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Violence, Socioeconomic Disadvantage and Interpersonal Protective Factors for Adolescents' Resilience in Education in the Eastern Cape, South Africa

APPENDICES

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Appendix 1 Sinovuyo Teen Study Protocol

A parenting program to prevent abuse of adolescents in South Africa: study protocol for a randomized controlled trial.

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Abstract

Background An estimated one billion children experience child abuse each year, with highest rates in low and middle income countries. The Sinovuyo Teen program is part of Parenting for Lifelong Health, a WHO/UNICEF initiative to develop and test violence prevention programs for implementation in low-resource contexts. The objectives of this parenting support program are to prevent the abuse of adolescents, improve parenting, and reduce adolescent behavior problems. This trial aims to evaluate the effectiveness of Sinovuyo Teen compared to an attention-control group of a water hygiene program.

Methods This is a pragmatic cluster randomized controlled trial, with stratified randomization of 37 settlements (rural and peri-urban) with 40 study clusters in the Eastern Cape of South Africa. Settlements receive either a 14-session parenting support program or a 1-day water hygiene program. The primary outcomes are child abuse and parenting practices, and secondary outcomes include adolescent behavior problems, mental health and social support. Concurrent process evaluation and qualitative research are conducted. Outcomes are reported by both primary caregivers and adolescents. Brief follow-up measures are collected immediately after the intervention, and full follow-up measures collected at 3-8 months post-intervention. A 15-24 month follow-up is planned, but this will depend on financial and practical feasibility given delays related to high levels of ongoing civil and political violence in research sites.

Discussion This is the first known trial of a parenting program to prevent abuse of adolescents in a low or middle income country. The study will also examine potential mediating pathways and moderating factors.

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Trial registration

Pan-African Clinical Trials Registry PACTR201507001119966 (20.7.2015). It can be found by searching for the key word 'Sinovuyo' on their website or via the following link http://www.pactr.org/ATMWeb/appmanager/atm/atmregistry?_nfpb=true&_windowLabel=BasicSearchUpdateController_1&BasicSearchUpdateController_1_actionOverride=%2Fpageflows%2Ftrial%2FbasicSearchUpdate%2FviewTrail&BasicSearchUpdateController_1id=1119

Key Words

Child abuse, parenting, low and middle income countries

Background

Worldwide, an estimated one billion children experience abuse each year [1], with the highest rates in low and middle-income countries (LMIC) and in particular the WHO Africa region [2]. Although prevalence data is limited, new studies suggest increases in abuse during adolescence [3], which is also a time of important social, emotional and continued neural development [4].

Despite this, systematic reviews find that the vast majority of research into child abuse prevention is in high-income countries and with younger children [5]. In LMIC, three trials have tested abuse-prevention parenting programs, two targeted at children under 10 years old: in South Africa [6] and Liberia [7] and one for 13 year olds and under in Burundi [8]. To date, there are no known randomized trials of a parenting program to prevent abuse of adolescents in any LMIC [9].

Existing evidence – albeit from different contexts and child age groups - demonstrates good effect sizes of group-based parenting programs that are grounded in social learning theory, problem-solving and behavior management skills acquisition [10]. And indeed, a recent systematic review showed high transportability of parenting programs to address problem behavior amongst younger children across high-income countries and contexts [11].

However, three major limitations exist to transportability to LMIC. Firstly, many existing evidence-based programs charge fees for training and manuals, making costs prohibitive for low-

resource agencies and governments [12]. Other programs require qualified health professionals for implementation, who are not available in the highest-need areas. Finally, many have technological components (e.g. videos, web-based modalities) that are as yet inaccessible in areas with poor electricity and internet access.

In response, an international collaboration was started in 2012, to develop and rigorously test a suite of child abuse prevention programs for different age groups. 'Parenting for Lifelong Health' (PLH) includes the World Health Organization, UNICEF and academics from the global South and North, with donor partners, LMIC governments and PEPFAR-USAID. PLH programs are developed with participatory input from families in LMIC, for implementation by lay community workers, and have minimal equipment requirements. If shown effective in randomized trials, programs will be freely available under licensing prohibiting any commercial or profit interests.

The adolescent program, called 'Sinovuyo ('we have joy') Teen', has undergone incubation development and testing in very low income rural and peri-urban areas of South Africa. Initial development used systematic reviews to identify effective components [10], input provided voluntarily from over fifty international academics and practitioners, and in-depth qualitative work with adolescents and caregivers [6]. Draft program manuals were written in partnership between a local NGO (Clowns Without Borders South Africa) and academics from the Universities of Oxford and Cape Town.

A first pilot pre-post non-controlled test with 30 adolescent-caregiver dyads showed initial reductions in abuse and adolescents behavior problems, and no evidence of harm [13]. Concurrent qualitative research identified participant requests to incorporate economic strengthening approaches into the program, to lessen family conflict over money. After adaptation, a second pre-post non-controlled test with 115 dyads showed reductions in abuse, behavior problems, improvements in positive/involved parenting, social support and reductions in depression and caregiver (but not adolescent) substance abuse [14]. This second stage also piloted family budgeting and savings sessions, which were subsequently incorporated into the third version of

the manual. The studies also found unanticipated high levels of program dissemination within communities, particularly through church groups and community meetings.

At all stages the project has been a close partnership between NGOs, the South African Department of Social Development and UNICEF. These agencies intend to decide whether to implement the program within a provincial and national rollout, based on the results of this trial. Furthermore, an additional seventeen countries in Sub-Saharan Africa, Central Asia, Eastern Europe and the Middle East have expressed strong interest in implementing the program. The timing of this trial is thus critical for policy-making for child abuse prevention in LMIC.

Due to extenuating circumstances (high levels of civil and political unrest in research sites in the first six months of the trial) this protocol is submitted after recruitment of participants, and therefore falls outside the journal's usual policies. Data collection is still underway at the time of submission.

Methods and Design.

In this pragmatic cluster randomized trial in real-world settings, 40 rural and peri-urban settlements, containing 600 caregiver-adolescent dyads, are randomized to two parallel arms.

Study Aims

To compare effectiveness of a 14-session caregiver and adolescent program with an attention-control group, amongst high-risk adolescents aged 10-18 and their families. Primary outcomes for the trial are 1) harsh and abusive discipline and 2) parenting. Secondary outcomes include adolescent externalizing behavior, parenting stress, mental health, and social support. Exploratory outcomes include family financial coping, avoiding risk in the community, sexual harassment/abuse and educational engagement.

Inclusion criteria

Communities: Rural and peri-urban settlements within a 1-hour driving distance of King William's Town, in the Eastern Cape province of South Africa. All areas have high rates of unemployment, poor infrastructure and high HIV/AIDS prevalence [15].

Participants: Adolescents are between 10 and 18, and either sleep in the same dwelling for at least four nights a week as their primary caregiver or have regular contact with them. Adolescents and their primary caregivers gave informed consent to participate. Recruitment followed pragmatic trial principles of closely approximating methods of inclusion in NGO or government services. Families were referred by a range of social services, schools, local chieftains and were also able to self-refer as struggling with an adolescent. All families completed a brief screening questionnaire asking if there were regular arguments in the home.

Exclusion criteria

Following pragmatic trial principles, there were no exclusion criteria for families. There were no requirements for a biological relationship between caregiver and adolescent. Communities required approval from local traditional or political leaders (chieftains and ward councilors), and were estimated to be safe enough (during daylight hours and with local support) to hold a parenting group without serious risk to participants. If a participant had such severe learning disabilities that they were unable to consent to participation, they were not included in the study for ethical reasons.

Control sites

Control rural and peri-urban settlements receive a 1-session hygiene program called 'SinoSoap'. This is implemented by an NGO Clowns Without Borders South Africa and involves drama-based skills-building on safe water conservation and handwashing for children. All participating families in control sites receive a 'hope soap': a bar of soap containing a small toy that is only accessible when the soap is used.

Intervention sites

Intervention rural and peri-urban settlements receive the 14-session parenting program called 'Sinovuyo Teen'. Weekly sessions take place in communities (church and community halls, schools, under trees).

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Program and training

The intervention program is implemented by locally-recruited unqualified community members, and local social auxiliary workers. All program facilitators received 1 week's initial training and weekly supervisions from Clowns Without Borders South Africa. The training was participatory and activity-based, and training materials are being developed for free availability.

The program is based on evidence-informed parenting principles, such as praising each other, managing anger and stress, joint problem-solving, non-violent discipline, rules and routines, keeping adolescents safe in the community, and responding to crises (see Table 1). It uses collaborative problem-solving techniques (not didactic methods) and traditional stories, role-play, modelling and stress reduction activities [16-18].

10 program sessions are joint with caregivers and adolescents, and 4 sessions have separate components to allow sensitive discussions. Participants are encouraged to engage in 'home practice' in the week following each session. For participants unable to attend sessions due to illness, disability etc., 'khaya (home) catch-ups' are arranged to give brief session content at home or in the hospital. A simple lunch is included at the beginning of each session as many participants find concentration difficult due to hunger.

Randomization

Stratified randomization was used. There were 40 eligible study clusters, 32 rural and 8 peri-urban clusters, representing the two strata. Complete randomization was done for clusters within strata in a 1:1 ratio for the intervention and control arms. Following Cochrane guidelines and in order to reduce the possibility of recruitment bias [19], randomization was performed by the study statistician (Lombard) after recruitment of clusters and before the intervention started, using a random number generator in Excel.

Allocation concealment

Blinding of patients and program implementers is not possible because participants know whether they are receiving a parenting or hygiene program. However, the trial statistician carrying out randomization and analyses is blinded, and all efforts are made to keep data collection research staff blinded as to allocation for as long as possible. Due to the nature of the intervention

(i.e. families displaying home practice sheets or certificates on their walls, children in villages singing program songs from either Sinovuyo Teen or SinoSoap) blinding is not always maintainable. To alleviate this, audio-CASI (audio computer-assisted self-interview) methods are used, and training of data collectors included consistent administration and awareness of biases.

Measurement points and methods

Primary caregivers and adolescents complete measures independently and in private using a tablet with data collector support at pre-test and 3-8 months post-intervention. Tablet-based questionnaires were designed to be engaging, with embedded activities and pictures, and modified scale responses using colors etc., for participants with low literacy. All questionnaires and audio-CASI sections were pre-piloted with local adolescents and caregivers. Open source software was used, and all questionnaires will be made freely available for other researchers.

Due to the high mobility of adolescents at the beginning of the new school year in January and the national government plans to scale the program nationally in 2016, an additional brief immediate post-test data collection point was added, with a subset of outcome measures, in order to assess safety for this unanticipated scale-up. The 3-8 month post-test has been extended due to substantial levels of civil and election-related violence in the study areas, which have necessitated closing down of fieldwork for around 50% of the time. A 15-20-month or 20-26 month post-test is planned but will depend on financial resources, especially given the unanticipated costs related to violent community protests.

Measures

All measures were translated into Xhosa and back-translated. Interviews take place in homes and community settings, using tablet-based questionnaires with audio-assisted interviews for stigmatized measures (child abuse, HIV/AIDS etc.). The research team are recruited locally but do not conduct data collection in their home areas, and are trained for a month on research ethics and in working with vulnerable children and families.

Primary outcomes

Abusive parenting (physical abuse, emotional abuse, neglect) is measured using an adapted version of the International Society for Prevention of Child Abuse and Neglect Child Abuse

Screening Tool (ICAST-Child, 18 items; and ICAST-Parent, 22 items) [20, 21] for use in intervention studies. *Positive and involved parenting (16 items), monitoring and inconsistent discipline (16 items) and Corporal punishment (5 items)* are measured using the Alabama Parenting Questionnaire (parent and child versions) [22].

Secondary outcomes

Adolescent behavior problems uses the Child Behavior Checklist [23] rule-breaking and aggressive behavior subscales (35 items). *Parenting stress* is measured using the Parental Stress Scale [24] (18 items). *Caregiver depression* (caregiver report only) is measured using the Centre for Epidemiologic Studies Depression Scale [25] (20-items). *Adolescent depression* (adolescent report only) uses the short-form Child Depression Inventory (CDI) (10 items) [26]. Adolescent suicidality is measured with the Mini International Neuropsychiatric Interview for Children and Adolescents [27]. *Social support* (for caregivers and adolescents) is measured using the MOS Social Support Survey [28].

Exploratory outcomes

Family financial coping uses items assessing shortages in monthly budgets for purchasing meat, electricity etc., and level of emotional stress experienced as a result, plus items on capacity to respond to emergencies, and borrowing and savings behaviors [29-31] *Planning for avoiding risk in the community* is measured using the adapted Parent Teen Sexual Risk Communication Scale III (4 items) [32], and 5 items from the Parent Communication Scale [33]. Exposure is measured using items from the National Survey of HIV and Sexual Behavior amongst Young South Africans [12,13], sexual abuse items from the ICAST, and exposure to community violence using three items based on risks identified in the Victimization/Witnessing of Community Violence subscales of the Social And Health Assessment (SAHA) [34, 35]. *Education* is measured using 4 adapted items of the SAHA academic motivation scale [36], with school attendance, grade repetition, and school records of the South African standardized Annual National Assessment Learner Report if this is conducted as intended in 2016 [37]. Attitudes towards gender norms in relationships uses 4 items from the Gender Equitable Men scale [38].

Process evaluation assessments

Process evaluation assessments include implementer records of home visits, program attendance rates, as well as independent observations of participant engagement and implementer fidelity and adherence during sessions. In addition, focus groups with implementers, participants, and data collectors explored these topics qualitatively. In the pre-test questionnaire, participants self-assessed their motivation to improve their relationship with their adolescent/caregiver, intentions to participate in both intervention and control arm programs, and estimated difficulties and utility of attendance.

Qualitative assessment

Linked qualitative data collection aims to understand how policy, service delivery, social and economic factors may impact the effectiveness and scalability of the intervention. This focuses on a) recommendations of local staff delivering the program, b) family experiences of the parenting program in the wider context of their lives and c) policy and programming-level considerations for scaling a parenting program in South Africa. The qualitative research study is conducted in partnership with UNICEF's Office of Research – Innocenti. Ongoing qualitative methods throughout the pilot and randomized trial stages (in English and Xhosa) include record analysis, semi-structured interviews with local and international NGOs, government partners and implementing partners; elite interviews with South African policy-makers at the local, provincial and national level; focus group and individual interviews with beneficiaries and implementers, including interactive activities and participatory visual methodologies and program workshop observation.

Mediating and moderating pathways

Potential mediating pathways that have been shown to mediate change in primary outcomes in other studies of child abuse prevention, will be explored. Given that no known RCTs have tested a parenting program for families with adolescents in a LMIC, these mediation analyses will be tentative and based on the program's theory of change, thus including potential mediators of change in parenting and child abuse such as parenting stress, parent mental health and social support. However, based on more substantial literature on parenting as a mediator of change in youth outcome, if there are main effects on the secondary outcomes of adolescent behavior

problems and mental health, we plan to examine change in positive and harsh parenting as mediators of change in adolescent outcomes.

Potential moderating factors of program effects will also be examined. Again, given the novel nature of this study, these are tentatively hypothesized. Potential moderators (see below) will include *family AIDS-illness/death*, measured using verbal autopsy/illness questionnaires validated for high-prevalence areas [39]; *poverty* measured using the National Food Consumption Survey [40] and the South African Social Attitudes Survey [41]; *Caregiver experience of maltreatment as a child and current gender-based violence:* ISPCAN Child Abuse Screening Tool-Retrospective (15 items) [42], 5 items from the revised Conflict Tactics Scale [43] and 5 items from the 15-item sexual relationship power scale [44]. Potential moderators will also include *access to social protection provisions* such as grants, community gardens and soup kitchens. We prefer not to predict whether poverty, family psychosocial or illness related factors will increase or reduce program effects, since the parenting intervention literature is very mixed on the direction of these moderator effects [45, 46]. We will also examine variations in program effects based on attendance and participation in the intervention, and implementer fidelity.

Potential mediation and moderation effects will be tested using structural models (either using Hayes' PROCESS path models, or structural equation modelling depending on variable type [47]), and ideally using three data points of baseline, 3-8 months post-intervention and 15-20/20-26 months post-intervention. If the final follow-up is not possible due to financial or practical constraints, models will use change between the mediating/moderating variable from pre to post-intervention and be clear that analyses should be interpreted with caution.

Socio-demographic covariates

Socio-demographic covariates include age, gender, disability level, urban/rural location, household structure, caregiver-child relationship, household employment, and HIV/AIDS-related stigma.

Statistical analysis plan

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Sample size calculation was conducted by YS using the ICAST child abuse measure as the basis as it is the main outcome of policy interest. We estimated the range of ICCs up to 0.08 based on pilot testing in the study area. We note that there are a large number of zero values in reporting of child abuse in any pragmatic sample. Using Optimal Design software [48], 40 clusters with 12 families per cluster were required for a minimum detectable effect size of 0.36 for desired power of .80 with a significance level of 5% with a two-tailed test. To account for attrition of up to 20% within each cluster, the target sample size was set at 600 families (40 clusters with 15 families per cluster). Our estimate of expected effect size was based on the effect sizes for maltreatment and parenting outcomes in a recent review of parenting programs for child maltreatment prevention [49]. This showed an average program effect of 0.2, but the present study was limited by financial constraints, so will need to reach an effect of 0.36 to find significance.

