Bridges to the Future: A Family-Based Economic Empowerment Intervention for Children Orphaned by AIDS in Uganda

Baseline Study Report

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Financial Institutions:

Diamond Trust Bank
Kakuuto Microfinance Institution
Centenary Rural Development Bank

In-Country Primary Schools

Bbaale Primary School
Bethlehem Primary School
Bigada Primary School
Bisanje Primary School
Bugonzi Primary School
Bakulula Primary School
Bulinda Primary School
Butende Primary School
Buyamba Primary School
Buyiisa Primary School
Bwanda Primary School
Kabingo Primary School
Kakuuto Primary School
Kalungu Primary School
Kasaka Primary School
Kasambya Primary School
Kasozi Primary School
Kayayumbe Primary School
Kifukamiza Primary School
Kimaanya Primary School
Kindu Primary School
Kinoni Primary School
Kitenga Primary School
Kyabakuza Primary School
Kyakanyomozi Primary School
Kyakkoda Primary School
Kyalusowe Primary School
Kyamusoke Primary School
Kyamuyimbwa Primary School
Kyango Primary School
Kyesiiga Primary School
Kyotera Primary School
Luti Primary School
Lutunga Primary School
Lutunga Primary School
Lwaggulwe Primary School
Lwankoni Primary School
Lwanunda Primary School
Matale Primary School
Mayanja Primary School
Mbirizi Primary School
Mbuye Primary School
Narozari Primary School
Njala Primary School
Nsambya Primary School
Ssanje Primary School
Ssaza Primary School
Ssenya Primary School

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1. EXECUTIVE SUMMARY

This baseline report presents the pre-intervention survey data from the *Bridges to the Future* study (hereafter "Bridges Study"). The Bridges Study is a five-year (2012-2016) longitudinal randomized control trial evaluating the efficacy and cost-effectiveness of an economic strengthening intervention on health, developmental and educational outcomes for children orphaned by AIDS in southwestern Uganda. In this study "an orphan" is defined as a child who had lost one or both parents to AIDS. A total of 1410 children who met the inclusion criteria were enrolled and interviewed. Data was collected via a multidimensional survey instrument, which combines existing evidence-based measurement tools, as well as adapted and original scales and questions developed specifically for children affected by HIV/AIDS in Sub-Saharan Africa. Results illustrate how orphaned adolescents view themselves, their families, their communities and their futures. Post intervention data will be analyzed for changes from baseline assessment.

The following are highlights of the key findings from the baseline survey data.

- **Household Demographics:** The mean number of persons per household was 6.35 with 3.18 children (not including the child interviewed) living in the household. The majority of respondents (78.2%) reported a father not living, 41.4% reported a mother not living and 19.6% reported both parents not living. As part of the inclusion criteria, all respondents were enrolled in primary school at study initiation.
- **Community:** Respondents were asked to report the distance from their homes to several common community resources including schools, health centers, banks/financial institutions and water sources. The majority of respondents (92.4%) indicated that their primary schools were "very near" or "near" to their homes. Forty percent (40%) reported that their homes were "near" or "very near" to a secondary school. Over one third (31%) of respondents were unable to identify a clinic or hospital (38%) in their communities. Over half (51%) of all participants were unable to identify a financial institution in their communities. Respondents reported a moderate satisfaction of the communities where they lived (mean score =24.88, range =11-32).
- **Parental Death:** Respondents experienced paternal loss at a higher rate than maternal loss. When asked about changes in their lives following the loss of a parent, respondents reported both economic and scholastic decline. Respondents experienced material strain as both an individual and a family after the loss of either parent, but more frequently from the loss of a father.
- **Familial Relationships/Cohesion:** Respondents reported moderate levels of family cohesion and caregiver support at baseline (mean = 31.82, range = 9-40). Among topics discussed with caregivers, respondents frequently discussed and were more comfortable discussing topics related to education and future plans. Respondents were however less likely and less comfortable discussing topics related to risk-behaviors like smoking cigarettes, drinking alcohol and sex.
- **Education:** The majority (94.6%) of respondents reported plans of attending secondary school and felt confident in their ability to do so. Boys were slightly more confident than girls regarding attending secondary school. Over 60% indicated that they believed they would earn a university degree and 30.9% indicated that they would go on to graduate school.

- **Savings:** Only 30.7% of respondents reported having money saved, mostly utilizing informal saving mechanisms, including giving money to their caregivers for safekeeping. Among those respondents who reported that their caregivers were saving for them (n=514), only 23.3% indicated that their caregivers had savings accounts with formal financial institutions. Despite the low rates of involvement with the formal financial sector in this study, respondents placed a high premium on the importance of saving and confidence in their ability to save.
- **HIV/AIDS Attitudes and Knowledge:** Respondents had moderately desirable prevention attitudes at baseline. Items related to condom use had lower scores (less desirable) than other items. Most respondents were able to identify unsafe transmission behaviors, including unprotected sex and sharing needles, but tended to label what are considered safe behaviors, such as sharing a toilet with an HIV infected person, as unsafe. Mixed results were reported on all HIV/AIDS knowledge sections.
- **Psychosocial Measures:** Study respondents reported lower levels of depressive symptoms (mean =11.57, range =0-37) measured by the Child Depression Inventory (CDI) and lower levels of hopelessness (mean = 5.37, range =0-18) measured by the Beck Hopelessness Scale. The overall mean score on Tennessee Self-Concept Scale (TSCS) was 78.79 (range =41-100), indicating moderately high levels of self-concept.
- **Poverty and Asset Ownership:** Most respondents (88%) reported they owned more than two sets of clothes and 52% owned at least one pair of shoes. Sixty-two percent (62%) reported having had two meals per day on average in the last 7 days and 73% reported having had breakfast on the day of the interview. The most commonly owned assets reported were a family house – usually made of brick and iron sheets (90.9%), land (87.2%), a radio (80%), a cell phone (75.5%) and a variety of gardens. The majority of respondents did not have electricity in their homes (90.7%).
- **Risk Behaviors:** Only 14 respondents had tried smoking cigarettes, 65 had tried alcohol and only one had tried using marijuana. Reports on sexual activity were very low, only 3.6% of respondents reported engaging in sexual activity, with most of them using no protection.

