	

MODULE 3. BIRTH CONTROL AND SEXUAL ACTIVITY

120.	IF WOMAN: In the last year, did [X / X2 / X3] give you money or gifts because you had sex with him? IF MAN: In the last year, did you give money or gifts to [X / X2 / X3] because she had sex with you?	YES ……. 1 NO …….. 2 YES ……. 1 NO …….. 2	YES ……. 1 NO …….. 2 YES ……. 1 NO …….. 2	YES ……. 1 NO …….. 2 YES ……. 1 NO …….. 2	
121.	How often [do/did] you usually have sex with [X / X2 / X3]? *READ OUT OPTIONS. ONE RESPONSE ONLY.*	JUST THIS ONCE ..... 1 ONCE IN WHILE..... 2 1-2 TIMES A MONTH …… 3 ONCE A WEEK ..... 4 MORE THAN ONCE A WEEK …….. 5 REFUSE TO ANSWER ……. 6	JUST THIS ONCE ..... 1 ONCE IN WHILE..... 2 1-2 TIMES A MONTH …… 3 ONCE A WEEK ..... 4 MORE THAN ONCE A WEEK …….. 5 REFUSE TO ANSWER ……. 6	JUST THIS ONCE ..... 1 ONCE IN WHILE..... 2 1-2 TIMES A MONTH ……. 3 ONCE A WEEK ..... 4 MORE THAN ONCE A WEEK …….. 5 REFUSE TO ANSWER …. 6	
122.	Did you use a condom the last time you had sex with this person?	YES ……. 1 NO …….. 2 UNSURE ……. 3	YES ……. 1 NO …….. 2 UNSURE ……. 3	YES ……. 1 NO …….. 2 UNSURE ….. 3	→53 →54
123.	Who suggested using a condom that last time?	MYSELF ..... 1 MY PARTNER 2 JOINT DECISION .... 3 DON'T KNOW 8	MYSELF ..... 1 MY PARTNER 2 JOINT DECISION .... 3 DON'T KNOW 8	MYSELF ..... 1 MY PARTNER2 JOINT DECISION .... 3 DON'T KNOW 8	
124.	Why did you use a condom? *TICK ALL THAT APPLY.* *PROBE: IF THEY SAY PARTNER INSISTED, ASK WHY THE PARTNER WANTED TO USE A CONDOM.*	PREVENT PREGNANCY .1 PREVENT HIV.2 PREVENT STDs…… 3	PREVENT PREGNANCY .1 PREVENT HIV.2 PREVENT STDs…… 3	PREVENT PREGNANCY .1 PREVENT HIV2 PREVENT STDs…… 3	ANY ANSWER →54

MODULE 3. BIRTH CONTROL AND SEXUAL ACTIVITY

		DON'T KNOW ……4	DON'T KNOW ……4	DON'T KNOW ……4	
125.	Why didn't you use a condom this last time?	WANTED TO GET PREGNANT … 1 PARTNER REFUSED ..... 2 DIDN'T HAVE A CONDOM …… 3 FELT SAFE ..... 4 CANNOT GET PREGNANT/ ALREADY PREGNANT ... 5 OTHER BIRTH CONTROL METHOD USED ..... 6 OTHER -SPECIFY _____ 98	WANTED TO GET PREGNANT .. 1 PARTNER REFUSED ..... 2 DIDN'T HAVE A CONDOM …… 3 FELT SAFE ..... 4 CANNOT GET PREGNANT/ ALREADY PREGNANT ... 5 OTHER BIRTH CONTROL METHOD USED ..... 6 OTHER -SPECIFY _____ 98	WANTED TO GET PREGNANT ..1 PARTNER REFUSED ..... 2 DIDN'T HAVE A CONDOM .3 FELT SAFE .... 4 CANNOT GET PREGNANT/ ALREADY PREGNANT .. 5 OTHER BIRTH CONTROL METHOD USED ..... 6 OTHER -SPECIF _____ 98	
126.	Do you know the HIV status of [X / X2 / X3]?	YES ……. 1 NO …….. 2	YES ……. 1 NO …….. 2	YES ……. 1 NO …….. 2	
127.	Did you have other sexual partners while you were with [X / X2 / X3]?	YES ……. 1 NO …….. 2	YES ……. 1 NO …….. 2	YES ……. 1 NO …….. 2	→57
128.	Did [X / X2 / X3] know that you were having sexual relations with someone else while you were seeing [him/her]?	YES ……. 1 NO…….. 2 DON'T KNOW..... 9	YES ……. 1 NO…….. 2 DON'T KNOW..... 9	YES ……. 1 NO…….. 2 DON'T KNOW..... 9	
129.	INTERVIEWER – READ ONLY FOR X: Let me assure you again that your answers are completely confidential and will not be told to anyone. Please be very open so that we can learn from your experiences.				
130.	Apart from the person(s) we already talked about, have you had sex with anyone else	YES ……. 1	YES ……. 1	YES ……. 1	

	in the last 6 months?	NO…….. 2	NO…….. 2	NO…….. 2	→ 60
131.	I don't want to know who this person is, but let's talk about him/her. Let's call this person [X2 / X3]. *REPEAT SET QUESTIONS ASKED ABOUT THE LAST PARTNER. INCLUDE MAX 3 PARTNERS*				

132	During the LAST 6 MONTHS, did you have sex with more than one person during the same month?	YES …… 1 NO …….. 2	
133	How many sexual partners do you CURRENTLY have? *WRITE NUMBER BUT DON'T RESTRICT.*	|__|__|	

	CONTRACEPTION: USE		
134	FOR WOMEN: Have you ever given birth?	YES …… 1 NO …….. 2	→ 64
135	FOR WOMEN: How many times have you given birth?	|__|	
136	FOR WOMEN: Are you currently pregnant?	YES …….. 1 NO …….. 2 UNSURE …….. 3	
137	FOR WOMEN: ONLY IF NOT PREGNANT OR UNSURE: Are you currently doing something or using any method to delay or avoid getting pregnant? FOR MEN: Are you currently doing something or using any method in order not to get someone pregnant?	YES …… 1 NO …….. 2 YES …… 1	→ 67 → 67

MODULE 3. BIRTH CONTROL AND SEXUAL ACTIVITY

		NO ……. 2	
138	Are you currently using condoms?	YES …… 1 NO ……. 2	→ 68 → 72
139	Which method are you using? CIRCLE ALL MENTIONED.	CONDOM…… 1 PILL.....2 WITHDRAWAL…… 3 INJECTABLES..... 4 INTRA-UTERINE DEVICE (IUD)..... 5 DIAPHRAGM…… 6 IMPLANTS …… 7 STERILIZATION..... 8 OTHER (SPECIFY) _____ 9	
140	IF CONDOM IS MENTIONED: You told me that you are currently using condoms. What brand name of the condoms did you use the last time you had sex?	GOLD CIRCLE …… 1 DUREX …… 2 ROUGH RIDER …… 3 TWIN LOTUS …… 4 OTHER (SPECIFY) _____ _ 6 DON'T KNOW …… 7	
141	IF USING BIRTH CONTROL& METHOD DIFFERENT FROM CONDOM OR WITHDRAWAL: Does your partner know that you are using a birth control method?	YES ..... 1 NO ..... 2 DON'T KNOW…… 3	→ MODULE 4
142	Would you say that using birth control or condoms is mainly your decision, mainly your partner's decision, or do you both decide together?	MAINLY RESPONDENT …… 1 MAINLY PARTNER …… 2 JOINT DECISION …… 3 OTHER (SPECIFY) _____ 6	→ MODULE 4 → MODULE 4 → MODULE 4
143	In case of disagreement, who really decides?	MAINLY RESPONDENT …… 1 MAINLY PARTNER …… 2 OTHER (SPECIFY) _____ 6	ANY ANSWER → MODULE 4

MODULE 3. BIRTH CONTROL AND SEXUAL ACTIVITY

144	IF NOT USING BIRTH CONTROL: You have said that you are not using any method to avoid pregnancy. Can you tell me why you are not using any method? Any other reason? RECORD ALL REASONS MENTIONED	NOT HAVING SEX …… 1 FATALISTIC …….. 2 RESPONDENT OPPOSED …….. 3 PARTNER OPPOSED …….. 4 RELIGIOUS PROHIBITION …… 5 KNOWS NO METHOD …….. 6 WANTS TO HAVE A CHILD..... 7 BREASTFEEDING …… 8 FEAR OF SIDE EFFECTS …….. 9 INCONVENIENT TO USE …….. 10 OTHER (SPECIFY) _____ _ 11	
145	Would you say that NOT using birth control or condoms is mainly your decision, mainly your partner's decision, or do you both decide together?	MAINLY RESPONDENT …….. 1 MAINLY PARTNER …….. 2 JOINT DECISION …….. 3 OTHER (SPECIFY) _____ 6	

SHUGA 3 EVALUATIONFOLLOW-UP SURVEY

4. EXPECTATIONS AND STDS

	EXPECTATIONS MODULE FOR HIV		
37.	READ THE FOLLOWING INSTRUCTIONS I will ask you some questions about the chances or possibility that something will happen. There are 10 beads. I would like you to choose some of these beads and put them down to show what you think are the chances of a certain event happening. **There are 10 chances. One bead represents one chance out of 10.** If you do not put down any beads, it means that you think that the event will NOT happen. As you add beads, it means that you think the chances that the event happens increase. **NOTE: USE THE BEADS TO GIVE AN EXAMPLE. READ:** Let me give you an example. I have family in Abuja. If you ask me what are the chances that I see my family in Abuja tonight, I will tell you there is no chance and I will not put down any beads. If you ask me what are the chances that I do interviews next week, it's for sure, so I will put down all 10 beads. If you asked me what are the chances that my sister calls me on the phone this evening, I will put down 5 beads because I think the chances are 50-50. If you asked me what are the chances that my cousin calls me, I will only put down 1 or 2 beads because I don't speak to him often. **NOTE: NOW GIVE THE BEADS TO THE RESPONDENT. READ:** Now, take the beads. Suppose I asked you: • What are the chances of you eating dinner tonight? • What are the chances of you eating dinner in the nicest restaurant in town? Let's try a few other examples.		
38.	Imagine that you have 10 balls in a bag: 2 white and 8 black. If you pick one of these balls without looking, what are the chances that you pick a black ball?	Number of beads: |__|__|	
2a	*If q2<>8 =>* So there are 8 black balls and 2 white balls, which means there are more black balls than white. So if you pick one of these balls without looking, what are the chances that you pick a black ball?	Number of beads: |__|__|	
39.	What are the chances that you will go to the market between today and tomorrow?	Number of beads: |__|__|	

MODULE 4 EXPECTATIONS AND STDS

40.	What are the chances that you will go to the market at least once between today and 2 weeks from now?	Number of beads: |__|__|	
4a	*If q4<q3 =>* But you told me that the chance of going to the market between today and tomorrow is <q3> out of 10. Note that tomorrow is also included between today and 2 weeks from now, so your chance of going to the market between today and 2 weeks from now should be at least as high. So what are the chances that you will go to the market at least once between today and 2 weeks from now?	Number of beads: |__|__|	
41.	What are the chances that you go to Lagos today?	Number of beads: |__|__|	
5a	*If q5>0 =>*So let me make sure I understand: you plan to go to Lagos today? If it cannot happen that you go to Lagos, it means there is no chance, so how many beads will you put down?	Number of beads: |__|__|	
42.	What are the chances that you buy phone credit or someone gives it to you in the next one month?	Number of beads: |__|__|	
6a	*If q6<10 =>* So let me make sure I understand: you think you might not get any phone credit in the next month?	MAY NOT GET CREDIT …….. 1 DEFINITELY GETTING SOME CREDIT……. 2	→ 7
6b	Remember that 0 beads means no chance at all and 10 beads means that something will happen for sure. So how many beads will you put down?	Number of beads: |__|__|	
43.	I will ask you some more questions, and for these questions I would also like to know if you feel that the chances that you tell me are a number that you can precisely estimate, or a number that could be a bit higher or a bit lower. I will ask you if you are very sure, sure, unsure, or very unsure. This has nothing to do with being right or wrong, but just with how certain a given answer is for you. For example, if I toss a coin and you ask me what are the chances that it is head, I will put down 5 beads because the chances are 50:50. If you ask me if I am sure, I will say "very sure" because I know for a fact that the chances are 50:50.		