Types of analysis

A baseline table reflecting the demographic profile of the households, caregivers and adolescents by arm will be compiled. Statistical analyses will be by intention to treat, with additional per-protocol analysis. For the analysis of the primary outcomes the suitability of using linear regression models will be checked. For primary outcomes that can be analyzed with this approach a hierarchical linear mixed effects model will be used to evaluate the intervention effect with the cluster and participant (caregiver or adolescent) as the nested random effects. To account for dropouts in the intention to treat analysis the baseline measurement will be part of the repeated outcomes and estimation of the intervention effects will be via maximum likelihood. The significance of the intervention effect will be based on the significance of the arm by time interaction effect. The models will include the stratification as a fixed effect. The impact of the missing data on the estimated intervention effect will be checked by imputing missing outcome data (10 imputations) using complete baseline and follow-up data and running the same models. For primary outcome that does not meet the criteria for an individual level analysis, an analysis at the cluster level will be used using a standard linear regression model or a non-parametric quantile regression model. These models will allow for the comparison of arms, adjusted for the

stratification and baseline cluster value. A similar sensitivity analysis will be done for the cluster level analysis based on the imputed data. The primary and secondary outcome will be analyzed separately for caregivers and adolescents and a joint outcome model will be done as an exploratory analysis for the understanding of dependence of outcomes within a dyad. The impact of adherence (number of session attended) to the intervention will be assessed using the same models but restricted to the intervention arm.

Ethical procedures

Ethical protocols were approved by the Faculty of Humanities Ethics Review Committee, University of Cape Town (PSY2014-001) and the Social Sciences & Humanities Inter-divisional Research Ethics Committee, University of Oxford (SSD/CUREC2/11-40), the European Research Council (ERC-2012-StG 313421-PACCASA) and South African provincial Departments of Social Development and Basic Education. Written voluntary informed consent is obtained from all participants and consent procedures are read aloud for those with limited literacy. Families do not receive monetary incentives, but receive 'thank-you packs' with a certificate of participation, a snack, stationery for school and toiletries at pre-test. At post-test, families receive a small food parcel. Confidentiality is maintained, except if participants are at risk of significant harm or request assistance. If participants report severe abuse, rape, recent suicide attempts or other significant harm, immediate referrals are made to child protection, health and HIV/AIDS services, with follow-up support.

Stopping procedures

An independent trial steering committee has been established. Two pilot studies showed no evidence of harm [13]. If there are any indications of negative effects, as noted in process observations or participant reports, the PI and partner NGOs will be alerted, and preventative action taken.

Data management

Only a small number of the research team have access to personal identifiers in order to match caregiver and child interviews. Using a password-protected internet network, tablet devices

transmit participant responses to a password-protected server where the data are automatically captured. Questionnaires sent to the server cannot be altered. Data collected on tablets cannot be accessed unless key coded when uploaded to a central network server, which is hosted by the University of Oxford. Thus, data are protected from both server failure and confidentiality breaches. Non-electronic data are stored in a locked filing cabinet. In reporting the findings of this study, names will be omitted and only general locations in which the study took place will be reported. Data will be made available at Data Archive UK or a similar open-access archive. Non-anonymized data will be kept for a period of up to five years in locked cabinets.

Capacity-building and resource sharing

The trial aims to build capacity in low-resource contexts. This includes recruitment and intensive training of unqualified local staff, with provision of financial support for educational needs and recruitment and training of local community members in program implementation. All study materials (qualitative and quantitative) will be freely available via the UNICEF and WHO websites. Doctoral and pre-doctoral students from LMIC are included in the study team.

Discussion

This study has potentially substantive scientific, policy and programming value. It is the first known randomized trial of a program to prevent abuse of adolescents in a low or middle income country. It uses a pragmatic cluster randomized controlled trial design, in order to provide maximum relevance to programming in low-resource settings. It is located in an area and with a population experiencing multiple concurrent challenges – and as a result of this, a number of key practical issues have emerged in beginning this trial. The study site has experienced increasing civil unrest, including violent riots related to service access, political rallies, xenophobic violence, and protests against corruption. These have caused staff safety concerns, and disruptions to both data collection and intervention programming. Extended periods without electricity, drought and flooding have caused operational delays. Violent crime (hijacking of project vehicles etc.) has been rare but has required restructuring of research processes to increase staff security. Violent

armed conflict between private taxi operators and petrol-bombing of roads have restricted transport of staff to field sites. Despite these challenges, the value of a pragmatic trial design is clear: increased external validity to assist decisions by policy-makers. The strong interest shown by multiple countries and agencies in this program highlights the perceived need for effective interventions to combat abuse amongst adolescents, and the importance of rigorous research evidence in this area.

Trial status

As of revised submission of this manuscript in June 2016, the trial is ongoing. Recruitment commenced in March 2015 and a total of 1,108 participants (554 caregiver-adolescent dyads) have been recruited and completed baseline assessments. Despite some delays due to violent protests in program areas, the intervention took place with all 14 sessions conducted in 19 village/peri-urban clusters and 13 sessions conducted in one cluster, and 87% of caregivers and 85% of adolescents received >90% of the sessions through groups or home visits. A brief immediate post-test data collection with a subset of primary outcomes was completed in December 2015, with 91% caregiver and 92% adolescent retention rate. These immediate results were primarily to determine safety and initial effectiveness for policy-makers planning the South African national scale-up. Three to eight-month follow-up data collection was due to complete in May 2016, but is currently delayed due to severe civil and political violence related to the 2016 local elections, and is now hoped to complete in August. The research team are currently estimating whether a 15-20 month follow-up or a 20-26-month follow-up is financially and practically possible, and if so this would be expected to complete by December 2017. Since submission of this manuscript, 16 countries in Southern, Eastern, Central and Northern Africa, South-East Asia and the Middle East have requested access to the program in order to adapt and take it to scale in their contexts.

Abbreviations

audio-CASI: audio computer-assisted self-interview **CDI**: Child Depression Inventory **ICAST:** IPSCAN Child Abuse Screening Tools **ICC:** Intra-cluster Correlation Coefficient **ISPCAN:** International Society for the Prevention of Child Abuse and Neglect **LMIC:** lower middle income country **MOS:** Medical Outcomes Study **NGO:** non-governmental organization **PEPFAR:** President's Emergency Plan for AIDS Relief **PI:** principal investigator **PLH:** parenting for lifelong health **SAHA:** Social and Health Assessment **UNICEF**: United Nations Children's Emergency Fund **WHO:** World Health Organization **USAID:** US Agency for International Development

Declarations

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Availability of data and material

Sinovuyo Teen manuals and program materials will be made freely available online, and UNICEF has sponsored free printed versions. All research materials (i.e. questionnaires, study process

materials, qualitative toolkit) will be made freely available on UNICEF and WHO websites. Study data will be made available on open access websites such as the South African Data Archive and the European Clinical Trials database.

Competing interests

JD, LC, JL, CLW and ST were involved in the design of the Sinovuyo Teen program.

Authors' contributions

LC conceived of the study and drafted the manuscript for publication. FM participated in the design of the study and drafted an extensive study protocol. YS participated in the design of the study, drafted an extensive study protocol and performed sample size calculations. CW provided overall guidance in RCT design and contributed to the development of the protocol. RHR participated in the design of the study and drafted an extensive study protocol. AR participated in the design of the study, drafted an extensive study protocol and trialed methods in the planning stages. CL participated in the design of the study and planned the statistical analyses. JS and DB participated in design and trial of measures and helped draft the protocol. RC, CW, NS and PM participated in design and adaptation of the trial through trial methods and community liaison in the planning stages. JL participated in the design of this study and provided feedback during protocol development. FG provided overall guidance in RCT design. JD and HL participated in the design of the qualitative study. MN and SDS developed innovative methods for use of audio-CASI with non-literate populations. ML participated in the design of the study and provided feedback on the manuscript. All authors read and approved the final manuscript.

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APPENDICES

Table 1

Overview of intervention session topics

Session	**Content**	**Mode**
1	Introducing the program & defining participant goals	Joint
2	Building a positive relationship through spending time together	Joint
3	Praising each other	Joint
4	Talking about emotions	Separate
5	What do we do when we're angry?	Separate
6	Problem solving: Putting out the fire	Joint
7	Motivation to save and making a budget with our money	Joint
8	Dealing with problems without conflict I	Separate
9	Dealing with problems without conflict II	Separate
10	Establishing rules and routines	Joint
11	Ways to save money & making a family saving plan	Joint
12	Keeping safe in the community	Joint
13	Responding to crisis	Joint
14	Widening Circles of Support	Joint

TEEN BASELINE 1

Interviewer name:_____

Family Number:_____

Name of Teen:_____

Location of interview:_____

Interview Date:_____

Village:_____

Section 1:

About Me

Your answers are important and will help the government and other organisations to design better services for young people.

1. Are you: **Male** ☐ **Female** ☐

2. How old are you? _____

3. What are your initials? _____

4. What nickname would like us to call by? _____

5. How many villages have you lived in since you were born?
_____

6. When were you born? _____

7. Who is the person who is responsible for caring for you most in your household? (Can you give us their name?)

_____

8. What are the initials of your caregiver?

_____

9. What is your relationship with your caregiver?

- ☐ biological mother
- ☐ biological father
- ☐ stepfather/stepmother
- ☐ brother/sister/stepbrother/stepsister
- ☐ grandmother/grandfather
- ☐ great-grandfather/great-grandmother
- ☐ aunt/uncle
- ☐ Cousin
- ☐ foster parent
- ☐ other
  Specify: _____

10. **Does anyone come to visit you to help with things you need?**		
	Yes	**No**
10.1 Someone from Isibindi or a social worker?		
10.2 Someone from social development?		
10.3 Someone to give medical care?		
10.4 Anyone else?		
10.5 None of the above?		

11. How many times have they visited in the past month?

_____

12. What is the nicest thing your caregiver has said about you?

_____

SECTION 2: AT HOME

Sipho lives in a roundavel whilst Thobeka lives in a big brick house.

1. **How often in the past month has the water in your village stopped?**

- ☐ Once or twice
- ☐ 3-5 times
- ☐ More than 5 times
- ☐ Has happened but not in the past month
- ☐ Never
- ☐ We don't have running water

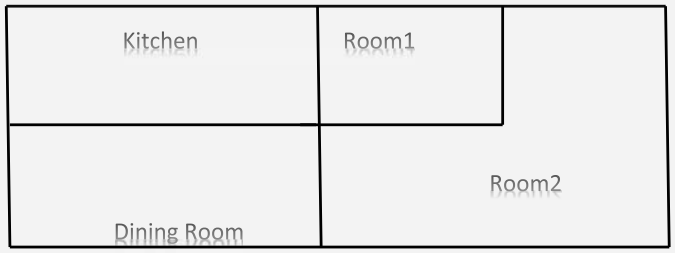
2. **How many times did you wash your hands yesterday?**

_____

GAME TIME: What does your house look like?

On the piece of paper provided, draw in the rooms of your house. Like the bathroom, kitchen, bedrooms and other rooms.

Example below.



Now write the names of who sleeps in each room (including yourself)
Now write down their relationship to you (father, sister...)
Now draw a little pencil next to anyone who is currently going to school
Now write down how old they are
Now circle anyone in the house who is sick

1. Now put a tick next to anyone at home who has a job
2. Write down next to them whether it is
a) a regular job (every day),
b) a part time job (some days each week)
c) a 'sometimes' job (like just over harvest or on a building project)

In lots of families, many grown-ups who live in the same house share in the responsibility of looking after teenagers. They help with meals, take them to school or clinic, and help with Homework or help their teenagers.

	Yes	No
4. Do you have a parent, guardian or caregiver staying with you and taking care of you at home besides your primary caregiver?		

5. Please write their name here

_____

6. Please tell us how this person is related to you.

_____

THAT WAS GREAT, we've already finished Section 2. The next part asks about your school so we can get a clear idea of what your life is like day to day

Section 3: My School

Sipho and Thobeka walk to school together every day. Sipho tells Thobeka how tired he is as he has to look after his mother who is not well. He falls asleep during school often and finds it hard to concentrate whereas Thobeka is full of energy and always asking questions – though sometimes she speaks so much that the teacher asks her to be quiet. We are going to ask you a few questions about how your find school.

	Yes	No
1. **Are you currently attending school?**		

2. What kind of school do you go to?

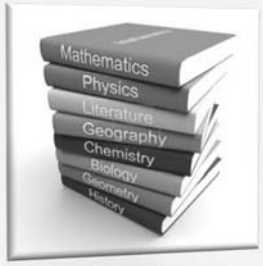
- ☐ We pay school fees
- ☐ The school charges fees but cannot to pay them, so we owe them
- ☐ It's a free school but we are still asked to pay something
- ☐ A totally free school, we don't have to pay anything
- ☐ Other kids pay school fees but I have a special permission from the principal to go there for free

3. What is the name of your school?

_____

4. What Grade are you in?

_____



5. What is the MAIN REASON for not attending school?

- ☐ I finished matric
- ☐ I didn't have enough money to pay fees or uniform
- ☐ I had to stop going to school to help at home
- ☐ I stopped going because I was too unwell
- ☐ I stopped going because my parents/guardian died
- ☐ I had to repeat a grade and I didn't want to
- ☐ I was suspended or expelled
- ☐ I got married
- ☐ I got pregnant or had a child
- ☐ I was bullied or treated badly by teachers or friends
- ☐ I did not like school
- ☐ I moved to another place and could not register
- ☐ Other

6. If other please specify

_____

7. When you did go to school, what type of school was it?

- ☐ We pay school fees
- ☐ The school charges fees but cannot to pay them, so we owe them
- ☐ It's a free school but we are still asked to pay something
- ☐ A totally free school, we don't have to pay anything
- ☐ Other kids pay school fees but I have a special permission from the principal to go there for free

8. What is the highest grade you have passed?

_____

9. How many grades have you repeated?

_____

10. If yes,

Why did you repeat grades?

_____

Sometimes we don't attend school for a little while and sometimes for a long while. And for all sorts of reasons. Remember that this is confidential. Please think about the last full term you went to school.

	Less than a week in total	About a week in total	About 2 weeks in total	About 3 weeks in total	4 or more weeks in total
11. In the last full term of school, how many days did you miss school (not including weekends, holidays or public strikes?)					

12. Tick if you have any of these free at school

	Yes	No
12.1 Free meal at school everyday		
12.2 Free school uniform		
12.3 Free school textbooks		
12.4 None of the above		

We are going to ask you questions about school. We would like to know how important school is for you.

13. It is important to me to do well in school this year

14. It is important to me to be considered a clever learner by my teachers

15. I try hard in school

16. I wish I could leave school

17. I like school

	All of them	Most of them	Some of them	None of them
18. How many of your friends get good grades				

19. What is your favourite thing about school?

_____

Teachers can help us do well in school. They can also give us important advice and help us with our problems. Sometimes however, you can feel your teacher is too busy to worry or she/he cannot understand you

	Definitely not true	Mostly not true	Mostly true	Definitely true
20. Teachers notice if I am having difficulty with my lessons				
21. I can talk to teachers at school if I am having problems in class				
22. My teachers give me feedback on my assignments that help me to improve my work				
23. I feel safe at school				
24. I feel safe walking both to and from school				

	Definitely not true	Mostly not true	Mostly true	Definitely true
25. I sometimes don't use the toilets at school because they are not safe				
26. This school is being ruined by bullies				
27. This school is badly affected by crime and violence in the community				

SECTION 4: HAVING WHAT WE NEED

Many families struggle with money in our communities. Sipho often goes hungry because there is not much food in his house whilst Thobeka gets food from a government grant. We would like to assist your family with information on how to access grants and other services. Thobeka also talks to her friends who told her about a soup kitchen whereas Sipho doesn't tell anyone he goes hungry and so no one has told him about the soup kitchen. Do you always have food like Thobeka or do you sometimes go hungry like Sipho? Which are you more like?

1. Please tick the things that you COULD afford at home in the past month

	Yes	No
1.1 **Three meals a day**		
1.2 **Cost of going to school (even if you go to a no-fees school can you afford books, exams, transport etc?)**		
1.3 **Visit to the doctor when you are ill (including getting there and the cost of medicines etc)**		
1.4 **School Uniform**		
1.5 **Enough clothes to keep you warm and dry**		
1.6 **Toiletries enough to wash every day**		
1.7 **School equipment (pencils, books etc)**		
1.8 **More than 1 pair of shoes**		
1.9 **None of the above**		

Many families struggle to have enough to eat. Thank you for being honest here, we promise to use your information to try and make things better for teenagers like you in South Africa

2. In the past week how many days was there not enough food in the house for you to eat?

_____

3. Now we want to ask you about which of the following you have in your household:

A working TV ☐

Bicycle ☐

Car ☐

Horse / donkey/ox/cattle/goat/sheep/ pigs ☐

Hens/chicken ☐

	Yes	No
4. Do you get food from a community garden at least twice in the past month?		
5. Do you get food from food parcels at least twice in the past month?		
6. Did you get access to a meal at a soup kitchen at least twice in the past month?		

7. What do you want to do as a job when you grow up?

_____

SECTION 5: LIVING WITH THE MONEY WE HAVE

Money can be a really big worry for all of us. Lots of people find that they run out of money to pay for food and other things before the end of the month.

	Never	Rarely	Sometimes	Often
1. In the past 4 weeks, how often did you run out of money for meat?				
2. In the past 4 weeks, how often did you run out of money for electricity?				
3. In the past 4 weeks, how often did you run out of money for transport?				
4. In the past 4 weeks, how often did you run out of money for airtime?				
5. In the past 4 weeks, how often did you worry or feel anxious about money?				

	No	Yes
6. Do you know anything about how money is spent in your home?		
7. Have you or your family managed to save some money within the past month?		