Though all participants in the Bridges Study had lost one or both parents to HIV/AIDS at baseline, paternal death was more common than maternal death. Respondents associated material and economic strain more often with the loss of a father, however the loss of either parent was emotionally and financially compromising. While most respondents did not report any savings at baseline, they placed great importance on saving and felt confident in their ability to save. Outcome measures will be administered at 12 month intervals throughout the intervention period, and for two years after completion of the intervention to assess the impact of the Bridges economic empowerment intervention on psychosocial wellbeing, health, family functioning, and saving behavior and asset accumulation.

2. BRIDGES TO THE FUTURE: INTRODUCTION AND RATIONALE

Worldwide, an estimated 17.8 million children below 18 years of age, and over 15 million in sub-Saharan Africa (SSA), have lost one or both parents to HIV/AIDS (UNICEF, 2013). These numbers are expected to increase as people who are already infected continue to die from the disease. In Uganda, one of the SSA countries hardest hit by the HIV/AIDS epidemic, 2.7 million children are orphaned, with 1.2 orphaned as a direct result of HIV/AIDS (UNICEF, 2013).

The death of one or both parents due to HIV/AIDS can cause a range of negative impacts for children (Atwine et al. 2005; Cluver et al. 2012). Youth are made financially vulnerable not only when a parent dies, but also during the long period of illness which precedes death, in which parents are unable to work (Cluver et al., 2009). As a result, the physical needs of children in AIDS affected families often go unmet, putting them at an elevated risk of living in poverty. Additionally, children may leave school in order to generate income for the family, contributing to lower educational attainment (Case et al. 2004; Cluver et al. 2011; Evans and Miguel, 2007; Guo et al. 2012). The illness itself and the resulting financial strain, also affect the families' stability and functioning, and the psychosocial wellbeing and health functioning of the child (Cluver et al. 2009).

Provision of educational opportunities is considered one of the key components of the current safety net programs for children orphaned by AIDS and other vulnerable children. Specifically, through education, children can realize the possibility of productive employment and minimize the risk of being exploited and becoming infected with HIV (Hargreaves & Boler, 2006; Hunt, 2008). Moreover, children who obtain schooling are more likely to have improved behaviors and health-related outcomes, including better negotiation skills for safer sexual activity to reduce sexually transmitted infections (STIs) including HIV/AIDS (Hargreaves & Boler, 2006). However, even with the introduction of Universal Primary Education (UPE) in several SSA countries, orphaned children are more likely to report poor school engagement and attendance compared to non-orphans, primarily due to lack of economic and family support (Bicego et al, 2003; Case et al. 2004; Deninger et al. 2003; Evans and Miguel 2007; Hunt, 2008; Sherr et al. 2014; Ssewamala et al. 2006; Subbbarao and Coury 2004; UNICEF, 2009). In Uganda, while nearly 14% of non-orphan primary-school pupils stopped attending school at some point, the proportion of orphaned children missing a term was almost twice as high (27%) (UNICEF, 2006). The difference was even greater in secondary school, with 43% of orphaned children missing an academic term compared to 16% of non-orphans (UNICEF, 2009).

Providing both children and their caregiving families with economic opportunities is important, not only to enable children stay in school and within their families (rather than going to institutions/ orphanages or the streets), but also to help children avoid sexual risk-taking behaviors, which exposes them to HIV/AIDS. Thus, in line with the UNAIDS (2004) recommendation that the developmental needs of children are best met through efforts and interventions that strengthen family care and functioning, the Bridges intervention attempts to bolster protective family influences by creating family-level economic opportunities for families caring for children orphaned by AIDS.

This report is based on baseline data collected between April through June 2012, from 1410 children orphaned due to AIDS participating in the *Bridges to the Future* Study, a 5-year (2011-2016) longitudinal randomized clinical trial funded by the National Institute of Child Health and Human Development (NICHD, Grant #1R01 HD070727-01, PI: Fred M. Ssewamala, PhD).

