



HEY BABY

ADOLESCENT PARENT QUESTIONNAIRE

INTRODUCTION



Thank you for taking the extra time to speak to us.
We are speaking to young people - men and women - who have had children. We would like to understand the experiences and needs of young people who have child(ren) – young parents – in your community.

Some of these questions will be specifically about your child(ren), others about your birth experiences and pregnancy. We would also like to ask about your child(ren)'s other parent and your parenting experiences.

We know some of the questions we ask will be difficult to answer but we are thankful for your honesty. Please remember that all your information is completely confidential and you will not be judged.

1. How many of your own (biological) children do you have?

*Note: You must have at least 1 biological child to continue with this questionnaire.
The maximum number of children you can enter is 4.*

Thank you for sharing. If you have NO biological children, please chat to the RA about the children you have.

2. What is your relationship to the child(ren)?

☐ Mother ☐ Father ☐ Other

You selected other. You must be the child's Mother or Father to continue with this questionnaire. Please speak to the RA.



Hi there!

CONSENT AND INFORMATION FORM

We are part of a research team from the Universities of Oxford and Cape Town and are looking to learn what it is like to be a young parent in your community. We are interested in what kind of support you currently have and what additional support you may need in caring for your child.

YOUR STORY IS IMPORTANT TO US

The results of this study will be used to help the government, and health and welfare organisations, to make better policies and programmes for young people and their families, like yours, throughout the world.

We would love to hear your voice and invite you and your child to take part in our research study - HEY BABY. Before you decide to participate, it is important for you to understand what our research is about and what your participation in the study would involve.

Please take your time to read the following information sheet carefully and discuss it with others if you wish. If there is anything that is not clear or if you would like more information, please ask us.









You will be given a copy of this information sheet to keep and please remember participation is voluntary.








LISTEN UP!

WHAT WILL I HAVE TO DO?

	This would involve signing a consent form and then talking to someone from our research team who will ask you questions about your life and your health (Adolescent Well-being Questionnaire).
	We would also like to ask you questions about your relationship with your child and your child's health (Adolescent Parent Questionnaire). We may also ask to interview another caregiver on your child's health if they are more familiar with your child's health or nutrition (Primary Caregiver Questionnaire).
	We would like that all the parent's biological children participate in the study and would like to visit your child to find out about their health and to play games with them to learn about their development (Mullen Early Learning Questionnaire). We may want to video record these games.
	We would also like to collect information from your child's Road to Health booklet, if you allow us (Road to Health Questionnaire).
	There are no other incentives for taking part but a snack pack and certificate of participation will be provided during the interview. To thank you for your time participating in our research we will also provide with a participant pack.
	None of the above four activities should take more than 1 hour. We might do these in one day or come back another day(s) at a time that is good for you.
	After the interview, we would like to stay in touch in case we want to interview you again. We will use phone numbers and will let you know in advance before seeing you again.
	<p><u>CONFIDENTIALITY & DATA PROTECTION</u></p> <p>All of you and your child's personal information will be kept entirely confidential. It will only be used by our Research team to keep in touch with you and as long as is required to conduct our research.</p> <p>This information is removed (anonymised) before our results are shared with other researchers and governments, and are only linked by a unique serial number. Anonymised datasets will be shared for non-profit use following United Kingdom and South African data guidelines.</p> <p>Protecting your privacy is also very important to us. Any information collected about you or your child is done using password protected tablets and paper information/consent sheets which are locked securely in our offices. This information also gets saved on secure, password protected and encrypted databases.</p>

	<p>If any of the questions are upsetting, you can stop at any point, and you don't have to give a reason.</p>
	<p>You can also contact the research team at any point and say that you want your answers about certain questions to be removed, which we will do straight away. You can do this by sending a 'Please Call Me' to the Project Managers in East London (0630444990) or King William's Town (0783079507).</p> <p>You can also use these numbers for any complaints or concerns you may have. If concerns / complaints haven't been resolved within 10 days, you can contact ethics@socsci.ox.ac.uk using the reference details listed below:</p> <p>University of Oxford HEY BABY R48876/RE001 and Mzantsi Wakho SSD/CUREC2/12-21 University of Cape Town HEY BABY HREC 226/2017 and Mzantsi Wakho CSSR 2013/4 Eastern Cape Department of Health HEY BABY and Mzantsi Wakho 29/08/2013</p> <p>All the above contact information can also be found on the back of your participation certificate.</p>
	<p>During our chat it may become clear that you are suffering from serious challenges. If so, our researchers will explain to you, in private, possibilities for further help. If there is a safety issue, we might contact an organization that can help you. But we will talk to you about it first. Your case may also get discussed with the project's Principal Investigator, Professor Lucie Cluver, who can be contacted at lucie.cluver@spi.ox.ac.uk</p>

INTERESTED?

Consent Form



In the next section we will be asking for your consent.

If you are younger than 18 we also will ask to talk to your caregiver or parent to make sure they are okay with you taking part in the research although we will not share what you tell us with them without your permission.



If we have interviewed you in the past as part of our Mzantsi Wakho study, we have made some changes to our project and would like to ask your permission to: allow Mzantsi Wakho and HEY BABY to access you and your children's data personal data from the National Health Laboratory Service. This will allow us to understand health challenges faced by children and young parents like yourself. With your permission, we might ask your school and clinic for additional information about you too.



This study and the following consent have been approved by the following institutions: University of Oxford, University of Cape Town on behalf of the South African Department of Health, and the South African Department of Basic Education.

By ticking 'Yes' you are consenting to:

	YES	NO
I have read and I understand the information sheet for this study and have had a chance to ask questions.		
I understand that I have chosen to take part and that I am free to stop at any time, without giving any reason. This will not change any support or help I am getting.		
I agree that information from my school and clinic records can be added to my questionnaire responses.		
I agree for data from my/my child's 'Road to Health' booklet to be collected and shared with researchers at the University of Cape Town and Oxford.		
I agree for my child's health data (including clinic information and from other research health activities) to be collected and shared.		
Where applicable, I allow Mzantsi Wakho to access my personal data from the National Health Laboratory Service.		
Where applicable, I allow Mzantsi Wakho to collect and share my child(ren)'s personal data from the National Health Laboratory Service.		
I am aware of who will have access to my information and that it may be shared with other researchers and governments.		
I have understood how personal data will be collected, used, and protected.		
I understand that I / my child may be asked to be recorded and I and my child agree to being filmed on video.		
I understand that I / my child may be asked to be photographed and I and my child agree to being photographed.		
I agree to take part in this study.		

Please fill in your details below and let us know if you and your child would like to participate in the study. *Caregiver's consent required for under 18s.

Participant Name

Participant Signature

Participant Age

Caregiver Name*

Caregiver Signature*

Would you like to take part in the study: ☐ Yes ☐ No

RA Name

RA Signature



13. Choose your name (who is conducting the interview)?

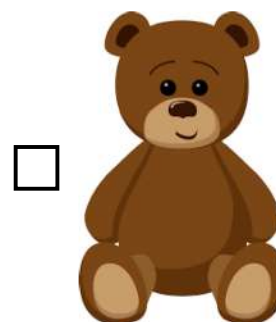
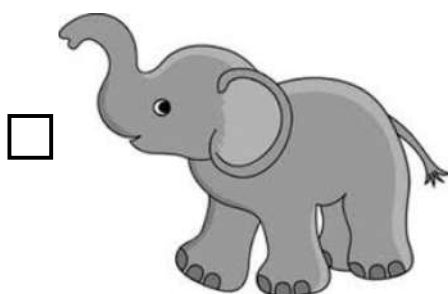
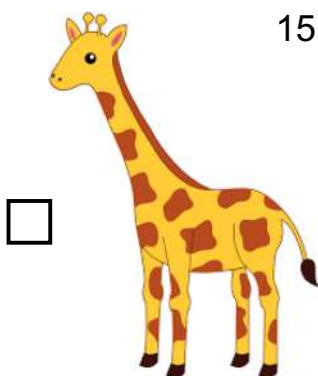
- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Amanda | <input type="checkbox"/> Simphiwe |
| <input type="checkbox"/> Babalwa | <input type="checkbox"/> Phakamami |
| <input type="checkbox"/> Beauty | <input type="checkbox"/> Nobathembu |
| <input type="checkbox"/> Bongwiwe | <input type="checkbox"/> Nqanqa S |
| <input type="checkbox"/> Chunyiswa | <input type="checkbox"/> Nomawe |
| <input type="checkbox"/> Mavis | <input type="checkbox"/> Zano |
| <input type="checkbox"/> Philiswa | <input type="checkbox"/> Deneo |
| <input type="checkbox"/> PhumlaMn | <input type="checkbox"/> Nqanqa M |
| <input type="checkbox"/> PumlaMy | <input type="checkbox"/> Xolelwa |
| <input type="checkbox"/> Nontuthuzelo | <input type="checkbox"/> Sinebhongo |
| <input type="checkbox"/> Sibulelo | <input type="checkbox"/> Busisiwe M |
| <input type="checkbox"/> Sindiswa | <input type="checkbox"/> Busisiwe T |
| <input type="checkbox"/> Sisanda | <input type="checkbox"/> Olwethu M |
| <input type="checkbox"/> Thabisa | <input type="checkbox"/> Unathi S |
| <input type="checkbox"/> Thandokazi | <input type="checkbox"/> Busiswa M |
| <input type="checkbox"/> Thembani | <input type="checkbox"/> Trainee RA |
| <input type="checkbox"/> Vuvu | <input type="checkbox"/> Test Questionnaire |
| <input type="checkbox"/> Zoliswa | <input type="checkbox"/> Fundiswa |
| <input type="checkbox"/> Mazibuko | <input type="checkbox"/> Nozuko |
| <input type="checkbox"/> Onela | <input type="checkbox"/> Noxolo |



14. Please enter the SERIAL NUMBER for the participant you are interviewing:

Note: If you don't know, please put 9999 and check later. Serial number must be between 0 and 5999 or '9999' if you don't know.

15. Please select the participant's animal:



16. Please enter TODAY's date:

17. [PC Gateway] Speak to the research assistant about how much you help taking care of your child(ren) are you able tell us more about your child(ren)'s nutrition, health and care?

☐ Yes ☐ No



SECTION 1: CHILD 1 DETAILS

Now we would like to know a bit more about each of your children and your experiences with them. We will ask you the same questions for each of them. Thank you for your patience!