MODULE 4 EXPECTATIONS AND STDS

	Now if you ask me what are the chances that it will rain tomorrow, I will put down 7 beads because I think the chances are high, I think they are 7 out of 10. But if you ask me if I am very sure, sure, unsure, or very unsure, I would say "unsure" because I think they may not necessarily be 7 out of 10, maybe they are 6 or 8 out of 10. If I thought that the chances could take many values, for example from 3 out of 10 to 9 out of 10, I would say "very unsure". So there is nothing bad about saying that I am unsure, it is only a matter of whether I think I have precise information about this chance, or not very precise information.		
44.	Now I would like to ask you about the chances of other events related to health.		
45.	What are the chances that you are CURRENTLY infected with malaria? Please place more beads, the more likely you think it is.	Number of beads: |__|__|	
46.	What are the chances that you will be infected with malaria in the next 2 years <u>if you don't sleep under a bednet</u>?	Number of beads: |__|__|	
47.	What are the chances that you will be infected with malaria in the next 2 years <u>if you sleep every day under a bednet</u>?	Number of beads: |__|__|	
48.	Are you sure or unsure about all these chances of being infected with malaria? Are you [very sure/very unsure] or just [sure/unsure]?	VERY SURE …… 1 SURE …….. 2 UNSURE…….. 3 VERY UNSURE ……. 4	
49.	What are the chances that you CURRENTLY have HIV?	Number of beads: |__|__|	
50.	What are the chances that you will have sex in the next 2 years?	Number of beads: |__|__|	
51.	What are the chances that you will be infected with HIV/AIDS in the next 2 years if you have sex and <u>you don't use a condom</u>?	Number of beads: |__|__|	
52.	What are the chances that you will be infected with HIV/AIDS in the next 2 years if you have sex and <u>you use a condom every time you have sex</u>?	Number of beads: |__|__|	

MODULE 4 EXPECTATIONS AND STDS

53.	Are you sure or unsure about all these chances of you being infected with HIV/AIDS? Are you [very sure/very unsure] or just [sure/unsure]?	VERY SURE ..... 1 SURE ..... 2 UNSURE..... 3 VERY UNSURE 4	
54.	ONLY IF IN A RELATIONSHIP OR MARRIED: What are the chances that your partner is CURRENTLY infected with HIV/AIDS?	Number of beads: |__|__|	
55.	ONLY IF IN A RELATIONSHIP OR MARRIED: Are you sure or unsure about this chance? Are you [very sure/very unsure] or just [sure/unsure]?	VERY SURE ..... 1 SURE ..... 2 UNSURE..... 3 VERY UNSURE 4	
56.	What are the chances that a person of your age in this community CURRENTLY has HIV?	Number of beads: |__|__|	
57.	What are the chances that a person of your age in this community will be infected with HIV/AIDS in the next 2 years <u>if they have sex and they don't use a condom</u>?	Number of beads: |__|__|	
58.	What are the chances that a person of your age in this community will be infected with HIV/AIDS in the next 2 years <u>if they use a condom every time they have sex</u>?	Number of beads: |__|__|	
59.	Are you sure or unsure about all these chances of people of your age in this community being infected with HIV/AIDS? Are you [very sure/very unsure] or just [sure/unsure]?	VERY SURE ..... 1 SURE ..... 2 UNSURE..... 3 VERY UNSURE 4	
	OWN HIV RISK – REASONS		
60.	Do you think your chances of getting HIV/AIDS in the next 2 years are great, moderate, small or you have no chance at all?	GREAT ..... 1 MODERATE ..... 2 SMALL ..... 3 NO CHANCE AT ALL ..... 4 HAS HIV/AIDS ..... 5 DON'T KNOW 8	→ 26 → 26 → 27

MODULE 4 EXPECTATIONS AND STDS

61.	IF GREAT/MODERATE: Why do you think so? *DO NOT READ OPTIONS.* *MULTIPLE RESPONSES POSSIBLE.*	DON'T/DIDN'T USE CONDOMS ..... 1 PARTNER IS OR WAS UNFAITHFUL ..... 3 MORE THAN ONE SEX PARTNER ..... 4 TOO MANY SEX PARTNERS ..... 5 HAVE/HAD SEX WITH PROSTITUTES/ SEX WORKERS ..... 6 I AM/WAS UNLUCKY ..... 7 MY ANCESTORS ARE/WERE ANGRY WITH ME/DO NO PROTECT ME ..... 8 OTHER (SPECIFY) _____ 9	
62.	IF SMALL/NO CHANCE AT ALL: Why do you think so? *DO NOT READ OPTIONS.* *MULTIPLE RESPONSES POSSIBLE.*	HAVE NEVER HAD SEX BEFORE ..... 1 NOW ABSTAINING FROM SEX ..... 2 FAITHFUL TO ONE PARTNER/ TRUST MY PARTNER ..... 3 ALWAYS USE CONDOMS ..... 4 DO NOT HAVE SEX WITH PROSTITUTES/SEX WORKERS ..... 5 DO NOT SHARE USED NEEDLES OR BODY PIERCING INSTRUMENTS ..... 6 KNOW THAT BOTH MY PARTNER AND I HAVE TESTED NEGATIVE FOR HIV &AIDS .. 7 MY ANCESTORS PROTECT ME ..... 8 GOD PROTECTS ME ..... 9 I AM LUCKY ..... 10 OTHER (SPECIFY)_____ 11	
	OTHER STDs		
63.	Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?	YES ..... 1 NO 2	

MODULE 4 EXPECTATIONS AND STDS

64.	MALE RESPONDENT: Apart from semen or urine, sometimes men experience an abnormal discharge or pus from their penis. Did you ever have an abnormal discharge from your penis? FEMALE RESPONDENT: Sometimes, women experience abnormal discharge from their vagina. Did you ever have an abnormal discharge from your vagina?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 3 YES ..... 1 NO ..... 2 DON'T KNOW 3	→30 →30
65.	Was this during the last 6 months?	YES ..... 1 NO 2	
66.	MALE RESPONDENT: Sometimes, men have a sore or wound on their penis. Did you ever have a sore or wound on your penis? FEMALE RESPONDENT: Sometimes, women have a sore or wound on their vagina. Did you ever have a sore or wound on your vagina?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 3 YES ..... 1 NO ..... 2 DON'T KNOW 3	→32 →32
67.	Was this during the last 6 months?	YES ..... 1 NO 2	
68.	If respondent says YES to either question about STDs:		
69.	The <u>last time</u> you had these symptoms, did you go for treatment?	YES ..... 1 NO 2	
70.	ONLY IF RESPONDENT HAS HAD SEX IN THE PAST 6 MONTHS: When you had these symptoms, did you tell the person(s) with whom you were having sex?	YES, ALL ..... 1 YES, SOME ..... 2 NO..... 3 NO PARTNER 4	→ MODULE 5

MODULE 4 EXPECTATIONS AND STDS

71.	ONLY IF RESPONDENT HAS HAD SEX IN THE PAST 6 MONTHS: When you had the problems, did you do anything to avoid infecting your sexual partner?	YES …… 1 NO …… 2 PARTNER ALREADY INFECTED ……..3	→ MODULE 5 → MODULE 5
72.	ONLY IF RESPONDENT HAS HAD SEX IN THE PAST 6 MONTHS: What did you do to avoid infecting your partner? *TICK ALL THAT APPLY*	USED MEDICINE …… 1 STOPPED HAVING SEX …… 2 USED CONDOM …….. 3 OTHER …… 4	

SHUGA 3 EVALUATION FOLLOW-UP SURVEY

5A. ITEM LISTS

NOTE: Some questions will be for women only, some for men only.

READ: Now I'm going to read some statements about many different things. Some of these statements

will be true and some will not. After I read all statements, please tell me HOW MANY of them are true for you.

I don't want to know which ones, just how many.

Let's try with an example first. Suppose I read you 4 statements. After I read each statement, I want you to

count with your fingers if it is true, and keep track without showing to me. I will then ask you how many are

true. Let me demonstrate first.

NOTE: READ THE STATEMENTS BELOW AND SHOW THEM HOW YOU ARE COUNTING:

1. I went to the movies with my best friend on Sunday
2. I had dinner last night
3. I can speak French
4. Abuja is the capital of Nigeria

I will now read you the statements. As I'm reading, count with your fingers without showing me. At the end, you'll tell me how many are true for you.

1. You went to the movies with your best friend on Sunday
2. You had dinner last night
3. You can speak French
4. Abuja is the capital of Nigeria

How many of these statements are true?

	WOMEN ONLY		
6.	LIST 1 1 You have been to Cotonou 2 Nigerians love football 3 You have two or three friends that you can always depend on if you need money	Number of true statements |__|	

MODULE 5. ITEM LISTS A

	4 Sometimes your partner hits you when he gets angry 5 You have watched the movie "An uncomfortable truth"		
7.	LIST 2 5. You love reading history books and you buy one every week 6. You know someone who has been to prison 7. You have a sister who has two children 8. Schools should spend more time teaching young people about health.	Number of true statements |__|	
8.	LIST 3 6. You have at least one friend who offers sex for money 7. When your partner is violent with you, you talk about it with someone. 8. You have read a novel in the past month and discussed it with a friend. 9. If you got a gift of money, you would use some to buy something for yourself. 10. You enjoy talking about fashion with your friends.	Number of true statements |__|	
9.	LIST 4 5. Last time you injured yourself you went to the hospital 6. You have never smoked a cigarette 7. Over-speeding can kill 8. If you had to call your doctor, you know his/her phone number by heart	Number of true statements |__|	
10.	LIST 5 7. There are 36 States in Nigeria 8. You have stolen money from your parents before 9. You like to hang out with your friends in clubs 10. Your best friend buys a brand new car every year 11. You have slept with a married man in exchange for money or gifts	Number of true statements |__|	
12.	LIST 6	Number of true statements |__|	

	5. You are good at listening and your friends trust you with their secrets 6. Children should wash their hands before they eat. 7. If you get pregnant, you would like to get antenatal care from a hospital 8. You travel to America with your family every year		

	MEN ONLY		
4.	LIST 1 6. You have been to Cotonou. 7. Nigerians love football 8. You have two or three friends that you can depend on if you need money 9. Sometimes you hit your partner when you get angry 10. You have watched the movie "An uncomfortable truth"	Number of true statements |__|	
5.	LIST 2 5. You love reading history books and you buy one every week 6. You know someone who has been to jail- 7. You have a sister who has two children 8. Schools should spend more time teaching young people about health	Number of true statements |__|	
6.	LIST 3 7. There are 36 States in Nigeria 8. You have stolen money from your parents before 9. You like to hang out with your friends in clubs 10. Your best friend buys a brand new car every year	Number of true statements |__|	

MODULE 5. ITEM LISTS A

	11. You have given money or gifts to a younger woman so she would sleep with you		
12.	LIST 4 5. You are good at listening and your friends trust you with their secrets 6. Children should wash their hands before eating 7. If your wife got pregnant, you would like her to get antenatal care from a hospital 8. You travel to America with your family every year	Number of true statements |__|	

MODULE 5. ITEM LISTS B

SHUGA 3 EVALUATION FOLLOW-UP SURVEY

5B. ITEM LISTS

NOTE: Some questions will be for women only, some for men only.

