

Youth, Health & Media

Permissions

Date and time of interview:

Welcome to the Youth, Health & Media Survey for young people, like YOU, Living in South Africa who are between the ages of 15 and 24!

How did you hear about this survey?

- Google Ad
 Youtube
 Facebook
 Instagram
 Twitter
 Whatsapp
 Through a friend/family member
 Other, Please specify

If Other, please specify:

Do you know your date of birth?

- Yes
 No
 Prefer not to say

What is your date of birth?

((DD-MM-YYYY))

How old are you?

- Younger than 15
 15 Years old
 16 Years old
 17 Years old
 18 Years old
 19 Years old
 20 Years old
 21 Years old
 22 Years old
 23 Years old
 24 Years old
 Older than 24
 Do not know
 Prefer not to say

Actual age:
(Hidden Calculation field based on Date of Birth)

Thank you for showing interest in our YOUTH, HEALTH & MEDIA survey:

- Okay!

Unfortunately, you do not meet the criteria to continue answering the rest of the survey. This survey is specifically aimed at youth between the ages of 15 and 24 years old.

PLEASE SELECT 'END SURVEY NOW' WHEN THE PROMPT APPEARS

Please ask your parent/ guardian to complete the following 3 questions before you proceed:

Yes

No

I have read the information concerning this study or viewed the information video on the website, and understand the purpose and procedures.

I have been given the opportunity to ask questions through the live-chat feature or by contacting the study team by phone, text or email.

I agree that my child/ward can take part in the study.

You have answered 'NO' to "I have read the information concerning this study or viewed the information video on the website" Okay!

Please return to our website and read over our participant information sheet & video.

You have answered 'NO' to 'I have been given the opportunity to ask questions to the study team'

Please contact our chat feature on the side of our web page to assist you with your queries and then come back to this survey.

Thank you parents for allowing your child/ward to participate! All the following questions are for your child/ ward. We ask that from now they fill out the questionnaire alone to maintain their privacy.

For young people who are ready to begin , please confirm each of the following:

	Yes	No
I have read the information concerning this study or viewed the information video on the website.	<input type="radio"/>	<input type="radio"/>
I have been given the opportunity to ask questions to the study team.	<input type="radio"/>	<input type="radio"/>
I understand the purpose and procedures of the study and that my participation is voluntary (my own choice)	<input type="radio"/>	<input type="radio"/>
I agree to take part in this study	<input type="radio"/>	<input type="radio"/>

You have answered 'NO' to "I have read the information concerning this study or viewed the information video on the website" Okay!

Please return to our website and read over our participant information sheet & video.

You have answered 'NO' to 'I have been given the opportunity to ask questions to the study team' Okay!

Please contact our chat feature on the side of our web page to assist you with your queries.

You have answered 'NO' to 'I understand the purpose and procedures of the study and that my participation is voluntary (my own choice)' Okay!

Please read over the participant information sheet & re-watch the video and then come back to complete the survey.

DEMOGRAPHICS**In this section, we ask a little bit about your background and your living situation**

Please confirm your sex/gender.

Male Female Transgender Prefer not to say

What language do you speak the most at home?

- English
- isiXhosa
- Sotho
- Tswana
- Zulu
- Other: Specify: _____
- Prefer not to answer

If Other, Please Specify: _____

Do you Live in Mthatha (Eastern Cape)?

Yes No Prefer not to say

Do you live in OR Tambo District in Eastern Cape?

Yes No Prefer not to say

What is the name of the town/village where you live?

- Bedford Convent
- De Colligny Mission Station
- Efata
- Fortgale
- Highbury
- Hillcrest or Hillcrest Ext
- Ikwezi
- Maiden Farm
- Mbuqu
- Mthatha Central (CBD)
- Mthatha Police Camp
- Myezo Park
- Ncambedlana
- Nduli Wildlife Sanctuary
- Ngangelizwe
- Northcrest
- Norwood
- Phola Park
- Ramaphosa
- Sidwadwa
- Silverton
- Southernwood
- Southridge Park
- Tipini
- Waterfall A or Waterfall B
- Wellington Prison
- Other: Specify
- Prefer not to say

If Other, please specify _____

Do you live in Eastern Cape Province?