8. Which ways do you and your family save money?

- In a formal bank account
- In a savings group (for example: Stokvel)
- In your home
- Other

9. How do you save your money?

_____

In our community families often have to cope with unexpected emergencies such as funerals, a family member or friend falling sick, a fire or a robbery

10. If you were facing such an emergency, how difficult would it be for your family to find R1000?

- It would be impossible for us to find R1000
- It would be hard but we could find R1000
- It would be easy for us to find R1000

11. How would you and your family get R1000?

- Use existing income
- Use savings
- Use remittance's or gifts
- Borrow money from a loan shark or money lender
- Borrow money from relatives or friends
- Sell your personal belongings
- Spend less money on healthcare/medication
- Spend less money on food
- Spend less money on education or school
- Other

12. If other, can you tell us how would you get R1000?

_____

Please read the following statements and tell us how you feel about them

13. I try hard at school

14. It is important to save money for the future

15. It is important to only spend money on things you really need

16. It is not possible to save enough money to buy those things that I really want

17. Saving is for adults only

18. Imagine your family just got paid or received their grant money. How confident are you that your family will not run out of money before the next payday or grant day?

19. How confident are you that your family can plan carefully in advance how to use the money during the week?

Section 6:

Me and My Health

Sipho and Thobeka are really close friends and so they tell each other some things. Thobeka tells Sipho that she has a terrible cough and struggles to sleep some nights because she is so hot. Because she tells Sipho these things, he is able to help her out and comfort her. Do you have a close friend like Sipho who you tell things to? We can also help and so we would like you to answer some questions about your health.

We'd like to know how you have been feeling in the past month

The next questions ask about difficulties you may have during certain activities because of a health problem.

	No, no difficulty	Yes, some difficulty	Yes, a lot of difficulty	Cannot do it at all
1. Do you have difficulty seeing, even if wearing glasses?				
2. Do you have difficulty hearing, even if using a hearing aid?				
3. Do you have difficulty walking or climbing steps?				
4. Do you have difficulty remembering or concentrating?				

	No, no difficulty	Yes, some difficulty	Yes, a lot of difficulty	Cannot do it at all
5. Do you have difficulties with (taking care of yourself) washing all over or dressing?				
6. Using your usual language, do you have difficulty communicating, for example understanding or being understood?				

We all get sick sometimes. We would like to ask about any illness you might have. These questions may be personal but this information will help us support teenagers and their parents. Remember, all of your answers are strictly confidential.

Have any of these things been true for you?

	No	Yes
7. Have you lost weight and become very thin?		
8. Have you got diabetes?		
9. Have you had any of these things: very pale, or hair changing colour, or legs swelling up, or burning feelings in your feet, or has your skin been very dry?		
10. Do you have emotional problems?		
11. Have your eyes been yellow, and have you had a fever? Or itching? Have you got shingles or a rash on your skin?		
12. Have you got high blood pressure?		
13. Have you had sores on your body?		

	No	Yes
14. Have you had ulcers or white patches in your mouth, or problems swallowing food?		
15. Do you drink alcohol too much?		
16. Do you have cancer?		

	I don't Know	No	Yes
17. Have you had trouble breathing, or a cough for more than 2 days with fever in the past month?			
18. Have you had TB in the last five years?			
19. Do you have arthritis			
20. Have you been bewitched?			
21. Have you had diarrhoea or a runny tummy for more than 2 days in the past month?			
22. Do you have HIV?			

23. Have you had anything else we haven't asked you about, Can you tell us what?

_____

24. Which medications are you currently taking?

- I am not taking any medication
- Medicines for my chest
- Medicines for my diarrhoea
- ARVs / Antiretroviral
- TB medication
- Medicines for HIV/ AIDS
- Pill to prevent pregnancy
- Medicines for my ear
- I don't know what my medication is about

25. Have you ever taken medication for more than two weeks?

- YES
- NO

26. What is the medicine called?

_____

27. How old were you when you started taking this medicine?

_____

28. How often do you take it each day?

- Once a day
- Twice a day
- Three times a day
- Four times a day

SECTION 7: PRIVATE SECTION

All families in our communities are affected by HIV and AIDS. We understand that this can be difficult to talk about. That is perfectly normal. We're now going to ask some questions about your household. Remember that everything you tell me is absolutely confidential, and no-one else will find out about it.

We all know that every family in our communities is affected by HIV and AIDS. Everyone has a parent or a cousin or a brother or sister who is affected and sometimes we are affected ourselves we understand this can be difficult to talk about. That is perfectly normal. We are now going to ask some questions about how HIV has affected your household. Everything you tell us is absolutely confidential and no-one else will find out about it

1. Have you ever been tested for HIV?

- YES
- NO

2. Was the result positive for HIV?

- YES
- NO
- I DON'T KNOW

The private section is completed without the help of a research assistant

3. Do you use ARVs or Anti-retrovirals?

- YES
- NO

4. Sometimes it is really hard for people to take their ARVs every day at the right time. People forget or something's happens so they can't take them or it makes them feel sick. How many times in the last week were you not able to take one of your ARV pills?

_____

5. Has anyone ever told you your CD4 count number?

- YES
- NO

6. Can you tell us your CD4 count?

_____

7. In the last month, have you been so sick that you needed to go to hospital?

- YES
- NO

Thank you very much for being so patient and answering these difficult question honestly. Your assistance today will be very helpful in providing support to other teens in South Africa. We would now like to talk to you about things that are more fun!

Section 8: How I Think and Feel

Everyday Sipho wakes up and is excited about the day. He is always smiling and when he is really happy he whistles and goes for a walk. He often goes to see Thobeka who often wakes up and doesn't look forward to the day – in fact she often doesn't feel like getting out of bed. When she does she feels sad and feels ugly. This happens to all of us sometimes and we all get sad. We want to ask you about how you have felt recently.

For each group of 3 statements, pick out which one best describes how you feel

1. Please select the one that describes how you feel
   - Nothing will ever work out for me
   - I am not sure if things will work out for me
   - Things will work out for me

2. Please select the one that describes how you feel
   - I am sad once in a while
   - I am sad many times
   - I am sad all the time

3. Please select the one that describes how you feel
   - I look ok/good!
   - There are some bad things about my looks
   - I look ugly

4. Please select the one that describes how you feel
   - I hate myself
   - I do not like myself
   - I like myself

5. **Please select the one that describes how you feel**

- I do not feel alone
- I feel alone many times
- I feel alone all the time

6. **Please select the one that describes how you feel**

- I do most things OK
- I do many things wrong
- I do everything wrong

7. **Please select the one that describes how you feel**

- I have enough friends
- I have some friends but wish I had more
- I don't have any friends

8. **Please select the one that describes how you feel**

- I feel like crying every day
- I feel like crying many days
- I feel like crying once I a while

9. **Please select the one that describes how you feel**

- Nobody really loves me
- I am not sure if anybody loves me
- I am sure that somebody loves me

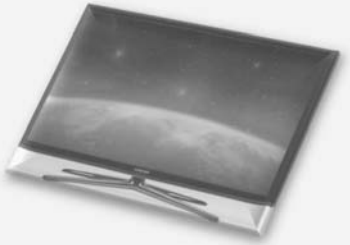
10. **Please select the one that describes how you feel**

- Things bother me all the time
- Things bother me many times
- Things bother me once in a while

11. Well done! Let's carry one…but first, what do you most enjoy doing when you have spare time?

Play Sports

Watch TV



Cooking

Spend time with friends

Go to town

12. Sometimes we get extremely sad. In the past month did you?

	Yes	No
12.1 Wish you were dead		
12.2 Want to hurt yourself		
12.3 Think about killing yourself		
12.4 Think of a way to kill yourself		
12.5 Try to kill yourself		

SECTION 9:

My friends and Free Time

When Sipho is feeling stressed because of his mum's illness he often goes out and plays football with his friends. Running around makes him feel much better. He talks about it to Thobeka but she doesn't understand – she hates running around.

When she is feeling down or stressed from all her school work, she goes to see her friends and they have a few drinks and smoke some dagga. Occasionally Sipho joins them but he feels shy with all of Thobeka's friends especially as one of her friends seems to like him a lot.

We want to ask you how you deal with stress

1. What is the name of your best friend ever?

_____

2. How many times in the past month have you?

	Never	Once or twice	Every week or weekend	Every day
2.1 How many times in the past month have your friends had a drink? (we mean alcohol, not milk and stuff)				
2.2 How many times in the past month have you had a drink?				
2.3 How many times have your friends smoked dagga or taken any other drug in the past month?				
2.4 How many times have you smoked dagga or taken any other drug in the past month?				

3. Xolani is always getting into trouble. He steals from his granny, tells lies and bullies younger children. Imagine Xolani was your friend. What do you think might help to discipline him?

	Strongly disagree	Disagree	Not sure	Agree	Strongly Agree
3.1 Hit or spank him					
3.2 Hit him with something like a broom					
3.3 Give him a push or kick					
3.4 Shout at him					
3.5 Tell him he is being stupid					
3.6 Tell him that the ancestors will punish him					

Section 10: Me and My Community

Sipho and Thobeka live in very different parts of town. Thobeka feels safe when she goes out of her house and when her and her friends spend time in the local community they never see fights. Sipho however, is constantly seeing horrible things. Recently he saw someone being shot and it scared him. He ran to Thobeka's house. He helped her little sister, Thembi, with some homework and this calmed him down a bit. Do you live in a place more like Sipho or Thobeka?

We are going to talk about things that can happen to you outside of your home, in the street, on your way to school, when you are at the shop or when you are out with friends

while you were out in the community last month how often have you SEEN…

	Once or twice	3-5 times	More than 5 times	Never
1. Someone else being threatened				
2. Someone else being mugged and his/ her your stuff stolen				
3. People fighting				
4. Someone else being hit or harmed				
5. People being drunk or on drugs and being argumentative				

While you were out in the community last month how often have you BEEN….

	Once or twice	3-5 times	More than 5 times	Never
6. Threatened by someone else				
7. Mugged and have your stuff stolen				
8. Caught up in a fight				
9. Hit or harmed				
10. With friends that were drunk or on drugs and argumentative				

	Once or twice	3-5 times	More than 5 times	Never
11. Have people said sexual things or asked you to go out with them in a way that made you feel uncomfortable?				
12. Have people tried to touch you in a way that made you feel uncomfortable (e.g. slapping someone on the bum or hip)?				
13. Have people made sexual gestures or looked at you in a way that made you feel uncomfortable (e.g. winking at people, licking their lips)?				
14. Have people leaned over or stand in front of you in a way that made you feel uncomfortable?				
15. Have people sent you SMS, WhatsApp Facebook, Mxit, e-mails or anything on your phone that said something sexual and made you feel uncomfortable?				
16. Have people teased you or made sexual jokes that made you feel uncomfortable?				

	Adult	Teen
17. Were the people who said a sexual thing or asked you to out with them adults or teens?		
18. Were the people who tried to touch you in a way that made you feel uncomfortable adults or teens?		
19. Were the people who made sexual gestures at you or looked at you in a way that made you feel uncomfortable an adults or teens?		
20. Were the people who leaned over you or stood in front of you in a way that made you feel uncomfortable adults or teens?		
21. Were the people that sent you SMS, WhatsApp, Facebook, Mxit, emails or other social media adults or teens?		
22. Were the people that teased you or made sexual jokes that made you feel uncomfortable adults or teens?		

Section 11: My Social Network

1. Are you a member of any youth and/or health organisations, political or activist groups?

- A youth centre where I can do things like use computers and play sports
- A youth club or homework club at school
- Gospel Choir/Singing Group
- Sports team
- Music/ Arts performance group
- Volunteering
- Career Development and advice
- Other
- None of the above

2. If yes, Can you please tell us what group you are a member of?

_____

3. Thinking about the past month…

	Never	Sometimes	Always
3.1 How often can you count on your caregiver to listen to you when you need to talk?			
3.2 How often does your caregiver give you information and help you understand the situation?			
3.3 How often does your caregiver give you good advice about a crisis?			
3.4 How often can you confide or talk about your problems with your caregiver?			
3.5 How often does your caregiver give you advice you really want?			

4. Can you tell us about your caregiver here for us?

_____

5. Thinking about the past month…

	Never	Sometimes	Always
5.1 How often can you share your most private worries and fears with your caregiver?			
5.2 How often do you turn to your caregiver to talk about how to deal with your personal problems			
5.3 Does your caregiver understand your problems?			
5.4 When you are ill in bed, how often does your caregiver help you?			
5.5 How often does your caregiver take you to the doctor when you need to go?			

6. Thinking about the past month…

	Never	Sometimes	Always
6.1 How often does your caregiver prepare meals for you when you are unable to do it?			
6.2 How often does your caregiver help you with your daily chores if you are sick?			
6.3 How often does your caregiver show you love and affection?			
6.4 How often does your caregiver make you feel loved and wanted?			
6.5 How often does your caregiver hug you?			
6.6 Do you have a good time with your caregiver?			

7. If you could be the minister of families for one day, what is the first change you would make?

_____

8. Thinking about the past month…

How often has each of the people below supported you?

	Never	Sometimes	Always
8.1 Do you and your caregiver relax together?			
8.2 Do you and your caregiver do enjoyable things together?			
8.3 Do you often do things with your caregiver to help you get your mind off things?			
8.4 Is your teacher someone you can count on to listen to you when you need to talk			
8.5 Is your teacher someone to confide in or talk to about yourself or your problems			
8.6 Is your teacher someone who understands your problems			

Thank you so much for answering those questions. Before we finish could you please provide us with the names and phone numbers of 3 other people that can help us get hold of you in case you're number changes or your move. It can be a relative, neighbour or friend.

SECTION 12: IDENTIFY THREE CONTACTS

Before we finish could you please provide us with the names and phone numbers Of 3 other people that can help us get hold of you in case your number changes or You move. It can be a relative, neighbour or friend.

CONTACT 1

Name:
Last name:
Contact Number:

CONTACT 2

Name:
Last name:
Contact Number:

CONTACT 3

Name:
Last name:
Contact Number:

TEEN BASELINE 2

Interviewer name:_____

Family Number:_____

Name of the Teen:_____

Location of interview:_____

Interview Date:_____

Village:_____

All About Me

It was great seeing you last time, thanks so much for seeing us again. We have not told anyone anything you told us last time unless you gave us permission to do that. We will not tell anything that you tell us now either, unless we think you are in danger and need help. Even then, we will get your permission first before talking to anyone.

Last time we used a made up name for you, would you like to tell us a new one or use the old one?

1. Are you: **Male** **Female**

2. What is your nickname?

_____

3. What are your initials?

_____

4. How old are you?

_____

5. Can you please give us your current cell number?

_____

6. What is your favourite song on the radio?

_____

Now we want to ask you about social grants that people in your household get.

7. The Child Support Grant Helps People To Look After The Children They Take Care Of. This Grant Is R330 A Month per Child. How Many Children In Your Home Receive A Child Support Grant? (0 for None, Then 1 Upwards)

_____

8. The Foster Child Grant Is Given To A Person Who Looks After A Child Who Is Placed With Them By The Court. This Grant Is R860 A Month per Child. How Many Children In Your Home Receive A Foster Child Grant?

_____

9. The Care Dependency Grant Is For Disabled Children from Birth Until They Turn 18. This Grant Is R1410 A Month. How Many Children In Your Home Receive A Care Dependency Grant? (0 for None, 1 Upward)

_____

10. The Disability Grant Is For Adults That Have a Disability. The Grant Is R1410 A Month. How Many People In Your Home Receive A Disability Grant? (0 for None, 1 Upward)

_____

11. The Old Age Pension Is Paid To People Who Are 60 Years Or Older. The Grant Is R1410 A Month. How Many People In Your Home Receive A Pension?

_____

12. Does Anyone in Your Household Receive A Government Housing Subsidy, Such As RDP Housing Subsidy?

YES NO

My Caregiver and I

1. Write down your caregiver's first name in full

_____

2. Write down your caregiver's surname.

_____

3. Write down your caregiver's initials:

_____

4. Can you write your caregiver's cell number:

_____

Sometimes it is very difficult to speak with our parents and adults who care about us. They get easily worried and angry. Some other times they can give us very helpful advice and support when we tell them about important things. These questions are about how you and your caregiver speak to each other.

	Not at all	Sometimes	All the time
6. Does your caregiver pay attention when you talk to them about things?			
7. Can your caregiver tell how you are feeling without asking you?			
8. Do you discuss problems with your caregiver?			
9. Can you talk about personal things with your caregiver like boyfriends, girlfriend, and sex?			
10. Can you talk with your caregiver about illness or people that passed away in the family?			

Section 3:

MY BEHAVIOUR

Sipho and Thobeka are back! And they say sometimes it's just really difficult to be a teenager. Your parents or grandparents want you to be like an obedient child. But your friends want you to hang out then have fun with them.

Sipho got in trouble at school really badly for getting into a fight, and Thobeka had a massive argument with her family because she stayed out really late last Friday night.

The next questions are about the times when you might not follow the rules. Remember that your answers here are completely confidential we won't tell people what you say. In the past month, can you say if this is not true/somewhat true/very true or often true for you?

	Not True	Sometimes True	Very True
1. I drink alcohol without my caregiver's approval			
2. I don't feel guilty after doing something I shouldn't			
3. I break rules at home, school or elsewhere			
4. I hang around with teens who get in trouble			
5. I lie or cheat			
6. I would rather be with older kids than kids of my own age			
7. I run away from home			
8. I break or burn things on purpose			
9. I act in a sexual way when talking to others			
10. I steal at home			
11. I steal from places other than home			

	Not at all	Sometimes	All the time
12. I swear or use dirty language			
13. I think about sex a lot			
14. I smoke cigarettes			
15. I cut classes or skip school			
16. I use drugs like dagga or other drugs			
17. I vandalise places or things (e.g. graffiti, break windows…)			
18. I disobey my caregiver			

Yoh- it's difficult to answer these questions truthfully, isn't it? But remember that we won't tell anyone at all what you say- this information isn't linked to you or your name and it just gets put with what hundreds of other teens say, to help us to make programmes for families.

So we appreciate your honesty here! Sometimes we get stressed or angry with our friends and family and do some bad things even to people we love. The following questions are about what you sometimes do, maybe because you feel something is wrong.