3. Bridges to the Future Study: Overview and Methodology

Guided by asset theory (Sherraden 1991; 1990), the Bridges Study is aimed at promoting monetary savings for children's post primary education, promoting microenterprise development to generate family income, and providing support programs (mentorship, financial education workshops and training on income generating activities) to protect children from risk. Our prior research demonstrated that an innovative family-based economic empowerment intervention was effective at improving short-term financial outcomes for children orphaned by AIDS, specifically savings for education, academic performance and educational aspirations, self-esteem and self-rated health, attitudes towards sexual risk-taking, and mental health functioning, including child depressive symptoms (Ssewamala et al. 2010a, 2010b, 2010c, 2010d, 2009, 2008; Ssewamala & Ismayilova, 2009). However, this research did not incorporate cost-effectiveness analysis, did not examine medium and long-term outcomes, and was limited by relatively small sample sizes.

The Bridges Study was therefore designed to evaluate the efficacy and cost-effectiveness of an innovative family-based economic empowerment intervention, with a larger sample of children orphaned by AIDS. The specific aims of the study are:

1. To examine the direct short-term and medium-term impacts of the Bridges intervention on key developmental and health outcomes for children orphaned by AIDS, including financial/economic stability (specifically savings and asset-accumulation), educational achievement (school enrollment, attendance, and attainment), sexual risk-taking behaviors, and mental health functioning (including depressive symptoms).
2. To evaluate the impact of the intervention on potential mechanisms of change, such as self-efficacy and hopelessness, educational plans and aspirations, family support and family stability.
3. To evaluate the cost-effectiveness of alternative savings-incentive-match-rates.

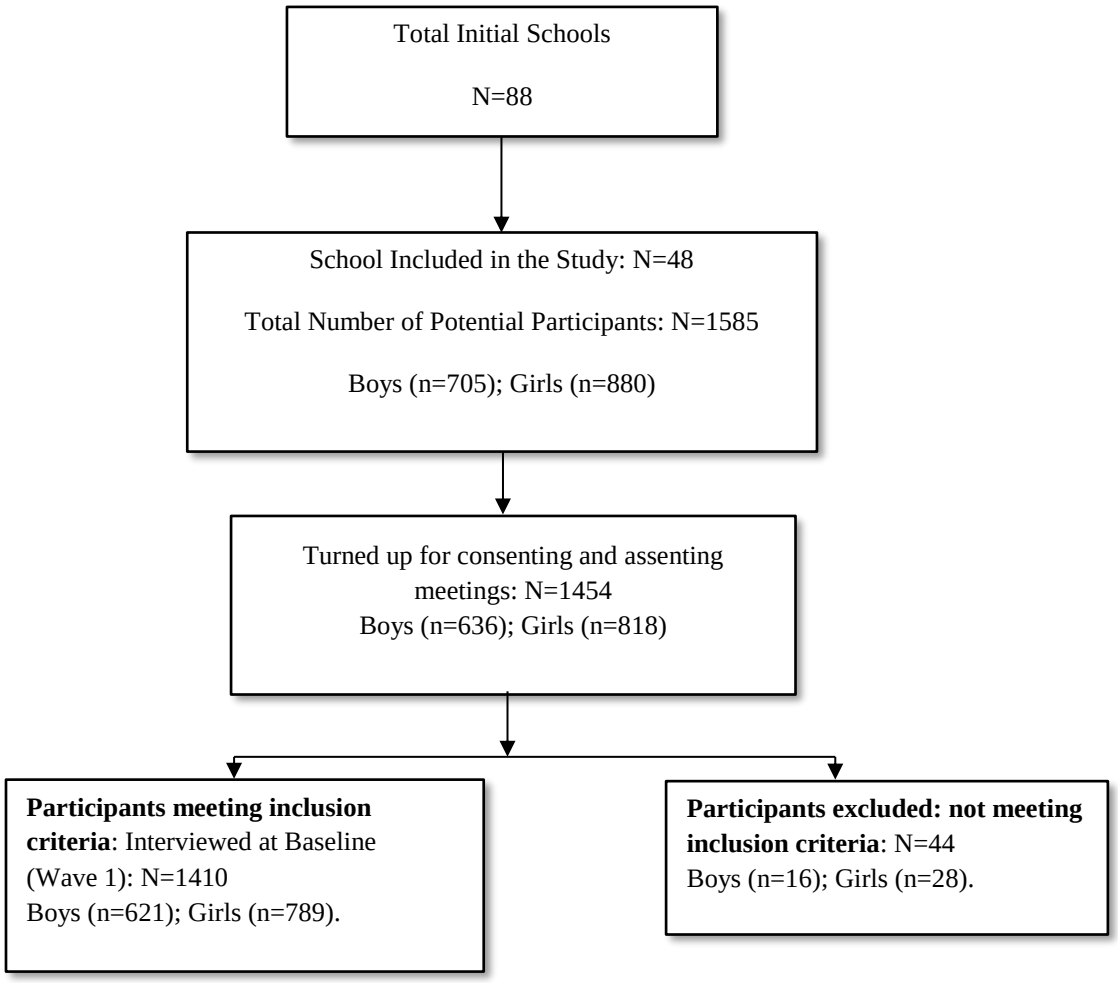
Methods

A total of 1,410 children orphaned by AIDS (n = 621 boys, n = 789 girls), between ages 10-16 at initiation, were enrolled in the study. Participants were recruited from 48 public primary schools in four geopolitical districts in southern Uganda: Masaka, Rakai, Kalungu, and Lwengo – a region heavily affected by HIV/AIDS (Government of Uganda, 2010). The schools included in the Bridges Study were matched on several characteristics: socioeconomic status of the children attending these schools, government sponsorship, and overall performance based on the national standardized Primary Leaving Examinations (PLE) administered by the Uganda Government's Ministry of Education and Sports. Figure 1.1 and 1.2 below show the study region in Uganda.