- Yes No Prefer not to say
-

Which Province do you live in?

- Western Cape
 Northern Cape
 North West
 Free State
 Kwa-Zulu Natal
 Gauteng
 Limpopo
 Mpumalanga
 Prefer not to say
-

Do you live in an urban or rural setting?

- Urban setting Rural setting Do not know Prefer not to say
-

Are you currently at school, TVET or University?

- No Primary school High school (secondary) TVET University Other: Specify:
 Prefer not to say
-

If 'Other', please specify: _____

Have you ever been in school?

- Yes No Prefer not to say
-

What is your highest level of education completed?

- Grade R/pre-school Primary Secondary Tertiary Do not know Prefer not to say
-

What is your highest completed grade in primary level?

- Grade 1 Grade 2 Grade 3 Grade 4 Grade 5 Grade 6 Do not know
 Prefer not to say
-

What is your highest completed grade in secondary level?

- Grade 7 Grade 8 Grade 9 Grade 10 Do not know Prefer not to say
-

How would you describe your present employment situation?

- Full time student
 Work in informal sector
 Employed part-time
 Employed full-time
 Self-employed part-time
 Self-employed full-time
 Housewife/ homemaker
 Unemployed
 Unable to work (sickness or disability)
 Full time student
 Other: Specify: _____
 Prefer not to say
-

If 'Other', please specify: _____

In the past 4 weeks, how often did you go to sleep feeling hungry because of lack of food?

- Never Seldom/Rarely Sometimes Often Always Do not know Prefer not to say

MEDIA**In this section, we ask about your ownership and use of media**

Does your HOUSEHOLD have any of the following in working condition?

	Yes	No	Do not know	Prefer not to say
Radio?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Television?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Desktop computer, laptop computer or tablet/iPad?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internet? (using mobile data or wifi)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TV subscription? For instance. DSTV or Netflix?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you personally own any of the following in working condition?

	Yes	No	Prefer not to say
A radio?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A mobile Smartphone? A smartphone is a mobile phone that typically has a touchscreen, internet access and it capable of downloading and running applications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Desktop computer, laptop computer or tablet/iPad?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Most days	At least once per week	At least once per month	Less than once a month	Never	Do not know	Prefer not to say
How often do you watch TV?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you listen to the radio?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you use the internet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you use social media platforms? Examples of social media platforms are Facebook, Youtube, Instagram, Twitter, WeChat, TikTok, SnapChat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which social media platforms do you use?

You can choose multiple answers

- Facebook
 Instagram
 Twitter
 WeChat
 TikTok
 SnapChat
 YouTube
 Other: Specify
 Do not know
 Prefer not to say

If Other, please specify;



Have you ever watched 'MTV Shuga: Down South' on TV, MTV Shuga website or YouTube?

MTV Shuga is a TV drama and media campaign about young people in Africa, There have been 2 seasons of Shuga based in South Africa, called MTV Shuga Down South, The show features a group of young people who are students, artists and musicians living in or around Johannesburg,

The first series of MTV Shuga aired on SABC 1 Fridays 10pm in 2017 the second series aired on SABC 1 Tuesdays 9,30pm, repeats Sundays 7pm in 2019 & 2020, The series is also available online, Shuga also has an radio campaign that was featured on channels YFM, Jozi FM, Alex FM, Voice of Wits, Gagasi FM, Cliff Central, Transafrica radio and NMU FM,

- Yes
 No
 Do not know
 Prefer not to say

Which season of 'MTV Shuga: Down South' did you watch?

You can choose multiple answers

- Season 1
 Season 2
 Do not know
 Prefer not to say

What year did you start to watch the season 2 of MTV Shuga Down South series?

- 2019
 2020
 Do not know
 Prefer not to say

Which media did you use to watch the season 2 of 'MTV Shuga: Down South' and/or its preview show?
You can choose multiple answers

- TV YouTube MTV Shuga website Facebook Other: Specify Do not know
 Prefer not to say

If Other, please specify.

How many episodes of the season 2 of 'MTV Shuga: Down South' did you watch?