	Not at all	Sometimes	All the time
19. I argue a lot			
20. I am cruel, mean to others, I bully others			
21. I try to get a lot of attention			
22. I destroy my own things			
23. I destroy things belonging to others			
24. I disobey at school			

	Not at all	Sometimes	All the time
25. I get into many fights			
26. I physically attack people			
27. I scream a lot			
28. I am stubborn			
29. My moods or feelings change suddenly			
30. I sulk a lot			
31. I am suspicious			

	Not at all	Sometimes	All the time
32. I tease others a lot			
33. I have a hot temper			
34. I threaten to hurt people			
35. I am louder than other teens			

Remember that your answers here are completely confidential - we won't tell people what you say. Sometimes our communities and school can be dangerous. At times some teenagers feel they need to carry something to protect themselves. Please choose either yes or no for the following questions.

	NO	YES
36. I spend time with friends who carry a knife or gun for protection		
37. Sometimes I hang out with friends who are in gangs		

38. What do you want to be when you grow up?

_____

Section4: TEEN CONFIDENTIAL

Can we ask you a few quick questions about teen stuff here? Remember that everything you say is completely confidential we won't tell anyone.

1. Which celebrity would you most like to date?

_____

	No	Yes
2. Have you thought someone is hot in the last month?		
3. Have you kissed someone in the last month?		

Now we would like to ask you about having sex. This could be with a boy or with a girl

4. How old were you when you first had sex? If you have never had sex, please enter zero

_____

5. How many people have you had sex with in the last month?

_____

6. Think about the oldest person you had sex with in the last month, how old was he/she?

- Same age or younger
- A bit older
- More than 5 years older
- I don't remember
- I don't know

This section is completed without the help of the Research Assistant

7. In the last month, how often did you use condoms every time that you had sex?

- Never
- Rarely
- Sometimes-half the time
- Often
- Every time
- I did not have sex in the past month

8. People have sex for different reasons. Sometimes our partners, like a sugar daddy or a sugar mommy, because they give presents to us for dating them. In the past month, how many times have you ever had presents or help given to you because you were having sex with someone? Maybe they helped you out with school fees, groceries, clothes, or gave you lifts. Sometimes they give you somewhere to stay, or maybe gifts, alcohol or airtime?"

- No
- Yes
- Sometimes

9. In the last month how many times have you had sex when you were drunk or smoking dagga or any other drugs?

- No
- Yes
- Sometimes

	No	Yes
10. Are you pregnant now?		
11. Is someone pregnant by you?		
12. Have you ever been or made someone pregnant?		
13. Do you have any children?		

14. If yes, how old is your child or children

_____

	No	Yes	Sometimes
15. If you ask your boyfriend/girlfriend to use a condom, he/she would get angry?			
16. My boyfriend/girlfriend tells me who I can spend time with.			

17. When we argue I win!

- Almost never
- Half the time
- Nearly all the time

	No	Yes	I Don't Know
18. My boyfriend/girlfriend is seeing someone else			

	No	Yes	Sometimes
19. My boyfriend/girlfriend always wants to know where I am			

How many times did the following statement happen in the past month?

	Never	Has happened but not in the past month	Once or twice	3-5 times	More than 5 times
20. My boyfriend/girlfriend insulted, swore or said something to spite me					
21. My boyfriend/girlfriend pushed, shoved, grabbed or slapped me					

People have different views about what is okay a in a relationship. Can you tell us your views?

	Agree	Somewhat Agree	Do Not Agree
22. There are times when a woman deserves to be beaten.			
23. It is alright for a guy to beat his woman if she is unfaithful.			
24. A guy can hit a woman if she won't have sex with him.			
25. If someone insults a guy he should defend his reputation with force if he has to.			

Thank you very much.
Now the audio section is over, please call the RA to come and help you continue with other section.

Section5: WHEN PEOPLE TREAT US DIFFERENTLY

Could you say how much these things are true for you? Because I or someone in my family is sick or has died…. In the past month

	Not at all	Sometimes	All the time
1. I've been teased.			
2. I've been badly treated.			
3. People have gossiped behind my back.			
4. I worry about being rejected.			
5. People who know don't want me around.			
6. I avoid making friends.			
7. I feel different and alone.			
8. If people know, they avoid touching me.			
9. If people know, they are afraid of me.			
10. If people know, they think I'm a bad person.			
11. A friend or boyfriend or girlfriend has feared or blamed me			
12. A friend boyfriend or girlfriend has left me			

Section6:
CHALLENGES AT HOME

Sometimes Sipho and Thobeka experience violence or bad treatment by family members, at school and in their community. This happens to many teenagers in South Africa and the rest of the world. We would like to ask you about your experiences with violence so that we can know what we have to do in the future to keep teenagers safe.

These questions may seem strange or hard to answer. Please try to answer them as best as you can, thinking about the past month.

Sometimes, when teenagers are growing up they see adults behaving in ways that make them feel uncomfortable or frightened.

1. How many days were there arguments with adults shouting in your home?

2. How many days were there arguments with adults hitting each other in your home?

Sometimes our caregivers get really stressed when we misbehave. How often did the following happen in the past month...?

3. Was your caregiver so tired and stressed that your behaviour upset them?

4. Did your behaviour make your caregiver really irritable and angry?

Like all other teenagers, Thobeka has times when she just doesn't get on with her family. Sometimes adults in our home say things to us that make us feel ashamed, embarrassed and sad.

In the past month how often did an adult do the following things to you?

5. Scream at you very loudly and aggressively?

6. Call you names, say mean things or swear at you?

7. Make you feel ashamed/embarrassed in front of other people in a way that made you feel bad?

8. Say that they wished you were dead or had never been born?

9. Threaten to leave you forever or abandon you?

In the past month how often did an adult do the following things to you?

10. Lock you out of the home for a long time?

11. Threaten to call evil spirits against you or hurt or kill you?

12. Refuse to speak to you because they were angry with you?

	YES	NO
13. Have you asked for help with any of the things we just asked you about?		

14. If yes, who did you ask for help?

	YES	NO
(14a) Did you ask a family member?		
(14b) Did you ask a doctor or a nurse?		
(14c) Did you ask a social worker?		
(14d) Did you ask a teacher or an adult at school?		
(14e) Did you ask a friend?		
(14f) Did you ask a police officer?		

	They believed me and supported me	They believed me but did not care	They blamed me for causing it	They did not believe me at all
14g. How did your family member react to your experience?				
14h. How did your doctor or nurse react to your experience?				
14i. How did your social worker react to your experience?				
14j. How did your teacher or an adult react to your experience?				
14k. How did your friend react to your experience?				
14l. How did the police officer react to your experience?				

These questions are difficult to answer. Thank you so much for giving your time and being honest about these. Sometimes, Thondeka feels like her mother forgets that she exists and doesn't take care of her properly. She sometimes does not get the things she needs to grow up healthy

In the past month, how often did the following things happen to you?

15. Did you feel that you did not get enough to eat and/ or drink even though there was enough for everyone?

16. Were you not taken care of when you were sick-for example not taken to see a doctor when you were hurt or not given the medicines you needed?

17. Did you not feel cared for?

18. Felt that you were not important?

19. Did you feel that there was never anyone looking after you, supporting you, helping you when you most needed it?

20. Did you get seriously hurt or injured because there was nobody to look after you?

Sometimes our caregivers get so angry, they do things that can be really scary.
In the past month, how often did an adult in your house do the following things to you?

21. Push, grab, or kick you?

22. Shake you?

23. Hit, beat, or spank you with a hand?

24. Hit, beat, or spank you with a belt, paddle, a stick or other object?

	YES	NO
25. Have you asked for help with any of the things we just asked you about?		

26. If yes, who did you ask for help?

	YES	NO
(26a) Did you ask a family member?		
(26b) Did you ask a doctor or a nurse?		
(26c) Did you ask a social worker?		
(26d) Did you ask a teacher or an adult at school?		
(26e) Did you ask a friend?		
(26f) Did you ask a police officer?		

	They believed me and supported me	**They believed me but did not care**	**They blamed me for causing it**	**They did not believe me at all**
26g. How did your family member react to your experience?				
26h. How did your doctor or nurse react to your experience?				
26i. How did your social worker react to your experience?				
26j. How did your teacher or an adult react to your experience?				
26k. How did your friend react to your experience?				
26l. How did the police officer react to your experience?				

Sometimes older people or other kids in school make Sipho and Thobeka do sexual things that they don't want to do. Thinking about yourself, has anyone done any of these to you in the past month?

In the past month, how often did anyone do the following things to you?

27. Make you upset by speaking to you or texting you in a sexual way or writing sexual things about you that you did not want?

28. Make you watch a sex video or look at sexual pictures when you did not want to for example on a cell phone?

29. Make you look at their private parts or wanted to look at yours when you did not want to?

30. Touch your private parts or make you touch theirs when you did not want to?

31. Make a video or cell phone video of you doing sexual things when you did not want to?

32. Try to have sex with you when you did not want to? By sex we mean a penis or other object enters the vagina or anus.

33. Have sex with you when you did not want them to?

	YES	NO
34. Have you asked for help with any of the things we just asked you about?		

35. If yes, who did you ask for help?

	YES	NO
(35a) Did you ask a family member?		
(35b) Did you ask a doctor or a nurse?		
(35c) Did you ask a social worker?		
(35d) Did you ask a teacher or an adult at school?		
(35e) Did you ask a friend?		
(35f) Did you ask a police officer?		

	They believed me and supported me	**They believed me but did not care**	**They blamed me for causing it**	**They did not believe me at all**
35g. How did your family member react to your experience?				
35h. How did your doctor or nurse react to your experience?				
35i. How did your social worker react to your experience?				
35j. How did your teacher or an adult react to your experience?				
35k. How did your friend react to your experience?				
35l. How did the police officer react to your experience?				

Section7: **MY CAREGIVER**

Families can be the best things when we feel a part of them. But they can also be really hard for teenagers. Please answer all items for the past month

	Never	Almost Never	Sometimes	Often	Always
1. You have a friendly talk with you caregiver?					
2. Your caregiver tells you that you are doing a good job?					
3. Your caregiver threatens to punish you and then does not do it?					
4. Your caregiver helps with some of your special activities (such as sports, boy / girl scouts, and church youth group)?					
5. Your caregiver rewards you or gives you something extra to you for behaving well?					
6. You fail to leave a note or let your caregiver know where you are going.					
7. You play games or do other fun things with your caregiver?					
8. You talk to your caregiver out of punishing you after you have done something wrong?					

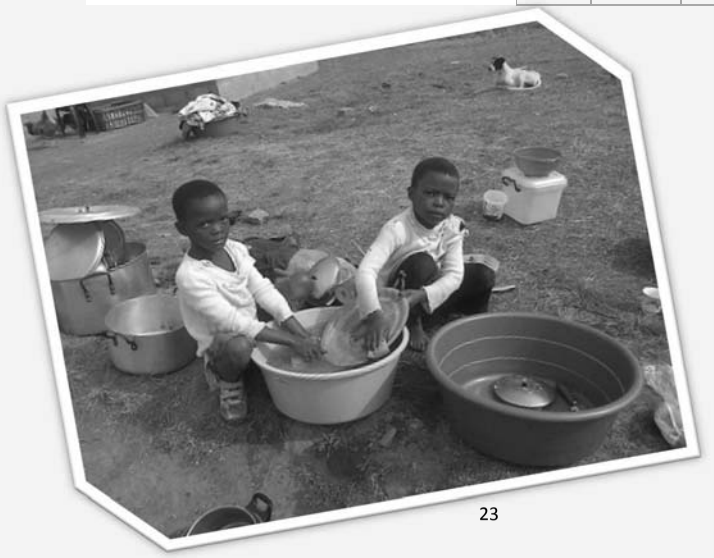
	Never	Almost Never	Sometimes	Often	Always
9. Your caregiver asks you about your day in school?					
10. You stay out in the evening past the time you are supposed to be home?					
11. Your caregiver helps you with your homework?					
12. Your caregiver gives up trying to get you to obey them because it's too much trouble?					
13. Your caregiver compliments you when you have done something well?					
14. Your caregiver asks you what your plans are for the coming day.					
15. Your caregiver accompanies you to a special activity?					

	Never	Almost Never	Sometimes	Often	Always
16. Your caregiver praises you for behaving well					
17. Your caregiver does not know the friends you are with					
18. Your caregiver hugs or kisses you when you have done something well.					
19. You go out without a set time to be home					
20. Your caregiver talks to you about your friends					
21. You go out after dark without an adult with you.					

22. Your caregiver lets you out of a punishment early (like lift restrictions earlier than they originally said)					
23. You help plan family activities					

GAME TIME: Can you draw the South African flag?

	Never	Almost Never	Sometimes	Often	Always
24. Your caregiver gets so busy that he/she forgets where you are and what you are doing?					
25. Your caregiver does not punish you when you have done something wrong?					
26. Your caregiver goes to a meeting at school or a caregiver/teacher conference?					
27. Your caregiver tells you that he/she likes it when you help around the house?					
28. You stay out later than you are supposed to and your caregiver doesn't know it?					
29. Your caregiver leaves the house and doesn't tell you where he/she is going?					
30. You come home from school more than an hour past the time your caregiver expects you to be home?					
31. The punishment your caregiver gives depends on their mood?					



	Never	Almost Never	Sometimes	Often	Always
32. You are at home without an adult being with you					
33. Your caregiver spanks you with their hand when you have done something wrong?					
34. Your caregiver ignores you when you are misbehaving?					
35. Your caregiver slaps you when you have done something wrong?					
36. Your caregiver takes away a privilege or money from you as a punishment?					
37. Your caregiver sends you to your room as a punishment?					
38. Your caregiver hits you with a belt, switch, or other object when you have done something wrong?					
39. Your caregiver yells or screams at you when you have done something wrong?					
40. Your caregiver calmly explains to you why your behaviour was wrong when you misbehave.					
41. Your caregiver bans you from doing something that you like or take something important (i.e. your phone away) from you as punishment?					
42. Your caregiver gives you extra chores as a punishment?					

Thank you for answering these questions.
We really appreciate your honesty.

Section 8: KEEPING SAFE

We often want to plan for how to avoid risky things in the community. But sometimes we don't know how to avoid these things, or we get embarrassed or worried about talking about them, or we are so busy that we just don't get a chance.

In the past year, have you talked with your caregiver about ways to avoid the following risks in the community?

	YES	NO
1. Being mugged and have your stuff stolen		
2. Being hit or caught up in a fight		
3. Being in places where people are drunk or on drugs and are argumentative		
4. Being touched or attacked in a sexual way that you didn't want to		
5. People making you feel uncomfortable by saying or by sending sexual things on whatsApp, email, Mxit or anything else on your phone		
6. Having sex without a condom		
7. Having a sugar daddy or a sugar mommy		

1.1 If you answered yes to speaking about being mugged, please tell us what plans have you made with your caregiver?

_____

2.1 If you answered yes to speaking about being hit caught up in a fight, please tell us what plans have you made with your caregiver?

_____

3.1 If you answered yes to speaking about being in places where people are drunk or on drugs and are argumentative, please tell us what plans have you made with your caregiver?

_____

4.1 If you answered yes to speaking about being touched or attacked in a sexual way that you didn't want to, please tell us what plans have you made with your caregiver?

_____

5.1 If you answered yes to speaking about being People making you feel uncomfortable by saying or by sending sexual things on whatsApp, email, Mxit or anything else on your phone, please tell us what plans have you made with your caregiver?

_____

6.1 If you answered yes to speaking about having sex without a condom, please tell us what plans have you made with your caregiver?

_____

7.1 1 if you answered yes to speaking about having a sugar daddy or a sugar mommy, please tell us what plans have you made with your caregiver?

_____

Section 9: Sinovuyo Teen

How much do you agree with the following statements?

1. I want to improve my relationship with my caregiver

2. If Sinovuyo Teen Parenting Program comes to our village, I plan to come to Sinovuyo Teen meetings

3. Attending Sinovuyo Teen Parenting Program will be useful for me

4. Attending Sinovuyo Teen Parenting Program will be difficult for me

5. If I ask their opinion, most people who are important in my life will think it is good that I attend Sinovuyo Teen

6. If Hope Soap comes to our village, I plan to come to Sinovuyo Teen meetings

7. Attending Hope Soap will be useful for me

8. Attending Hope Soap will be difficult for me

Thank you so much for being part of the Sinovuyo Programme

Appendix 3 School Questionnaires (administrators and teachers)

ADMINISTRATIVE STAFF/SECRETARY QUESTIONNAIRE

Name of the School: _____

Name of the RA: _____

Name and position of the person providing these answers: _____

1. **Municipality**
   _____

2. **School level**
   - ☐ Primary
   - ☐ Secondary
   - ☐ Intermediate
   - ☐ Combined

3. **School Funding Type**
   - ☐ Public
   - ☐ Independent

4. **What is the school's quintile number?**
   - ☐ 1
   - ☐ 2
   - ☐ 3
   - ☐ 4
   - ☐ 5

5. **Please tick, if you offer any of these free at school:**
   - ☐ Free meal at school every day
   - ☐ Free transport
   - ☐ Free school uniform
   - ☐ Free school textbooks

There are a lot of inappropriate schools which lack water, electricity and sanitation in South Africa. These schools are usually called "mud schools". The governmental Accelerated Schools Infrastructure Delivery Initiative (ASIDI) aims to replace and refurbish inappropriate schools.

6. **Was the school part of the ASIDI initiative?**
   - □ No
   - □ Yes
   - □ I don't know

What is the main language of teaching for the following grades?