Let's start with your **FIRST** (oldest) child.

18. What is your FIRST child's name?

19. Please confirm the SERIAL NUMBER of the participant's first child by re-entering the participant's number here:
Remember: The 'a' represents that this is the participant's FIRST (oldest) child.

20. Is your child a girl or a boy?

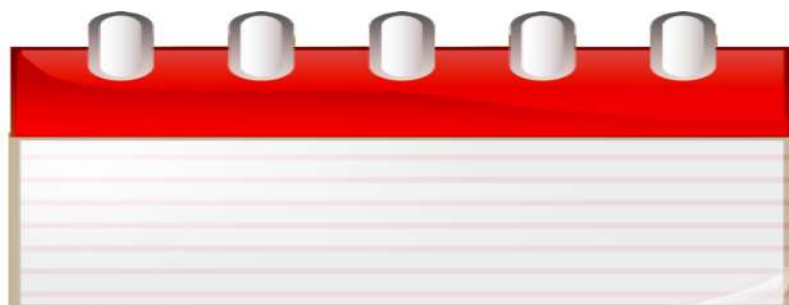


☐ Boy



☐ Girl

21. When was your child born?



22. Does your child have a birth certificate?

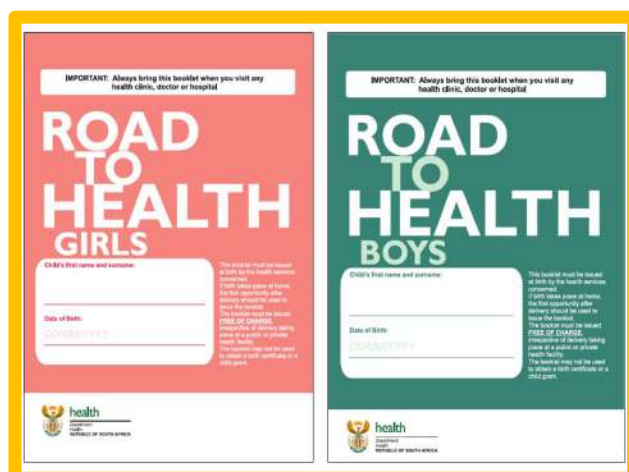
☐ Yes ☐ No ☐ I don't know

23. Does your child have a Road to Health booklet? Is it available for photographing?

Note to the RA: Please talk to the primary caregiver about photographing the Road to Health Booklet.

☐ Yes ☐ No

24. You selected 'No'. Please specify why your child doesn't have a Road to Health booklet:





25. Does this child live with you?

- ☐ Yes, all the time (**Skip to Q27**)
- ☐ Yes, 4 or more nights a week (**Skip to Q27**)
- ☐ Yes, but less than 4 nights a week
- ☐ No

26. Who does the child live with 4 nights or more a week?

- ☐ With their mother
- ☐ With their father
- ☐ With another caregiver near here
- ☐ With another caregiver far away
- ☐ I don't know



27. Who is the person who looks after this child the most?

Note: Child's mother or father could be the participant.

- ☐ Child's mother
- ☐ Child's father
- ☐ My caregiver
- ☐ My partner/husband/boyfriend (not child's father)
- ☐ My partner/wife/girlfriend (not child's mother)
- ☐ Someone else in my family (e.g. Grandmother/ grandfather, aunt/uncle)
- ☐ Neighbour/Someone in the community

28. You selected 'Someone else in the family'. Who is the member that looks after this child the most?



29. How often do you see your child?

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ A few times a year
- ☐ Once
- ☐ Never





SECTION 2: CHILD 1 SUPPORT



How old was your child when you started getting the child support grant?

Note: Please enter 777 in all boxes if you are not receiving child support grant for them. Enter 999 in all boxes if you do not know.

30. Years:
Note: Cannot be more than 15 years.

31. Months:
Note: Cannot be more than 11 months.

32. Weeks:
Note: Cannot be more than 4 weeks.

33. Who receives the child support grant for your first child?

- ☐ Child's mother
- ☐ Child's father
- ☐ My caregiver
- ☐ My partner/husband/boyfriend (not child's father)
- ☐ My partner/wife/girlfriend (not child's mother)
- ☐ Someone else in my family

34. CODE G (Child 1) – If participant doesn't receive or doesn't know about child support grant.

Please Acknowledge ☐



35. CODE GRANT (Child 1)

Guidance Questions:

- What challenges have you faced in receiving a child support grant?
- Would like us to assist you in finding help? (e.g. Information on grants, social worker)

Please Acknowledge ☐



CHILD 1 SUPPORT CONTINUED

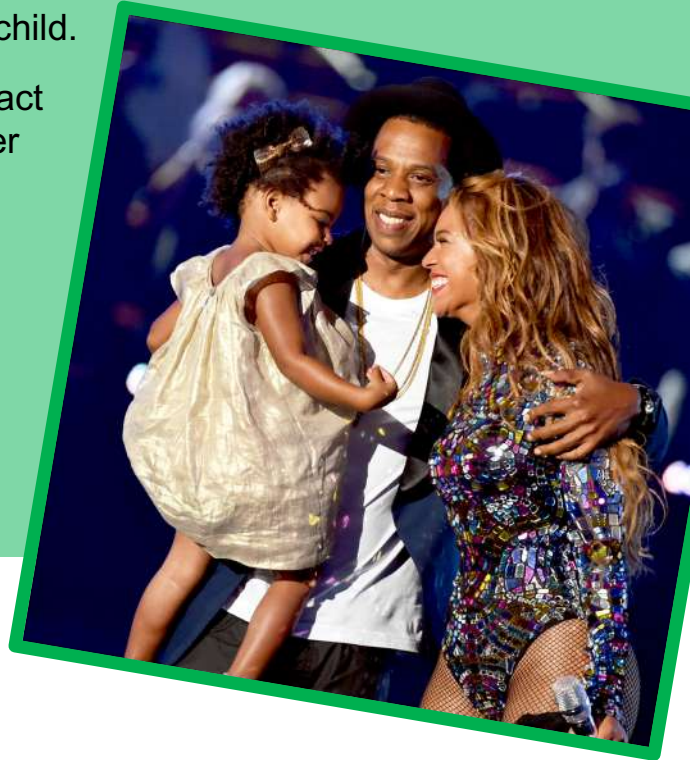


Questions 36 to 69 should only be answered if the participant answered 'Yes' to the PC Gateway question (Q17). Skip to question 70 if the participant answered 'No' to the PC Gateway question (Q17)"

All couples and families are different. Sometimes it is easy for the mother and the father of the child to live together, at other times, they need to live separately. Sometimes, one of the parents cannot be involved or lives away from the child.

36. How often does the other parent have contact (home visits, phone calls, meeting up at another place) with your first child?

- ☐ Every day
- ☐ Every week/weekend
- ☐ Every month
- ☐ Every couple of months
- ☐ Every year
- ☐ Never
- ☐ I don't know



Sometimes we must leave the house to do chores, fetch water, go to the shops, or to meet with people. It is difficult to always bring a child with us, even when we want to.

37. How many children older than your first child live in the same house as this child?

Note: If you don't know please enter 999. You cannot put more than 20.

38. How many children who are younger than your first child live in the same house as this child?

Note: If you don't know please enter 999. You cannot put more than 20.

39. How days in the last week, did you have to leave your child alone at home without an adult?

Note: If you don't know please put 999. You cannot put more than 7 days.

40. CODE N (Child 1) – If child has been left at home ever (i.e. more than 0 days)

Please Acknowledge ☐



41. CODE NEGLECT (Child 1)

Guidance Questions:

- How does your child feel about being left alone?
- Would like us to assist you in finding help? (e.g. Information on grants, social worker)

Please Acknowledge ☐



42. Does anyone help you look after your child at home (without you) at least once every 2 weeks?

Note: Choose as many as apply. You cannot select 'No one' with any other options.

- | | |
|--|--|
| <input type="checkbox"/> Child's mother | <input type="checkbox"/> My partner/wife/girlfriend (not child's mother) |
| <input type="checkbox"/> Child's father | <input type="checkbox"/> Someone else in my family |
| <input type="checkbox"/> My caregiver | <input type="checkbox"/> A friend, neighbour, or someone else in the community |
| <input type="checkbox"/> My partner/husband/boyfriend (not child's father) | <input type="checkbox"/> A community organisation |
| | <input type="checkbox"/> No one |

43. Does anyone help you buy things for your child, like nappies, food and clothes at least once every 2 weeks?

Note: Choose as many as apply. You cannot select 'No one' with any other options.

- | | |
|--|--|
| <input type="checkbox"/> Child's mother | <input type="checkbox"/> My partner/wife/girlfriend (not child's mother) |
| <input type="checkbox"/> Child's father | <input type="checkbox"/> Someone else in my family |
| <input type="checkbox"/> My caregiver | <input type="checkbox"/> A friend, neighbour, or someone else in the community |
| <input type="checkbox"/> My partner/husband/boyfriend (not child's father) | <input type="checkbox"/> A community organisation |
| | <input type="checkbox"/> No one |

44. Does anyone help you with the washing or preparing food for your first child at least once every 2 weeks?

Note: Choose as many as apply. You cannot select 'No one' with any other options.

- | | |
|--|--|
| <input type="checkbox"/> Child's mother | <input type="checkbox"/> My partner/wife/girlfriend (not child's mother) |
| <input type="checkbox"/> Child's father | <input type="checkbox"/> Someone else in my family |
| <input type="checkbox"/> My caregiver | <input type="checkbox"/> A friend, neighbour, or someone else in the community |
| <input type="checkbox"/> My partner/husband/boyfriend (not child's father) | <input type="checkbox"/> A community organisation |
| | <input type="checkbox"/> No one |

45. Does anyone else spend time with the child playing, talking, singing and telling stories at least once every 2 weeks?

Note: Choose as many as apply. You cannot select 'No one' with any other options.

- | | |
|--|--|
| <input type="checkbox"/> Child's mother | <input type="checkbox"/> My partner/wife/girlfriend (not child's mother) |
| <input type="checkbox"/> Child's father | <input type="checkbox"/> Someone else in my family |
| <input type="checkbox"/> My caregiver | <input type="checkbox"/> A friend, neighbour, or someone else in the community |
| <input type="checkbox"/> My partner/husband/boyfriend (not child's father) | <input type="checkbox"/> A community organisation |
| | <input type="checkbox"/> No one |



46. How many days did your child attend a child care centre, crèche, or reception class last week?

Note: If it is a holiday, think of the last week when the child care centre, crèche, or reception class was open. If you don't know, please put 999. If child does not attend ECD, put 0.