- Only 1 episode Between 2 and 4 episodes Between 5 and 7 episodes Between 8 and 10 episodes
 Do not know Prefer not to say

Did any episodes you watched, include a storyline or message about any of the following topics?

	Yes	No	Do not know	Prefer not to say
HIV testing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV self-screening?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PreP (Pre-exposure prophylaxis)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you ever listened to 'MTV Shuga: Down South' on the radio?

- Yes No Do not know Prefer not to say

Which season of 'MTV Shuga: Down South' did you listen to on the radio?

You can choose multiple answers

- Season 1 Season 2 Do not know Prefer not to say

How many episodes of the season 2 of 'MTV Shuga: Down South' did you listen to on the radio?

- Only 1 episode Between 2 and 4 episodes Between 5 and 7 episodes Between 8 and 10 episodes
 Do not know Prefer not to say

Did any of the episodes you listened include a storyline or message about any of the following topics...

	Yes	No	Do not know	Prefer not to say
HIV testing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV self-screening?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PreP (Pre-exposure prophylaxis)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you watched the MTV preview show called "16 and Pregnant" that was broadcast before the season 2 starts?

- Yes No Do not know Prefer not to say

Have you watched the documentary called "MTV Shuga in real life" that was broadcast after the end of season 2?

- Yes No Do not know Prefer not to say

Have you watched MTV PSA spots (Public Service Announcements) short MTV videos with health messages?

Yes No Do not know Prefer not to say

Have you read a graphic novel or comic book about 'MTV Shuga: Down South' Season 2?

Yes No Do not know Prefer not to say

Have you ever posted any comments about an episode of 'MTV Shuga: Down South' Season 2, on Social media, MTV website or YouTube?

Yes No Do not know Prefer not to say

Have you ever answered a polling question about a 'MTV Shuga: Down South' episode by SMS or text, phone call or on the internet?

Yes No Do not know Prefer not to say

Where did you usually watch or listen to MTV Shuga Shuga Down south season 2?

Select the main place where you usually watched or listen to MTV Shuga Down South season 2

Bars Clinic Community event Friend's house Home School University/TVET
 Small group discussion (i.e, peer education session) Other: Specify Prefer not to say

If Other, please specify.

Did you usually watch or listen to 'MTV Shuga: Down South' Season 2 on your own or with someone?

On my own With someone Both Do not know Prefer not to say

With whom did you usually watch or listen to 'MTV Shuga: Down South' Season 2?

You can choose multiple answers

Friends Partner (Boyfriend/Girlfriend/Spouse) Brother Sister Father
 Mother Grandparents Other: Specify Prefer not to say

If Other, please specify.

Have you attended a small group discussion facilitated by a peer educator (at a clinic, school, university, TVET or somewhere else) in Mthatha where an episode of 'MTV Shuga: Down South' Season 2 was screened?

No Yes, at a clinic Yes, at a school, university or TVET Yes, elsewhere: Specify
 Do not know Prefer not to say

If 'Yes, Elsewhere', please specify.

Have you attended a community event (gathering a large number of people in a public place) in Mthatha (EC) where an episode of 'MTV Shuga: Down South' Season 2 was screened?

- Yes No Do not know Prefer not to say
-

Where did Ipeleng and Daniel use the self-screen test for HIV?

- At Daniel's home At Ipeleng's home At a clinic At work Do not know
 Prefer not to say
-

What type of body sample (specimen) did Ipeleng and Daniel use for the self-screen?

- Saliva swab Blood sample (finger prick) Urine sample Do not know Prefer not to say

Loveline Helpline & websites

Have you called a helpline to get information on HIV prevention, testing or treatment?

Yes No Do not know Prefer not to say

Which helpline have you called?

You can choose multiple answers

Bwise AIDS helpline 0800 012 322 Loveline Childline Other: Specify Do not know
 Prefer not to say

If Other, please specify.

Have you ever searched for information on HIV on the internet?

Yes No Do not know Prefer not to say

What websites have you used to search for information on HIV?

You can choose multiple answers

Bwise website MTV Shuga website She Conquers website Other: Specify
 Do not know Prefer not to say

If Other, please specify.