7. **Grade 1**
   - □ Xhosa
   - □ English
   - □ Other
8. **Grade 2**
   - □ Xhosa
   - □ English
   - □ Other
9. **Grade 3**
   - □ Xhosa
   - □ English
   - □ Other
10. **Grade 4**
    - □ Xhosa
    - □ English
    - □ Other
11. **Grade 5**
    - □ Xhosa
    - □ English
    - □ Other
12. **Grade 6**
    - □ Xhosa
    - □ English
    - □ Other
13. **Grade 7**
    - □ Xhosa
    - □ English
    - □ Other
14. **Grade 8**
    - □ Xhosa
    - □ English
    - □ Other
15. **Grade 9**
    - □ Xhosa
    - □ English
    - □ Other
16. **Grade 10**
    - □ Xhosa
    - □ English
    - □ Other
17. **Grade 11**
    - □ Xhosa
    - □ English
    - □ Other
18. **Grade 12**
    - □ Xhosa
    - □ English
    - □ Other
19. **Other**
    - □ Xhosa
    - □ English
    - □ Other

20. Students at this school have daily contact with a teacher who speaks their home language

- Not at all true
- A little bit true
- Mostly true
- Very true

21. How many learners are there in the school?

_____learners

22. How many teachers are there in the school?

_____teachers

23. Does the school have an electrical generator in case of load shedding/ black out?

YES/NO

24. Using the tables below, please indicate how many classes, learners and teachers there are per grade

	Grade 1			
	Mathematics	Mathematical Literacy	English First Additional Language	English Home Language
Classes				
Learners				
Teachers				
	Grade 2			
	Mathematics	Mathematical Literacy	English First Additional Language	English Home Language
Classes				
Learners				
Teachers				
	Grade 3			
	Mathematics	Mathematical Literacy	English First Additional Language	English Home Language
Classes				
Learners				
Teachers				

	Grade 4			
	Mathematics	Mathematical Literacy	English First Additional Language	English Home Language
Classes				
Learners				
Teachers				
	Grade 5			
	Mathematics	Mathematical Literacy	English First Additional Language	English Home Language
Classes				
Learners				
Teachers				
	Grade 6			
	Mathematics	Mathematical Literacy	English First Additional Language	English Home Language
Classes				
Learners				
Teachers				
	Grade 7			

	Mathematics	Mathematical Literacy	English First Additional Language	English Home Language
Classes				
Learners				
Teachers				
	Grade 8			
	Mathematics	Mathematical Literacy	English First Additional Language	English Home Language
Classes				
Learners				
Teachers				
	Grade 9			
	Mathematics	Mathematical Literacy	English First Additional Language	English Home Language
Classes				
Learners				
Teachers				
	Grade 10			
	Mathematics	Mathematical Literacy	English First Additional Language	English Home Language

Classes				
Learners				
Teachers				
	Grade 11			
	Mathematics	Mathematical Literacy	English First Additional Language	English Home Language
Classes				
Learners				
Teachers				
	Grade 12			
	Mathematics	Mathematical Literacy	English First Additional Language	English Home Language
Classes				
Learners				
Teachers				

25. Name of the RA:

TEACHER QUESTIONNAIRE

Name of the School: _____

Name of the Teacher: _____

Name of the RA: _____

We would like to know more about your opinions and experiences as a teacher in this school. This interview will help us to better understand teachers' working conditions and the school environment. The answers will be strictly confidential and will not be discussed with anyone (not with any other teacher, not with the school principal). We know how busy you are so we would like to thank you very much for your participation!

1. **What grades are you currently teaching in this school?** (you may select more than one grade if applicable)

    - ☐ Grade R
    - ☐ Grade 1
    - ☐ Grade 2
    - ☐ Grade 3
    - ☐ Grade 4
    - ☐ Grade 5
    - ☐ Grade 6
    - ☐ Grade 7
    - ☐ Grade 8
    - ☐ Grade 9
    - ☐ Grade 10
    - ☐ Grade 11
    - ☐ Grade 12
    - ☐ Other

2. **What subjects are you currently teaching?** (you may select more than one subject if applicable)
   - ☐ Home language
   - ☐ First additional language
   - ☐ Second additional language
   - ☐ Mathematics literacy
   - ☐ Mathematics
   - ☐ Others, which?
     _____

3. **Please indicate the number of years of teaching experience:**

   _____ year(s)

Each school is different. Sometimes teaching is hard due to so many problems. For example, in some schools there are too many kids and not enough teachers available. Sometimes schools have limited teaching resources and materials accessible for teachers and students. We would like to know more about your teaching experiences in this school and how you like it to be a teacher.

Please indicate how strongly you agree or disagree with the following statements:

At this school …

4. **I am under pressure**
   - ☐ Not at all true
   - ☐ A little bit true
   - ☐ Mostly true
   - ☐ Very true

5. **I have to work long hours to complete my work**
   - ☐ Not at all true
   - ☐ A little bit true
   - ☐ Mostly true
   - ☐ Very true

6. **I have to work very hard**
   - ☐ Not at all true
   - ☐ A little bit true
   - ☐ Mostly true

- Very true

7. I have no time to relax

- Not at all true
- A little bit true
- Mostly true
- Very true

8. I can 'take it easy' and still get the school work done

- Not at all true
- A little bit true
- Mostly true
- Very true

9. There are not enough school staff members

- Not at all true
- A little bit true
- Mostly true
- Very true

10. It is hard for me to keep up with my workload

- Not at all true
- A little bit true
- Mostly true
- Very true

11. I have to work at home to get all of my work done

- Not at all true
- A little bit true
- Mostly true
- Very true

12. I like my job

- Not at all true
- A little bit true
- Mostly true
- Very true

Keeping children focus on their work can be hard! For example, when there is too much noise outside the children in the classroom can become very distracted. We would like to know more about the conditions of the school classrooms.

Overall,

13. The classrooms have windows or open ventilations so that fresh air can come inside

- Not at all true
- A little bit true
- Mostly true
- Very true

14. The classrooms are in a good temperature (not too hot or too cold)

- Not at all true
- A little bit true
- Mostly true
- Very true

15. The classrooms have enough light for students to work

- Not at all true
- A little bit true
- Mostly true
- Very true

16. The classrooms are clean (the floor is clean, the tables are tidy, no garbage on the floor)

- Not at all true
- A little bit true
- Mostly true
- Very true

17. **Noise from the outside makes it difficult to hear each other in the classrooms**

- Not at all true
- A little bit true
- Mostly true
- Very true

18. Students have enough space to work

- Not at all true
- A little bit true
- Mostly true
- Very true

19. Students each have a chair or bench to sit on while working

- Not at all true
- A little bit true
- Mostly true
- Very true

Being a teacher is hard. Sometimes teachers feel teaching their subjects is easy, some other times kids can be difficult to handle and giving a lesson becomes difficult.

20. Can you tell us how comfortable you feel to teach your subject by using the following scale:

- not comfortable
- comfortable some of the time
- comfortable most of the time
- extremely comfortable all the time

Appendix 4 Teacher Characteristics

Teacher Characteristics (n=241)

	n (%)
Teacher gender	
Male	76 (30.2%)
Female	147 (58.3%)
*Missing data	29 (11.6%)
Number of years of teaching experience	
Less than 6	11 (4.4%)
Between 6 and 10	20 (7.9%)
Between 11 and 20	73 (29%)
Between 21 and 30	87 (34.5%)
More than 31	29 (11.5%)
*Missing data	32 (12.7%)
Teaching grade (categories are not exclusive)	
Grades 1 to 3	22 (8.7%)
Grades 4 to 7	106 (42.1%)
Grades 8 to 10	98 (38.9%)
Grades 11 and 12	72 (28.6%)
Teaching subject (categories are not exclusive)	
Home Language (Xhosa)	59 (23.4%)
First Additional Language (English)	128 (50.8%)
Mathematics	122 (48.4%)
Mathematics Literacy	32 (12.7%)
Teacher Work Pressure (answered "Mostly True" or "Very True" to the following statements)[1]	
I am under pressure	113 (44.8%)
I have to work long hours to complete my work	155 (61.5%)
I have to work very hard	202 (80.0%)
I have no time to relax	113 (44.8%)
There are not enough school staff members	158 (62.7%)
I can 'take it easy' and still get the work done	119 (47.2%)
It is hard for me to keep up with my workload	109 (43.2%)
I have to work at home to get all my work done	178 (70.6%)
Teaching confidence	
Extremely comfortable all the time	4 (1.6%)
Comfortable most of the time	60 (23.8%
Comfortable some time	129 (51.2%)
Not comfortable	32 (12.7%)
**Missing data*	27 (10.7%)
Teaching satisfaction (answered "Very True" or "Mostly True" to the following statement)[2]	
I like my job	206 (81.8%)
**Missing data*	28 (11.1%)

[1]These 8 items belong to the Work Pressure Scale validated in South Africa (Laugksch, Aldridge, & Fraser, 2007). Items' response options range on a 4-point Likert scale from 'Not True' to 'Very True'. Missing data for each item was 10.70%. [2] Item response option range on a 4-point Likert scale from 'Not at all True' to 'Very True'.

Appendix 5 Sinovuyo Teen Study Ethics letters

SOCIAL SCIENCES & HUMANITIES
INTER-DIVISIONAL RESEARCH ETHICS COMMITTEE

Hayes House, 75 George Street, Oxford. OX1 2BQ
Tel: +44(0)1865 614871 Fax: +44(0)1865 614855
ethics@socsci.ox.ac.uk www.socsci.ox.ac.uk

Co-ordinator of the IDREC
Social Sciences Divisional Office

UNIVERSITY OF OXFORD

Wednesday, 9 November 2011

Dr Lucie Cluver
Department of Social Policy and Intervention

Dear Lucie,

Research Ethics Approval

Ref No.: SSD/CUREC2/11-40

PACCASA (Preventing Abuse of Children in the Context of AIDS in sub-Saharan Africa)

The above application has been considered on behalf of the Social Sciences and Humanities Inter-divisional Research Ethics Committee (IDREC) in accordance with the procedures laid down by the University for ethical approval of all research involving human participants.

I am pleased to inform you that, on the basis of the information provided to the IDREC, the proposed research has been judged as meeting appropriate ethical standards, and accordingly approval has been granted.

Should there be any subsequent changes to the project, which raise ethical issues not covered in the original application, you should submit details to the IDREC for consideration.

Yours sincerely,

Kerry Vernon

cc: Gemma Roche, Department of Social Policy and Intervention

KV/EB

UNIVERSITY OF CAPE TOWN

Department of Psychology
Research Ethics Committee
Rondebosch, 7701
Tel: 27 21 6504607 Fax: 27 21 6504104
E-mail: Lauren.Wild@uct.ac.za

04 December 2012

REFERENCE NUMBER: 2012_12_01

Researcher Name: Catherine Ward
Researcher Address: Department of Psychology, University of Cape Town

Dear Dr Ward

PROJECT TITLE: Sinovuyo Caring Families Project

Thank you for your submission to the Department of Psychology Research Ethics Committee.

It is a pleasure to inform you that the Committee has **granted approval** for you to conduct the study.

Please note that the ongoing ethical conduct of the study remains the responsibility of the principal investigator.

Please quote your REFERENCE NUMBER in all your correspondence.

Yours sincerely,

Dr Lauren Wild
Acting Chair, Department of Psychology Research Ethics Committee

1 of 1

UNIVERSITY OF CAPE TOWN

Department of Psychology
Research Ethics Committee
Rondebosch, 7701
Tel: 27 21 6504608 Fax: 27 21 6504104
E-mail: Lauren.Wild@uct.ac.za

04 May 2012

REFERENCE NUMBER: 2012_05_01

Researcher Name: Catherine Ward
Researcher Address: Department of Psychology, University of Cape Town

Dear Dr Ward

PROJECT TITLE: Developing an evidence-based parenting programme to prevent child maltreatment in the context of AIDS in South Africa

Thank you for your submission to the Department of Psychology Research Ethics Committee.

It is a pleasure to inform you that the Committee has **granted approval** for you to conduct the study.

Please note that the ongoing ethical conduct of the study remains the responsibility of the principal investigator.

Please quote your REFERENCE NUMBER in all your correspondence.

Yours sincerely,

Dr Lauren Wild
Acting Chairperson, Department of Psychology Research Ethics Committee

1 of 1

Province of the
EASTERN CAPE
EDUCATION

STRATEGIC PLANNING POLICY RESEARCH AND SECRETARIAT SERVICES
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Enquiries: B Pamla Email: babalwa.pamla@edu.ecprov.gov.za Date: 04 April 2014

Professor Lucie Cluver

Steve Biko Centre

1 Zotshile Street

Ginsberg

5601

Dear Prof. Cluver

PERMISSION TO UNDERTAKE AN INDEPENDENT STUDY: PREVENTING ABUSE OF CHILDREN IN THE CONTEXT OF AIDS IN SUB-SAHARAN AFRICA

1. Thank you for your application to conduct research.
2. Your application to conduct the above mentioned research in Primary and Secondary School under the jurisdiction of East London and King William's Town Districts of the Eastern Cape Department of Education (ECDoE) is hereby approved on condition that:
    a. there will be no financial implications for the Department;
    b. institutions and respondents must not be identifiable in any way from the results of the investigation;
    c. you present a copy of the written approval letter of the Eastern Cape Department of Education (ECDoE) to the Chief Directors and Directors before any research is undertaken at any institutions within that particular district;
    d. you will make all the arrangements concerning your research;
    e. the research may not be conducted during official contact time, as educators' programmes should not be interrupted;

DEPARTMENT OF SOCIAL POLICY AND INTERVENTION

Barnett House, 32 Wellington Square,
Oxford, OX1 2ER, United Kingdom
www.spi.ox.ac.uk

10/05/2015

Dear Central University Research Ethics Committee,

Changes in Protocol for PACCASA Project

Please find below detail of changes made in the protocol for the PACCASA (Preventing the Abuse of Children in the Context of AIDS in sub-Saharan Africa) project being implemented by Dr. Lucie Cluver (Approval Ref SSD/CUREC2/11-40). This project has been granted ethical approval by CUREC. Please find Oxford's ethical approval attached. It has also been granted ethical approval from the University of Cape Town Psychology Department Research Ethics Committee (ref 2012_05_01) and from the South African Eastern Cape Provincial Department of Social Development and Department of Education.

While there are no substantive changes compared to the original protocol, the project needed to implement some small adaptations to the research process primarily due to our close collaboration with research partners. These changes do not involve any modifications to the ethical issues stated in the original CUREC 2 form.

The changes made from the original protocol include:

1. Location:

The original protocol stated that the study would take place in either the Eastern or Western Cape, pending government approval. Our last update in November 2012 indicated that we were going to divide the study into 2 locations: 1) a rural study with children aged 9-17 in the Eastern Cape, and 2) an urban study with children aged 3-8 in the Western Cape.

All further changes apply only to the Eastern Cape branch within the larger study.

2. Age of child participants:

Original plan: The original age of child participants was 3 to 17 years.

Current plan: The Eastern Cape branch will work only with families with children aged 10-17, rather than aged 3-17 as initially proposed. We divided the groups by age due to different developmental challenges and appropriateness of interventions.

3. Changes in implementation of study:

(a) Phase 1:
Original plan: Phase 1 was going to consist of a qualitative study with individual interviews and focus groups (n=8 semi-structured focus group sessions) to examine issues of cultural adaptation of intervention components, participant recruitment/retention, intervention structure, outcome measurements, and any relevant challenges that might occur.

Current plan: Phase 1 also included a pre-post pre-pilot test of the draft intervention program, in collaboration with two NGOs in the Eastern Cape site: Clowns Without Borders South Africa, and Keiskamma Foundation. This pre-post pre-pilot (n=30 dyads) provided data that was used to further develop and improve the program.

(b) Phase 2:
Original plan: Phase 2 involved a small-scale pilot randomized controlled trial of the adapted intervention (n= 60 dyads)

Current plan: In the Eastern Cape site, phase 2 consisted of a pre-post pilot study of the adapted intervention (n=117 dyads). We chose this study design because we needed a further stage of development and to gain some data by which to power our randomized trial.

(c) Phase 3:

Original plan: Phase 3 was initially going to be a Cluster Randomized Controlled Trial with 30 sites (n=1200 child-parent dyads). The evaluation was going to use a cluster randomized controlled trial design with wait-list control families. Follow-up was set up at 6 months post intervention.

Current plan: The cluster randomization for the trial in the Eastern Cape will be done in 40 sites. Study size has been reduced to n=500 dyads due to funding. Due to funding instead of a wait-list control design, families in the control group will receive a one-day family intervention on hygiene. If funding is secured, follow-up will be conducted at 12 months post intervention.

5. Differentiation of primary and secondary outcomes:

Original plan: Primary research questions were the effectiveness of the intervention in: abuse outcomes i) reducing reported physical, emotional and sexual abuse and intentional neglect of children; ii) improvements in positive parenting and parental praise; ii) improvement in supervision of children; HIV-related outcomes iv) improved ‘succession planning’ for custody of children facing caregiver bereavement v) increased planned disclosure of HIVstatus to

children; child development outcomes vi) improved child mental health and educational attendance. The research will also test hypothesized linking factors to primary outcomes of vii) improved social support for caregivers and viii) improved caregiver mental health, ix) intervention attendance rates x) caregiver and adolescent quality of program participation and xi) facilitator fidelity to the program.

Current plan: All the aims remain, but with the addition of reducing violence exposure for adolescents in the community. Succession planning and increased disclosure of HIV-status are no longer primary outcomes as specific HIV goals were too sensitive to discuss in mixed groups. We will also be measuring educational outcomes and financial stress and coping of the families.