READ: Now I'm going to read some statements about many different things. Some of these statements will be true and some will not. After I read all statements, please tell me HOW MANY of them are true for you.

I don't want to know which ones, just how many.

Let's try with an example first. Suppose I read you 4 statements. After I read each statement, I want you to count with your fingers if it is true, and keep track without showing to me. I will then ask you how many are true. Let me demonstrate first.

NOTE: READ THE STATEMENTS BELOW AND SHOW THEM HOW YOU ARE COUNTING:

1. I went to the movies with my best friend on Sunday
2. I had dinner last night
3. I can speak French
4. Abuja is the capital of Nigeria

I will now read you the statements. As I'm reading, count with your fingers without showing me. At the end,

you'll tell me how many are true for you.

1. You went to the movies with your best friend on Sunday
2. You had dinner last night
3. You can speak French
4. Abuja is the capital of Nigeria

How many of these statements are true?

	WOMEN ONLY		
7.	LIST 1 5. You have been to Cotonou 6. Nigerians love football 7. You have two or three friends that you can always depend on if you need money. 8. You have watched the movie "An uncomfortable truth"	Number of true statements |__|	
8.	LIST 2	Number of true statements |__|	

MODULE 5. ITEM LISTS B

	6. You love reading history books and you buy one every week. 7. You know someone who has been to prison 8. You have a sister who has two children 9. Schools should spend more time teaching young people about health 10. It happened that your partner forced you to have sex when you did not want to		
9.	LIST 3 5. You have at least one friend who offers sex for money 6. You have read a novel in the past month and discussed it with a friend. 7. If you got a gift of money, you would use some to buy something for yourself. 8. You enjoy talking about fashion with your friends.	Number of true statements |__|	
10.	LIST 4 6. Last time you injured yourself you went to the hospital 7. Last time your partner forced you to have sex, you talked about it with someone 8. You have never smoked a cigarette 9. Over-speeding can kill 10. If you had to call your doctor, you know his/her phone number by heart	Number of true statements |__|	
11.	LIST 5 5. There are 36 States in Nigeria 6. You have stolen money from your parents before 7. You like to hang out with your friends in clubs 8. Your best friend buys a brand new car every year	Number of true statements |__|	
6.	LIST 6 6. You are good at listening and your friends trust you with their secrets 7. Children should wash their hands before they eat	Number of true statements |__|	

MODULE 5. ITEM LISTS B

	8. If you had HIV, you would not reveal your status to your partner 9. If you get pregnant, you would like to get antenatal care from a hospital 10. You travel to America with your family every year		

	MEN ONLY		
5.	LIST 1 5. You have been to Cotonou 6. Nigerians love football 7. You can always count on two or three friends if you need help 8. You have watched the movie "An uncomfortable truth"	Number of true statements |__|	
6.	LIST 2 6. You love reading history books and you buy one every week. 7. You know someone who has been to jail. 8. You have a sister who has two children. 9. Schools should spend more time teaching young people about health. 10. It happened that you forced your partner to have sex when she did not want to	Number of true statements |__|	
7.	LIST 3 5. There are 36 States in Nigeria 6. You have stolen money from your parents before 7. You like to hang out with your friends in clubs 8. Your best friend buys a brand new car every year	Number of true statements |__|	

MODULE 5. ITEM LISTS B

4.	LIST 4 6. You are good at listening and your friends trust your with their secrets 7. Children should wash their hands before eating 8. If you had HIV, you would not reveal your status to your partner 9. If your wife got pregnant, you would like her to get antenatal care from a hospital 10. You travel to America with your family every year	Number of true statements |__|	

SHUGA 3 EVALUATION FOLLOW-UP SURVEY

7. VIOLENCE AGAINST WOMEN

NOTE: Some questions will be for women only, some for men only, some for both men and women. Before a set of questions, you will see a line indicating which group to administer it to.

	VIOLENCE AGAINST WOMEN - ATTITUDES						
44.	We are almost at the end. This is the last set of questions. I will now ask you some questions about your well-being and about what people sometimes experience in their relationships.						
45.	DO NOT READ: PRESENCE OF OTHERS AT THIS POINT TRY TO OBTAIN PRIVACY	CHILDREN < 10 …… Yes No SPOUSE/PARTNER …… Yes No OTHER MALES …… Yes No OTHER FEMALES …… Yes No					
46.	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food? If she fails to prepare food on time? If she refuses to have another child?	GOES OUT …… Yes No DK NEGL. CHILDREN …… Yes No DK ARGUES …… Yes No DK REFUSES SEX ……Yes No DK BURNS FOOD …… Yes No DK FOOD ON TIME …… Yes No DK ANOTHER CHILD …… Yes No DK					
47.	Is a husband justified in forcing his wife to have sex with him when she doesn't want to have sex with him?	YES …… 1 NO …… 2					
48.	I will read you a list of statements, and I would like you to tell me whether you strongly agree, agree, disagree or strongly disagree with the statement. There are no right or wrong answers, just tell me what you think.	1. Strongly Agree	2. Agree	3. Disagree	4. Strongly disagree	5. Don't know	

	DO NOT READ "DON'T KNOW"						
a.	a. A good wife obeys her husband even if she disagrees.	1	2	3	4	5	
b.	b. Family problems should only be discussed with people in the family.	1	2	3	4	5	
c.	c. It is important for a man to show his wife or girlfriend who the boss is.	1	2	3	4	5	
d.	d. A woman should be able to choose her own friends even if her husband or boyfriend disapproves.	1	2	3	4	5	
e.	e. A man has the right to check his wife's or girlfriends's phone calls and messages.	1	2	3	4	5	
f.	f. It is a wife's obligation to have sex with her husband even if she doesn't feel like it.	1	2	3	4	5	
g.	g. If a man mistreats his wife or girlfriend, someone in the family should intervene.	1	2	3	4	5	
h.	h. If a man mistreats his wife or girlfriend, someone outside of the family, like friends or neighbours, should intervene.	1	2	3	4	5	

49.	Now I would like to ask you about people who influence your views and behaviour in relationships.		
50.	Whose opinions or behaviour matter to you when you think about how to treat your spouse/partner?	MY FATHER.....1 MY MOTHER.....2 MY SIBLINGS.....3 FRIENDS MY AGE.....4 OLDER FRIENDS.....5 OTHER PEOPLE IN THE COMMUNITY.....6 OTHER (SPECIFY)_____.7	

********** ONLY FOR WOMEN **********

	DOMESTIC VIOLENCE		
51.	CHECK FOR PRESENCE OF OTHERS:	PRIVACY OBTAINED 1	→31

	DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED. Please make every possible effort to ensure privacy.	PRIVACY NOT POSSIBLE ……2	
52.	Now I would like to ask you questions about some other important aspects of a woman's life. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the condition of women in Nigeria. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else will know that you were asked these questions.		
53.	CHECK MARITAL STATUS:	CURRENTLY MARRIED OR LIVING WITH A PARTNER …… 1 IN A RELATIONSHIP……2 DIVORCED …… 3 SINGLE (NOT DATING) /WIDOWED …… 4	→Read in past tense → 20
54.	First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) husband/partner? a) He [is/was] jealous or angry if you [talk/talked] to other men b) He frequently [accuses/accused] you of being unfaithful c) He [does/did] not permit you to meet your female friends d) He [tries/tried] to limit your contact with your family e) He [insists/insisted] on knowing where you (are/were) at all times f) He [expects/expected] you to ask for permission if you want to hang out with your friends	JEALOUS …….. Yes No DK ACCUSES …….. Yes No DK NOT MEET FRIENDS …….. Yes No DK NO FAMILY …… Yes No DK WHERE YOU ARE …….. Yes No DK	

	g) He [checks/checked] your phone calls and messages h) He [does/did] not trust you with any money	PERMISSION FRIENDS ……. Yes No DK CHECKS PHONE …….Yes No DK MONEY …….. Yes No DK				
55.	Now if you permit me, I will ask some more questions about your relationship with your [husband / boyfriend].					
56.	In the past 6 months did your [husband/partner]:		57. How often did this happen in the **last 6 months**: often, sometimes or not at all?			
			Often	Sometimes	Not at all	
	a) Insult you or make you feel bad about yourself?	Yes … 1 → No … 2 Refuse.. 3	1	2	3	
	b) Make you afraid that you could be physically hurt?	Yes … 1 → No … 2 Refuse.. 3	1	2	3	
	c) Say or do something to humiliate you in front of others?	Yes … 1 → No … 2 Refuse.. 3	1	2	3	
	d) Slap, kick, push, choke, or punch you?	Yes … 1 → No … 2 Refuse.. 3	1	2	3	
	e) Physically force you to have sexual intercourse or perform other sexual acts even when you did not want to?	Yes … 1 → No … 2 Refuse.. 3	1	2	3	
58.	DO NOT READ: Did she answer YES to <u>at least one</u> of the questions above?	YES ……. 1 NO ……. 2				→ 20
59.	Have you ever tried to seek help to stop your partner from doing this to you again?	YES ……. 1 NO ……. 2				→ 18

		REFUSE 3	→ 18
60.	From whom have you sought help to stop this? *ANYONE ELSE?* *RECORD ALL MENTIONED*	OWN FAMILY ..... 1 HUSBAND'S FAMILY ..... 2 CURRENT/LAST HUSBAND ..... 3 CURRENT/FORMER BOYFRIEND ..... 4 FRIEND ..... 5 NEIGHBOUR ..... 6 RELIGIOUS LEADER ..... 7 DOCTOR/MEDICAL PERSONNE ..... 8 POLICE (e.g. Victim Support Unit) ..... 9 LAWYER ..... 10 SOCIAL SERVICE ORGANIZATION (e.g YWCA) ..... 11 OTHER (SPECIFY) _____ 12	
61.	Why didn't you seek help? *RECORD ALL MENTIONED*	DID NOT HAVE ANY ONE TO TURN TO..... 1 DID NOT WANT OTHER PEOPLE TO KNOW.... 2 COULD NOT BRING MYSELF TO TELL ANYONE.3 VIOLENCE NORMAL IN A RELATIONSHIP.....4 AFRAID HE WOULD BEAT YOU UP MORE..... 5 AFRAID IT WOULD END THE RELATIONSHIP...6 HOPED IT WOULD END BY ITSELF..... 7 OTHER (SPECIFY) _____ 8	
62.	Have you ever told anyone else about this?	YES ..... 1 NO 2	
63.	As far as you know, did your father ever beat your mother?	YES ..... 1 NO ..... 2 DON'T KNOW 3	
64.	Do you have a female friend or relative who is beaten or physically hurt by her partner?	Yes..... 1 No..... 2	→ 23