MTV SHUGA: 'Alone Together'

In this section, we ask about the impact of the Covid-19 pandemic on your access to services, We also ask about 'MTV Shuga AloneTogether', the mini-series about Coronavirus (Covid-19) that started in April 2020



Since the Covid-19 pandemic caused by Coronavirus began, have you experienced more difficulty getting the following services?

	Yes	No	Does not apply to me	Do not know	Prefer not to say
HIV testing services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV self-screening kits?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PrEP?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Condoms?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anti-retroviral treatment for HIV?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contraception?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ante-natal care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic violence services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How has the Covid-19 pandemic affected your access to these health services?

Have you watched any MTV Shuga 'Alone Together' episodes on YouTube or the MTV Shuga website?
<https://mtvshugaalonetogether.com>

Yes No Do not know Prefer not to say

Approximately how much time did you spend watching MTV Shuga 'Alone Together'?

Less than 5 minutes 5-10 minutes 20-30 minutes More than 30 minutes
 I don't know Prefer not to say

We would like to know what you thought of the AloneTogether series on Covid-19, in the following questions.

Did you think that the series was...

	Yes	No	Do not know	Prefer not to say
Entertaining?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Realistic?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Informative?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Memorable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How else would you describe it?

We would like to understand what kind of impact 'AloneTogether' had on your knowledge of Coronavirus and Covid-19, in the following questions...

	Yes	No	Do not know	Prefer not to say
Did you learn new facts about coronavirus, that you did not know before?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you learn about how coronavirus spreads, which you did not know before?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you learn about symptoms of Covid-19, which you did not know before?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you learn new ways to protect yourself and others from coronavirus?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you learn where to go for more information about coronavirus and Covid-19?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Was there other information about COVID-19 that you learned from the show?

After watching 'AloneTogether', did you take any actions or adopt new behaviours, to keep yourself and others safe from coronavirus?

Yes No Do not know Prefer not to say

What actions or new behaviours did you take or adopt to keep yourself and others safe from Coronavirus?

Tick all that apply

I looked for more information and facts about coronavirus I stayed at home more
 I washed my hands more often I kept a distance from other people I contacted friends & family more often by phone Other, please specify

Please specify what other actions or new behaviors you adopted

HIV TESTING AND TREATMENT HISTORY

We would like to know whether you ever tested for HIV with a healthworker who collected a blood sample from you, either in a health facility or in your community, the number of times you did so, and, in particular, we would like to know more about your LAST experience of testing for HIV with a health worker.

Have you ever tested for HIV with a healthworker in a health facility or in your community?

Yes No Do not know Prefer not to say

In the last 12 months, have you tested for HIV with a healthworker?

Yes No Do not know Prefer not to say

In the last 12 months, how many times have you tested for HIV with a healthworker in a health facility or in your community?

()

If you can't remember, try give your best guess or estimate. Enter the number only.

In total, in your lifetime, how many times have you tested for HIV with a healthworker in a health facility or in your community?

()

If you can't remember, try give your best guess or estimate as to how many times you tested.

When was the last time you tested for HIV?

If you can't remember, try give your best guess or estimate as to when you tested.

In the last year 1 to 2 years ago More than 3 years ago Do not know Prefer not to say

Was your last HIV test offered during an ante-natal care visit?

Yes No I have never been pregnant (non applicable) Do not know Prefer not to say

The last time you tested for HIV with a health worker, where did you do your test?"

- Government hospital
 Government clinic/ community health centre
 University/TVET/school clinic
 Mobile HIV testing services
 New Start testing site
 Pharmacy/ chemist Private hospital/clinic/doctor
 Other: Specify
 Do not know Prefer not to say

If Other, please specify:

What was the reason for your last HIV test?

You can choose multiple answers

- I wanted to know my HIV status I heard about HIV testing in MTV Shuga Down South
 I heard about HIV test in another TV/radio broadcast I had sex without a condom I was sick and worried
 I was tested while pregnant I was referred for HIV testing by a Health Care Worker
 I had to confirm my HIV status to get PrEP My partner/husband wanted to know my HIV status
 My partner tested positive My client wanted to know my HIV status The migration office required my HIV status
 My employer required my HIV status I wanted to get circumcised Other: Specify
 Do not know Prefer not to say
-

If Other, please specify:

Did you receive the result of your last HIV test done by a healthworker?