Figures 3.1 and 3.2 Map of Uganda and Study Region

Participants were eligible to participate in the study if they met the following inclusion criteria: 1) identify as a child orphaned by AIDS, having lost one or both parents to HIV/AIDS, 2) live within a family, not an institution, and 3) in grades 5 or 6 of a public, government-aided primary school at time of enrollment. Potential participants and their caregivers were identified with the help of the local Masaka Diocese. Caregivers were given flyers notifying them of the study and were invited to meet with the in-country project coordinator for a one-on-one informational meeting. During the meeting, caregivers and participants were informed verbally and in writing that participation in the study was voluntary. Caregivers signed informed consent and participants signed assent forms. Details on recruitment, consent and enrollment are shown in Figure 1.3 below.

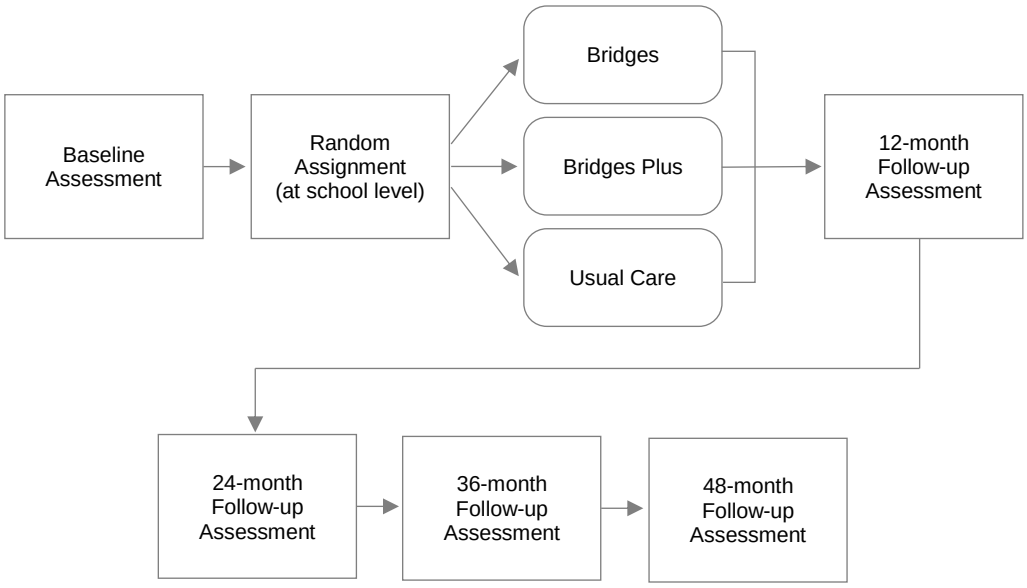
Figure 3.3. Bridges Study Baseline Consort Flow Diagram



Intervention

The Bridges study will evaluate the efficacy and cost-effectiveness of a family-based economic empowerment intervention for children orphaned by AIDS in Uganda. This will be achieved via a three-group randomized control trial. Randomization was conducted at the school level to minimize cross-arm contamination. Specifically, stratified randomization of schools to conditions was used, with schools stratified into four strata based on two variables: 1) student population size (medium size vs. large), and 2) geographical location (rural vs. urban), to ensure balance on those variables. Each of the 48 primary schools that participants were recruited from was randomly assigned to either the control arm (n=16 schools, 496 participants), or one of the 2 two treatment arms: Bridges (n=16 schools, 402 participants) or Bridges PLUS (n=16 schools, 512 participants). There are five assessment points in the Bridges Study: baseline (results for which are illustrated in this report), 12, 24, 36 and 48 months post intervention. See details in Figure 1.4 below.

Figure 3.4 Bridges Study Design



Participants in the control condition receive what is referred to as the "usual care" of services offered to orphaned children in the region. Usual care includes counseling, (usually conducted by church pastors), food aid (in the form of school lunches), and scholastic materials (such as textbooks, notebooks, and school uniforms). Participants in both treatment arms (Bridges arm and Bridges PLUS arm) receive the "usual care" mentioned above, plus 3 intervention components detailed below:

1. **Child Development Account (CDA)**–also known as a matched savings account, held in both the child and caregiver's name, in a well-established financial institution or bank registered by the Central Bank of Uganda. The study provided the initial account deposit. The child's family and other relatives are allowed and indeed encouraged to contribute to the CDA. The accumulated savings in a CDA were matched by a ratio of 1:1 for the Bridges arm and a 2:1 match ratio for the Bridges PLUS arm. In other words, the only difference between the Bridges arm and the Bridges Plus arm is the match rate. The match cap (the maximum amount of family contribution to be matched by the program) in both treatment groups was an equivalent of US$14 a month per family, or US$336 for the 24-month intervention period. The savings plus the match accumulated in the CDA were intended to pay for the child's post primary education and or start a microenterprise business

2. **Workshops on financial education and income generating activities (IGA)**: Participants in Bridges and Bridges Plus groups are allowed to use up to 30% of their CDA savings to start a business, to potentially benefit the entire family. In order to help facilitate this process, local partners provide microfinance training to participants and their caregivers. Topics include choosing an appropriate business venture (in rural study areas this is often crop or animal husbandry), budgeting business expenses, and maintaining business investments (e.g. vaccinations for animals).