65.	What did you do last time your friend told you that she was beaten or physically hurt by her partner?	ENCOURAGED HER TO LEAVE THE PARTNER…1 TALKED AND PACIFIED…… 2 ENCOURAGED HER TO TELL HER FAMILY …... 3 HELPED HER GO TO THE POLICE …… 4 DID NOTHING, IT IS THEIR PROBLEM …….. 5 OTHER (SPECIFY) _____ 222	ANY ANSWER → 24
66.	What would you do if a friend told you that she was beaten or physically hurt by her partner? *TICK ALL THAT APPLY*	ENCOURAGE HER TO LEAVE THE PARTNER …1 TALK AND PACIFY …….. 2 ENCOURAGE HER TO TELL HER FAMILY …….. 3 HELP HER GO TO THE POLICE……4 DO NOTHING, IT IS THEIR PROBLEM …….. 5 OTHER (SPECIFY) _____ 222	
67.	If you consider other women of your age living in your COMMUNITY, how many are in relationships where they are beaten or physically hurt by their husbands or boyfriends? *READ OUT OPTIONS*	MANY…….. 1 SOME…….. 2 VERY FEW…….. 3 NONE…….. 4	
68.	Out of 20 women of your age living in your COMMUNITY, how many are in relationships where they are beaten or physically hurt by their husbands or boyfriends?	|__|__|	
69.	Are you sure or unsure about this chance? Very [sure/unsure] or just [sure/unsure]?	VERY SURE …….. 1 SURE …….. 2 UNSURE…….. 3 VERY UNSURE …….. 4	
70.	If you consider other women of your age living in your COMMUNITY, how many are in relationships where they are forced to have sex by their husbands or boyfriends? *READ OUT OPTIONS*	MANY…….. 1 SOME…….. 2 VERY FEW…….. 3 NONE…….. 4	
71.	Out of 20 women of your age living in your COMMUNITY, how many are in relationships		

	where they are forced to have sex by their husbands or boyfriends?	|__|__|			
72.	Are you sure or unsure about this chance? Very [sure/unsure] or just [sure/unsure]?	VERY SURE ……. 1 SURE …….. 2 UNSURE…….. 3 VERY UNSURE …… 4			
73.	Thank you for your cooperation. Let me reassure you that the answers you provided are confidential and will not be shared with anyone.				
74.	DO NOT READ: Did you have to interrupt the interview because some adult was trying to listen, or came into the room, or interfered in any other way?	YES, ONCE	YES, MORE ONCE THAN ONCE	NO	
75.	1. Husband / boyfriend 2. Other male adult 3. Female adult	1 1 1	2 2 2	3 3 3	
76.	***Read the following conclusion:*** We are now finished with the interview. Thank you very much for your time. The results of this survey will help to provide better services to the youth.				

************************************ONLY FOR MEN ************************************			
	DOMESTIC VIOLENCE		
77.	Do you have a male friend or relative who beats or physically hurt his partner or wife?	YES…….. 1 NO …….. 2	→36
78.	What did you do last time your friend beat or physically hurt his partner?	ENCOURAGED HIM TO STOP IT ……..1 SPOKE TO HIS FAMILY …….. 2	

		AVOID/SHUN THE FRIEND…….. 3 DID NOTHING, IT IS THEIR PROBLEM …….. 4 OTHER (SPECIFY) _____ 222	
79.	What would you do if you found out that a friend beats or physically hurts his partner?	ENCOURAGE HIM TO STOP IT ……1 SPEAK TO HIS FAMILY …….. 2 AVOID/SHUN THE FRIEND…….. 3 DO NOTHING, IT IS THEIR PROBLEM …….. 4 OTHER (SPECIFY) _____ 222	
80.	If you consider other men of your age living in your COMMUNITY, how many are in a relationship where they beat or physically hurt their wives or girlfriends? *READ OUT OPTIONS*	MANY…….. 1 SOME…….. 2 VERY FEW…….. 3 NONE…….. 4	
81.	Out of 20 men of your age living in your COMMUNITY, how many are in a relationship where they beat or physically hurt their wives or girlfriends?	|__|__|	
82.	Are you sure or unsure about this chance? Very [sure/unsure] or just [sure/unsure]?	VERY SURE …….. 1 SURE …….. 2 UNSURE…….. 3 VERY UNSURE …….. 4	
83.	If you consider other men of your age living in your COMMUNITY, how many are in a relationship where they force their wives or girlfriends to have sex? *READ OUT OPTIONS*	MANY…….. 1 SOME…….. 2 VERY FEW…….. 3 NONE…….. 4	
84.	Out of 20 men of your age living in your COMMUNITY, how many are in a relationship where they force their wives or girlfriends to have sex?	|__|__|	

85.	Are you sure or unsure about this chance? Very [sure/unsure] or just [sure/unsure]?	VERY SURE ……. 1 SURE …….. 2 UNSURE…….. ……..3 VERY UNSURE …… 4	
86.	***Read the following conclusion:*** We are now finished with the interview. Thank you very much for your time. The results of this survey will help to provide better services to the youth.		

SHUGA 3 EVALUATION FOLLOW-UP SURVEY

8. MEMORIES OF THE FILM SCREENED AS PART OF THE EVALUATION

1.	*[Use attendance data preloaded onto tablets to determine who attended at least one of the film screenings]*	ATTENDED ..... 1 DID NOT ATTEND 0	-> END
2.	I will now ask you some questions about the film we invited you to 6 months ago. Do you remember the title of the show?	SHUGA ..... 1 GIDI UP ..... 2 DON'T REMEMBER ..... -99	-> 16
3.	On a scale from 1 to 10, how much did you like the show? 1 means not at all and 10 means very much.	|__|__|	

	SHUGA		
4.	What was this show about, what were the main themes? *TICK ALL THAT APPLY*	HIV / AIDS ..... 1 SUGAR DADDIES ..... 2 MULTIPLE SEXUAL PARTNERS ..... 3 VIOLENCE IN RELATIONSHIPS ..... 4 ABORTION ..... 5 SEX ..... 6 FRIENDSHIP ..... 7 DON'T REMEMBER ..... 99 OTHER (SPECIFY) 222	
5.	Since you saw the movie, have there been times during which you remembered a specific character or scene from the program? Which character did you think about or which characters were in the scene? (show pictures on the tablet) TICK ALL THAT APPLY	SOPHIE ..... 1 PRINCESS ..... 2 FOYE ..... 3 MALAIKA ..... 4 BIKIYA ..... 5 SADE ..... 6 FEMI 7	

		EKENE ..... 8 NII ..... 9 SOLOMON ..... 10 TOBY ..... 11 WEKI ..... 12 DID NOT THINK OF THE MOVIE 99	
6.	FEMALE: Which of these persons do you see yourself as? (show tablet to respondent)	SOPHIE ..... 1 PRINCESS ..... 2 FOYE ..... 3 MALAIKA ..... 4 BIKIYA ..... 5 SADE ..... 6 NONE OF THE CHARACTERS. 99	
7.	MALE: Which of these persons do you see yourself as? (show pictures of male characters on the tablet)	FEMI ..... 1 EKENE ..... 2 NII ..... 3 SOLOMON ..... 4 TOBY ..... 5 WEKI ..... 6 NONE OF THE CHARACTERS. 99	
8.	What is the most significant thing you remember about this character? (show tablet to respondent)	HAD A SUGAR DADDY ..... 1 WAS A LOOSE GIRL ..... 2 HELPED HER FRIEND WHOSE HUSBAND WAS BEATING HER ..... 3 SHE ALMOST GOT HIV ..... 4 SHE GOT HIV ..... 5 SHE DID NOT STUDY ..... 6 SHE HAD A TROUBLED SISTER ..... 7 SHE WAS SEXY..... 8 OTHER (SPECIFY) 222	

		DON'T REMEMBER ……..99	
9.	What is the most significant thing you remember about the character? (show tablet to respondent)	HAD HIV …… 1 WAS AFRAID TO TELL THE GIRL HE LIKED THAT HE HAD HIV …… 2 WAS AFRAID TO TELL HIS FRIENDS THAT HE HAD HIV …… 3 TOLD THE GIRL HE LIKED THAT HE HAD HIV ...4 TOLD HIS FRIEND HE HAD HIV …….. 5 HE WAS VERY CAREFUL TO NOT INFECT OTHERS WITH HIV …….. 6 HE WAS A COOL/POPULAR GUY…….. 7 HE WAS ON RADIO SHOWS…….. 8 OTHER (SPECIFY) …… 222 DON'T REMEMBER ……..99	
10.	What is the most significant thing you remember about the character? (show tablet to respondent)	HER HUSBAND WAS BEATING HER …….. 1 SHE WAS NOT A GOOD WIFE …….. 2 SHE TRIED TO HAVE AN ABORTION …… 3 SHE DID NOT WANT CHILDREN …… 4 SHE USED BIRTH CONTROL HIDING IT FROM HER HUSBAND …… 5 SHE WAS A FINE GIRL IN AN ABUSIVE RELATIONSHIP …….. 6 SHE WAS A GOOD STUDENT …… 7 SHE WAS RICH …… 8 OTHER (SPECIFY) …… 222 DON'T REMEMBER ……...99	
11.	What is the most significant thing you remember about the character? (show tablet to respondent)	HAD HIV …… 1 HE ALMOST GOT HIV …… 2 HE CHEATED ON HIS GIRLFRIEND …… 3 HE TOLD HIS GIRLFRIEND THAT HE MAY	

		HAVE HIV …….. 4 HE HAD UNPROTECTED SEX…….. 5 HE WORKED IN A CLUB…….. 6 OTHER (SPECIFY) …… 222 DON'T REMEMBER ……..99					
12.	What is the most significant thing you remember about the character? (show tablet to respondent)	WAS A LOOSE GIRL …….. 1 SHE ALMOST GOT HIV …… 2 SHE GOT HIV …… 3 SHE HAD A SUGAR DADDY …….. 4 SHE HAD AN OLDER SISTER …….. 5 SHE HAD UNPROTECTED SEX …… 6 SHE WAS A MODEL…….. 7 SHE WAS A VILLAGE GIRL …….. 8 HER BOYFRIEND WAS A STUDENT…….. 9 OTHER (SPECIFY) …… 222 DON'T REMEMBER ……..99					
13.	What is the most significant thing you remember about the character? (show tablet to respondent)	HE WAS BEATING HIS WIFE…….. 1 HE WAS NOT A GOOD HUSBAND…….. 2 HE WANTED TO HAVE CHILDREN …….. 3 HE DID NOT WANT TO USE BIRTH CONTROL 4 HE WANTED TO CONTROL HIS WIFE'S LIFE…. 5 HIS WIFE RUN HIM OVER WITH A CAR ……. 6 HE HAD A GOOD JOB…….. 7 OTHER (SPECIFY) …….. 222 DON'T REMEMBER ……..99					
14.	I will now ready you some statements and I will ask you to tell me whether you strongly agree, agree, disagree or strongly disagree with the statement. There are no right or wrong answers, just tell me what you think. WHILE WATCHING THE SHOW:	1. Strongly Disagree	2. Disagree	3. Neither agree nor disagree	4. Agree	5. Strongly agree	

a.	You could easily imagine what was going on in the show.	1	2	3	4	5	
b.	You were distracted by activities in the room around you.	1	2	3	4	5	
c.	You could imagine yourself being part of the story,	1	2	3	4	5	
d.	You were really following the story.	1	2	3	4	5	
e.	You wanted to learn how the story ended.	1	2	3	4	5	
f.	It affected you emotionally.	1	2	3	4	5	
g.	You were thinking of ways the story could have ended in a different way.	1	2	3	4	5	
h.	While watching the show, you found your mind wandering.	1	2	3	4	5	
i.	You found the story relevant to your everyday life.	1	2	3	4	5	
j.	You had a clear picture of the characters in the story.	1	2	3	4	5	
k.	You found it easy to forget about it.	1	2	3	4	5	
l.	You feel the story has changed your life.	1	2	3	4	5	
m.	While viewing the show, you felt as if you were part of the action	1	2	3	4	5	
n.	While viewing the show, you forgot yourself and you were fully absorbed.	1	2	3	4	5	
o.	You were able to understand the events in the show like the characters understood them.	1	2	3	4	5	
p.	You have a good understanding of the characters	1	2	3	4	5	
q.	You understand the reasons why the characters did what they did.	1	2	3	4	5	
r.	While viewing the show you could feel the emotions the characters displayed.	1	2	3	4	5	
s.	During the show, you felt you could read the characters' minds.	1	2	3	4	5	
t.	At key moments in the show, you felt you had experienced the same thing that the characters were going through.	1	2	3	4	5	
u.	While viewing the show, you wanted the characters to succeed in achieving their goals.	1	2	3	4	5	
v.	When the characters succeeded you felt joy, but when they failed, you felt sad.	1	2	3	4	5	
15.	Have you heard about other programmes related to this movie during the last 6 months:						

	a. On the radio? b. On social media? c. Through SMSs / calls from the film's producers?	RADIO . . . . . Y N DK SOCIAL MEDIA . . . . . Y N DK SMSs / CALLS . . . . . Y N DK	
16.	Have you watched the drama Shuga on TV?	YES ..... 1 NO 2	
17.	How many full episodes did you watch?	|__|	