- Yes No Do not know Prefer not to say
-

Now we would like to know more about the number of times you used a HIV Self Screening Test and your last HIV Self Screening Test.

Have you ever tested for HIV using a 'HIV self-screening' test ?

This test requires you to collect your own saliva or blood in order to get your result. This test can be conducted at home or somewhere private.

- Yes No Do not know Prefer not to say
-

In the last 12 months, have you tested for HIV using a HIV self-screening test?

- Yes No Do not know Prefer not to say
-

In the last 12 months, how many times have you used a HIV self-screening kit?

()

If you can't remember, try give your best guess or estimate. Enter the number only.

In total, in your lifetime, how many times have you used a HIV self-screening kit?

()

If you can't remember, try give your best guess or estimate. Enter the number only.

When was the last time you used a HIV Self Screening kit?

If you can't remember, try give your best guess or estimate as to when you tested.

- In the last year 1 to 2 year ago More than 3 years ago Do not know Prefer not to say
-

Was your last HIV Self screening test offered during an ante-natal care visit?

- Yes No I have never been pregnant (non applicable) Do not know Prefer not to say
-

The last time you used a HIV self-screening test, WHERE did you get the kit from?

- Government hospital
- Government clinic/ community health centre
- University / TVET / school
- Mobile HIV testing services
- New Start testing site
- Pharmacy/ chemist
- Private hospital/clinic
- Workplace
- Vending machine
- Other: Specify
- Do not know
- Prefer not to say

If Other, please specify: _____

The last time you used a HIV self-screening test, WHO did you obtain the kit from?

- Health care worker
- Community health care worker
- Community-based distribution agent
- Voluntary Medical Male Circumcision agent
- Chief/Headmen (head of the village)
- Pharmacist/ chemist
- Private doctor
- Friend
- Partner/Spouse
- Family member
- Workplace/Employer
- Religious leader
- Other: Specify
- Do not know
- Prefer not to say

If Other, please specify: _____

Did you have to pay any fees to get the self-screening kit?

This may include the cost for consultation, registration or the kit itself.

- Yes No Do not know Prefer not to say

How much did you pay to get the self-screening kit?

If you can't remember, try give your best guess or estimate

Remember this amount can include the cost for consultation, registration and the test kit its self.

- Between R1,00 and R50 Between R51,00 and R100 Between R101,00 and R150
 Between R151,00 and R200 More than R201,00 Do not know Prefer not to say

The last time you used a HIV self-screening test, where did you do use your self-screening test?

- Ante-natal care visit
- Government hospital (not ante-natal care)
- Government clinic/ community health centre (not ante-natal care)
- University / TVET / school
- Mobile HIV testing services
- New Start testing site
- Pharmacy/ chemist
- Private hospital/clinic/doctor
- Home
- Friend's home
- Partner/Spouse's home
- Workplace
- Other: Specify
- Do not know
- Prefer not to say

If Other, please specify: _____

What was the reason for your last HIV self-screening test?

You can choose multiple answers

- I wanted to know my HIV status
- I heard about HIV self-screening in MTV Shuga Down South
- I heard about HIV self-screening in another TV/radio broadcast
- I had sex without a condom
- I was sick and worried
- I was tested while pregnant
- I was offered HIV self-screening by a Health Care Worker
- I had to confirm my HIV status to get PrEP
- My partner/husband wanted to know my HIV status
- My partner tested positive
- My client wanted to know my HIV status
- The migration office required my HIV status
- My employer required my HIV status
- I wanted to get circumcised
- Other: Specify
- Do not know
- Prefer not to say

If Other, please specify: _____

Did you go to a health facility to confirm the result of your HIV self-screening test, through a laboratory test?

- Yes
- No
- Do not know
- Prefer not to say

Result of the last HIV test, either performed by a healthworker or self-test

Are you willing to share the result of your most recent HIV test, for this research (and not for sharing with others)?