47. If you put 0, why does your child not go to ECD?

- ☐ We preferred to look after them (family care)
- ☐ The crèche/educare not open long enough
- ☐ The crèche/educare is not safe
- ☐ The crèche/educare is too expensive
- ☐ The crèche/educare is too far away
- ☐ I did not think they would take care of my child well
- ☐ The child goes to school
- ☐ The child is too old for creche

If you put 0 to Q46, skip to Q68





CHILD 1 ECD

48. What is the name of the child care centre, crèche or reception class your child goes to at least once a week?

49. How many hours a day does your child attend this place?
Note: You cannot select more than 20 hours.

50. How much does it cost per month (ZAR)?

51. How many children attend the same place as your child?
Note: You cannot select more than 200. If you don't know, please enter 999.

52. How many teachers/helpers are there at the place where your first child goes?
Note: You cannot select more than 200. If you don't know, please enter 999.

The following statements describe some things about crèches or educares. Please tell us how they relate to the care your child is receiving at the crèche/educare they go to.

	Disagree	Not Sure	Agree
53. My child feels safe and secure in care			
54. The caregiver is warm and affectionate toward my child			
55. It's a healthy place for my child			
56. My child is treated with respect			
57. My child is safe with this caregiver			
58. My child gets a lot of individuals attention			
59. The caregiver and I share information			
60. The caregiver is open to new information and learning			
61. The caregiver shows he/she knows a lot about children and their needs			
62. The caregiver handles discipline matters easily without being harsh			
63. My child likes the caregiver			
64. The caregiver is supportive of me as a parent			
65. There are a lot of creative activities going on			
66. It's an interesting place for my child			
67. The caregiver is happy to see my child			

68. Has anyone visited your home in the past year to help you with you child?

Note: Choose as many as apply. You cannot select 'No one' with any of the other options.

- ☐ Someone from the clinic visited my home
- ☐ A social worker visited my home
- ☐ Someone from the government visited my home
- ☐ Someone from a local organisation visited my home
- ☐ I attended a parenting group
- ☐ I got help from a local organisation
- ☐ Family and friends
- ☐ No one

69. What was the visit for?

Note: Choose as many as apply.

- ☐ Other researchers (other than this team)
- ☐ Meet my child(ren)
- ☐ Sales person
- ☐ Help us with difficulties at home
- ☐ Support with accessing grants and services
- ☐ Help with TB/HIV treatment
- ☐ Support with other health issues



You are amazing for being a parent – we know that even with some help it's a 24/7 job!



SECTION 3:

CHILD 1 PREGNANCY & BIRTH EXPERIENCES

Now we'd like to ask you some questions about pregnancy and birth. Becoming a parent can feel like a real mix. We might be proud, happy, and also scared or even angry that this has happened unexpectedly. It can also be really difficult. Can we ask you about how this has been for you?



BOYS ONLY (Girls skip to Q77)

FOR BOYS ONLY: Jongile has had a girlfriend for a long time. His girlfriend got pregnant last year. Jongile decided to support the child. Jongile's friend Fikile likes lots of girls and has had sex with many of them. Some of these girls have told Fikile they got pregnant, but he is not sure what happened with the baby.

70. How old were you when your first child's mother was pregnant?

Note: You cannot enter an age older than 24.

71. Tell us a bit more about this pregnancy:

Note: Choose as many as apply.

- ☐ I was not planning on getting my girlfriend pregnant
- ☐ I did not want to get my girlfriend pregnant
- ☐ I did not care whether my girlfriend got pregnant or not
- ☐ I wanted to get my girlfriend pregnant
- ☐ I was planning on getting my girlfriend pregnant

72. Was your baby born before their due date?

- ☐ Yes
- ☐ No (**Skip to Q74**)
- ☐ I don't know (**Skip to Q74**)

73. If yes, how many weeks early?

Note: You cannot put more than 20 weeks.



74. What did you do during the pregnancy?

Note: Choose as many as apply. You cannot select 'I was not involved at all' with any other choices.

- ☐ I was not involved at all
- ☐ I went to some antenatal bookings with the child's mother
- ☐ My child's mother did not want me to go to antenatal bookings with her
- ☐ I followed the pregnancy and watched the baby growing
- ☐ I bought baby things to prepare
- ☐ I help the child's mother with her chores
- ☐ I was there when the child was born
- ☐ Other



75. You selected 'Other'. Please specify what else you did during the pregnancy:

76. Please tell us more about your experience at the clinic's during your child's mothers antenatal visit:

Note: Choose as many as apply.

- ☐ I felt uncomfortable being there
- ☐ I felt welcome to be there for my child's mother
- ☐ The clinic staff or nurses did not let me join in the consultation





GIRLS ONLY (Boys skip to Q117)

FOR GIRLS ONLY: Sometimes being pregnant is difficult. Noxolo got pregnant when she was 16. She was not sure when it happened or how, but she decided to keep the baby with her grandmother's help. Nomvula got pregnant at 15, but decided that she could not have the baby. Some friends told her to take some herbs, other friends suggested she go to the hospital to end the pregnancy.

77. How old were you when you were pregnant with your first child?

Note: You cannot enter an age older than 24.

78. Often it can be difficult when you find out that we will become a parent. Sometimes people feel happy, others get scared and worried. How did you react, when you found out you were pregnant with your first child?

Note: Choose as many as apply.

- ☐ I was ok (neither happy nor unhappy) with it
- ☐ I was happy
- ☐ I was upset
- ☐ I wanted to end the pregnancy

79. What grade were you in when you got pregnant with your first child?

Note: Put 666 if you were not at school. Enter 999 if you do not remember. Your grade cannot be higher than 12.





PREGNANCY & SCHOOL



When we are pregnant, our bodies go through a lot of physical changes. This can be very tiring and sometimes it is really hard to carry on with school. Some young mothers stay in school until they give birth, but others need to stop schooling earlier during their pregnancy.

80. How long did you continue going to school when you were pregnant with your first child?

- ☐ Until the end of my pregnancy (**Skip to Q83**)
- ☐ I stopped going as soon as I found out that I was pregnant
- ☐ I stopped going as soon as others could tell I was pregnant
- ☐ I stopped going for other reasons

81. You selected 'Other'. Why did you stop going to school during the pregnancy with your first child?

82. Please specify how long you continued going to school:

83. Tell us a bit more about when you were pregnant with your first child:

Note: Choose as many as apply.

- ☐ I was not planning to get pregnant
- ☐ I did not want to get pregnant
- ☐ I did not care whether I got pregnant
- ☐ I wanted to get pregnant
- ☐ I was planning to get pregnant



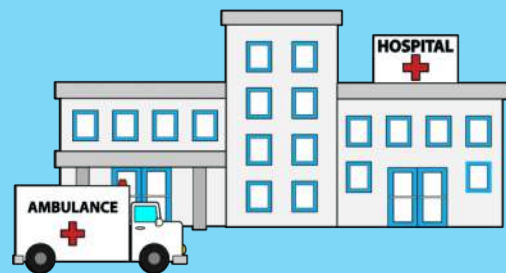
84. Was your baby born before their due date?

- ☐ Yes
- ☐ No (**Skip to Q86**)
- ☐ I don't know (**Skip to Q86**)

85. If yes, how many weeks early?
Note: You cannot put more than 20 weeks.

86. How did you give birth to your baby?

- ☐ At home
- ☐ In the hospital/clinic (natural birth)
- ☐ I had a caesarean (c-section)



Being pregnant is really hard – sometimes we get sick, sometimes we are very tired. It may be harder to remember things, like taking medicine or clinic appointments. When we get closer to giving birth, it is harder to move without help. We would like to ask you a couple of questions about when you were pregnant with your first child. If this was a long time ago, that is ok!

87. When was the first time you had a clinic/hospital appointment when you were pregnant with your first child?

- ☐ First trimester (1-3 months pregnant)
- ☐ Second trimester (4-6 months pregnant)
- ☐ Third trimester (7-9 months pregnant)
- ☐ I don't remember but while I was pregnant
- ☐ I did not go to the clinic during pregnancy – just during or after birth

88. Who was there with you?

Note: Choose as many as apply. You cannot select 'I went alone' or 'I don't remember' with any other choices.

- ☐ I went alone
- ☐ My caregiver/parent
- ☐ Child's father

- ☐ My partner/boyfriend
- ☐ Friends
- ☐ I don't remember



89. Did anyone ever beat you or hit you during your pregnancy?

- ☐ Yes
☐ No (**Skip to Q94**)

90. CODE B (Child 1)

Please Acknowledge ☐



91. CODE BEATEN (Child 1) Who was it?



Note: We will keep this information confidential and anonymous. We would like to know so that we can make sure that we best protect young women while they are pregnant.

- ☐ Caregiver/parent
☐ A family member
☐ Child's father
☐ Boyfriend, husband, sexual partner (not child's father)
☐ Someone else

92. Who did you ask for help?

Note: Choose as many as apply. You cannot select 'I didn't ask anyone for help' with any of the other choices

- | | |
|--|--|
| <input type="checkbox"/> I didn't ask anyone for help | <input type="checkbox"/> People at church |
| <input type="checkbox"/> Parent or person who cares for me | <input type="checkbox"/> Others who live near my house |
| <input type="checkbox"/> Rest of my family | <input type="checkbox"/> Police |
| <input type="checkbox"/> Friends at home | <input type="checkbox"/> Social worker |
| <input type="checkbox"/> Friends at school | <input type="checkbox"/> My nurse/doctor |
| <input type="checkbox"/> Other friends | <input type="checkbox"/> Other |
| <input type="checkbox"/> Teachers/principal at school | |

93. How did the person you asked for help react?

Note: Choose as many as apply.

- ☐ They believed me and supported me
☐ They believed me, but did not care
☐ They believed me but told me not to tell anyone or ask for help
☐ They blamed me for causing it
☐ They did not believe me at all
☐ They took me to the clinic, police or social worker

94. When you were pregnant with your first child, how many pregnancy-related/antenatal appointments at the clinic or hospital did you attend?