6. Changes in Assessment of Primary and Secondary Outcomes

(a) Assessment of Primary and Secondary Outcomes

We will be using the following scales to assess outcomes:

Demographics and socioeconomic characteristics

1. Basic Necessities Scale (Wright, 2008) (household poverty)
2. South African National Food Consumption Survey (1999) (Labadarios et al., 2007) (food insecurity)
3. South African Census (2001) (Statistics South Africa, 2001) (employment, household dwelling, educational attainment)
4. Household Income and Labor Dynamics survey (Siahpush, Spittal, & Singh, 2007) (financial stress)
5. Household map (Cluver & Gardner, 2007; Cluver, Gardner, & Operario, 2007, 2008, 2009; Cluver, Operario, & Gardner, 2009) (household structure)

Caregiver exposure to family violence

6. Conflict Tactics Scale (Straus, Hamby, Boney-McCoy, & Sugarman, 1996)
7. International Child Abuse Screening Tool – Retrospective Version (Dunnea et al., 2009)

Child AIDS-related orphanhood, caregiver HIV-status and/or AIDS sickness

8. Verbal Autopsy Questionnaire (Lopman et al., 2006)

Adolescent physical and mental health

9. Census Questions on Disability Endorsed by the Washington Group (Miller, Mont, Maitland, Altman, & Madans, 2010)
10. Child Depression Inventory (CDI) short form (Kovacs, 1992)
11. Mini International Psychiatric Interview for Children and Adolescents Suicidality and self-harm subscale (Sheehan et al., 2010)

Caregiver mental health

12. Centre for Epidemiologic Studies Depression Scale (CES-D) (Radloff, 1977) (caregiver depression)
13. Parental Stress Scale (PSS) (J. O. Berry & Jones, 1995) (parenting distress)

Substance abuse

14. WHO Alcohol, Smoking, and Substance Screening Tool (Humeniuk et al., 2008) (caregivers)
15. WHO for the Global School-based Health Survey (GSHS) (WHO, 2009) (adolescents)

Child abuse

16. ISPCAN Child Abuse Screening Tool Children's Version (ICAST-C) (52 items) (Zolotor et al., 2009) (adapted for trials)
17. ISPCAN Child Abuse Screening Tool—Parent version (ICAST-P) (Runyan, 2009) (adapted for trials)
18. Child abuse attitudes – brief survey based on ICAST-P and ICAST-C items.

Exposure to community violence

19. Researcher-designed scale, based on piloting and issues relevant to the target community

Government grants

20. Self-report of government grants received (caregivers)

Child behavior problems

21. CBCL-Youth Self-Report Form (Achenbach & Rescorla, 2001) (caregiver and adolescent self-report)

Sex risk behavior

22. National survey of HIV and risk behavior amongst young South Africans (Pettifor, Rees, Steffenson, Hlongwa-Madikizela, & MacPhail, 2005)
23. South African Demographic and Health Survey (2003) (Department of Health and Medical Research Council, 2007)

Parenting behavior

24. Alabama Parenting Questionnaire (APQ) (Frick, 1991) (caregiver and adolescent self-report)

Social Support:

25. Medical Outcome Study (MOS) Social Support Survey (Sherbourne & Stewart, 1991) (perceived social support)

Stigma

26. Stigma-by-association Scale (Mason, 2008).

Caregiver-adolescent communication

27. Parent Communication Subscale (Mccarty & Doyle, 2001).

Caregiver-adolescent communication on planning for risk avoidance

28. Researcher-designed scale, based on piloting and on issues relevant to the target community

(b) Adolescent educational outcomes

29. Academic Motivation Scale (Ruchkin et al., 2004) (academic motivation and enjoyment of school) (adolescent self-report)
30. Young Lives (Boyden & Dercon, 2008) (school regular attendance and school assistance) (adolescent self-report)
31. General Household Survey (Cluver, Gardner, et al., 2009) (school progress) (adolescent self-report)

32. Emotionally Supportive Climate scale (UNCIEF, 2009) (teacher academic support) (adolescent self-report)
33. Social and Health Assessment Peer Victimization Scale (Ruchkin, Vermeiren, & Schwab-Stone, 2004) (affiliation with peers who achieve academically) (adolescent self-report)
34. EPSSE School Learning Environment (Sylva, Melhuish, Sammons, Siraj, & Taggart, 2014) (home learning environment) (home observational data)
35. South African standardized Annual National Assessment Learner Report (Department of Basic Education, 2013) (academic achievement and school progress) (school administrative data)
36. School records (school enrolment and academic achievement) (school administrative data)
37. Student Survey Physical and Emotional Safety scale (UNCIEF, 2009) (school safety) (school principal self-report)
38. UNICEF School Observation Survey (UNICEF, 2009) (school infrastructure) (observational data)
39. Classroom Observation Safe and Welcoming Classroom Environment Scale (UNICEF, 2009) (classroom learning environment) (teacher self-report)
40. Work Pressure Scale validated in South Africa (Laugksch, Aldridge, & Fraser, 2007) (teaching practices and characteristics) (teacher self-report)

(c) **Predictors of participation**
5-item section about the attitudes to program participation (parent and teen self-report) (adapted from Thornton et al. 2010)

(d) Assessment of process evaluation and implementation fidelity

Original plan: Assessment on program fidelity and acceptability will be conducted by video documentation, participant feedback forms, and focus group sessions.

Current plan: In-line with the original proposal, we plan to collect data on the implementation of the program. Due to low literacy of the target population, we have decided to substitute written participant feedback forms with participant interviews and focus groups.

Based on the pilot study findings and further literature review, we have expanded our toolkit of measures to include the following:

- Teen and caregiver attendance registers will be completed by program facilitators
- Project Research Assistants will visit several sessions in each group to record structured observations on participant engagement and facilitator adherence to the program
- Research Assistants will video-record a number of sessions they attend to check the inter-rater reliability of their observations
- Facilitator reports will be collected from the home visits conducted as part of the program

Furthermore, a key requirement within this trial is to develop an effective, easy-to-use process evaluation tools that can be used by NGOs and government bodies

assessing the effectiveness of adolescent parenting programs in LMIC community settings. Additionally, there is a need to identify contextual factors (such as poverty, gender roles, migration) that may affect both parenting and the acceptability and impact of a parenting program. The qualitative assessments within the trial will aim to include:

- Systematic ethnographic observations of the program in rural, urban and peri-urban settings.
- In-depth interviews and focus groups with adult participants, including high-risk groups of older women, caregivers affected by HIV/AIDS and lone parents.
- In-depth interviews and focus groups with adolescent participants and other adolescents living in the family home.
- In-depth interviews and focus groups with fathers and paternal figures belonging to participant families to determine both the potential for including fathers/male caregivers in parenting programs and the impact of visiting parents or grandparents.
- In-depth interviews and focus groups with program staff from local community-based organisations, to assess experiences of training, supervision and facilitation.
- In-depth interviews with program coordinators

Observation and semi-structured interviews with key actors involved in government policy, funding dissemination and delivery of services through NPOs (see attached Elite Interviews Protocol)

7. Changes in Recruitment

Original plan: Participants were going to be identified by partner community-based NGOs operating in South African and in collaboration with the South Africa Department of Social Development. Participants were going to be approached by community health workers and social workers who work with our partner NGOs in their community. Families will also be able to self-identify through schools, clinics and community meetings

Current plan: Families will not be able to self-identify from clinics and community meetings anymore. Based in our previous experience working with vulnerable families during Phase 1 and 2, we decided not to recruit from clinics and community meetings to avoid creating potential stigma to participants and ensure the recruitment of high-risk families. Hence, only recruitment through referrals from schools and the local and provincial Department of Social Development (social workers working in their communities) as well as Chieftains (where families have approached the Chieftain asking for help with their conflict in the home) will be conducted.

8. Participants:

Original plan: Inclusion criteria for children included:

1) Orphan (single or double) or vulnerable (caring for sick-cargiver)
2) Age 8-16 at initial assessment

3) Lives in the house at least 4 nights per week
4) Must have an adult primary caregiver who lives in the household, who provides consent, and who participates in the study
5) Provides assent to participate in the full study including intervention and assessments.

Current plan: In the Eastern Cape site the inclusion criteria for children will include:

1) Age 10-17 at initial assessment
2) Lives in the dwelling at least 4 nights per week
3) Must have an adult primary caregiver who lives in the household, who provides consent, and who participates in the study
4) Provides assent to participate in the full study including intervention and completing baseline, immediate post-test, and 12-month follow-up assessments.

9. Financial or other rewards to participants:

Original plan: No financial rewards will be made for participation; although a nutritious lunch will be provided during data collection and intervention workshops, and all participants will receive a certificate on concluding the study.

Current plan: Adolescents participants will also receive a school pack with school stationary.

10. Collaboration with research partners

The project is now working more closely with Provincial and District Departments of Social Development, Provincial and District Departments of Education, NGOs such as Clowns Without Borders South Africa and the National Association of Child and Youth Care Workers, and UNICEF South Africa. Community and government partnerships have strengthened.

11. Collaboration with implementation partners:

Original plan: The program was going to be implemented and tested in South Africa by three NGO partners, all of which provide community-based support for AIDS-affected families: The National Association of Child Care Workers (a national NGO), Clowns Without Borders South Africa (a smaller NGO with sub-Saharan African reach through South Africa, Swaziland and LeSotho) and either Petals Daycare (a small community NGO in Matatiele, Eastern Cape) or Ikamva Labantu (a community NGO based in Cape Town).

Current plan: The program will be implemented by Clowns Without Borders South Africa, local lay staff and social workers seconded to the program.

11. Researchers involved in this project:

The following researchers from the Department of Social Policy and Intervention joined the research project: two associate researchers (Dr. Franziska Meinck and

Dr. Jenny Doubt) and four doctoral student researchers (Yulia Shenderovich, Rocio Herrero Romero, Janina Steinert and Vira Ameli). They will not need training to participate in the project.

12. Collection of information from a third party:

The study will also evaluate the impact of the parenting program on the educational outcomes of adolescents in low income contexts (secondary outcome of the program). The research team will visit schools to collect data on the educational outcomes of participants. School administrative data will be collected on academic achievement and school enrolment. School principals and teachers will briefly be interviewed about school characteristics (school resources and infrastructures). Caregivers and adolescents will need to provide consent/assent for the research team to access adolescents' school records. School visits will be undertaken in collaboration with our research partners in South Africa (i.e. the Department of Basic Education). No access to school will be conducted without the authorization of school principals and local departmental officers. No individual personal data will be collected from schools other than school results. The same ethical procedures established in the research study will applied regarding anonymity, confidentiality and data protection. No financial rewards will be made for participation.

13. Funding bodies:

Phase 3 of the study is supported by the European Research Council (ERC) under the European Union's Seventh Framework Program (FP7/2007-2013)/ ERC grant agreement n°313421, UNICEF Innocenti Office of Research, UNICEF South Africa and the John Fell Fund.

Please find the current RCT research protocol draft, which includes the self-report questionnaires, and data collection protocols. If there are any further questions, please do not hesitate to ask.

Thank you,

Lucie Cluver

Dr Lucie Cluver

Principal Investigator

PACCASA

SOCIAL SCIENCES & HUMANITIES INTER-DIVISIONAL RESEARCH ETHICS COMMITTEE Research Services, University of Oxford, Wellington Square, Oxford OX1 2JD Tel: +44(0)1865 616576 Fax: +44(0)1865 280467 ethics@socsci.ox.ac.uk Co-ordinator of the SSH IDREC Research Services

21 July 2015
Professor Lucie Cluver
Department of Social Policy & Intervention

Dear Professor Cluver

Amendment of research ethics application

Ref No: SSD/CUREC2/C2 11-40
Title: PACCASA (Preventing Abuse of Children in the Context of AIDS in sub-Saharan Africa)
Number of Amendment and month notification received: 3 – July 2015
Subject of amendment: Adaptations to research process as described in the letter of amendment entitled 'Changes in Protocol for PACCASA Project' dated 13 July 2015.
The above request for amendment has been reviewed on behalf of the Social Sciences and Humanities Inter-Divisional Research Ethics Committee (IDREC).

I am pleased to inform you that, on the basis of the information provided to the IDREC, this amendment has been judged as meeting appropriate ethical standards.
Yours sincerely,

Claudia Kozeny-Pelling
Co-ordinator & Secretary SSH IDREC
cc: Rocio Herrero Romero, Franziska Meinck, Jenny Doubt, Janina Steinert, Yulia Shenderovich
CKP/JM

Province of the
EASTERN CAPE
EDUCATION

STRATEGIC PLANNING POLICY RESEARCH AND SECRETARIAT SERVICES
Steve Vukile Tshwete Complex • Zone 6 • Zwelitsha • Eastern Cape
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Tel: +27 (0)40 608 4773/4035/4537 • Fax: +27 (0)40 608 4574 • Website: www.ecdoe.gov.za

Enquiries: B Pamla Email: babalwa.pamla@edu.ecprov.gov.za Date: 19 April 2016

Professor Lucie Cluver

Steve Biko Centre

1 Zotshile Street

Ginsberg

5601

Dear Prof. Cluver

PERMISSION TO UNDERTAKE AN INDEPENDENT STUDY: PREVENTING ABUSE OF CHILDREN IN THE CONTEXT OF AIDS IN SUB-SAHARAN AFRICA

1. Thank you for your application to conduct research.
2. Your application to conduct the above mentioned research in Primary and Secondary School under the jurisdiction of East London and King William's Town Districts of the Eastern Cape Department of Education (ECDoE) is hereby approved on condition that:
    a. there will be no financial implications for the Department;
    b. institutions and respondents must not be identifiable in any way from the results of the investigation;
    c. you present a copy of the written approval letter of the Eastern Cape Department of Education (ECDoE) to the Chief Directors and Directors before any research is undertaken at any institutions within that particular district;
    d. you will make all the arrangements concerning your research;
    e. the research may not be conducted during official contact time, as educators' programmes should not be interrupted;

PGDP EASTERN CAPE 2004 - 2014

Ikamva eliqaqambileyo!

Appendix 6 Consent Forms and Information Sheets (caregivers and adolescents)

CAREGIVER/TEEN INFORMATION SHEET

Molo!

You and your child are invited by UNICEF, Clowns Without Borders South Africa, Oxford University and the University of Cape Town to take part in a research study, called the Sinovuyo Teen Programme.

What is the purpose of this study?

We are testing two social programmes to see which one is better in 40 villages in this area. This will help UNICEF and the government to support families in South Africa.

- Sinovuyo Teen is a programme to help parents and their teenagers to get on better.
- Hope Soap is a programme to help families teach children about hand washing for health.

Who can participate?

Caregivers and their children who are between the ages of 10 and 17. Only 1 child per family can participate.

You would need to be living in this area until the end of this year, and for your caregiver/teen to also be here. You would need to want to join the programme. (You can have a look at them on a video).

What would I have to do?

- If you would like to join, we would ask you and your teen/caregiver some questions now, and again in a couple of weeks.
- None of us would know yet which programme your village would get! We would toss a coin for each village to see whether you would get the Sinovuyo Teen program or the Hope Soap programme.
- You would then join one of these programmes.
- We would come back and ask you both some questions to see whether the programme helped you.
- We will also visit schools and ask questions about your teen's experiences.
- You will receive no direct payment for participating in this study.

Do I have to take part of the study?

- Not at all. You can decide if you want to take part.
- If you don't want to, you won't get into trouble. This will not affect any help or support you are getting from anyone.
- If you decide to take part, you are still free to stop at any time. You don't have to give a reason.

What will happen to the information I provide?

- Anything you tell us about yourself will be kept strictly confidential. That means that we will not tell anyone else.
- Any information about you would have your name and address changed so that you cannot be recognised from it.
- Only if you are suffering from serious challenges, our researchers will explain to you, in private, options for help. If there is a safety issue, we might contact an organisation that can help you, but we will talk to you about it first.

What will happen to the results of the study?

The anonymous/combined results of this study will be published and shared with the government, UNICEF and other organizations to provide better services for families and teenagers.

Who can I contact for more information?

Phelisa Mpimpilashe at XXXXX.

The King William's Town Project Manager at XXXXX.

Dr Lucie Cluver at Oxford University (lucie.cluver@spi.ox.ac.uk)

What if I have a complaint?

If there is anything about the research that you are unhappy with, you can contact Dr Lucie Cluver at Oxford University (lucie.cluver@spi.ox.ac.uk).

Do you have any questions?

SINOVUYO TEEN STUDY CAREGIVER/TEEN CONSENT/ASSENT FORM

Please answer YES/NO to the following questions:

1. I have read the study information sheet and had the opportunity to ask questions. ☐
2. I understand that my participation is voluntary and I am free to stop at any time, without giving any reason, and without getting into trouble. ☐
3. I understand who will have access to the information I provide. ☐
4. I understand that results of this study will be published and shared with the government, UNICEF and other organizations to provide better services for families and teenagers. ☐
5. I understand how to make a complaint. ☐
6. I agree to the research team collecting data from schools. ☐
7. I agree to take part in the study. ☐
8. I agree to my teenager taking part in the study[1]. ☐

[1]Only for caregivers

APPENDICES

Thank you for agreeing to be part of the Sinovuyo Research program!

Name of Participant: _____

Signature: _____ Date: _____

Name of researcher: _____

Signature: _____ Date: _____

Appendix 7 Consent Forms and Information Sheets (principals and teachers)

SINOVUYO TEEN STUDY

SCHOOL INFORMATION SHEET

Dear school principal,

We would like to invite your school to participate in a research study by Oxford University, UNICEF, and the University of Cape Town. This research study is supported by the Departments of Basic Education and Social Development of Eastern Cape province.

What is the purpose of this study?

We are testing a social program (Sinovuyo Teen Program) to help parents and their teenagers to have a better relationship. We would like to test if this program has a positive effect on the adolescents' schooling outcomes, including school attendance and achievement. This study will help UNICEF and the government to assist adolescents and families in South Africa.

Who can participate?