Remember, this survey is private, we will not share your answer with anyone.

- Yes
- No

What was the result of your last HIV test?

Remember, this survey is private, we will not share your answer with anyone.
(Thank you for sharing your status with us!)

- Negative
- Positive
- Indeterminate
- Other: Specify

If Other, please specify: _____

Which of the following are reasons why you have never tested for HIV?

You may choose multiple answers.

- I have never thought about testing for HIV I'm not at risk of being HIV positive or contracting HIV infection I'm too young to test I'm not yet sexually active I don't want to know my HIV status
 I don't feel sick enough to test for HIV I'm afraid of testing positive I'm afraid of what others will think if I take an HIV test My partner won't let me test My family members won't let me test
 I'm afraid of the consequences of testing on my relationships I'm afraid that my test result will not be kept private A HIV test is too expensive HIV treatment is too expensive I don't know where to go or how to get tested The place where I can go for testing is too far away I don't have the time to go for testing Other: Specify: _____
-

If Other, please specify:

The following questions ask about where you obtained information about HIV self-screening & your knowledge of where to go to get a self-screening kit.

A HIV Self Screening test requires you to collect your own saliva or blood in order to get your result. This test can be conducted at home or somewhere private.

Have you ever heard about HIV self-screening as a method to test for HIV, before today?

- Yes No Do not know Prefer not to say
-

Where have you heard about HIV self-screening? Or who told you about it?

Print media includes: Newspaper, magazine, leaflet/brochure

Social media include: Facebook, Twitter, Instagram, ...

National events include: VCT day, health week, world AIDS day.

You can choose multiple answers.

- By a health care worker By a community health care worker By a community-based distribution agent By a Voluntary Medical Male Circumcision agent By a family member By a friend
 By a peer educator at workplace By a peer educator at school/university/TVET By a professional educator or teacher at school/university/TVET By watching TV By listening to radio
 By reading a graphic novel or magazine On the internet or social media During a community event
 During a national event Other: Specify Do not know Prefer not to say
-

If Other, please specify:

What was the name of the program which told you about HIV self-screening (on TV, radio, print or social media)?

You can choose multiple answers.

- MTV Shuga Down South 2 B-Wise PrEPWatch MyPrEP She Conquers
 DREAMS LoveLife Other: Specify Do not know/ remember Prefer not to say
-

If Other, please specify:

Do you know where to go to get a HIV self-screening kit?

- Yes No Prefer not to say

Where would you go to get a HIV self-screening kit?

You can choose multiple answers.

- Community Based Distribution Agent
 Community Health Worker
 Government hospital
 Government clinic/ community health centre
 Ante-natal care visit
 University/TVET/school clinic
 Mobile HIV testing services
 New Start testing site
 Pharmacy/ chemist
 Private hospital/clinic/doctor
 Voluntary Medical Male Circumcision agent
 Vending machines
 Other: Specify
 Prefer not to say

If Other, please specify: _____

With the next questions, we would like to know more about your interest in HIV Self screening.

If a free HIV self-screening kit was available to you, how interested would you be in:

For each statement, select the box that corresponds to your answer.

	Not at all interested	Somewhat interested	Very interested	Do not know	Prefer not to say
In (re-) screening yourself for HIV?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In giving this HIV self-screen kit to a sexual partner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In this section, we ask about your HIV/AIDS care.

Have you ever tested positive for HIV?

- Yes No Prefer not to say

You have previously answered that your last HIV test was 'Positive'

You have selected 'No' in the above question stating that you have never tested Positive for HIV. These answers are conflicting.

Please scroll up and correct your answer before continuing with the survey.

HIV is a type of virus called a retrovirus, and the combination of drugs used to treat HIV is called antiretroviral therapy (ART) or antiretrovirals (ARV) and this is known as "HIV treatment". ART/ARVs works by keeping the level of HIV in your body low.

Have you ever taken ART/ARVs?

- Yes No Prefer not to say

Are you currently taking ART/ARVs as treatment?