- ☐ 9 or more
- ☐ 5 to 8 appointments
- ☐ 2 to 4 appointments
- ☐ 1 appointment
- ☐ None
- ☐ I don't remember how many appointments



95. Think about the appointments that you were not able to get to. Why did you miss them?

Note: Choose as many apply. You cannot select 'I have never missed an appointment' with any other options.

- | | |
|---|--|
| <input type="checkbox"/> I had no travel money | <input type="checkbox"/> I did not know that I should attend the clinic/make a booking |
| <input type="checkbox"/> I had to go to school | <input type="checkbox"/> My partner/caregiver stopped me from going |
| <input type="checkbox"/> I had a job | <input type="checkbox"/> Other |
| <input type="checkbox"/> There was no one to go with me | <input type="checkbox"/> I have never missed an appointment |
| <input type="checkbox"/> I was afraid the nurses would yell/shout at me | |

96. You selected 'Other'. Please specify why you missed appointments:

97. Sometimes, the nurse or doctor are not able to provide all the help and care that you need while pregnant. What did you do to get the antenatal care/ services that you were looking for?

Note: Choose as many apply.

- ☐ I stayed at the same clinic
- ☐ I went to different clinics that had better services and staff
- ☐ I went to a traditional clinic instead
- ☐ I stopped getting antenatal care
- ☐ I did not go back to the clinic I was booked at
- ☐ I went to a clinic closer to home
- ☐ Other

98. You selected 'Other'. Please specify what you did to get the antenatal care/services that you were looking for:

99. Did you have any problems during pregnancy?

Note: Choose as many apply. You cannot select 'There were no problems' with any other option.

- ☐ I had high blood pressure
- ☐ I had seizures or fits
- ☐ I bled a lot during pregnancy
- ☐ I had a fever
- ☐ My palms went yellow
- ☐ Other
- ☐ There were no problems

100. You selected 'Other'. Please specify any problems you had during pregnancy:

101. Did you have any problems during birth?

Note: Choose as many apply. You cannot select 'There were no problems' with any other option.

- ☐ My child was the wrong way round
- ☐ My child was admitted to neonatal intensive care
- ☐ I bled a lot during birth
- ☐ I was sick after giving birth
- ☐ There were no problems (**Skip to Q105**)

How long were you sick for?

102. Weeks:

103. Days:

104. Please specify what you were sick with:

105. Was your baby sick when they were born?

☐ Yes

☐ No (**Skip to Q109**)

How long was your baby sick for?

106. Weeks:

107. Days:

108. Please specify what your baby was sick with:

Please tell us how the healthcare providers made you feel during the birth of your first child:

	Not at all	Sometimes	Most of the time
109. I felt comfortable			
110. They were not paying attention			
111. I was shouted at			
112. They did not know the answers to my questions			
113. They were too busy to give me the help I needed			

114. After you were discharged, how many times did you have a health-check about your health as a young mother at a hospital or clinic?

- ☐ Once
☐ More than 2 times
☐ None (**Skip to Q116**)

115. When did a health care provider check about your health as a young mother?

Note: Choose as many as apply.

- ☐ The day after I was discharged
☐ Within a week of being discharged
☐ Six weeks after giving birth
☐ Before my baby was 3 months
☐ After my baby turned 3 months

116. If you had an appointment to check on your health after birth but could NOT attend, what was the main reason for missing it?

Note: Choose as many as apply. You cannot select 'I did not miss any appointments' with any of the other options.

- | | |
|---|--|
| <input type="checkbox"/> I was not told to get a check-up | <input type="checkbox"/> I had to go to school |
| <input type="checkbox"/> There was no one to look after my baby | <input type="checkbox"/> I had a job and could not take time off |
| <input type="checkbox"/> I did not have enough transport money | <input type="checkbox"/> Other |
| <input type="checkbox"/> It is too far to walk | <input type="checkbox"/> I did not miss any appointments |
| <input type="checkbox"/> The nurses treated me badly the last time I went | |



HEALTH QUESTIONS

117. Have you had your blood pressure checked in the last year?

- ☐ Yes
- ☐ No (**Skip to Q119**)

118. What were the results of your blood pressure?

- ☐ The clinic said I had high blood pressure
- ☐ The clinic said my blood pressure was OK
- ☐ The clinic said I had low blood pressure
- ☐ I do not remember
- ☐ I was told the results but did not know what it meant
- ☐ I was not told the results



119. Do you know your blood type?

- ☐ Yes, I did a blood type test and know my blood type
- ☐ Yes, I did the blood type test but do not know my blood type
- ☐ No, I've never had a blood type test

120. Have you ever had a HIV test?

- ☐ Yes, in the last year
- ☐ Yes, more than a year ago
- ☐ No, I've never had a HIV test (**Skip to Q137**)

121. What were the results of your HIV test?

- ☐ I am HIV positive
- ☐ I am HIV negative (**Skip to Q137**)
- ☐ I did not get the results (**Skip to Q137**)

122. When did you find out you were positive?

- ☐ Before my FIRST child
- ☐ During my pregnancy with my FIRST child
- ☐ After my FIRST child
- ☐ During my pregnancy with my SECOND child
- ☐ After my SECOND child

- ☐ During my pregnancy with my THIRD child
- ☐ After my THIRD child
- ☐ During my pregnancy with my FOURTH child
- ☐ After my FOURTH child



HIV+ BOYS ONLY (Girls skip to Q124)

123. With regards to your first child, when did you find out you were HIV positive?

- ☐ I am not HIV-positive
- ☐ When I was younger (before my child's mother got pregnant/ gave birth)
- ☐ Whilst my child's mother was pregnant
- ☐ During or after my child's birth
- ☐ I don't remember

HIV+ GIRLS ONLY (Boys skip to Q161)

124. With regards to your first child, when did you have your HIV test?

- ☐ Before I got pregnant
- ☐ While I was 0-3 months pregnant (first trimester)
- ☐ While I was 4-6 months pregnant (second trimester)
- ☐ While I was 7-9 months pregnant (third trimester)
- ☐ I don't remember, but while I was pregnant
- ☐ During or after birth

125. When did you start taking antiretroviral treatment/HIV medicine?

- ☐ I have never started ART
- ☐ Before I got pregnant
- ☐ While I was 0-3 months pregnant (first trimester)
- ☐ While I was 4-6 months pregnant (second trimester)
- ☐ While I was 7-9 months pregnant (third trimester)
- ☐ I don't remember, but while I was pregnant
- ☐ During or after birth

126. How long did the nurse or doctor tell you that you should drink antiretroviral (HIV/AIDS) pills for?

- ☐ To drink while I was pregnant, in labour or breastfeeding
- ☐ To keep drinking for the rest of my life





127. How long did you take antiretroviral treatment/HIV medicine for?

- | | |
|---|---|
| <input type="checkbox"/> Only one time | <input type="checkbox"/> 1-2 years (12-24 months) |
| <input type="checkbox"/> Less than a month | <input type="checkbox"/> 3 or more years |
| <input type="checkbox"/> Less than one year | <input type="checkbox"/> For life/ I am still taking them |

128. Which clinic were you given your antiretroviral treatment/HIV medicine for the first time?

- ☐ ANC clinic - clinic where I saw a nurse during my pregnancy
- ☐ Labour ward - while I was waiting to give birth to my baby
- ☐ ARV clinic - the clinic where all other people get their ARVs
- ☐ Children's clinic

129. Did you stay at that clinic until you stopped breastfeeding, or did you pick up your antiretroviral treatment (HIV/AIDS) pills/medications somewhere else?

- ☐ Yes, I stayed at the same clinic
- ☐ No, I changed clinics

130. Where did or do you usually pick up your antiretroviral treatment/HIV medicine?

- ☐ Hospital
- ☐ Clinic
- ☐ Other



131. You selected 'Other', please specify where else you usually pick up your antiretroviral/HIV medicine:



132. When you were pregnant or breastfeeding with your first child, did you ever stop taking your medication?

- ☐ Yes, I stopped completely
☐ Yes, I stopped and restarted
☐ No, I did not stop (**Skip to Q135**)

133. CODE AD (Child 1)

Please Acknowledge ☐

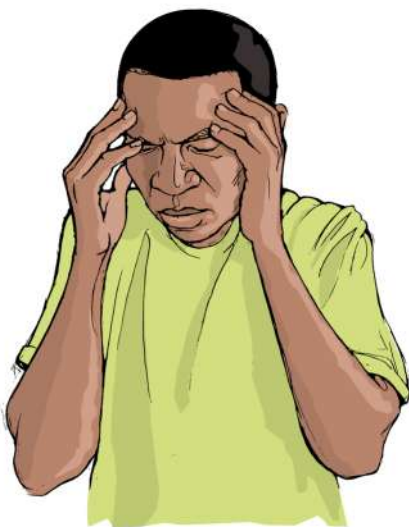


134. CODE ADOLESCENT DEFAULTER (Child 1)

Guidance Questions:

- How long did you stop taking your medication for?
- Did you start taking your medication again?

Please Acknowledge ☐



135. What side-effects did these pills give you while you were pregnant or breastfeeding?

Note: Choose as many as apply.

- ☐ None
☐ Nausea
☐ Vomiting
☐ Diarrhoea
☐ Headaches
☐ Bad dreams/problems sleeping
☐ Other

136. You selected 'Other', please specify what other side-effects these pills give you:



HEALTH QUESTIONS (ALL GIRLS ONLY)

Sometimes nurses, or doctors, offer young mothers methods to help them decide when and if they want to have another baby.



137. Which of the following were you recommended are you gave birth to your first child?

Note: Choose as many as apply. You cannot select 'None of the above' with any of the other options.

- ☐ Condoms
- ☐ IUD
- ☐ Implant
- ☐ Injection

- ☐ Pill
- ☐ Sterilization
- ☐ None of the above

138. Did you choose to use anything to help you decide when and if you want to have another baby?

Note: Choose as many as apply. You cannot select 'None of the above' with any of the other options.

- ☐ Condoms
- ☐ IUD
- ☐ Implant
- ☐ Injection

- ☐ Pill
- ☐ Sterilization
- ☐ None of the above



Being pregnant can be exciting, but also a bit confusing. Things are changing all the time. You can have cravings, cramps, or strange aches.

139. Where did you get your information about your pregnancy and taking care of yourself from?

Note: Choose as many as apply.