3. **Mentorship:** The Bridges mentorship program is guided by a 1-2 hour, nine session curriculum, intended to help children develop the ability to identify specific future goals and educational aspirations through building their self-esteem, improving their school grades and attendance, encouraging hopefulness, building stronger communication skills with their caregivers, enhancing safe sexual decision making and decreasing sexual risk-taking behaviors. The training sessions offer information on asset development, financial literacy, and the importance of saving and future planning. Mentorship sessions are facilitated by mentors, who have received adequate training or been through the Bridges' predecessor program –SUUBI, throughout the intervention period.

Human Subjects Protection

The Bridges Study received approval from Columbia University Institutional Review Board (IRB-AAA11950) and the Uganda National Council of Science and Technology (SS2586). The study is registered in the Clinical Trials database (NCT01447615). Each interviewer had to undergo Good Clinical Practice training and had to obtain the Collaborative Institutional Training Initiative (CITI) Certificate before interacting with study participants.

Data Collection

The Bridges Study has five assessment points: baseline, 12, 24, 36, and 48-month follow-ups. This report is based on baseline data (pre-intervention). Data was collected using a 90-minute interview administered by trained Uganda interviewers. The measures used were adapted, tested and refined in the previous studies in the region (see Ssewamala et al. 2008, 2009, 2010a, 2010b, Ssewamala & Ismayilova, 2009).

Participants were assessed on a range of topics: family relationships and cohesion, community resources and satisfaction, psychosocial issues, educational plans and aspirations, social support, HIV/AIDS attitudes and knowledge, personal health, depression, self-concept, hopelessness, self-efficacy, poverty and youth risk behaviors. In the following sections, we provide participants' responses for each of these sections

4. DEMOGRAPHIC CHARACTERISTICS

Table 4.1 shows the demographic characteristics of the study respondents who completed baseline interviews (N=1410). Respondents were between 10-16 years of age (median age = 13); 56% were female and 44% were male. Of the total respondents, 81% self-identified as Catholic and 75% reported going to a place of worship almost every week. Catholicism is the predominant religion in Uganda.

Table 4.1: Demographic Characteristics of the Study Sample (N=1410)

Variable	Male N=621 *n (% within gender)*	Female N=789 *n (% within gender)*	Total (N=1410) *n (% within total)*
Gender	44	56	100
Age			
9	2(0.3)	2 (0.3)	4 (0.3)
10	12 (1.9)	38 (4.8)	50 (3.5)
11	55 (8.9)	126 (16.0)	181 (12.8)
12	133 (21.4)	255 (32.3)	388 (27.5)
13	213 (34.3)	221 (28.0)	434 (30.8)
14	138 (22.2)	124 (15.7)	262 (18.6)
15	52 (8.4)	18 (2.3)	70 (5.0)
16	13 (2.1)	5 (0.6)	18 (1.3)
17	3 (0.5)	0 (0.0)	3 (0.2)
Missing	0 (0.0)	0 (0.0)	0 (0.0)
Religion			
Catholic	505 (81.3)	632 (80.1)	1137 (80.6)
Protestant	54 (8.7)	65 (8.2)	119 (8.4)
Muslim	37 (6.0)	60 (7.6)	97 (6.9)
Born Again/ Saved	19 (3.1)	30 (3.8)	49 (3.5)
Not Religious	0 (0.0)	0 (0.0)	0 (0.0)
Other: Seventh Day Adventist	6 (1.0)	2 (0.3)	8 (0.6)
Missing	0 (0.0)	0 (0.0)	0 (0.0)
Number of Times Respondent Attends Church/ Mosque			
Almost Every Week	463 (74.6)	697 (88.3)	1160 (82.3)
Less Than Once a Week but More Than Just Holidays	136 (21.9)	70 (8.9)	206 (14.6)
Just on Holidays	18 (2.9)	19 (2.4)	37 (2.6)
Almost Never	4 (0.6)	3 (0.4)	7 (0.5)
Missing	0 (0.0)	0 (0.0)	0 (0.0)
No. of People in Household			
2-3	91 (14.7)	93 (11.8)	184(13.0)
4-5	171 (27.5)	247 (31.3)	418 (29.7)

6-7	181 (29.2)	229 (29.0)	410 (29.1)
8-9	91 (14.7)	126 (16.0)	217 (15.4)
10-11	54 (8.7)	64 (8.1)	118 (8.4)
12-13	21 (3.4)	17 (2.2)	28 (2.7)
14+	12 (2.0)	13(1.6)	25 (1.9)
Missing	0 (0.0)	0 (0.0)	0 (0.0)
No. of Children in Household (Other than Respondent)			
0	49 (7.9)	49 (6.2)	98 (7.0)
1-2	226 (36.4)	285 (36.1)	511 (36.3)
3-4	208 (33.4)	271 (34.3)	479 (34.0)
5-6	81 (13.0)	122 (15.5)	203 (14.4)
7-8	46 (7.4)	53 (6.7)	99 (7.0)
9-10	5 (0.8)	5 (0.6)	10 (0.7)
11+	6 (1.1)	4 (0.5)	10 (0.7)
Missing	0 (0.0)	0 (0.0)	0 (0.0)
Orphan Status			
Maternal Orphan	280 (45.1)	305 (38.5)	585 (41.5)
Paternal Orphan	482 (77.6)	620 (78.6)	1102 (78.2)
Double Orphan	141 (22.7)	136 (17.2)	277 (19.6)
Missing	0 (0.0)	0 (0.0)	0 (0.0)