- Yes No Prefer not to say

In this section, we ask your uptake of Pre-Exposure Prophylaxis (PrEP).

Pre-Exposure Prophylaxis (PrEP) are tablets that someone who does not have HIV can take to prevent HIV.

Have you ever heard about PrEP as a method to reduce a person's chance of contracting HIV?

Yes No Do not know Prefer not to say

Have you ever taken PrEP to reduce your chance of contracting HIV?

Yes No Do not know Prefer not to say

Are you currently taking PrEP?

Yes No Do not know Prefer not to say

Individuals who never took PrEP

Have you ever been offered PrEP to reduce your chance of contracting HIV?

Yes No Do not know Prefer not to say

In the last 12 months, were you offered PrEP after HIV testing?

Yes No Do not know Prefer not to say

Why did you not take PrEP when you were offered it?

You can choose multiple answers

- I am not at risk of getting HIV I do not think PrEP works to prevent HIV I am worried about side effects
 I am worried people may see me with HIV medicine I am worried others will think I am HIV+
 I do not want to be seen at the clinic The transport to the clinic costs too much There were charges that I could not afford
 It is inconvenient PrEP is not meant for people like me Other: Specify
 Do not know Prefer not to say

If Other, please specify: _____

Individuals who have taken PrEP in the past or who are currently taking PrEP

When was the last time you took PrEP?

In the last year 1 to 2 year ago More than 3 years ago Do not know Prefer not to say

Why are you not currently taking PrEP?

You can choose multiple answers

- I do not think I need PrEP anymore
 I forgot to take the pills
 I got side effects from the pills
 I did not always have food to take with the pills
 I was worried others will think I am HIV+
 I do not want to be seen at the clinic
 The transport to the clinic costs too much
 My partner does not approve
 Other: Specify
 Do not know
 Prefer not to say

If Other, please specify: _____

How long have you been taking PrEP?

- Less than a month
 1 to 5 months
 6 months to 12 months
 More than a year
 Do not know
 Prefer not to say

The last time you were taking PrEP, where were you receiving PrEP from?

- Pregnancy or baby care visit (ante-natal or post-natal)
 Government hospital (not ante/post natal care)
 Government clinic/ community health centre (not ante/post natal care)
 University/TVET/School clinic
 Mobile HIV testing services
 New Start testing site
 Pharmacy/ chemist
 Private hospital/clinic/doctor
 Other: Specify
 Do not know
 Prefer not to say

If Other, please specify: _____

Where are you receiving PrEP from?

- Pregnancy or baby care visit (ante-natal or post-natal)
 Government hospital (not ante/post natal care)
 Government clinic/ community health centre (not ante/post natal care)
 University/TVET/School clinic
 Mobile HIV testing services
 New Start testing site
 Pharmacy/ chemist
 Private hospital/clinic/doctor
 Other: Specify
 Do not know
 Prefer not to say

If Other, please specify: _____

The following questions ask about where you obtained information about PrEP & your knowledge of where to go to get PrEP

Where did you hear about PrEP? Or who told you about PrEP?

You can choose multiple answers

- By a Health Care Worker By a Community Health Worker By a Community Based Distribution Agent
 By a Voluntary Medical Male Circumcision agent By a family member By a friend
 By a peer educator at workplace By a peer educator at school/university/TVET By a professional educator or teacher at school/university/TVET By watching TV By listening to radio
 By reading a graphic novel or magazine On internet or social media During a community event
 During a national event Other: Specify Do not know Prefer not to say

If Other, please specify.

What was the name of the program which told you about PrEP (on TV, radio, print or social media)?

You can choose multiple answers

- MTV Shuga Down South B-Wise PrEPWatch MyPrEP SheConquers DREAMS
 LoveLife Other: Specify Do not know/ remember Prefer not to say

If other, please specify.

Do you know where someone can go to get PrEP if s/he would like to?

- Yes No Prefer not to say

Where this person could go to get PrEP?"

You can choose multiple answers

- Government hospital Government clinic/ community health centre Pregnancy or baby care visit (ante-natal or post-natal)
 University/TVET/School clinic Mobile HIV testing services
 New start testing site Pharmacy/ chemist New Start Clinic Private hospital/clinic/doctor
 Other: Specify Do not know Prefer not to say

If Other, please specify.