- | | |
|---|---|
| <input type="checkbox"/> My mother/caregiver | <input type="checkbox"/> School |
| <input type="checkbox"/> Nurse/ Doctor at the local clinic | <input type="checkbox"/> Book/ library |
| <input type="checkbox"/> Community health worker or peer/mentor mom | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Social media (Facebook, Twitter, Instagram) |
| <input type="checkbox"/> Traditional healer | <input type="checkbox"/> Mobile app (MomConnect, BeWise, BabyCentre, etc) |
| <input type="checkbox"/> Social worker | <input type="checkbox"/> Other |
| <input type="checkbox"/> Friends/other young moms like me | |

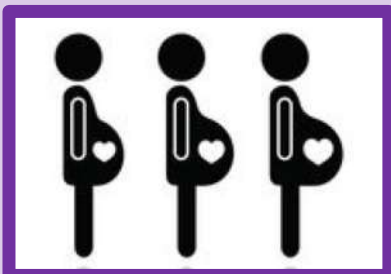
140. You selected 'Other'. Where else did you get information about your pregnancy and taking care of yourself from?

141. How supported did you feel during your pregnancy?

- ☐ Very supported (**Skip to Q144**)
- ☐ Sometimes supported (**Skip to Q144**)
- ☐ I felt rejected
- ☐ Not supported at all (**Skip to Q144**)

142. CODE P (Child 1)

Please Acknowledge ☐



143. CODE PREGNANCY SUPPORT (Child 1)

Guidance Questions:

- Who rejected you?
- What happened?
- Did you ask for help?
- Did you receive any help from other people?

Please Acknowledge ☐



144. Did you enjoy your first pregnancy?

- ☐ Yes
☐ No
☐ I don't remember



Having children makes your life really busy and parenthood makes it often difficult to focus on other things, such as going to school and school-work. Some mothers cannot go back to school after they had a child whilst others are able to continue with their schooling. We would like to hear about your experiences.



How old was your first child when you went back to school?

Note: Enter 777 if you did not go back to school at all.

145. Months:

146. Weeks:

147. If you put 777, what was/were your reason(s) you did not go back to school after you had your first child?

Note: Choose as many as apply.

- ☐ I was unable to pay school fees
☐ I had to care for the child
☐ I needed/wanted to work
☐ I was not interested in school
☐ I was sick
☐ I had to care for a sick relative
☐ Other

148. You selected 'Other', please specify the reason(s) you did not go back to school:



149. Which grade did you start when you returned to school?

Please think about THE LAST FULL TERM YOU WENT TO SCHOOL. If you are not sure when this was, please chat with the Research Assistant.

In the last full term of school, how often did the following happen when you needed to take your first child to the clinic/facility for their health during school-time:

	Never	Sometimes	Often
150. I missed school			
151. Someone else took them			
152. I went to school late			
153. I did not take my first child to the clinic during that time			
154. Other	Skip to Q156		

155. You selected 'Other', please specify when you had to take your first child to the clinic/facility for their health:

156. In the last full term of school, how many weeks did you miss school (not including weekends, holidays or public strikes) because you looked after your first child?

- ☐ Less than a week in total
- ☐ About a week in total
- ☐ About 2 weeks in total
- ☐ About 3 weeks in total
- ☐ More than a month

157. In the last full term of school, how many weeks were you unable to spend the time you needed on homework/ studying for exams because you looked after your first child?

- ☐ Less than a week in total
- ☐ About a week in total
- ☐ About 2 weeks in total
- ☐ About 3 weeks in total
- ☐ More than a month

158. Is there a song you like so much you have it completely memorised? What is the title?



SECTION 4: CHILD 1: THE OTHER PARENT



We would like to ask a bit more information about your first child's other biological parent. This information will be kept completely anonymous and confidential.

GIRLS ONLY (BOYS SKIP TO Q161)

Akhona had a baby last year. She isn't sure of who the father is, but is bringing the child up together with her grandmother. Lindiwe also had a baby last year, and she lives with the father of the child. But sometimes the relationship with your child's other parent can also be difficult. What about you?

159. Do you know who the father of your first child was?

- ☐ Yes
☐ No (**Skip to Q186**)
☐ Not sure (**Skip to Q186**)

160. How old is the father?

Note: If you don't know, please enter 999. If they are not alive any more, please enter 777. You cannot put more than 100 years.

161. How old is the mother?

Note: If you don't know, please enter 999. If they are not alive any more, please enter 777. You cannot put more than 100 years.

162. How old was the first child's father or mother when the first child was born?

Note: If the other partner died during the pregnancy, put their age at the time. If you don't know, put 999. You cannot put more than 100 years.



GIRLS ONLY

163. Often it can be difficult when we find out that we will become a parent. Sometimes people feel happy, others get scared and worried. How did your first child's father react when you told them about the baby, when you were pregnant?

Note: Choose as many as apply. You cannot select 'I did not know who the father was' or 'I never told him about the baby/child' with any other options.

- ☐ I did not know who the father was
- ☐ They were okay with it
- ☐ They denied being the father
- ☐ They were happy
- ☐ They wanted me to end the pregnancy
- ☐ They were supportive
- ☐ They were angry
- ☐ They yelled at me
- ☐ They hit me or beat me up
- ☐ I never told them about the baby/child

BOYS ONLY

164. Often it can be difficult when we find out that we will become a parent. Sometimes people feel happy, others get scared and worried. How did you react, when your first child's mother told you that she was pregnant?

Note: Choose as many as apply. You cannot select 'She never told me about the baby/child until they were born' with any other options.

- ☐ I was ok with it
- ☐ I was not sure it was child
- ☐ I was happy
- ☐ I was upset/shocked
- ☐ I wanted her to end the pregnancy
- ☐ She never told me about the baby/child until they were born



GIRLS ONLY

165. Do you know your first child's father's HIV status now?

- ☐ HIV-positive
- ☐ HIV-negative
- ☐ I don't know

BOYS ONLY

166. Do you know your first child's mother's HIV status now?

- ☐ HIV-positive
- ☐ HIV-negative
- ☐ I don't know

GIRLS ONLY

167. Is your first child's father still your partner?

- ☐ Yes, all of the time
- ☐ Yes, sometimes
- ☐ No

BOYS ONLY

168. Is your first child's mother still your partner?

- ☐ Yes, all of the time
- ☐ Yes, sometimes
- ☐ No



GIRLS ONLY

169. Where do they (the father) live?

- ☐ They live with me and the child
- ☐ They live nearby
- ☐ They live far away
- ☐ I don't know where they live

BOYS ONLY

170. Where do they (the mother) live?

- ☐ They live with me and the child
- ☐ They live nearby
- ☐ They live far away
- ☐ I don't know where they live

GIRLS ONLY

171. Have you had arguments with the child's father about money to look after the child?

- ☐ Yes
- ☐ No

BOYS ONLY

172. Have you had arguments with the child's mother about money to look after the child?

- ☐ Yes
- ☐ No

173. Has your first child's other parent ever hit or beaten you up?

☐ Yes

☐ No

GIRLS ONLY

174. Have you sought a maintenance order for your first child from their father?

- ☐ No, I haven't tried to get this
(Skip to Q178)
- ☐ Yes, I have tried but didn't get any maintenance order (Skip to Q178)
- ☐ Yes, I have a maintenance order

BOYS ONLY

175. Have you sought a maintenance order for your first child from their mother?

- ☐ No, I haven't tried to get this
(Skip to Q178)
- ☐ Yes, I have tried but didn't get any maintenance order (Skip to Q178)
- ☐ Yes, I have a maintenance order

GIRLS ONLY

176. Does their father comply with the maintenance order?

- ☐ Yes
- ☐ No

BOYS ONLY

177. Does their mother comply with the maintenance order?

- ☐ Yes
- ☐ No

IF 'YES' ON Q176/177, GIRLS SKIP TO Q181, BOYS SKIP TO Q183



178. Would you like some information on how to get a maintenance order?

☐ Yes

☐ No (**Girls skip to Q181, Boys skip to Q183**)

179. CODE MO (Child 1)

Please Acknowledge ☐



180. CODE MAINTENANCE ORDER (Child 1)

Guidance questions:

- What obstacles have you faced in getting a maintenance order?
- Would like us to assist you in finding help? (e.g. Information on maintenance, social worker)

Please Acknowledge ☐



GIRLS ONLY

181. Has your first child's father paid damage to your family?

- ☐ Yes (**Skip to Q186**)
- ☐ No
- ☐ Not applicable (Not part of my child's culture) (**Skip to Q186**)

182. You selected 'No'. What happened?

- ☐ My family did not ask them
- ☐ They are still negotiating with my family
- ☐ No they refused to pay



BOYS ONLY

183. Have you paid damage to the child's mother's family?

- ☐ Yes (**Skip to Q186**)
- ☐ No
- ☐ Not applicable (Not part of my culture) (**Skip to Q186**)

184. You selected 'No'. What happened?

- ☐ Her family did not ask
- ☐ They are still negotiating with my family
- ☐ My family refused to pay
- ☐ Other

185. You selected 'Other'. Please specify what happened with the damage?

CHILD 1 & OTHER CHILDREN



Questions 186 to 209 should only be answered if the participant answered 'Yes' to the PC Gateway question (Q17). Skip to question 210 if the participant answered 'No' to the PC Gateway question (Q17)"

Not all children are the same. Sindi had a little boy, called Zolani, while her sister, Aphiwe had a daughter called Xoliswa. Even though Zolani and Xoliswa were the same age, Zolani learned how to walk before Xoliswa. But she could speak a lot more words before Zolani did. What about your child? How did they do compared to other children their age?

	Yes	No	Child is too young
186. Compared to other children, did your first child have any serious delay in sitting, standing or walking?	*		
187. Compared to other children, does your first child have difficult seeing, either in day time or at night?	*		
188. Does your first child have any difficulty hearing?	*		
189. When you tell your first child to do something, do they seem to understand what you are saying?			
190. Does your first child have any difficulty walking or moving their arms or do they have weakness or stiffness?	*		
191. Does your first child sometimes have fits, become rigid, or lose consciousness?	*		
192. Does your first child learn to do things like other children their age?			
193. Does your first child speak at all (can they make themselves understood in words; can they say recognisable words)?			
194. Is your first child's speak in any way different from normal (not clear enough to be understood by people other than the immediate family)?	*		
195. Compared to other children of their age, does your first child appear in any way slower to understand you or slower at learning new things?	*		



If you did NOT select 'Yes' on Q189, Q192 or Q193, skip to Q198

196. CODE M (Child 1)

Please Acknowledge ☐



197. CODE MEERKAT (Child 1)

Guidance questions:

The participant has answered 'Yes' to one or more of the comparison questions above. Please speak to the participant about their child's difficulties:

E.g.