All schools where Sinovuyo adolescent participants are attending can participate. Sinovuyo participants are adolescents aged 10 to 17 and their caregivers. Caregivers have given consent for their adolescents to be part of the study and for the research team to have access to

adolescents' school results. Thus, Sinovuyo participants and their caregivers have already been recruited and interviewed.

We would now like to ask you to collaborate in helping us to collect data about school characteristics and Sinovuyo adolescent performance in school.

What would the school have to do?

If you agree for the school to participate, we would like to return in a couple of days and do some interviews.

- We would like to ask you some questions about the school in the next few weeks and again in 6 months time.
- We would also put some questions to the maths and English teachers of the Sinovuyo Teen participants, having first asked the teachers' consent to be interviewed.
- Also, we would like to have access to Sinovuyo participant school records in order to monitor their outcomes.
- The school will receive no direct payment for participating in this study.
- Schools will receive a certificate of collaboration from the study. We will provide certificates and small gifts to school principals and teachers participating in the study.
- Interviews will not affect any ordinary time classes, and no learners will be interviewed.
- Interviews will in no case take longer than 20 minutes.

Does the school have to take part in the study?

- Not at all. You can decide if you want the school to take part.
- The school won't get into trouble if you don't want to participate. This will not affect any help or support the school is getting from the government.
- If you decide the school will take part, you are still free to stop at any time.

What will happen to the information the school provides?

- Anything you and the teachers tell us about yourself or the school will be kept strictly confidential.
- All participants, including you, the teachers, and the school, would be made anonymous in all research reports. Any information in connection with the school will have the name changed so that the school cannot be recognised.

What will happen to the results of the study?

The combined results of this study will be published and shared with the government, UNICEF, and other organizations to provide better services for teenagers. We will be pleased to come back and share the results with you.

Whom can the school contact for more information?

Ms Rocio Herrero –Project Manager- at 073 841 3179

Ms Ellie Hinde – Fieldwork Coordinator – at 0833893627

Ms Phelisa Mpimpilashe – Community Liason Officer- at 083 389 4325

Ms Viwe Mzekelo –Administrative Research Assistant – at 061 066 8540

Mr Zolani Qibi – Research Assistant and School Driver – at 061 286 8570

What if I/the school have a complaint?

If you are unhappy with anything to do with the research, you can contact Professor Lucie Cluver at Oxford University (lucie.cluver@spi.ox.ac.za).

Do you have any questions?

SINOVUYO TEEN STUDY SCHOOL PRINCIPAL CONSENT

School name:

_____

Please TICK to the following questions:

9. I have read the study information sheet and have had the opportunity to ask questions. ☐

10. I understand that my participation is voluntary, and I am free to stop at any time, without giving any reason and without getting into trouble. ☐

11. I understand who will have access to the information I provide. ☐

12. I understand that the results of this study will be published and shared with the government, UNICEF, and other organizations to provide better services for families and teenagers. ☐

13. I agree to take part in the study. ☐

14. I understand how to make a complaint. ☐

15. I agree for the school to take part in the study. ☐

16. I agree to the research team collecting data from schools. ☐

Thank you for agreeing to be part of the Sinovuyo Research program!

Name of Participant: _____

Signature: _____ Date: _____

Name of researcher: _____

Signature: _____ Date: _____

SINOVUYO TEEN STUDY

TEACHER INFORMATION SHEET

Dear school teacher,

We would like to invite you to participate in a research study by Oxford University, UNICEF, and the University of Cape Town. This research study is supported by the Departments of Basic Education and Social Development of Eastern Cape province.

What is the purpose of this study?

We are testing a social program (Sinovuyo Teen Program) to help parents and their teenagers to have a better relationship. We would like to test if this program has a positive effect on the adolescents' schooling outcomes, including school attendance and achievement. This study will help UNICEF and the government to assist adolescents and families in South Africa.

Who can participate?

All schools where Sinovuyo adolescent participants are attending can participate. Sinovuyo participants are adolescents aged 10 to 17 and their caregivers. Caregivers have given consent for their adolescents to be part of the study and for the research team to have access to adolescents' school results. Thus, Sinovuyo participants and their caregivers have already been recruited and interviewed.

We would now like to ask you to collaborate in helping us to collect data about school characteristics and Sinovuyo adolescent performance in school.

What would you have to do?

If you agree to participate, we would like to interview you.

- We would like to ask you some questions about you and the school.
- Also, we would like to have access to Sinovuyo participant school records in order to monitor their outcomes.
- The school will receive no direct payment for participating in this study.
- We will provide certificates and small gifts to school principals and teachers participating in the study.
- Interviews will not affect any ordinary time classes, and no learners will be interviewed.
- Interviews will in no case take longer than 20 minutes.

Do you have to take part in the study?

- Not at all. You can decide if you want to take part.
- The school won't get into trouble if you don't want to participate. This will not affect any help or support the school is getting from the government.
- If you decide to take part, you are still free to stop at any time.

What will happen to the information the school provides?

- Anything you tell us about yourself or the school will be kept strictly confidential.
- All participants, including you, the principal, and the school, would be made anonymous in all research reports. Any information in connection with the school will have the name changed so that the school cannot be recognised.

What will happen to the results of the study?

The combined results of this study will be published and shared with the government, UNICEF, and other organizations to provide better services for teenagers. We will be pleased to come back and share the results with you.

Whom can the school contact for more information?

Ms Rocio Herrero –Project Manager- at 073 841 3179

Ms Ellie Hinde – Fieldwork Coordinator – at 0833893627

Ms Phelisa Mpimpilashe – Community Liason Officer- at 083 389 4325

Ms Viwe Mzekelo –Administrative Research Assistant – at 061 066 8540

Mr Zolani Qibi – Research Assistant and School Driver – at 061 286 8570

What if I/the school have a complaint?

If you are unhappy with anything to do with the research, you can contact Professor Lucie Cluver at Oxford University (lucie.cluver@spi.ox.ac.za).

Do you have any questions?

SINOVUYO TEEN STUDY SCHOOL TEACHER CONSENT

Name of the school

_____

__

Please TICK to the following questions:

17. I have read the study information sheet and have had the opportunity to ask questions. ☐

18. I understand that my participation is voluntary, and I am free to stop at any time, without giving any reason and without getting into trouble. ☐

19. I understand who will have access to the information I provide. ☐

20. I understand that the results of this study will be published and shared with the government, UNICEF, and other organizations to provide better services for families and teenagers. ☐

21. I understand how to make a complaint. ☐

☐

22. I agree to take part in the study.

Thank you for agreeing to be part of the Sinovuyo Research program!

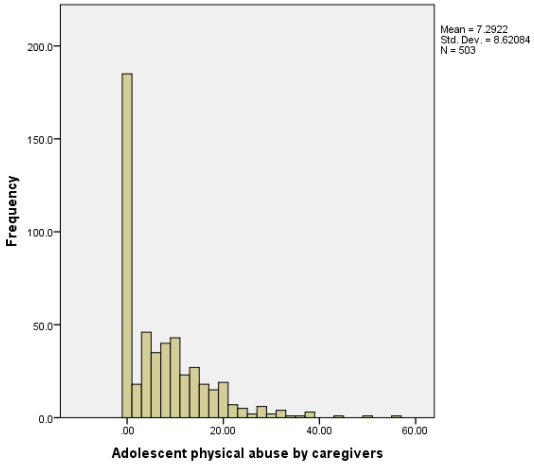
Name of Participant: _____

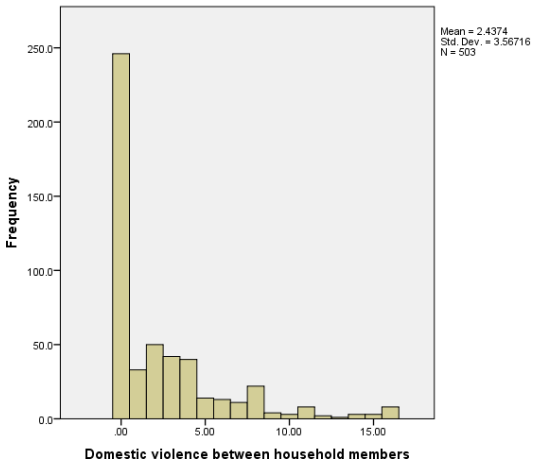
Signature: _____ Date: _____

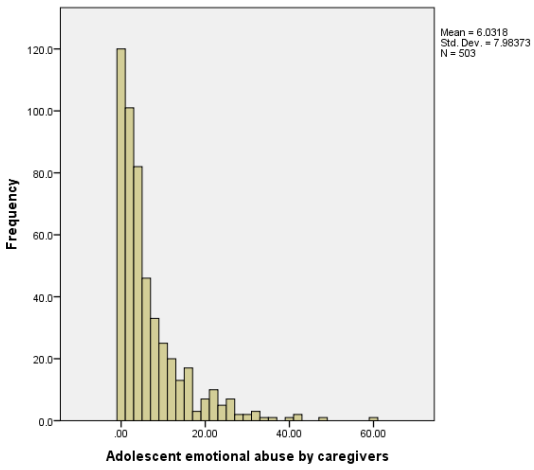
Name of researcher: _____

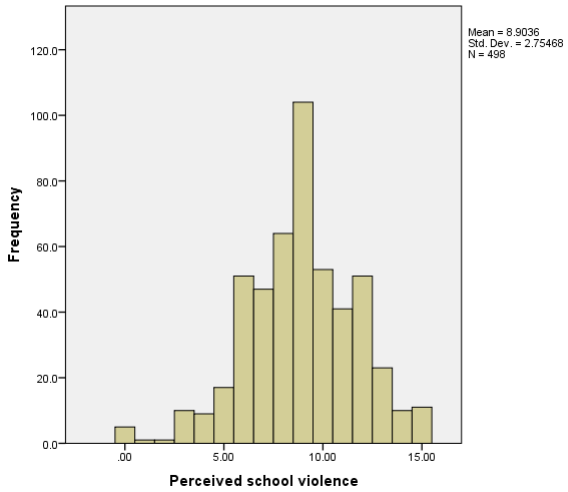
Signature: _____ Date: _____

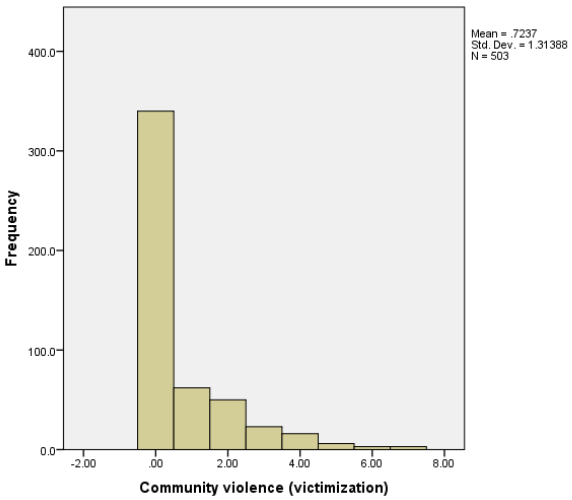
Appendix 8 Histograms

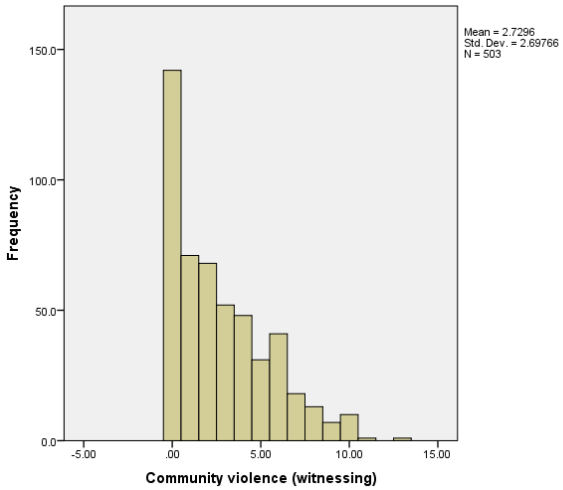


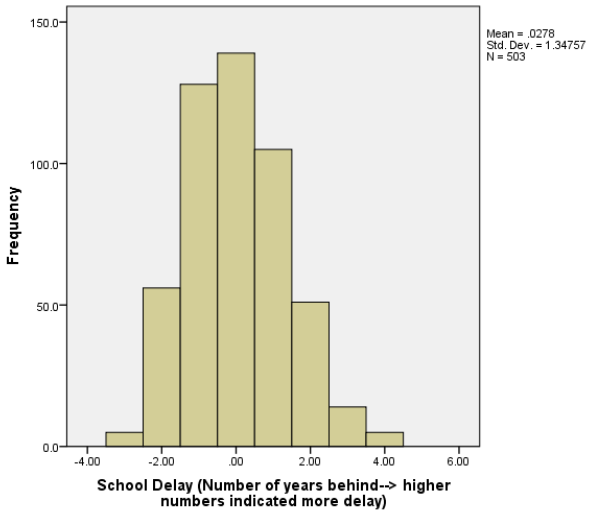


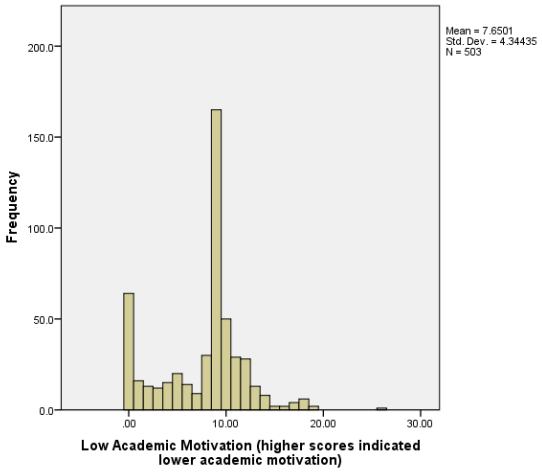



Mean = 8.9036
Std. Dev. = 2.75468
N = 498
Frequency
Perceived school violence


Mean = .7237
Std. Dev. = 1.31388
N = 503
Frequency
Community violence (victimization)


Mean = 2.7296
Std. Dev. = 2.69766
N = 503
Frequency
Community violence (witnessing)

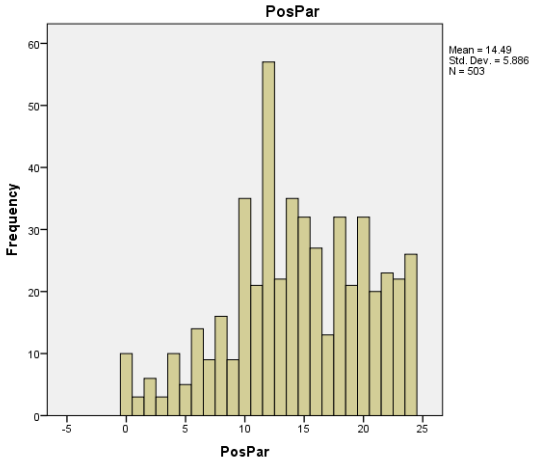


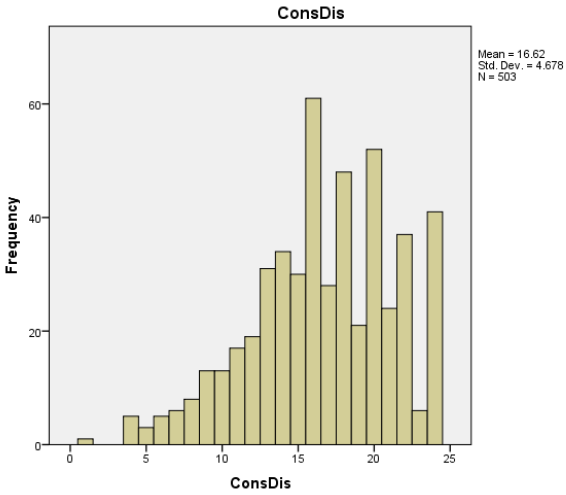


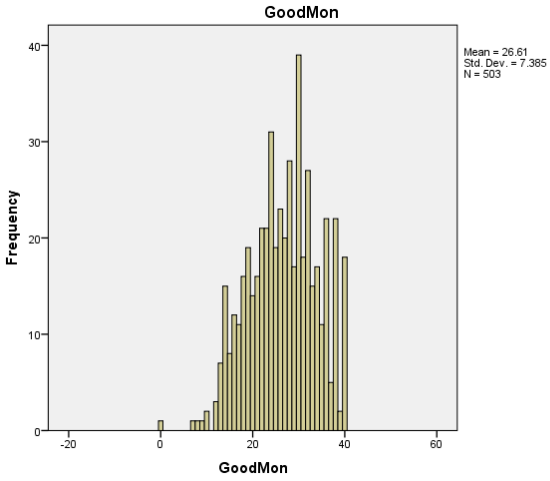
Tests of Normality

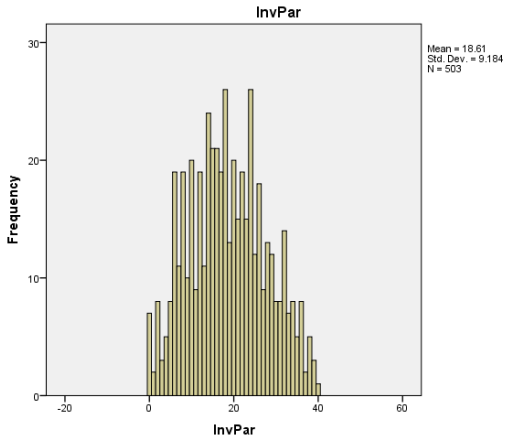
	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
LAMSToT3	.238	503	.000	.902	503	.000
Number of years behind Higher numbers indicated more delay	.160	503	.000	.943	503	.000