	GIDI UP		
18.	What was this show about, what were the main themes? *TICK ALL THAT APPLY*	LIFE IN LAGOS…… 1 FASHION…… 2 SUGAR MUMMIES…… 3 REVENGE …… 4 ABORTION …… 5 SEX …… 6 FRIENDSHIP …… 7 DON'T REMEMBER …… 99 OTHER (SPECIFY) …… 222	
19.	Since you saw the movie, have there been times during which you remembered a specific character or scene from the program? Which character did you think about or which characters were in the scene? (show tablet to respondent) TICK ALL THAT APPLY	OBI…… 1 YVONNE……,,…… 2 TOKUNBO ……3 EKI …… 4 FOLARIN…… 5 MEKA…… 6 SHARON……7 YEMI …… 8 MO …… 9 ILLA …… 10 MONYE …… 11 DID NOT THINK OF THE MOVIE ……99	
20.	FEMALE: Which of these persons do you see yourself as? (show tablet to respondent)	YVONNE …… 1 EKI …… 2 SHARON …… 3 ILLA …… 4 MONYE …… 5 JOLA …… 6 NONE OF THE CHARACTERS. …… 99	

21.	MALE: Which of these persons do you see yourself as? (show tablet to respondent)	OBI…… 1 TOKUNBO …….. 2 FOLARIN…….. 3 MEKA…… 4 YEMI …….. 5 MO …….. 6 NONE OF THE CHARACTERS. …… 99	
22.	What is the most significant thing you remember about the character? (show tablet to respondent)	SHE WAS FRIENDS WITH A PHOTOGRAPHER … 1 SHE WAS FASHION DESIGNER……..2 SHE STARTED HER BUSINESS WITH SHARON…… 3 SHE WAS DATING SOMEONE SECRETLY …… 4 SHE WAS SEXY…… 5 OTHER (SPECIFY) …… 222 DON'T REMEMBER ……..99	
23.	What is the most significant thing you remember about the character? (show tablet to respondent)	RELATIONSHIP WITH HIS PARENTS WAS NOT GREAT……1 STARTED A COMPANY - "TECHSERVE" ……2 DATED A PHOTOGRAPHER ……..3 GOT HIS GIRLFRIEND PREGNANT ……..4 STARTED ANOTHER RELATIONSHIP WITH IFY…… 5 RIDES A POWERBIKE……6 OTHER (SPECIFY) ……..222 DON'T REMEMBER ……99	
24.	What is the most significant thing you remember about the character? (show tablet to respondent)	SHE WAS A FRIEND OF YVONNE …… 1 SHE WAS A PHOTOGRAPHER…… 2 SHE WAS DATING TOKUNBO…….. 3 SHE GOT PREGNANT……..4 MO BECAME HER BEST FRIEND……5	

		OTHER (SPECIFY) …… 222 DON'T REMEMBER ……..99					
25.	What is the most significant thing you remember about the character? (show tablet to respondent)	RADIO SHOW PRESENTER …… 1 WAS BEATEN BY THUGS …… 2 WAS DATING A SUGAR MUMMY…….. 3 HAD MULTIPLE SEXUAL PARTNERS …… 4 OTHER (SPECIFY) …… 222 DON'T REMEMBER …… 99					
26.	I will now ready you some statements and I will ask you to tell me whether you strongly agree, agree, disagree or strongly disagree with the statement. There are no right or wrong answers, just tell me what you think. WHILE WATCHING THE SHOW:	1. Strongly Disagree	2. Disagree	3. Neither agree nor disagree	4. Agree	5. Strongly agree	
a.	You could easily imagine what was going on in the show.	1	2	3	4	5	
c.	You could imagine yourself being part of the story,	1	2	3	4	5	
d.	You were really following the story.	1	2	3	4	5	
e.	You wanted to learn how the story ended.	1	2	3	4	5	
f.	It affected you emotionally.	1	2	3	4	5	
g.	You were thinking of ways the story could have ended in a different way.	1	2	3	4	5	
h.	While watching the show, you found your mind wandering.	1	2	3	4	5	
i.	You found the story relevant to your everyday life.	1	2	3	4	5	
j.	You had a clear picture of the characters in the story.	1	2	3	4	5	
k.	You found it easy to forget about it.	1	2	3	4	5	
m.	While viewing the show, you felt as if you were part of the action	1	2	3	4	5	
n.	While viewing the show, you forgot yourself and you were fully absorbed.	1	2	3	4	5	
o.	You were able to understand the events in the show like the characters understood them.	1	2	3	4	5	
q.	You understand the reasons why the characters did what they did.	1	2	3	4	5	
r.	While viewing the show you could feel the emotions the characters displayed.	1	2	3	4	5	

s.	During the show, you felt you could read the characters' minds.	1	2	3	4	5	
t.	At key moments in the show, you felt you had experienced the same thing that the characters were going through.	1	2	3	4	5	
u.	While viewing the show, you wanted the characters to succeed in achieving their goals.	1	2	3	4	5	
v.	When the characters succeeded you felt joy, but when they failed, you felt sad.	1	2	3	4	5	
27.	Have you heard about other programmes related to this movie during the last 6 months: d. On the radio? e. On social media? f. Through SMSs / calls from the film's producers?	RADIO . . . . . Y N DK SOCIAL MEDIA . . . . . Y N DK SMSs / CALLS . . . . . Y N DK					
28.	Have you watched the drama Shuga on TV?	YES …….. 1 NO …….. 2					
29.	How many full episodes did you watch?	|__|					

Appendix 10: INTERVIEWER'S INSTRUCTION MANUAL FOR BASELINE SURVEY

August 2014

Part 1: Introduction and General Guidelines

1.1. Who we are: World Bank Development Impact Evaluation Unit, Hanovia Medical Limited, meet the team

The Development Impact Evaluation Unit (DECIE), part of the World Bank, conducts research activities in 47 countries around the world. Its mission is to increase the use of impact evaluation (IE) in the design and implementation of public programs.

For this project, DECIE has partnered with Hanovia Medical Limited to conduct a survey in Oyo, Osun and Ondo states. Hanovia Medical Limited is a healthcare and management consulting firm that provides quality technical assistance and training programs. Its aim is to improve healthcare service delivery in Nigeria.

You will be working with Edwin Ikhuoria (Field Coordinator at DECIE), Laura Costica (Research Manager at DECIE) and Gbenga Adedayo (Field Coordinator for Hanovia Medical Ltd), Nnamdi Ezike (Data Officer at Hanovia Medical Ltd). These people have a lot experience in conducting field research and will be guiding you as you learn how to be good Enumerators. Additionally, at the end of this training, we will select 8 people who will be your team leaders.

1.2. The project

This project is being conducted by the Development Impact Evaluation Unit in collaboration with and Hanovia Medical Limited and Breaking Barriers in Development (BBiD) to better understand the lives of young people aged 18-25 in the South-West of Nigeria. The project will consist of a series of film screenings directed at young people, coupled with surveys administered to those attending these screening events. All these activities are part of an impact evaluation that will assess how films influence what young people know and what they do when it comes to HIV/AIDS and violence against women.

The impact evaluation (IE) will be deployed through the implementation of several activities. These activities have been organized to achieve the aim of the IE by systematic sequencing to allow for progressive implementation. These activities will be implemented simultaneously by different personnel but working in synergy towards the same goal. These activities include:

1. Household listing survey
2. Distribution of Invitations
3. Screening events
4. Baseline survey

The households listing survey and distribution of invitations will be implemented by various other teams from Hanovia Medical Limited, while screening events will be organized by teams from Breaking Barriers in Development. Each team will work in specific locations. The locations are delineated around screening centers that have been pre-defined. This manual details the protocol for implementing the baseline survey.

Overview of project activities:

We will work in 84 urban locations in 7 cities: Ibadan, Oyo and Ogbomosho in Oyo state, in Oshogbo, Ilesha and Ife in Osun state and in Akure in Ondo state. These locations have been defined as geographical areas that surround pre-identified screening centers where we will be showing movies. In each location, the following protocol will be followed:

- *Week 1, Mon-Tue* or *Wed-Th*u: Another team from Hanovia Medical Ltd will visit 200-225 households located in the vicinity of the screening center in order to collect basic demographic information about household members aged 18 to 24 through a listing survey; the information collected through this survey will form our sampling frame
- *Week 1, Fri* or *Sat:* The same team will go around each of the enlisted households to give invitations to film screenings to one young person in each household
- *Week 1, Sat* or *Sun*: Film screenings will be organized by another implementing partner, Breaking Barriers in Development (BBID) and attendance at this event will be recorded. We are hoping that about 70 of the 200-225 invited people will show up.
- *Week 2 Thu-Sat* or *Week 3 Mon-Wed*: Those who attend the first screening will be visited at home, where they will be invited to participate in the study and, if they agree, administered a baseline survey. We aim to interview 64 people, half girls, half boys. In addition, 15 of their friends, also half boys and half girls will also be interviewed (we call these Network Members). Your team will do this.

IMPORTANT: As you see, it is crucial that you stick to the timelines as any delay will cause other teams to start later and it will derail all project activities.

1.3. Introduction to survey: location, number of respondents, content and timeline

This survey is being conducted by the Development Impact Evaluation Unit in collaboration with Hanovia Medical Limited. The goal is to understand the lives of young people aged 18-25 in the South-West of Nigeria.

Respondents: You will be interviewing young people who are between the ages of 18 and 25. The majority of these people would have attended a film screening organized by Breaking Barriers in Development Initiative (BBID), another partner in this project. We call these people the main respondents. Others will be friends of some of the main respondents who wouldn't have attended a film screening, but whose contact details we will have from the main respondents.

Questions we are asking respondents: We will ask respondents questions about their background, their knowledge and attitudes towards HIV, their relationships, and their experiences.

Number of people to interview: In total, all of you will interview 6,600 respondents (half women and half men). Each person will administer approximately 18 surveys in a week (Monday to Saturday).

Timeline:

1. **Training Phase**

   This week

   Wed – Sat and Mon next week: learning in the classroom

   Next week

   Mon: learning in the classroom (continued)

   Tue – Thu: learning by interviewing members of a community nearby (field practice)

   Fri – Sat: coming back to the classroom to discuss challenges during field practice, find solutions and learn from each other; splitting into 4 teams

2. **Field work Phase** – starting 18th September

   11 weeks: 2 locations per week, 3 days per location (Mon-Wed or Thu-Sat)

   4 teams: 10 enumerators and 2 team leaders, half women and half men

   21 locations per team

Note: the first week of field work will be different as we will only go to 1 location. This is so that we can start slowly, get used to the work and deal with any problems that come up.