- When did you notice that your child is having this/these difficulties?
- Did you ask anyone for help?
- Would you like us to help you connect with a clinic or a social worker?

Please Acknowledge ☐



Lindiwe has two children: a 3-year old boy – Zuko – and a 5-year old girl – Andiswa. When Andiswa was little she was shy, struggled to go to sleep and cried a lot. Zuko, on the other hand, is very relaxed and happy. Think about your child in the last two months.

To what extent do the following statements apply to your child's behaviour during the last two months?

	Very Typical	Quite Typical	Neither/ Nor	Not so typical	Not at all typical
198. Your child cries easily					
199. Your child is always moving around/busy					
200. Your child prefers playing with others rather than alone					



	Very Typical	Quite Typical	Neither/ Nor	Not so typical	Not at all typical
201. Your child is very active/ physical as soon as they wake up in the morning					
202. Your child is very friendly and outgoing					
203. Your child takes a long time to warm up to strangers					
204. Your child gets upset or sad easily					
205. Your child prefers quiet, inactive games to more active ones					
206. Your child likes to be with people					
207. Your child reacts intensely when upset					
208. Your child is very friendly with strangers					
209. Your child finds other people more fun than anything else					





SECTION 5: CHILD 1 FOOD & NUTRITION

Think about the first 6 months of your first child's life.

210. How was your first child fed in the first six months of their life?

- ☐ Breastfeeding mixed with some baby formula
- ☐ Baby formula only (**Skip to Q214**)
- ☐ Breastfeeding only
- ☐ Other milk or water (**Skip to Q214**)

211. Did your first child ever take someone else's breastmilk (other than their biological mother)?

- ☐ Yes
- ☐ No

212. How long was your first child breastfed?

- ☐ They are still being breastfed
- ☐ Breastfeeding has gradually stopped and combined with other milk/foods
- ☐ Breastfeeding has gradually stopped and been replaced with other milk/foods



213. How old was your first child when they stopped being breastfed?

- ☐ This child was never breastfed
- ☐ Less than 6 months
- ☐ 6-12 months
- ☐ 1 year or older



Questions 214 to 303 should only be answered if the participant answered 'Yes' to the PC Gateway question (Q17). Skip to question 304 if the participant answered 'No' to the PC Gateway question (Q17)"

Now we will ask you about your child's eating now. Sometimes children eat what we offer them. Other times they have no appetite. Sometimes they throw their food EVERYWHERE! Think about your first child.

214. Are they eating solids, such as butternut, potato, porridge, etc.?

☐ Yes

☐ No

215. How many days in the past week, was there not enough food or milk for your first child at home?

Note: You cannot enter more than 7 days.



If you put 0 on Q215, skip to Q218

216. CODE F (Child 1)

Please Acknowledge ☐



217. CODE FOOD (Child 1)

Guidance questions:

- What do you do when there is not enough food or milk in your home?

Please Acknowledge ☐



218. Did your child eat any fruit or vegetables yesterday?

☐ Yes

☐ No



SECTION 6: CHILD 1 HEALTH

Kids get sick all the time. Sometimes they get better by themselves and other times they need to see a nurse or doctor.

219. How many days in the last month was your first child sick?

- ☐ Not at all
- ☐ Less than a week
- ☐ 2 or 3 weeks
- ☐ All the time



220. How many times last year has this child been in hospital overnight?

Note: If you don't know, please enter 999. You can only enter up to 365 days or 999.



221. Has your child received any of these tests for tuberculosis (TB) in the last 12 months?

Note: Choose as many as apply. You cannot select 'My child has never received one of these tests for TB' with any other choices.

- ☐ The health worker pricked my child's skin with a needle, and then my child had to come back to the clinic so that they could see if there was a reaction
- ☐ My child coughed sputum into a little bottle or container
- ☐ My child had a chest x-ray
- ☐ My child received one of these tests, but it was more than a year ago
- ☐ My child has never received one of these tests for TB
(Skip to Q224)



222. What were the results of your child's last TB test?

- ☐ It was negative (**Skip to Q221**)
- ☐ It was positive, and my child is still sick
- ☐ It was positive, but my child took medication and is better now (**Skip to Q221**)
- ☐ I don't know the results (**Skip to Q221**)

223. CODE TB (Child 1)

Please Acknowledge ☐



224. How many times has your first child had TB?

Note: If you don't know, please enter 999. You cannot enter more than 20 times.

	Yes	No	I don't know
225. Have any of the adults or children living with your first child had TB in the last 12 months?			
226. Has any of the adults or children living with your first child had a cough that lasted more than two weeks in the last 12 months?			

227. Which of the following illnesses/health issues has your doctor told you your first child had in the last year?

Note: Choose as many as apply. You cannot select 'I don't know' or 'None' with any other choices.

- ☐ None
- ☐ Pneumonia
- ☐ Meningitis
- ☐ TB
- ☐ Measles
- ☐ Pertussis (whooping cough)
- ☐ I don't know



Now think about your child's health in the last year. Children get sick often, especially when they are little.

Which of the following symptoms/illnesses has your first child had in the past 12 months?

	I don't know	Never	Sometimes	Often
228. Asthma, lung problems and trouble breathing for more than two days				
229. Ear problems: pains and infections				
230. Fits or epilepsy				
231. Shingles or itchy rash in the skin				
232. Dry skin or eczema				
233. Sores on the hands, mouth, feet or other parts of the body				
234. A cough where they spit up green or yellow stuff				
235. A bad cough lasting three weeks or longer				
236. Night sweats				
237. Coughing up blood				
238. Ulcers, white patches on their mouth or problems swallowing food				
239. Diarrhoea or a runny tummy for more than two days				
240. Nausea or vomiting (not just babies spitting up milk)				
241. Fever				
242. Lost a lot of weight, or could not put on weight				
243. Injuries/falls				
244. Sleepy and more tired than usual (not as playful as usual)				

245. Where do you take your first child when they are sick?

- | | |
|--|---|
| <input type="checkbox"/> Berlin Clinic | <input type="checkbox"/> Beacon Bay Clinic - Nompulelo Clinic - Chris |
| <input type="checkbox"/> Bhisho Hospital - ARV Clinic | <input type="checkbox"/> Hani Clinic |
| <input type="checkbox"/> Bhisho Hospital - ANC Clinic | <input type="checkbox"/> Ginsberg Clinic |
| <input type="checkbox"/> Cecilia Makiwane Hospital - ARV/ adult Clinic | <input type="checkbox"/> Ndevana Clinic |
| <input type="checkbox"/> Cecilia Makiwane Hospital - PMTCT/ ANC Clinic | <input type="checkbox"/> Breidbach Clinic |
| <input type="checkbox"/> Cecilia Makiwane Hospital - Pediatric Clinic | <input type="checkbox"/> Tyutyu Clinic |
| <input type="checkbox"/> Central Clinic | <input type="checkbox"/> Braelyn Clinic |
| <input type="checkbox"/> Duncan Village Day Hospital | <input type="checkbox"/> Bhisho Gateway Clinic |
| <input type="checkbox"/> Dimbaza Community Healthcare Centre | <input type="checkbox"/> Cata Clinic |
| <input type="checkbox"/> Empilweni Gompo Healthcare Centre | <input type="checkbox"/> Ethembeni Clinic |
| <input type="checkbox"/> Frankfort Clinic Frere Hospital - ARV/ adult Clinic | <input type="checkbox"/> Frere Gateway Clinic |
| <input type="checkbox"/> Frere Hospital - PMTCT/ ANC Clinic | <input type="checkbox"/> NU3 Fezeka Clinic |
| <input type="checkbox"/> Frere Hospital – Pediatrics | <input type="checkbox"/> NU5 Clinic |
| <input type="checkbox"/> Grey Hospital ARV Clinic | <input type="checkbox"/> NU1 Philani Clinic |
| <input type="checkbox"/> Grey Gateway Clinic | <input type="checkbox"/> Tyutyu Village Clinic |
| <input type="checkbox"/> Ilitha Clinic | <input type="checkbox"/> Zанempilo Clinic - Gonubie Clinic |
| <input type="checkbox"/> Imidange Clinic | <input type="checkbox"/> NU 7 Thembisa Clinic |
| <input type="checkbox"/> John Dube Clinic | <input type="checkbox"/> Bulembu Clinic |
| <input type="checkbox"/> Mt. Coke Community Healthcare Centre | <input type="checkbox"/> Alphendale |
| <input type="checkbox"/> Ncerha Clinic | <input type="checkbox"/> Aspiranza |
| <input type="checkbox"/> Needs Camp Clinic - Phumlani Clinic | <input type="checkbox"/> Greenfields |
| <input type="checkbox"/> NU2 Nontyatyambo Clinic | <input type="checkbox"/> Jama |
| <input type="checkbox"/> NU8 Nobuhle Clinic | <input type="checkbox"/> Jobane |
| <input type="checkbox"/> NU9 Clinic | <input type="checkbox"/> Kei mouth |
| <input type="checkbox"/> NU12 Eluxolweni Clinic | <input type="checkbox"/> Kwelerha |
| <input type="checkbox"/> NU13 Siyaphilisa Clinic | <input type="checkbox"/> Mncotsho |
| <input type="checkbox"/> NU17 Clinic | <input type="checkbox"/> Newlands |
| <input type="checkbox"/> Nonkcampa Clinic | <input type="checkbox"/> NU16 |
| <input type="checkbox"/> Sweetwaters Clinic | <input type="checkbox"/> Openshaw |
| <input type="checkbox"/> Qurhu Clinic | <input type="checkbox"/> Pefferville |
| <input type="checkbox"/> Tshatshu Clinic | <input type="checkbox"/> Phakamisa |
| <input type="checkbox"/> Zikhova Clinic | <input type="checkbox"/> Potsdam |
| <input type="checkbox"/> Zwelitsha Clinic zone 5 | <input type="checkbox"/> Sotho |
| <input type="checkbox"/> Zwelitsha Clinic zone 8 | <input type="checkbox"/> Twecu |
| | <input type="checkbox"/> Other (incl. unknown areas) |

246. You selected 'Other'. Which other clinic do you take your first child to when they are sick?

247. Does your first child go to a different facility for health care services (immunizations, check-ups, collecting medication, etc.)?