In the study population, the mean number of people per household was 6.35 and the mean number of children per household (not including the study respondent) was 3.18. Household size ranged from 2-21 people. Most respondents reported that school-aged children living in the home were enrolled in school (87%). Among participants who reported children (5 years or older) living in the home who were not in school, more respondents (n=153) reported that these children were male children as opposed to female (n=88). Some of the common reasons cited as to why children were not in school included: financial constraints (no money to pay for school fees and scholastic materials), dropped out of school (due to peer pressure, prefer to work, did not understand what was being taught, refused to repeat a grade or failed exams, got pregnant or married), not yet enrolled in school (considered young to enroll) and having a chronic illness or disability.

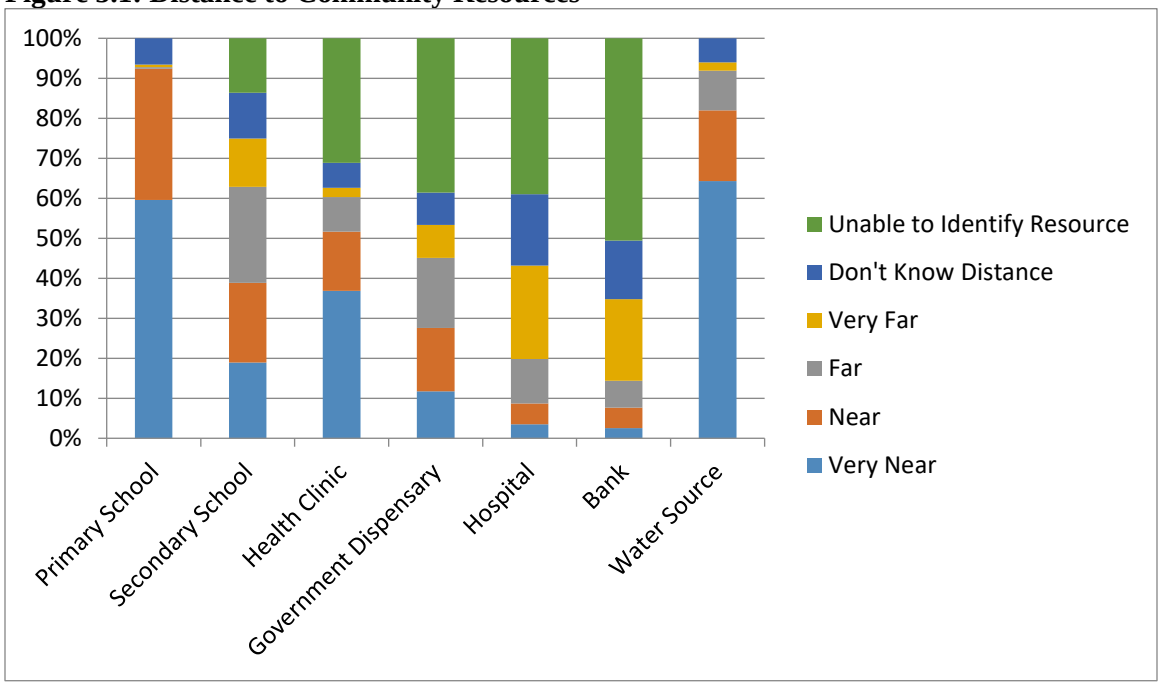
Most children in respondent households were siblings or stepsiblings, cousins, nieces or nephews. Extended families are common in this context. In other instances however, children were not related to the respondent at all. These reports may be the result of the HIV/AIDS epidemic, as families have taken in additional children who have lost caregivers to AIDS.

5. Community Background

Respondents were asked several questions about resources available to them in their communities, how far away these resources were from their homes, and how they felt about their

communities. Specific community resources include: primary school (participant's school), secondary school, government dispensary, health clinic, hospital, bank, and the nearest water source. Figure 5.1 shows how far respondents in the Bridges study lived from designated resources. Distance was assessed using a likert scale from 1-4 where 1= very near (about 0-1km, respondent could walk), 2= near (about 1-3kms, respondent may use a bicycle), 3= far (over 3kms, respondent would use a "boda boda" –motorcycle), and 4= very far (respondent would need a car). Also shown in the chart are the groups of respondents who either did not know how far certain community resources were from their homes, or simply could not identify these institutions within their communities.

Figure 5.1: Distance to Community Resources



Most respondents live either "near" or "very near" to their primary school (92.4%). Only 38.8% lived "near" or "very near" to a secondary school. Over half (51.7%) reported living "near" or "very near" to a health clinic. About 39% of respondents were unable to identify a government dispensary and 39% were unable to identify a hospital in their communities. This has implications for health care access, especially for major health conditions. Similarly, slightly more than half of respondents (50.6%) could not identify a bank in their community. Among those who identified a bank, 20.4% reported that the bank was "very far" from their home. This is not uncommon, since banks tend to have branches in major towns, and the study respondents mainly reside in rural communities.