Would you be willing to take PrEP everyday if it reduces your chances of catching HIV?

- Yes No Do not know Prefer not to say

What is the main reason you would not be interested in taking PrEP?

- I am not at risk of getting HIV
 I do not think PrEP works to prevent HIV
 I am worried about side effects
 I am worried others will think I am HIV+
 I do not want to be seen at the clinic
 The transport to the clinic costs too much
 Other: Specify
 Do not know
 Prefer not to say

If Other, please specify.

Relationships

In this section, we ask about romantic and sexual relationships & condom use. Please remember that your answers will be kept private and anonymous.

What is your current relationship status:

- Single
- Dating someone
- Living with partner
- Married
- Widowed
- Divorced
- Separated
- Prefer not to say
(Married includes those in civil, customary and/or religious marriages)

Have you ever had sex?

Remember, this survey is PRIVATE, we will not show your answers to anyone.

- Yes No Prefer not to say

The next questions ask about your current partner or, if you are not currently in a relationship, your last (most recent) partner.

Thinking of your current sexual partner, what is your relationship to this person?

Or, if you are not currently in a relationship:
Thinking of your most recent sexual partner, what was your relationship to that person?

- Husband/wife
- Live-in partner
- Regular partner (but do not live together)
- Casual partner (Khwapeni)
- Once-off / one-night partner
- Blesser
- Client (s/he paid for sex)
- Sex worker (I paid for sex)
- Other: Specify _____
- Prefer not to say

If Other, please specify. _____

When was the last time you had sex with this person?

If you can't remember, try give your best guess or estimate as to when you last had sex with this person.

Remember this survey is private, we will not show your answers to anyone.

- Less than 12 months OR 1 year ago More than 1 year ago Do not know Prefer not to say

In the last 12 months, the last time you had sex with this person, was a condom used?

- Yes No Do not know Prefer not to say

The next questions ask about your other partners (other than your current or last partner) in the last 12 months

In the last 12 months, have you had sex with another partner (other than your current/last partner)?

- Yes No Prefer not to say

In total, in the last 12 months, with how many different people have you had sex, EXCLUDING your current/last partner?

()

If you can't remember, try give your best guess or estimate as to how many different people you have had sex with in the last 12 months.

Remember this survey is private, we will not show your answers to anyone.

Are you currently trying to avoid getting pregnant?

Yes No Prefer not to say

What method(s) are you currently using to try avoid getting pregnant?

You can choose multiple answers

- The Pill (oral contraceptive pill) Diaphragm Implant Injection Intra-Uterine Device (IUD)
 Male condom Female condom Sterilization (vasectomy for males or tubal ligation for females)
 Partner's sterilization (vasectomy for males or tubal ligation for females) Morning-after pill (emergency contraception) Traditional medicine (herbs, drinks, charms) Periodic abstinence (also called the rhythm or calendar or standard days method) Anal sex Withdrawal (coitus interruptus)
 Breastfeeding Other: Specify Prefer not to say

If Other, please specify.

You have reached the end of the Survey!

If there are any comments you would like to share about your experience, please enter them in the text box.

Are you interested in participating in a follow-up interview?

We want to learn more about your experience with MTV Shuga. You will be compensated R100 for participating in a group interview or R150 for participating in an individual interview.

The interviews will be led by a member of the research team. There will be no data/phone charges for your participation. If you are interested, we will need your contact information so we can give you more information (e.g, phone number, email).

Yes No Prefer not to say

Please provide contact information so that we can arrange the follow-up interview, We will not share your contact information with any other parties, and we will delete it after use.

Contact number Alternate contact number Email

As a token of our appreciation, we would like to offer you air-time to say thank you for your participation and providing us with some useful insight!

If you would like to receive this credit, please provide us with the number you want to receive airtime on. We will use this number only for this purpose only and deleted after use.

Contact number Confirm number Network

PLEASE ENSURE THIS NUMBER IS CORRECT

If Other, please specify network:

Time at the end of the interview.

((HH:MM))