Geographically, the teams will be distributed as follows:

- Team 1: Ibadan
- Team 2: Ibadan
- Team 3: Ibadan + Oyo + Ogbomosho
- Team 4: Oshogbo, Ilesha, Ife and Akure

1.4. Enumerator's role

Your role as an enumerator is very important. The quality of the data collected will be determined by the quality of your work. The responsibilities of an enumerator include the following:

1. Locating the respondents that have been assigned to you or, if not at home, contacting them by phone to arrange a suitable time to visit so that you can invite them to participate in the baseline survey
2. Introducing yourself, obtaining informed consent and administering the Baseline Questionnaire to consenting respondents
3. Returning to respondents who could not be interviewed during the initial visit to conduct / complete the survey
4. Filling out the required information on film invitation cards (IVs), giving them to respondents at the end of the interview and encouraging them to participate

1.5. Training of enumerators

Although some people are better at interviewing than others, interviewing is a skill that can be learnt and will improve with experience.

<u>About this training:</u>

- This training course is designed to be very practical. To learn how to conduct surveys correctly:
    a. You will practice reading the questionnaire aloud to another person several times so that you may become comfortable with reading the questions aloud. You will also be asked to take part in role-playing in which you practice by interviewing another trainee. This is called classroom practice, which will happen this week.
    b. Next week you will interview members of a community nearby. This is called field practice.
- During the training, the questionnaire sections, questions, and instructions will be discussed in detail. You will see and hear demonstration interviews conducted in front of the class as examples.
- You will be given tests, and the surveys that you complete will be checked and rated.
- NOTE: We have recruited more enumerators for this training course than are needed. At the end of the training course, the best enumerators will be selected based on their test results and performance during the field practice.

<u>Enumerator package:</u>

Each of you has received a package with the following materials.

- Enumerator's Training Manual
- Annex A1 and Annex A2: Consent forms

- Annex B: Baseline Questionnaire

NOTE: Always bring these materials each day during the training and to the field during fieldwork.

Continuing to learn after the training:

The training you receive as an enumerator does not end when the formal training period is completed. Each time a Team Leader meets with you to discuss your work, your training is being continued. As you run into situations you did not cover in training, it will be helpful to discuss them with your team. Other enumerators may be running into similar problems, so you can all benefit from each other's experiences.

1.6. Supervision of enumerators

Training is a continuous process. Observation and supervision throughout the fieldwork are a part of the training and data collection process. Your Team Leader will play very important roles in continuing your training and in ensuring the quality of the data. Their role is to:

- Re-visit some of the addresses selected for interviews to be sure that you interviewed the correct respondents and that you collected high quality data
- Review each questionnaire to be sure it is complete and consistent
- Observe some of your interviews to ensure that you are asking the questions in the right way and recording the answers correctly
- Meet with you daily to review your work and assign you respondents for the next day
- Help you resolve any problems that you might have with finding the assigned respondents, understanding the questionnaire, or dealing with difficult respondents.

Members of the research team will also select a random sample of respondents who will be called to verify that the details you recorded in the interview are correct. This is part of the quality control protocol in this research project. Enumerators who are found to record incorrect details during the interviews will face disciplinary measures, including possible dismissal from the survey team.

1.7. Expectations from enumerators

- Days - During the survey we will work from Monday through Saturday weekly.
- Hours - You will leave by 8am each morning and will sometimes not return until 5:30pm. The days are long but we expect everyone to have a good attitude on those days that are a particular challenge.
- Conduct 3 surveys every day. Depending on workload, on some days you might have to do 4 surveys per day.
- Give invitation cards (IVs) to movie screenings as per specified protocol
- Be prepared – this involves bringing your survey materials (this manual, consent forms, 2 pens, beads, IV cards), your fully charged Android device, a good pair of walking shoes
- Be professional and respectful- this means dressing and behaving in a professional way.
- Finish the job – we expect every enumerator on the team to work for the duration of the project and anyone who quits early will face disciplinary measures. Family and personal emergencies are of course an exception.
- Follow the rules below

Rules to guide field conduct

You will be moving with a team that will be composed of 5 female and 5 male enumerators, including yourself, and 2 Team Leaders, but you will be conducting the surveys independently. You must follow strictly all instructions contained in this manual. It is your responsibility to ensure that you know what you need to do and, when facing problems, that you seek help. Specifically:

- It is extremely important to ask questions about anything on the survey that is confusing or unclear. Try to have all questions answered during training and before going into the field, but do not hesitate to ask questions if something comes up in the field.
- While on the field, you should keep in regular touch with your Team Leaders and immediately inform them of any problems you encounter. Please be assured that asking questions or voicing uncertainties will only reflect *well* on you as an enumerator – it makes it clear to the Team Leaders and World Bank research staff that you are thinking hard about the survey task. The Team Leaders, on their part, will provide you with all necessary materials and instructions, will check your work, and help you solve any problems that may arise.
- Team Leaders are there to enable you to do your work as an enumerator. It is therefore your responsibility to constantly communicate so that they can better assist you.
- Similarly, you are expected to use your fellow enumerators as support. You are to work together as a team to ensure that you are all administrating the survey in the exact same way. Uniformity is one of the most important goals of our enumeration team.

For the workload to be equally divided and the support equally shared, the following survey regulations have been established and will be strictly enforced:

1. Except for illnesses, any person who is absent from duty during any part of the training or any part of the fieldwork without prior approval from his/her Team Leader may be dismissed from the survey.
2. Throughout the survey training and the fieldwork period, you are representing Hanovia Medical Limited. Your conduct must be professional and you must have a friendly approach when dealing with the public. We must always be aware of the fact that we are only able to do our work with the good will and cooperation of the people we interview. Therefore, any team member who is consistently overly aggressive, abrupt, or disrespectful to the people in the field may be dismissed from the survey team.
3. It is critical that the data gathered during the fieldwork be both accurate and valid. To control for inaccurate or invalid data, spot checks will be conducted.
4. Data collected for the survey are confidential. They should not be discussed with anyone, including your fellow enumerators. Under no circumstances should confidential information be passed onto third parties. In keeping with this policy, it is also important that you never interview anyone you may know in the survey. Persons breaking these rules, and therefore the confidence placed in them, will be dismissed.

1.8. What you can expect

- To be treated fairly and honestly at all times.
- To receive feedback from your Team Leaders regarding what you are doing well and where there is room for improvement.
- To be provided with the tools you need to conduct your job.
- To receive support with administering surveys when needed.
- To be provided weekly transportation logistics for the fieldwork.

Part 2: General guidelines, Informed Consent & Introductions

2.1. General guidelines for conducting a successful interview

These are general guidelines which are the basic rules for administering this questionnaire/survey/interview (for us, questionnaire, survey and interview mean the same thing here). The goal of an interview is to collect accurate information by using the questionnaire and following standard interviewing guidelines. To reach this goal, the enumerator needs to understand the survey questionnaire, including how to ask the questions, how to follow the instructions in the questionnaire and how to identify the various types of questions.

What follows is an attempt to describe a set of behavioral rules and social skills for prospective Enumerators:

• *Be prepared.* Any interview requires a lot of preliminary preparation. You must study the survey materials and familiarize yourself with the questionnaires. You must become acquainted with the procedures and be ready to provide information and answers. Be organized.

• *Be likeable*. Present yourself as a friendly, but professional person. Be well-dressed and modest in appearance. Before you can sell the survey, you must sell yourself. If appropriate, make friendly comments on things you see (i.e. sport trophies, etc.). At all times, you must be polite and respectful, especially if the respondent is rude. Never be patronizing. An enumerator should not let the respondent feel that she/he is an "investigator" or that they are subjected to a test or an examination.

• *Be positive*. Use positive verbs and expressions, show you are happy to conduct the survey, highlight the positive aspects of the survey. People are naturally predisposed to dislike those who bring bad news. Never adopt an apologetic manner, and do not use words such as "Are you too busy?" Such questions invite refusal before you start. Rather, tell the respondent, "I would like to ask you a few questions" or "I would like to talk with you for a few moments." Moreover, you should not let the respondent feel that you are embarrassed when asking questions because that will make the respondent feel embarrassed too, and less likely to answer openly.

• *Be responsive to the specific situation you are facing*. If the respondent is busy, annoyed, upset or simply in a bad mood, do apologize for taking his time. If his/her bad mood persists, you can, as a last resort, offer to come back at a different time or date, which should be set right away.

• *Be neutral*. Show interest and appreciation for the respondent's answers, but do not volunteer any personal information and never share opinions with him/her. Personal information might influence the respondent who is trying to please the enumerator and might establish a personal - rather than a professional - interview style. If the respondent asks about you, answer by stressing your professional characteristics and experiences. Furthermore, any feedback given to the respondent must not include any evaluation or judgment on the part of the enumerator.

• *Be honest. Do not lie*. If you are asked a question, always answer truthfully, while pointing out the positive aspects of the answer.

• *Be polite. Do not threaten. Keep your distance*. Always ask if you can enter a room and/or if you can sit. Do not mention any legal obligations to participate, which simply do not exist.

• *Be patient. Do not rush the interview*. If the respondent is too busy, take your time and do not rush the respondent into participating until you are sure he/she is on board. After asking a question you should give the respondent time to think about the answer. Haste may not allow him/her enough time to do his calculations – he/she may answer: "I don't know" or give an inaccurate reply.

• *Be attentive. Do not ignore the respondent's questions and expressions of reluctance*. You must be observant and vigilant. You must be ready to answer any questions or concerns the respondent might have and handle reluctance appropriately. In the unlikely event that he/she asks you a very detailed technical question for which you don't have an answer, you should apologize and assure him /her that the team leader will contact him/her to address his concern. You must report such cases to your team leader and make sure he/she calls the respondent that same day.

2.2. Conducting a successful baseline interview

Successful interviewing is an art and should not be treated as a mechanical process. Each interview is a new source of information, so make it interesting and pleasant. The art of interviewing develops with practice but there are certain basic principles that are followed by every successful enumerator. In this section you will find a number of general guidelines on how to build rapport with a respondent and conduct a successful interview.

1. **Make a good first impression**

   As an interviewer, your first responsibility is to establish a good rapport with a respondent. At the beginning of an interview, you and the respondent are strangers to each other. The respondent's first impression of you will influence their willingness to cooperate with the survey. Be sure that you dress appropriately and that your manner is friendly as you introduce yourself. Before you start to work in an area, your Team Leader will have informed the local leaders, who will in turn inform households in the area that you will be coming to interview them.

2. **Explain the goal of the survey**

   When you arrive at the household, do your best to make the respondent feel at ease. Open the interview with a smile and greeting such as "good day" and then make your introduction. Remember this by heart.

   > Hello! My name is _____ and I work for Hanovia Medical Limited. We are conducting a study about young people's lives and their opinions about situations shown in movies. You were selected to be invited to participate in this study because [you attended a film screening organized by Breaking Barriers in Development Initiative / a friend of yours who is participating in this study has given us your contact details so that we may invite you to participate]. I am here to conduct a survey about young people's lives and their opinions about situations shown in movies. The survey contains questions about your background, what you know and think about HIV, your relationships and some of your past experiences
   >
   > This survey is only meant for research purposes, it's not connected to any political activities, and will help the researchers understand how to improve the lives and health of young people of Nigeria.
   >
   > The survey is being carried out in communities in cities in Oyo, Osun and Ondo states, where thousands of young people are being interviewed. All the information we collect is confidential and private. We will NOT analyze your answers on their own, but we will look at what young people generally think in the selected cities.
   >
   > May I read you a document that will give you more information about what this interview will entail? You can ask me questions and then decide whether or not you want to participate.

3. **Obtain respondent(s) consent to be interviewed**

   Follow instructions in section 2.3 below

4. **Find a private space to administer the survey. This is very important!**

2.3. Obtaining informed consent

See Annex A1. CONSENT TO PARTICIPATE IN NON-BIOMEDICAL RESEARCH

and Annex A2. CONSENT TO PARTICIPATE IN NON-BIOMEDICAL RESEARCH - FRIEND

You must obtain a respondent's informed consent for participation in the survey before you begin an interview. Special statements have been printed to accompany each questionnaire.