Respondents' community satisfaction was assessed using 8 items adapted from the Multidimensional Student's Life Satisfaction Scale (MSLSS) (Huebner, 1994). The MSLSS was designed to provide a multidimensional profile of children's life satisfaction judgments with important specific domains (school, family and friends) in their lives; and assess their general overall life satisfaction. Respondents were asked to rate how satisfied they were with their community, on a 4-point Likert scale with the following response options: 1= never,

2=sometimes, 3=often, and 4= almost always. The theoretical range of this scale was 0-32 with higher scores indicating greater levels of satisfaction. For this scale, 3 items were reverse-coded to create summated scores. Table 5.1 presents the mean scores and standard deviations for each item and the overall mean score of the community satisfaction scale. For individual response data for this scale see Appendix Table A.2.

Table 5.1 Community Satisfaction (N=1410)

Statement	Mean N (SD)	Missing N (%)
I like where I live	3.38 (0.80)	0 (0.0)
I wish I lived in a different house†	3.28 (1.01)	0 (0.0)
I wish I lived in another village†	3.19 (1.04)	0 (0.0)
I like my village	3.26 (0.91)	0 (0.0)
I like my neighbors	3.30 (0.88)	0 (0.0)
This village is filled with not nice people†	2.95 (1.08)	0 (0.0)
My family's house is nice	2.77 (1.14)	0 (0.0)
There are a lot of fun things to do where I live	2.74 (1.23)	0 (0.0)
Total	**24.88 (3.94)**	
Range	**11-32**	

†Item was reverse coded so that higher scores reflect higher satisfaction

Despite high levels of poverty in the study region, respondents seem to be satisfied with certain aspects of their communities (Table 3.1). Specifically, respondents gave favorable ratings for "I like my village" (mean=3.26), "I like where I live" (mean=3.38), "I like my neighbors" (3.30) and "I wish I lived in a different house" (mean =3.28- item was reverse coded). Items scored slightly lower by respondents were related to community recreation ("There are a lot of fun things to do where I live"- 2.74) and quality of their homes ("My family's house is nice"- 2.77).

6. Parental Loss

In this section, information was collected on the respondent's biological parents. Respondents were asked about what changed in their daily lives since the death of their parents, information on the number of times they moved following parental death, how parental death affected the way children felt about life and what they missed most about their parents. Respondents who had at least one living parent were asked whether they were currently living with their parent, and if not, why, and how often they visit their parent?

Relationship with Biological Parents

As part of the Bridges Study inclusion criteria, all study respondents were either single orphans (lost one biological parent to HIV/AIDS) or double orphans (lost both biological parents to HIV/AIDS). Respondents were asked a number of questions related to their relationship with their living parent (if applicable). Table 6.1 illustrates baseline results for those items. Among respondents who reported a surviving biological parent, less than half (41.1%) reported living with their biological father and 57.1% reported living with their biological mother.

Table 6.1 Relationship with Parents (N=1410)

Variable	Father *n (% within group)*	Mother *n (% within group)*
Biological Parent Living		
Yes	302 (21.4)	811 (57.5)
No	1102 (78.2)	584 (41.4)
Don't Know	6 (0.4)	15 (1.1)
Missing	0 (0)	0 (0.0)
Living in House With Parent	n=302	n=811
Yes	124 (41.1)	463 (57.1)
No	177 (58.6)	348 (42.9)
Missing	1 (0.3)	0 (0.0)
Child Ever Visit Your Parent	n=177	n=348
Yes	113 (63.8)	202 (58.0)
No	64 (36.2)	146 (42.0)
Missing	0 (0.0)	0 (0.0)
How Often Do You Visit Your Parent	n=113	n=202
Once a Week	30 (26.5)	33 (16.4)
Once a Month	11 (9.7)	18 (8.9)
Once a Year	38 (33.6)	100 (49.8)
Other	34 (30.1)	51 (24.9)
Missing	0 (0.0)	0 (0.0)
Why Don't You Visit Your Parent	n=64	n=146
No Transport Money	10 (15.6)	34 (23.3)
Guardian Does Not Allow	0 (0.0)	12 (8.2)
Too Far	18 (28.1)	28 (19.2)
Don't Know Where He/ She Is	24 (37.5)	46 (31.5)
Other	12 (17.2)	26 (17.8)
Missing	0 (0.0)	0 (0.0)

Parental Death

At baseline 41.4% (n=584) of respondents were maternal orphans, 78.2% (n=1102) were paternal orphans and 19.6% (n=276) were double-orphans (reported the death of both parents to AIDS). However, of the 15 respondents who reported that they did not know if their father was alive, and of the 6 who reported that they did not know if their mother was alive, all reported the death of the other parent. This perhaps indicates that these 21 respondents, who are counted as single-orphaned children, may actually be double-orphans.

Children orphaned by AIDS suffer worse psychosocial outcomes than non-orphans and children orphaned by other causes (Atwine et al. 2005, Cluver et al. 2009). This is due to a variety of

reasons, including stigma attached to HIV/AIDS in this context, possibly witnessing the long illness and death of a parent, and/or having to take on adult responsibilities at an early age because of the loss of income from losing a primary earner (Cluver et al. 2009, 2012).