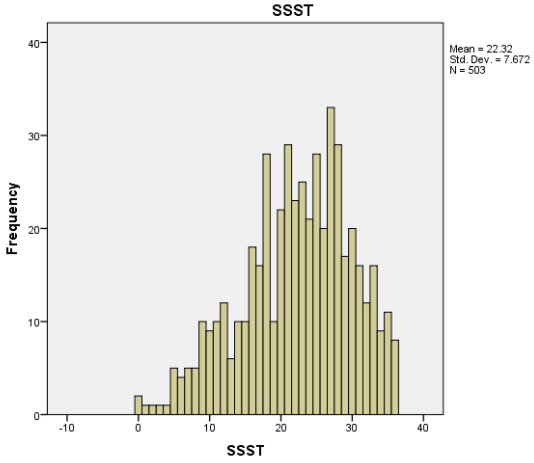
a. Lilliefors Significance Correction


PosPar
Mean = 14.49
Std. Dev. = 5.886
N = 503
Frequency
PosPar


ConsDis
Mean = 16.62
Std. Dev. = 4.678
N = 503
Frequency
ConsDis


GoodMon
Mean = 26.61
Std. Dev. = 7.385
N = 503
Frequency
GoodMon

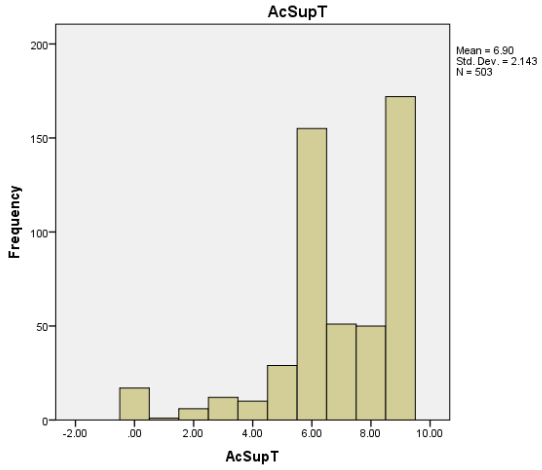


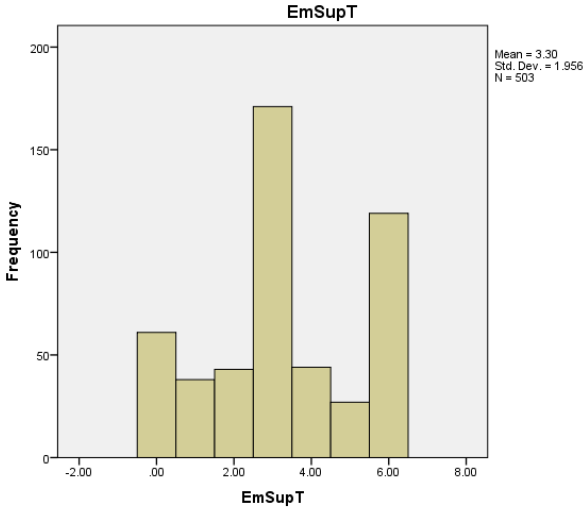


Tests of Normality

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
PosPar	.074	503	.000	.970	503	.000
ConsDis	.083	503	.000	.970	503	.000
GoodMon	.067	503	.000	.984	503	.000
InvPar	.049	503	.007	.986	503	.000
SSST	.072	503	.000	.977	503	.000

a. Lilliefors Significance Correction





Tests of Normality

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
AcSupT	.189	503	.000	.825	503	.000
EmSupT	.184	503	.000	.894	503	.000

a. Lilliefors Significance Correction

Appendix 9 Sinovuyo Teen Study Caregivers' Characteristics

Caregiver Characteristics at Baseline (n=503)

	n (%)
Caregiver age	
Under 25	17 (3.4%)
25-64	397 (78.9%)
Above 64	89 (17.7%)
Caregiver gender	
Male	24 (4.8%)
Female	479 (95.2%)
Caregiver marital status	
Unmarried	228 (45.3%)
Married	173 (34.4%)
Divorced	8 (1.6%)
Widowed	94 (18.7%)
Caregiver relationship to the adolescent	
Biological mother	225 (44.7%)
Biological father	11 (2.2%)
Stepfather/stepmother	1 (0.2%)
Grandmother/grandfather	164 (32.6%)
Great-grandmother/ great-grandfather	4 (0.8%)
Brother/sister	24 (4.8%)
Aunt/uncle	62 (12.3%)
Other	56 (11.1%)
Caregiver school attainment	
No schooling	17 (3.4%)
Some primary education	111 (22.1%)
Primary completed	194 (38.6%)
Secondary completed	116 (23.1%)
Passed NSC[1]	63 (12.5%)
Do not know	2 (0.4%)
Caregiver employment situation	
Part-time or full-time employed	29 (5.8%)
Unemployed	474 (94.2%)

[1]NSC=National Senior Certificate, commonly known as "Matric", is the main school-leaving certificate in South Africa.

Appendix 10 Further Analyses

Table 1 Adolescents' exposure to family violence: mean scores and proportions for each individual item

Family Violence – individual items[1]	One-way ANCOVA test			*Chi-Square test*		
	Profile 1 More frequent *'poly-violence'* n=60	**Profile 2 Less frequent *'poly-violence'* n=443**	***p*-value**	**Profile 1 More frequent *'poly-violence'* n=60**	**Profile 2 Less frequent *'poly-violence'* n=443**	***p*-value**
Domestic Violence between household members						
1. How many days were there arguments with adults shouting in your home?	5.00 (2.78)	1.25 (1.85)	<0.001	90.0%	44.0%	<0.001
2. How many days were there arguments with adults hitting each other in your home?	3.33 (3.00)	0.74 (1.74)	<0.001	66.6%	18.4%	<0.001
Adolescent physical abuse by caregivers						
1. An adult push, grab, or kick you?	2.03 (2.65)	0.28 (0.88)	<0.001	52.7%	15.7%	<0.001
2. An adult shake you?	1.72 (2.44)	0.36 (0.89)	<0.001	54.3%	19.7%	<0.001
3. An adult hit, beat, or spank you with a hand?	2.07 (2.44)	0.54 (1.10)	<0.001	59.3%	8.1%	<0.001
4. An adult hit, beat, or spank you with a belt, paddle, a stick or other object?	1.75 (2.36)	0.55 (1.17)	<0.001	52.7%	26.0%	<0.001
5. Your caregiver spanks you with their hand when you have done something wrong[2]	1.65 (1.44)	0.90 (1.19)	<0.001	64.3%	49.6%	<0.001
6. Your caregiver slaps you when you have done something wrong [2]	1.32 (1.43)	0.40 (0.89)	<0.001	52.7%	19.4%	<0.001
7. Your caregiver hits you with a belt, switch, or other object when you have done something wrong[2]	1.43 (1.29)	0.86 (1.19)	0.001	64.3%	38.9%	<0.001
Adolescent emotional abuse by caregivers						
1. An adult scream at you very loudly and aggressively?	4.85 (2.51)	1.82 (2.06)	<0.001	96.7%	23.8%	<0.001
2. An adult call you names, say mean things or swear at you?	4.45 (2.74)	0.56 (1.35)	<0.001	90.0%	23.3%	<0.001
3. An adult make you feel ashamed/embarrassed in front of other people in a way that made you feel bad?	4.48 (2.93)	0.56 (1.28)	<0.001	84.3%	24.4%	<0.001
4. An adult say that they wished you were dead or had never been born?	1.80 (2.74)	0.11 (0.57)	<0.001	40.0%	5.6%	<0.001
5. An adult threaten to leave you forever or abandon you?	2.02 (2.86)	0.14 (0.63)	<0.001	45.0%	7.0%	<0.001
6. An adult lock you out of the home for a long time?	1.35 (2.36)	0.10 (0.49)	<0.001	32.7%	6.1%	<0.001
7. An adult threaten to call evil spirits against you or hurt or kill you?	0.88 (2.11)	0.05 (0.44)	<0.001	20.0%	2.0%	<0.001
8. An adult refuse to speak to you because they were angry with you	2.20 (2.71)	0.51 (1.23)	<0.001	52.7%	22.8%	<0.001

[1]Items response scores ranged from 0 to 8; [2] Item measuring corporal punishment or physical discipline

Table 2. Type of caregiver for the two LPA groups of adolescents exposed to violence

	Biological mother n=225	**Biological grandmother or grandfather n=164**	**Others n=114**
Less frequent "*poly-violence*"	194 (56.7%)	148 (43.3%)	101 (22.8%)
More frequent "*poly-violence*"	31 (66.0%)	16 (34.0%)	13 (21.7%)

*$p<0.05$

Table 3. Exposure to violence, supportive parenting and teacher support, by type of caregiver

	Biological mother n=225 M(SD)	**Biological grandmother or grandfather n=164 M(SD)**	**Others n=114 M(SD)**
Exposure to violence			
Domestic violence between household members	2.69 (3.69)	2.16 (3.19)	2.34 (3.82)
Adolescent physical abuse by caregivers	5.27 (6.61)	4.63 (6.69)	5.27 (6.01)
Adolescent emotional abuse by caregivers	6.14 (8.67)	6.21 (8.30)	5.41 (6.79)
School violence	8.75 (2.65)	9.07 (2.61)	8.96 (3.14)
Witnessing community violence	0.76 (1.33)	0.58 (1.09)	0.84 (1.54)
Community violence victimization*	**2.93 (2.81)**	**2.33 (2.38)**	**2.91 (2.85)**
Supportive parenting			
Positive parenting	14.96 (5.91)	14.06 (6.035)	14.18 (5.60)
Consistent discipline	16.55 (4.5)	16.93 (4.86)	16.30 (4.70)
Good monitoring	26.76 (7.27)	27.08 (7.71)	25.64 (7.11)
Involved parenting	19 (9.05)	17.21 (9.47)	19.88 (8.84)
Social support	22.85 (7.47)	22.24 (7.54)	21.39 (8.22)
Teacher support			
Academic support	6.71 (2.29)	6.95 (1.91)	7.19 (2.13)
Emotional support	3.19 (1.94)	3.47 (1.97)	3.29 (1.96)

*$p<0.05$

Table 4. Intercorrelations among variables: exposure to violence, supportive parenting and teacher support

	Domestic Violence	Physical Abuse	Emotional Abuse	School Violence	CV Victimization	Witnessing CV	Positive Parenting	Consistent Discipline	Good Monitoring	Involved Parenting	Social Support	Academic Support-teacher	Emotional Support-teacher
Domestic Violence	1.000	**0.305****	**0.446****	**0.095***	0.025	**0.167****	**-0.164****	**-0.166****	**-0.228****	**-0.111***	**-0.102***	-0.021	0.012
Physical Abuse	**0.305****	1.000	**0.375****	-0.007	0.037	**0.101***	0.035	**-0.236****	**-0.162****	0.062	-0.048	0.028	-0.037
Emotional Abuse	**0.446****	**0.375****	1.000	-0.002	**0.095***	**0.188****	**-0.239****	**-0.142****	**-0.296****	**-0.198****	**-0.195****	-0.030	-0.058
School Violence	**0.095***	-0.007	-0.002	1.000	0.055	0.030	-0.022	-0.011	0.014	0.018	0.014	0.030	0.012
CV Victimization	0.025	0.037	**0.095***	0.055	1.000	**0.535****	**-0.161****	0.006	**-0.112***	**-0.146****	**-0.277****	-0.053	-0.052
Witnessing CV	**0.167****	**0.101***	**0.188****	0.030	**0.535****	1.000	**-0.117****	**-0.155****	**-0.155****	-0.061	**-0.246****	-0.068	-0.044
Positive Parenting	**-0.164****	0.035	**-0.239****	-0.022	**-0.161****	**-0.117****	1.000	**-0.235****	**0.093***	**0.775****	**0.303****	**0.105***	0.056
Consistent Discipline	**-0.166****	**-0.236****	**-0.142****	-0.011	0.006	-0.057	**-0.235****	1.000	**0.407****	**-0.372****	-0.042	**-0.088***	-0.002
Good Monitoring	**-0.228****	**-0.162****	**-0.296****	0.014	**-0.112***	**-0.155****	0.093	**0.407****	1.000	0.054	**0.10****	-0.009	**0.126****
Involved Parenting	**-0.111***	0.062	**-0.198****	0.018	**-0.146****	-0.061	**0.775****	**-0.372****	0.054	1.000	**0.273****	**0.088***	0.053
Social Support	**-0.102***	-0.048	**-0.195****	**0.014**	**-0.277****	**-0.246****	**0.303****	-0.42	**0.140****	**0.273****	1.000	0.048	0.082
Academic Support – teacher	-0.021	0.028	-0.030	0.030	-0.053	-0.068	**0.105***	**-0.088***	**-0.009**	**0.088***	0.048	1.000	**0.218****
Emotional Support - teacher	0.012	-0.037	-0.058	0.012	-0.052	-0.044	0.056	-0.022	**0.126****	0.053	0.082	**0.218****	1.000

Table 5. Intercorrelations among variables: educational outcomes, covariates, exposure to violence and supportive parenting

	School delay	**More-frequent '*poly-violence*'**	**Female gender**	**Older age**	**Poverty**	**Intervention trial arm**	**Positive Parenting**	**Consistent Discipline**	**Good Monitoring**	**Involved Parenting**	**Social Support**
School delay	1.000	**0.105****	**-0.221*****	**0.322*****	0.024	0.079	**-0.108***	-0.011	**-0.085**	**-0.090***	-0.077
More-frequent '*poly-violence*' (P)	0.105	1.000	0.027	0.133	0.060	0.001	**-0.207****	**0.172****	**0.287******	**0.142*-**	**-0.183*-**
Female gender	**-0.221*****	0.027	1.000	-0.010	-0.007	0.042	0.050	0.011	**0.100***	0.030	0.030
Older age	**0.322*****	0.133	-0.010	1.000	0.028	0.012	**-0.176****	-0.076	**-0.292****	**-0.113***	**-0.187****
Poverty	0.024	0.060	-0.007	0.028	1.000	**-0.117***	-0.047	-0.040	-0.008	-0.034	**-0.231****
Intervention trial arm	0.079	0.001	0.042	0.012	**-0.117***	1.000	0.041	0.033	-0.089*	-0.030	-0.020
Positive Parenting	**-0.108***	**-0.207****	0.050	**-0.176****	-0.047	0.041	1.000	**-0.235****	**0.093***	**0.775****	**0.303****
Consistent Discipline	-0.011	**-0.172****	-0.011	-0.076	0.040	-0.033	**-0.235****	1.000	**0.407****	**-0.372****	-0.042
Good Monitoring	-0.085	**-0.287****	**0.100***	**-0.292****	-0.008	**-0.089***	0.093	**0.407****	1.000	0.054	**0.10****
Involved Parenting	**-0.090***	**-0.142****	0.030	**-0.113***	-0.034	-0..030	**0.775****	**-0.372****	0.054	1.000	**0.273****
Social Support	-0.077	**-0.183***	0.030	**-0.187****	**-0.261****	0.020	**0.303****	-0.42	**0.140****	**0.273****	1.000

Table 6. Intercorrelations among variables: educational outcomes, exposure to violence, covariates and teacher support

	School delay	(Low) Academic Motivation	Female gender	Older age	Poverty	Intervention trial arm	Domestic Violence	Physical Abuse	Emotional Abuse	School Violence	CV Victimization	Witnessing CV	Academic Support – teacher	Emotional Support – teacher
School delay	1.000	**0.009**	**-0.221*** **	**0.322*** **	0.024	0.079	**0.096***	0.027	0.075	0.008	0.040	0.072	0.071	0.35
(Low) Academic Motivation	0.009	1.000	0.037	0.128**	-0.008	-0.013	0.076	-0.028	0.065	0.031	**0.092***	0.031	-0.021	-0.018
Female gender	**-0.221*** **	0.037	1.000	-0.010	-0.007	0.042	0.020	0.55	0.071	-0.074	**-0.174****	**-0.127****	-0.003	-0.080
Older age	**0.322*** **	**0.128****	-0.010	1.000	0.028	0.012	0.054	**-0.238****	**0.165****	0.014	0.080	**0.091***	-0.015	-0.040
Poverty	0.024	-0.008	-0.007	0.028	1.000	**-0.117***	0.080	0.056	**0.088***	0.001	**0.181****	**0.205****	0.006	0.012
Intervention trial arm	0.079	-0.013	0.042	0.012	**-0.117***	1.000	-0.014	0.009	0.029	0.006	0.007	-0.027	0.052	0.034
Domestic Violence	**0.096***	0.076	0.020	0.054	0.080	-0.014	1.000	**0.305****	**0.446****	**0.095***	0.025	**0.167****	-0.021	0.012
Physical Abuse	0.027	-0.028	0.055	**-0.238****	0.056	0.009	**0.305****	1.000	**0.375****	-0.007	0.037	**0.101***	0.028	-0.037
Emotional Abuse	0.075	0.065	0.071	**0.165****	**0.088***	0.029	**0.446****	**0.375****	1.000	-0.002	**0.095***	**0.188****	-0.030	-0.058
School Violence	0.008	0.031	-0.074	0.014	0.001	0.006	**0.095***	-0.007	-0.002	1.000	0.055	0.030	0.030	0.012
CV Victimization	0.040	**0.092***	**-0.174****	0.080	**0.181****	0.007	0.025	0.037	**0.095***	0.055	1.000	**0.535****	-0.053	-0.052
Witnessing CV	0.072	0.031	**-0.127****	**0.091***	**0.205****	-0.027	**0.167****	**0.101***	0.188**	0.030	**0.535****	1.000	-0.068	-0.044
Academic Support – teacher	0.071	-0.021	-0.003	-0.015	0.006	0.052	-0.021	0.028	-0.030	0.030	-0.053	-0.068	1.000	**0.332****
Emotional Support - teacher	0.035	-0.018	0.080	-0.040	0.012	0.034	0.012	-0.037	-0.058	0.012	-0.052	-0.044	**0.332****	1.000