The goals of a consent form are:

1. Explains the purpose, procedures, risks and benefits and confidentiality of the survey so that the respondent so that he/she can make an informed decision about whether or not to participate
2. Assures a respondent that participation in the survey is completely voluntary and that it is their right to refuse to answer any questions or stop the interview at any point
3. Ensure the study complies with legal requirements. We have obtained permission from the Nigerian Ministry of Health Ethics Committee to conduct this survey. They can come and check our work any time. Each survey must be accompanied by a signed consent form, or else the study will be stopped.

As you go through the consent process, remember the following 3 words "Voluntary, Autonomy, Ongoing" and consider the following:

a. Take it seriously. While most respondents are welcoming and kind and you should feel free to be pleasant and open, be careful not to, in this mood, take the consent process too lightly. Maintain a professional attitude and do not rush.

b. Be honest and clear in describing the risks and benefits of participation. Though we clearly think the risks are low and the benefits are significant, on the individual level this is a decision each respondent needs to make. Our role here is to provide the information (written in the consent) in a fair way and provide any other information the respondent needs to help him/her reach a decision.

c. Make sure the respondent understands that the survey is voluntary and that s/he can withdraw at any time without losing any potential benefits. This is a section of the survey that we need to emphasize to make sure we are not pressuring people to participate.

d. Overall, remember that though you are the one administering the survey, the information sharing during the consent process goes both ways. It is as important for the respondent to understand you as it is for you to gauge the respondent's comprehension and comfort participating in the study. Ideally, we should be able to understand the participants concerns at this point to prevent misunderstandings and problems in expectations later on.

Part 3: Electronic Surveys - Handling the Google Nexus 7 tablet

This survey will be conducted using electronic tablets unlike the more common paper based surveys. The Tablets are property of the World Bank and need to be handled with utmost care. Keep the tablets in their cases at all times!

We expect to recover the tablets in top shape after the conclusion of this survey. The tablets will be subsequently used for other surveys around the world.

Each of you will be assigned the same tablet for the entire study period. Pick it up in the mornings and bring it back to your team leaders at the end of each day.

At the end of each day, your team leaders will check your work, submit the data, turn the tablets off and charge them.

All applications on the tablet are blocked so that you do not get distracted during the survey.

Basic tablet functions

Let's practice pressing the following buttons:

- On/off
- Sleep mode
- Back arrow button/home button

Using Survey CTO

3.1. How to start and administer the survey

Survey CTO is easy to use and "open-source" software that can be deployed on phones and tablets that use the Android operating system.

To start the program, unlock the screen and then tap on the round symbol in the middle on the bottom of the screen. Next, tap the Survey CTO symbol to start the app.

To administer the survey, you have to go through these steps:

1. Turn the tablet on (if it's turned off)
2. Unlock the tablet
3. Open the SURVEY CTO application from the main screen
4. Click on "Fill blank form"
5. Complete the survey
6. At the end of the survey, give a name to the survey and click on the "Save form" button
7. Move to the next respondent and click on "Fill blank form" to start the next questionnaire

At the end of the day:

- Hand it over to your team leaders.
- They will check your work, send off the finalized forms, turn the tablets off and charge them.

3.2. Asking survey questions

READ EACH QUESTION AS IT'S WRITTEN.

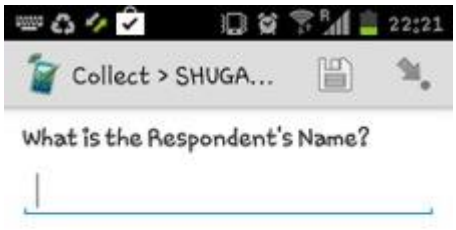
- If the respondent does not understand, **read it again, slower**
- **<u>If and only</u>** if he/she still hasn't understood, use Yoruba/Pidgin to clarify.

Never read the answer options unless the instructions say: "Read out options".

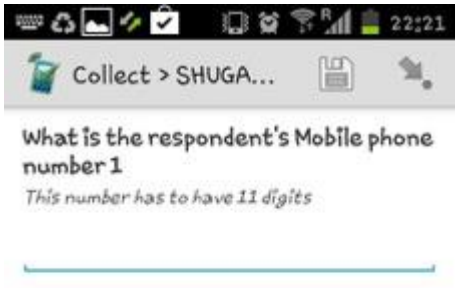
3.2.1 Different question types:

For this questionnaire, we use 4 different question types:

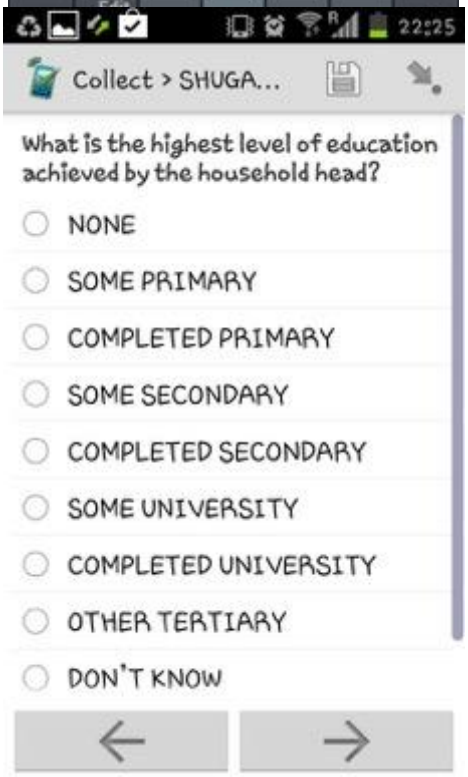
- **Text input**
  - Type in text
  - To type numbers, press the *?123* key in the bottom left corner of your keyboard
  - <u>Example:</u>



- **Number input (integers)**
  - Type in a number
  - For Naira, make sure that you enter the correct amount and that you do not miss a 0
  - Example:



- **Selection one option**
  - Select one of the available options
  - Denoted by round icons
  - Example:



- **Selection of multiple options**
    - Select one or more of the options.
    - Instructions underneath say “Record all that apply” or “Tick all that apply”
    - Denoted by square icons
    - <u>Example:</u>

3.2.2 Hints

Hints are written in italic font (leaning towards the right) below the question. They provide:

- Instructions
- Advice on whether to read out the question or not

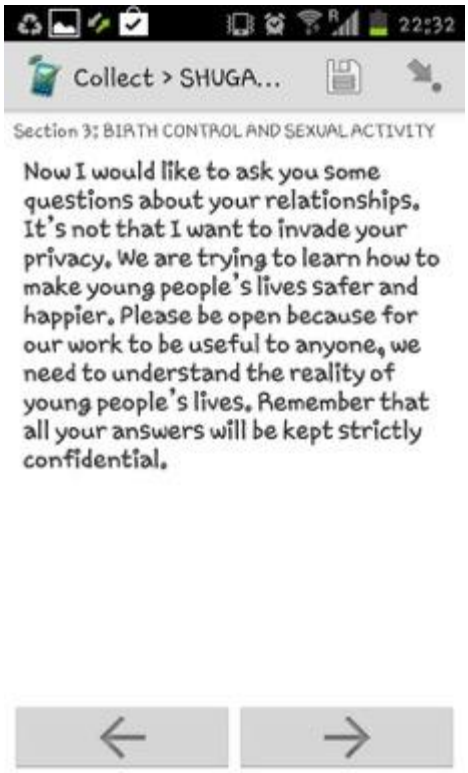
<u>Hints are not to be read out! They are for you only.</u>

<u>Example:</u>

3.2.3. Notes

Sometimes you will have to read some text that's not a question.

- This is an introduction / explanation and the goal is to make the respondent feel relaxed. Rather than reading these very important notes straight from the tablet, try to memorize them so that you can make eye contact with the respondent when you speak to him/her. However, make sure that you memorize them exactly as they are written as it is important that everyone gets the same introduction to those questions.



THESE STATEMENTS ARE VERY IMPORTANT AND SHOULD NOT BE MISSED WHEN GOING THROUGH THE SURVEY.

Example:

3.2.4. The "Other" option

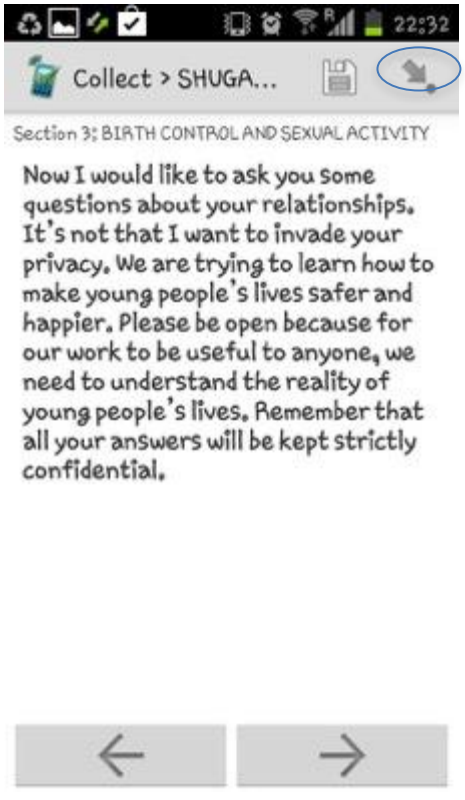
In many instances it is possible to mark the "other" option in case the respondents say something that is not in the list of options. If you mark "other" and swipe forward, the next page will ask you to "specify other" in a text field. Write here what the respondent answers.

3.3. Saving surveys in the middle of the interview – Retrieving forms

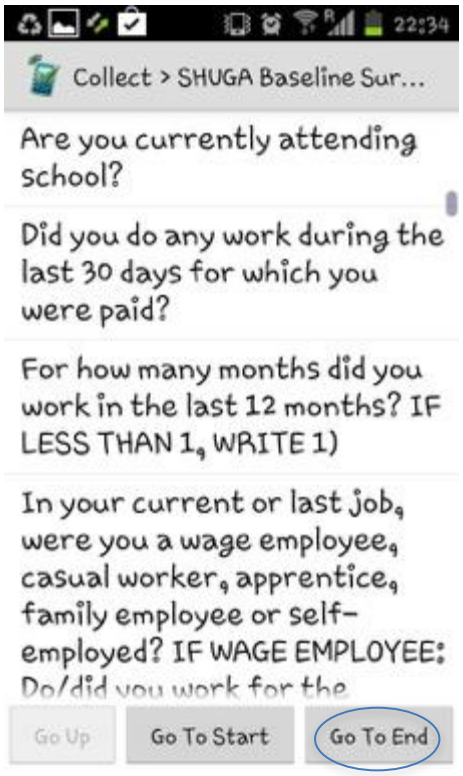
Saving a form

In case you cannot continue an interview that you already started:

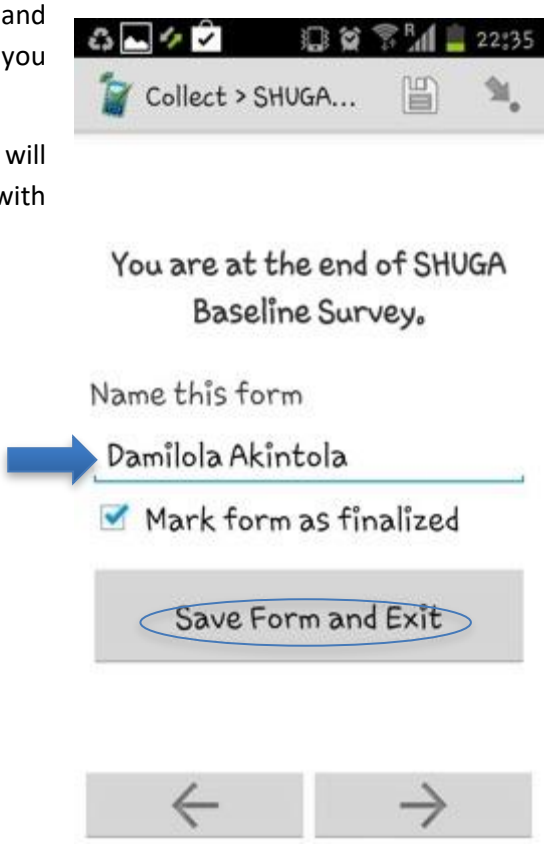
- Click to the **arrow icon at the top right corner of your screen**. This will open a list of all questions on a single screen.