☐ Yes

☐ No (**Skip to Q250**)

248. Which facility does your first child go to for health care services (immunizations, check-ups, collecting medication, etc.)?

- | | | |
|--|---|--|
| <input type="checkbox"/> Berlin Clinic | <input type="checkbox"/> Imidange Clinic | <input type="checkbox"/> Cata Clinic |
| <input type="checkbox"/> Bhisho Hospital - ARV Clinic | <input type="checkbox"/> John Dube Clinic | <input type="checkbox"/> Ethembeni Clinic |
| <input type="checkbox"/> Bhisho Hospital - ANC Clinic | <input type="checkbox"/> Mt. Coke Community Healthcare centre | <input type="checkbox"/> Frere Gateway Clinic |
| <input type="checkbox"/> Cecilia Makiwane Hospital - ARV/adult Clinic | <input type="checkbox"/> Ncerha Clinic | <input type="checkbox"/> NU3 Fezeka Clinic |
| <input type="checkbox"/> Cecilia Makiwane Hospital - PMTCT/ ANC Clinic | <input type="checkbox"/> Needs Camp Clinic - Phumlani Clinic | <input type="checkbox"/> NU5 Clinic |
| <input type="checkbox"/> Cecilia Makiwane Hospital - Pediatric Clinic | <input type="checkbox"/> NU2 Nontyatyambo Clinic | <input type="checkbox"/> NU1 Philani Clinic |
| <input type="checkbox"/> Central Clinic | <input type="checkbox"/> NU8 Nobuhle Clinic | <input type="checkbox"/> Tyutyu Village Clinic |
| <input type="checkbox"/> Duncan Village Day Hospital | <input type="checkbox"/> NU9 Clinic | <input type="checkbox"/> Zanempilo Clinic - Gonubie Clinic |
| <input type="checkbox"/> Dimbaza Community Healthcare Centre | <input type="checkbox"/> NU12 Eluxolweni Clinic | <input type="checkbox"/> NU 7 Thembisa Clinic |
| <input type="checkbox"/> Empilweni Gampo Healthcare Centre | <input type="checkbox"/> NU13 Siyaphilisa Clinic | <input type="checkbox"/> Bulembu Clinic |
| <input type="checkbox"/> Frankfort Clinic | <input type="checkbox"/> NU17 Clinic | <input type="checkbox"/> Alphendale |
| <input type="checkbox"/> Frere Hospital - ARV/ adult Clinic | <input type="checkbox"/> Nonkcampa Clinic | <input type="checkbox"/> Aspiranza |
| <input type="checkbox"/> Frere Hospital - PMTCT/ ANC Clinic | <input type="checkbox"/> Sweetwaters Clinic | <input type="checkbox"/> Greenfields |
| <input type="checkbox"/> Frere Hospital – Pediatrics | <input type="checkbox"/> Qurhu Clinic | <input type="checkbox"/> Jama |
| <input type="checkbox"/> Grey Hospital ARV Clinic | <input type="checkbox"/> Tshatshu Clinic | <input type="checkbox"/> Jobane |
| <input type="checkbox"/> Grey Gateway Clinic | <input type="checkbox"/> Zikhova Clinic | <input type="checkbox"/> Kei mouth |
| <input type="checkbox"/> Ilitha Clinic | <input type="checkbox"/> Zwelitsha Clinic zone 5 | <input type="checkbox"/> Kwelerha |
| | <input type="checkbox"/> Zwelitsha Clinic zone 8 | <input type="checkbox"/> Mncotsho |
| | <input type="checkbox"/> Beacon Bay Clinic - Nompulelo Clinic - Chris Hani Clinic | <input type="checkbox"/> Newlands |
| | <input type="checkbox"/> Ginsberg Clinic | <input type="checkbox"/> NU16 |
| | <input type="checkbox"/> Ndevana Clinic | <input type="checkbox"/> Openshaw |
| | <input type="checkbox"/> Breidbach Clinic | <input type="checkbox"/> Pefferville |
| | <input type="checkbox"/> Tyutyu Clinic | <input type="checkbox"/> Phakamisa |
| | <input type="checkbox"/> Braelyn Clinic | <input type="checkbox"/> Potsdam |
| | <input type="checkbox"/> Bhisho Gateway Clinic | <input type="checkbox"/> Sotho |
| | | <input type="checkbox"/> Twecu |
| | | <input type="checkbox"/> Other (incl. unknown areas) |

249. You selected 'Other'. Please specify which other clinic your first child goes to for health care services (immunizations, check-ups, collecting medication, etc.)?



How long does it usually take to get to the CLINIC?

250. Hours:

Note: If less than an hour, put 0. If you don't know, put 999. If commute really takes 9 or more hours, enter 9.

251. Minutes:

Note: If exactly an hour(s), put 0. If you don't know, put 999. There are not more than 59 minutes in an hour. You cannot put 0 for hours and 0 for minutes at the same time.

In the last year, how long did you usually wait to see the nurse/doctor at the CLINIC?

252. Hours:

Note: If less than an hour, put 0. If you don't know, put 999. If commute really takes 9 or more hours, enter 9.

253. Minutes:

Note: If exactly an hour(s), put 0. If you don't know, put 999. There are not more than 59 minutes in an hour. You cannot put 0 for hours and 0 for minutes at the same time.

How long does it usually take to get to the HOSPITAL?

254. Hours:

Note: If less than an hour, put 0. If you don't know, put 999. If commute really takes 9 or more hours, enter 9.

255. Minutes:

Note: If exactly an hour(s), put 0. If you don't know, put 999. There are not more than 59 minutes in an hour. You cannot put 0 for hours and 0 for minutes at the same time.

In the last year, how long did you usually wait to see the nurse/doctor at the HOSPITAL?

256. Hours:

Note: If less than an hour, put 0. If you don't know, put 999. If commute really takes 9 or more hours, enter 9.

257. Minutes:

Note: If exactly an hour(s), put 0. If you don't know, put 999. There are not more than 59 minutes in an hour. You cannot put 0 for hours and 0 for minutes at the same time.



258. In the last year, did you ever take your child to the clinic or hospital and NOT get help?

☐ Yes

☐ No (**Skip to Q261**)

259. CODE C (Child 1)

Please Acknowledge ☐



260. CODE CLINIC (Child 1)

Guidance questions:

- What happened at the clinic?
- Who did that when you were at clinic?
- What made them not help you at the first time you were there?
- Who did you tell about that / Who did you ask for help?
- Did you receive any help after you reported that?

Please Acknowledge ☐



261. Sometimes it is not possible to take our children to the hospital or clinic when they need to go.

In the last year, were there any times that you could not get your first child to the clinic or hospital when she/he was sick?

☐ Yes

☐ No (**Skip to Q263**)

262. Why did that happen?

Note: Choose as many as apply. You cannot select 'I don't know' with any other options.

☐
☐
☐
☐

It is too far to walk

I have not had enough transport money

I have been embarrassed to go by myself

The nurses treated me badly the last time I went

☐
☐
☐
☐

I had to go to school

I had a job

No one was available to take the child

I don't know



CHILD HIV TEST, STATUS & ART

Little children often get injections: vaccines, immunizations, etc. Sometimes, they also have to have their bloods taken to check on their health. Think about your first child.

263. Has your child had any blood tests in the last year?

- ☐ Yes ☐ No (**Skip to Q301**) ☐ I don't know (**Skip to Q301**)

264. Which tests did they have?

Note: Choose as many as apply. You cannot select 'They have not had any blood tests' with any other choices.

- ☐ Diabetes
- ☐ HIV test
- ☐ Viral Load
- ☐ CD4 count
- ☐ Other
- ☐ They have had blood tests, but I don't know for what
- ☐ They have not had any blood tests
- ☐ I don't know



265. You selected 'Other'. Please specify which other tests you child had in the last year:



If you selected that your child had a diabetes test:

266. What were the results of your first child's diabetes test?

- ☐ My child has diabetes
☐ My child does not have diabetes
☐ I don't know the results

If you selected that your child had a viral load test:

267. What were the results of your first child's viral load test?

Note: If you don't know, please enter 999.

If you selected that your child had a CD4 count:

268. What were the results of your first child's CD4 count test?

Note: If you don't know, please enter 999.

How old was your first child when she/he had their most recent HIV test?

Note: If they have never had a HIV test, please enter 999 in all boxes.

269. Year(s):
Note: You cannot enter more than 15.

270. Months:
Note: You cannot enter more than 11 months in a year.

271. Weeks:
Note: You cannot enter more than 4 weeks in a month.

272. What were the results of your first child's most recent HIV test?

- ☐ My child is HIV-positive
☐ My child is HIV-negative (**Skip to Q274**)
☐ I don't know the results (**Skip to Q274**)

273. Did someone (nurse, doctor, counsellor, social worker) give you any advice on how to look after a child who is HIV+?

- ☐ Yes
☐ No





274. Has your first child ever taken ARV or medication to treat HIV or prevent them from getting HIV (this could have been a syrup or a tablet)?

- ☐ Yes (**Skip to Q277**)
☐ No
☐ I don't know



If the child is HIV-positive (Q272) and does not take ARV or the parent doesn't know (Q274):

275. CODE CD (Child 1) (ever)

Please Acknowledge ☐



276. CODE CHILD DEFAULTER (Child 1) (ever)

Guidance questions:

- We'd like to ask you a few questions about how your first child's treatment is going.
- You've indicated that they are HIV-positive but they haven't ever taken medication to treat HIV or that you don't know if they have.
- Why do you think your first child has never taken ARVs?
- Would like us to assist you in finding help? (e.g. Talk to a nurse, social worker)

Please Acknowledge ☐



If the child does not take ARVs or parent doesn't know – Skip to Q295.



FOR CHILDREN WHO HAVE EVER TAKEN ARVs OR MEDICATION TO TREAT HIV

277. Do you know the name of this medicine?

Note: Please enter 'No' if you do not know the name of this medicine.

278. Please take a photo, if you have a bottle or box of what the baby had to take:



Please Acknowledge ☐

How old was your first child when they started taking ARVs?

Note: If they have never had a HIV test, please enter 999 in all boxes.

279. Year(s):

Note: You cannot enter more than 15.

280. Months:

Note: You cannot enter more than 11 months in a year.

281. Weeks:

Note: You cannot enter more than 4 weeks in a month.

282. How long did your first child take HIV medication/ARVs for?

☐ For a few days after birth but not now

☐ Since birth (**Skip to Q289**)

☐ Child stopped taking HIV medication

☐ They are still taking them (**Skip to Q289**)

☐ Never/Not at all

☐ I don't know

283. CODE CD (Child 1) (now)

Please Acknowledge ☐



284. CODE CHILD DEFAULTER (Child 1) (now)

Guidance questions:

- Why do you think your first child stopped taking ARVs
- Would you like us to assist in finding help? (e.g. talk to a nurse, social worker)

Please Acknowledge ☐





**If the child stopped taking ARVs (Options 'For a few days after birth but not now', 'Child stopped taking HIB medicine', 'Never/Not At All' or 'I don't know'.
Other options – Skip to Q287**

When did the child stop taking their HIV medicine/ARVs?

Note: If they have never had a HIV test, please enter 999 in all boxes.

285. Year(s):

Note: You cannot enter more than 15.

286. Months:

Note: You cannot enter more than 11 months in a year.

287. Weeks:

Note: You cannot enter more than 4 weeks in a month.

288. Why did your first child stop taking HIV medications?

Note: You cannot select 'I don't know with any other options.

- ☐ The doctor/nurse said I should stop giving them
- ☐ Child does not want to take the medication
- ☐ It was very hard to give the child the medication
- ☐ Child looks healthy
- ☐ Ran out of medication
- ☐ Child kept spitting out or throwing up their medication
- ☐ Afraid that others would see the medication
- ☐ The medication makes child ill
- ☐ Found other ways to keep child healthy
- ☐ Other
- ☐ I don't know



**If the child is still taking ARVs (Option 2 or 4 on Q280).
Other options - Skip to Q293.**

CHILD ARV ADHERENCE

It is very hard for children to take meds. Sometimes they taste nasty or are hard to swallow. At other times the baby vomits the medicine with their food. We will now ask you some questions about your child if they are taking medications now:

289. How many days DID they take, eat/drink all of their ARVs or HIV medicine at the right time last week?

Note: If you don't know, please enter 999. You cannot enter more than 7 days.

290. Think of the last time that your first child did NOT have their ARVs/HIV medicine. When was it?

- ☐ In the last week
☐ In the last month
☐ In the last year

- ☐ More than a year ago
☐ Never, they have never missed their medicine
☐ I don't know

291. Think of the last time that your first child vomited after taking their ARVs/HIV medicine. When was it?

- ☐ In the last week
☐ In the last month
☐ In the last year

- ☐ More than a year ago
☐ Never, they have never thrown up
☐ I don't know

292. Think of the last weekend. How many times did your first child NOT take their medicine last weekend (Friday night, Saturday and Sunday)?

Note: If you don't know, please enter 999. You cannot enter more than 20 times.

293. In the past year, has your child ever not been able to take medicine for more than a week in a row?

- ☐ Yes ☐ No ☐ I don't know

294. And last, how many days in the last month was your first child NOT able to take their ARVs or HIV medicine?

Note: If you don't know, please enter 999. You cannot enter more than 31 days per month.



**If the child is HIV-positive ('My child is HIV-positive on Q272).
Other options - Skip to Q301.**

295. Has your first child been told they are HIV-positive?

- ☐ Yes ☐ No (**Skip to Q300**) ☐ I don't know (**Skip to Q300**)

296. Who told your first child they were HIV-positive?

- ☐ Child's mother
☐ Child's father
☐ My caregiver
☐ Someone else in child's family
(e.g. grandmother/grandfather,
aunt/uncle)
☐ Other

297. What was your first child's reaction?

Note: Choose as many as apply.

- ☐ They understood
☐ They did not understand
☐ They were relieved
☐ They were sad
☐ They were angry
☐ They accepted

298. You selected 'Other'. Please specify who told your first child they are HIV-positive:



299. How old was the child when you first told them?

Note: You cannot enter more than 15 years

300. At what age (of your child) do you plan to tell your child about their HIV status?

Note: If you don't know, please enter 999. If you've already told them, please enter 777. You cannot enter more than 100 years.



FOR ALL CHILDREN



We will now ask some questions about your child, if they are taking medications:

301. What treatment is your first child currently taking?

Note: Choose as many as apply. You cannot select 'Not taking any' with any other choices.

- ☐ Not taking any (**Skip to Q304**)
- ☐ Panado
- ☐ Antiretrovirals/medicine for HIV
- ☐ Medication for TB: Co-trimoxazole or IPT (Isoniazid Prevention Treatment)
- ☐ Other antibiotics
- ☐ Vitamins
- ☐ Immune boosters
- ☐ Traditional medicine
- ☐ Supplements
- ☐ Other
- ☐ I don't know



302. Could you please take a photo of the medicine that your first child is having now? Remember this information will be kept confidential.

Please Acknowledge ☐



303. Who was the main person who gave your first child their medicine in the last month?



- ☐ Child's mother
- ☐ Child's father
- ☐ My caregiver
- ☐ Caregiver (not biological mother or father)
- ☐ Other family member
- ☐ Health care worker
- ☐ Someone else
- ☐ Child hasn't taken any medication in the last month



SECTION 7: PARENTING EXPERIENCES

Now we'd like to ask you a little bit about your experiences as a parent. Remember, you will not be judged.

Being a parent is a fun and messy experience. Children are playful and have lots of energy. They can also get sick, dirty, and have strong feelings. Taking care of them is hard work. We would like to better understand what it is like to be a young parent. We will keep your answers confidential and anonymous, unless you ask us for help.



The following statements describe feelings about being a parent. Think of each of the items in terms of how your relationship with your child(ren) typically has been in the last month:

	Disagree	Not sure	Agree
304. I sometimes worry whether I am doing enough for my child(ren).			
305. The major source of stress in my life is my child(ren).			
306. I am very busy and have little free time because of my child(ren).			
307. I enjoy spending time with my child(ren).			
308. Having child(ren) is too expensive.			
309. It is difficult to balance different responsibilities because of my child(ren).			
310. Having child(ren) has meant having too few choices and too little control over my life.			
311. I find my child(ren) enjoyable.			



SECTION 8: ACTIVITIES IN THE LAST MONTH



The next set of questions is about what you do with your child(ren). There are no right and wrong answers, so please give your answers about the last month. Think about how often you have done the following with the child you spend the most time with in the last month.

	My child is too young	Never	Once or twice	Weekly	Almost daily
312. Been able to play with your child in a way that was fun for both of you?					
313. Invited your child to play a game with you or share an enjoyable experience?					
314. Taught your child new skills?					
315. Rewarded your child when she/he did something well or showed a new skill?					
316. Stuck to your rules and not changed your mind?					
317. Spoken calmly with your child when you are upset with him or her?					
318. Explained what you wanted your child to do in clear and simple ways?					
319. Told your child how you expect him or her to behave?					
320. Made rules for your child which you could stick to, when your child was naughty?					



	My child is too young	Never	Once or twice	Weekly	Almost daily
321. Made sure your child followed the rules you set all or most of the time?					
322. Avoided struggles with your child by giving them clear choices?					
323. Warned your child before a change of activity was required?					
324. Planned ways to prevent problem behaviour?					
325. Gave reasons for your requests?					
326. Made a game out of everyday tasks so your child followed through?					





SECTION 9: DISCLOSURE

This section is for HIV-positive parents ('I am HIV-positive' on Q121), and those who selected 'Giraffe' on Q16. Other participants skip to Q335.

Now we want to ask you some more questions about all of your children.

Sharing information about our health can be easy but sometimes we want to keep health information confidential. Some illnesses are easy to explain, while others are very difficult and it is better to wait till children are a bit older.



We would like to ask you about how you share information about your HIV status with your child(ren). Which of the following is true for you and your child(ren):

	Yes	No	I don't know
327. We talk openly about HIV and the child knows about the virus.			
328. We talk about this illness openly, but we have not talked about the name of the virus.			
329. We are very careful, this is a sensitive topic, and the child knows nothing.			
330. We plan to tell the child later.			
331. This is an adult disease and we want to keep this confidential.			
332. I don't know how to talk to my child about HIV/AIDS.			
333. I want help to talk to my child about HIV/AIDS.			

334. How old do you want your child(ren) to be when you tell them about YOUR OWN HIV status?

Note: If you don't know, please enter 999. Enter 0 if you plan not to tell them. You cannot enter more than 100 years.



FINAL QUESTIONS & THANK YOU

335. When was the last time your child did something that made you laugh? What was it?

336. Is there anything you'd like to say to support other young mothers/fathers like yourself?

337. What are you most proud of about yourself as a mother/father?

FOR GIRLS:

THANK YOU very much for your time. We appreciate your time and honesty. We will use this information to tell government and organizations how to help young parents and their children, like you. We will try to come back to visit you in the next three years and see how you and your child(ren) are doing.

Remember that you are an amazing young woman. Being a mother is not easy, but it is such an important job to do. And we are proud of you for all the care and love you give.

FOR BOYS:

THANK YOU very much for your time. We appreciate your time and honesty. We will use this information to tell government and organizations how to help young parents and their children, like you. We will try to come back to visit you in the next three years and see how you and your child(ren) are doing.

Remember that you are an amazing young man. Being a father is not easy, but it is such an important job to do. And we are proud of you for all the care and love you give.



SUMMARY CODES



		Please acknowledge
338) CODE GRANT	Q35	
339) CODE NEGLECT	Q41	
340) CODE BEATEN	Q91	
341) CODE ADOLESCENT DEFAULTER	Q134	
342) CODE PREGNANCY SUPPORT	Q143	
343) CODE MAINTENANCE ORDER	Q180	
344) CODE MEERKAT	Q197	
345) CODE FOOD	Q217	
346) CODE TB	Q223	
347) CODE CLINIC	Q260	
348) CODE CHILD DEFAULTER (EVER)	Q276	
349) CODE CHILD DEFAULTER (NOW)	Q284	