- Click on *Go To End* in the bottom right corner of the screen



- Name your survey using the first name and family name of your respondent. This way you will be able to quickly find it later.
- Click on "Save Form and Exit". The progress will be saved. After saving the changes, go on with the next interview on your list.



Retrieving a previous form

If you have to stop an interview before finishing it, make an appointment with the person you are interviewing in order to come back and complete the interview. When you go back to the household, you will find the form in the "Edit saved forms" section from the main menu. There, you will be able to continue the interview.

Where to find a saved form in the main menu:

In the next list you can find all your saved forms. Tap on the saved form you want to continue and move on with the questionnaire.

Part 4: Survey Instrument Structure

The survey has 7 modules and a cover page:

1. **Demographics**

   This module has questions related to the respondent's level of education, his/her employment status, appliances the household owns, the people who are living in the house and the respondent's parents

2. **HIV/AIDS knowledge and attitudes, conformism**

   This module includes question about the respondent's knowledge of how HIV is transmitted, his/her attitude towards people who are HIV positive, his/her opinions about the attitudes of other young people as they relate to those who are HIV positive, and his/her opinions about how someone should behave in society

3. **Birth Control & Sexual activity**

   This module is about the respondent's knowledge and usage of birth control methods, his/her partner (if their have one) and his/her sexual experiences.

4. **Expectations & STDs**

   Most of this module includes questions about the respondent's expectations related to HIV and other health issues. We ask questions like: *"What are the chances that you will be infected with HIV/AIDS in the next 2 years if you have sex and you use a condom every time you have sex?*". This module also includes a few questions related to the respondent's experience with sexually transmitted diseases (STDs)

5. **Item Lists**

   This module is a little different. You will not be asking questions, but reading lists of statements and asking the respondent to tell you how many are true for him/her. For example, I will read you these statements and ask how many (not which ones) are true for you:

   1. I went to the movies with my best friend on Sunday
   2. I had dinner last night
   3. I can speak French
   4. Abuja is the capital of Nigeria

6. **Time and risk preferences**

   Again, this is a module that is a little different. You will ask the respondent to imagine that you are playing a game where you ask him/her to choose between different options where he/she can win some money. The situations are hypothetical, but we want the respondent to answer as if they could really win some money. This is a question that will give you a sense of what we are talking about:

   Suppose you win a prize. You can choose between receiving an amount of money <u>today</u>, or receiving another amount <u>1 week from today</u>. Would you choose to receive N50 today or to receive N300 one week from today?

7. **Violence against women**

   This module contains questions about the respondent's attitude towards violence against women, experiences of the respondent's friends and, for women, we will ask about the behaviour of her partner towards her.

Part 5: Special Instructions for Each Module

Baseline Survey. Please use the column called YOUR NOTES IN TRAINING to take notes.

0. Cover page

There are several IDs that we will use in order to correctly identify each respondent and be able to visit them again in 6 months from now. These are:

LIST OF IDs	Explanation
Town**:** |__|	This goes from 1 to 7.
Team**:** |__|	You will be assigned to one of 4 teams.
Screening centre ID: |__|__|	This goes from 1 to 84, but each team is assigned only 21 centres to work in. You need to ensure you enter the correct centre ID.
Enumerator ID: |__|__|	This is your own ID and it will be unique throughout the survey.
Invitation Serial Number: |__|__|__|__|__|	Each person was assigned a SERIAL NUMBER when he/she was invited to the film screening. This is unique for each person and it's VERY IMPORTANT that you enter the correct serial number
Phone number: |__|__|__|__|__|__|__|__|__|__|__|	It's very important that we get correct phone numbers are we will have to visit these households again.

We will be interviewing over 6000 people! Writing the correct IDs is VERY important! If you do a good job at interviewing someone, but you enter the wrong IDs, your job is only 10% done! We will not be able to go through each name and address one by one and identify them.

0.1. Contacts list

NOTE: Contacts should not typically be spouses or children, since they usually move along with the respondent. We want contacts that are likely to stay in the same place when the respondent moves.

1. Demographics (42 questions)

Q3: What is your native language? → We mean ethnic group or tribe.

Q14: Sentence to read: I love going to the movies with my friends when I get the chance. We always go in a big group and have lots of fun.

Q18: In your current or last job, were you a wage employee, casual worker, apprentice, family employee or self-employed?

→ If the respondent says he/she has a business, find out if it's his/her own, his family's or somebody else owns it.

→ If wage employee, find out if he/she works for the government, a business or a non-governmental organisation (NGO)

Q24: If the household has an item, but it is out of order, record as NO.

Household roster:

→ before you start asking about each household member, ask "Who are all the people who normally live here and eat from the same pot? This includes small children and infants and excludes visitors". Write all the names on your notebook. Then start the household roster.

→ ensure you verify the correct relationship of each person to the respondent

Q33: You told me there are […] people living in this household, including yourself. Just to make sure that I have a complete listing. Are there any other persons such as small children or infants that we have not listed?

→ The software will count how many people you've included in the household roster. Please confirm that this is correct. Count the names on your notebook and see if the total number matches what SurveyCTO is telling you.

→ Please don't forget to include small children and babies. If you haven't already included them, go back to the previous screen and add a new group.

Q36-38-42 – Same instructions as for Q18

2. HIV/AIDS KNOWLEDGE AND ATTITUDES, CONFORMISM (70 questions)

Q7: What can a person do to reduce their chances of getting HIV? → Here let the respondent tell you everything that comes to their mind and record it. When they stop, ask "Anything else?". If they add more things, record those as well, if they don't have other answers, move to the next question.

Q13: When was the last time you were tested? →If last year, ask which month.

Q24: Are you sure or unsure about this number?

→ WAIT FOR THE ANSWER, THEN SAY: Are you very [sure/unsure] or just [sure/unsure]?

→ In this type of question, there is a risk that the respondent will misunderstand you and always answer "very sure" to indicate that they are self-confident. We are not asking about self-confidence here, but about precision in the beliefs that someone has! As explained in the introductory section, when someone tells you that 10 out of 20 people in their community do something, "very sure" means that they can precisely estimate that there are 10 of those people, while "unsure" means that 10 is an average, but it could likely be 8 as well as 12, etc. Please emphasize that there is nothing wrong with saying "unsure": it only means that the answer could take on many values and that the number given is a rough estimate.

Do you agree or disagree? → WAIT FOR ANSWER, THEN SAY: Strongly, or just agree?

Q54 – Q69: CONFORMISM→ Read the statements slowly so that the respondent has time to understand their meaning and consider his/her answer. You will see that in this section the questions always have a double subject, He/she. For example, *"[He/she] believes that people should do what they're told. [He/she] thinks people should follow rules at all times, even when no-one is watching"*. You should not read both, but only the one that corresponds to the gender of the respondent. This is because the respondent has to identify with the person you are describing. So if you were interviewing a man, you would read the above sentence as: "He believes that people should do what they're told. He thinks people should follow rules at all times, even when no-one is watching". If you are interviewing a woman: "She believes that people should do what they're told. She thinks people should follow rules at all times, even when no-one is watching".

3. BIRTH CONTROL AND SEXUAL ACTIVITY (73 questions)

Q9: A woman has the right to use birth control without telling her boyfriend or husband if he doesn't want them to use birth control." → Make sure that this question is interpreted correctly. It means "A woman should be free to..."

Q11: If a woman brings a condom, will her partner think that she is not serious and lose respect for her? → by "not serious" we mean "she is sleeping around" or "she does not love me"

Q30: Have you ever had sex? → This is a very sensitive question. Empathise with the respondent. . If no, say: I'm not asking if you are having sex now, but only if maybe it happened in the past.

Q18: Note to PARTNER INFORMATION → Here respondents (especially female respondents) may be reluctant to talk about their relationships. It is crucial that you make them feel at ease and you establish good rapport so they can trust you. They should understand that you will not judge them and that you are asking about behaviours that are very common among young people, both men and women. You must learn the introduction by heart, make eye contact with the respondent and make them feel comfortable.

Q42: How would you describe your relationship with him/her? →Someone I've known for a while: code name for sugar daddy or prostitute that the respondent saw on different occasions.

4. EXPECTATIONS AND OTHER STDS (36 questions)

Q1 – Q23: EXPECTATIONS → It is important that you know how to explain the rules of the game. To do so:

- Read the instructions carefully and memorize them
- Practice them with a colleague
- When you interview respondents:
    - You MUST first use the beads yourself to give an example.
    - After that, you will give the beads to the respondent and ask them to use them for the second example.
    - Only after these two examples will you start interviewing respondents

5. ITEM LISTS (6 questions for women, 4 for men)

ITEM LISTS →It is important that you know how to explain the rules of the game. To do so:

- Read the instructions carefully and memorize them
- Practice them with a colleague

First, show the respondent how you are counting which statements are true for you. Make sure you cover your fingers with the other hand so that the respondent sees how you count, but he/she also understands that when it is their turn they will have to cover their fingers so you don't see them.

Then, tell the respondent to count the true statements using their fingers but without showing you. They should do this while you are reading the statements, and at the end tell you how many.

Do not read "LIST 1", "LIST 2", but only the statements.

6. TIME AND RISK PREFERENCES (6 questions)

Q1 & Q2: Here, you will ask respondents to think about some hypothetical situations in which they are offered money at different times. You will ask them to choose when they would prefer to receive money. Even though we won't actually be giving anyone money, it's important that respondents take this seriously and answer as if they would if the situation was real.

Show the options to the respondent so they can clearly see the amounts of money that they are deciding between.

Q4: How certain is your income in 1 week? → You should also ask this question to people who say they will not earn an income, to understand how certain they are that they will not earn an income.

Q5 If someone gave you ₦ 400 today that you had to invest, how much could you make over the ₦ 400 during the next week? → Write down the TOTAL amount they would make, including the ₦ 400 that they receive to invest.

7. VIOLENCE AGAINST WOMEN (33 questions for women, 7 for men)

This section contains sensitive questions, especially those directed at women. Please ensure you obtain absolute privacy before starting this section. If others are near to where you are conducting the interview, request them to kindly give you some privacy for a few minutes, or move to another location with your respondent.

Some questions ask the female respondents about their experiences with their partners. It is very important that you make the respondent feel comfortable before asking these questions. Read the introductory paragraph that precedes these sensitive questions: "Now I would like to ask you questions about some other important aspects of a woman's life. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the condition of women in Nigeria. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else will know that you were asked these question."

Q11: *First, I am going to ask you about some situations which …* → You will see that this and other questions have a double verb, is/was. For example, "He [is/was] jealous or angry if you [talk/talked] to other men". You should not read both, but only the one that applies to the situation of the respondent. So if you were interviewing a woman who is currently dating someone (or married with someone), you would read: "He is jealous or angry if you talk to other men". But if you were interviewing a woman who had a partner but is now single, you would be talking about her last partner and you would read: "He was jealous or angry if you talked to other men".