The following table and figures highlight results of 3 questions related to economic, scholastic, and emotional changes experienced by respondents following the death of a parent: 1) what has changed in your daily life (circumstances, etc.) since your father/ mother died? 2) How has the loss of your father/ mother affected the way you feel about life? 3) What do you miss most about your father/ mother? Respondents could select more than one answer. Response options included in the questionnaire were informed by previous studies in the region with children affected by HIV and AIDS. The results presented below are included for all respondents who answered affirmatively.

Table 6.2 Scholastic and Economic Changes After Parental Death

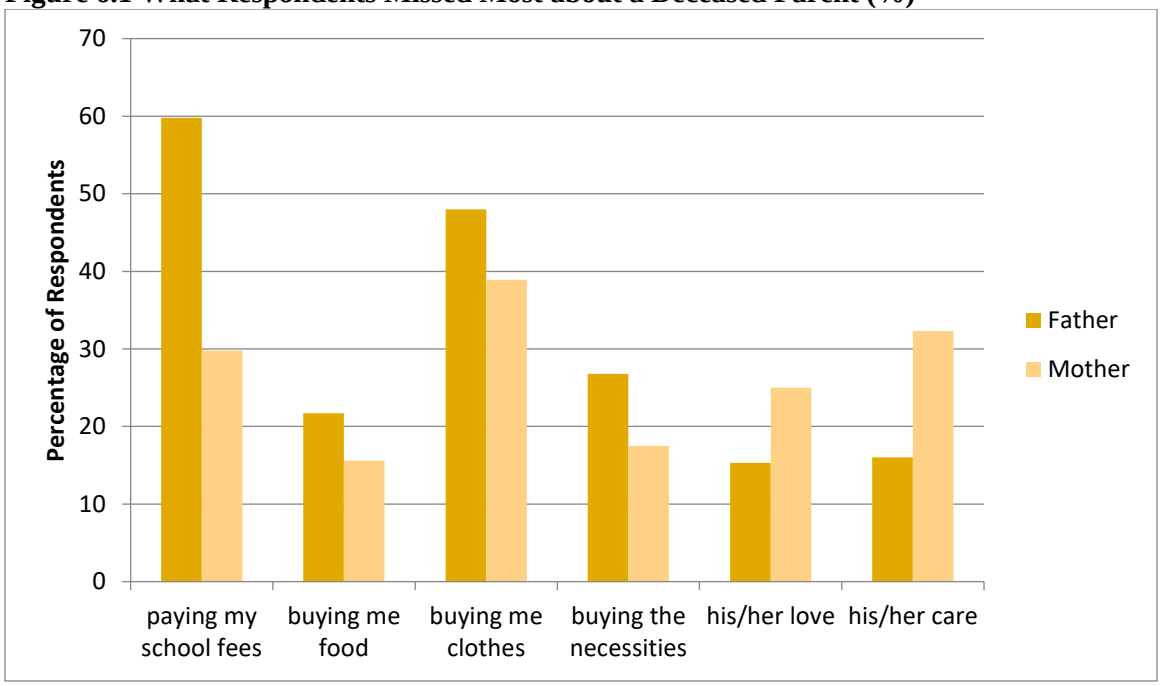
Variable	Paternal Death N=1102 *n (%)*	Maternal Death N=584 *n (%)*
Decline in school attendance	379 (34.4)	164 (28.1)
Grades have worsened	592 (53.7)	305 (52.2)
Have to do more chores	464 (42.1)	251 (43.0)
Have to take care of smaller children	386 (35.1)	214 (36.6)
Have to take care of a parent	500 (45.4)	268 (45.9)
Have less food/ money as a family	831 (75.4)	394 (67.5)
Have less food/ clothes as an individual	847 (76.9)	430 (73.6)
Started school late	493 (44.7)	259 (44.3)
No shelter	73 (6.6)	24 (4.1)
Nothing at all	74 (6.7)	44 (7.5)
Other	59 (5.3)	34 (5.8)
Missing	1 (0.1)	1 (0.1)

As Table 6.2 shows, in response to the question "what has changed in your daily life since your father/ mother died?" the most common answers were "have less food/ money as a family" and "have less food/ clothes as an individual for both paternal and maternal deaths. Over half of all respondents reported that their material security as an individual and family was impacted by the loss of parent. These changes were indicated slightly more often after the death of a father compared to the death of a mother. The most frequently selected answers following those related to material insecurity were scholastic changes, "grades have worsened" and "started school late."

Taken together, results reported in Table 6.2 and Figure 6.1 below reveal the relative importance of economic hardship endured after the death of a parent. The data presented in Figure 6.1 comes from the question, "What do you miss most about your father/ mother?" Results differ by paternal and maternal deaths. Respondents overwhelmingly chose "paying my school fees" as the thing they missed most about their father (59.8%) followed by "buying me clothes" (48%), and then "buying the necessities" (26.8%). These were indicated far more often than his love (15.3%) or his care (16%). While respondents did report missing love (25%) and care (32.3%) more often after the death of their mother, the most frequently indicated change after the death of a mother was still related to financial security: "buying me clothes" (38.9%). In this context,

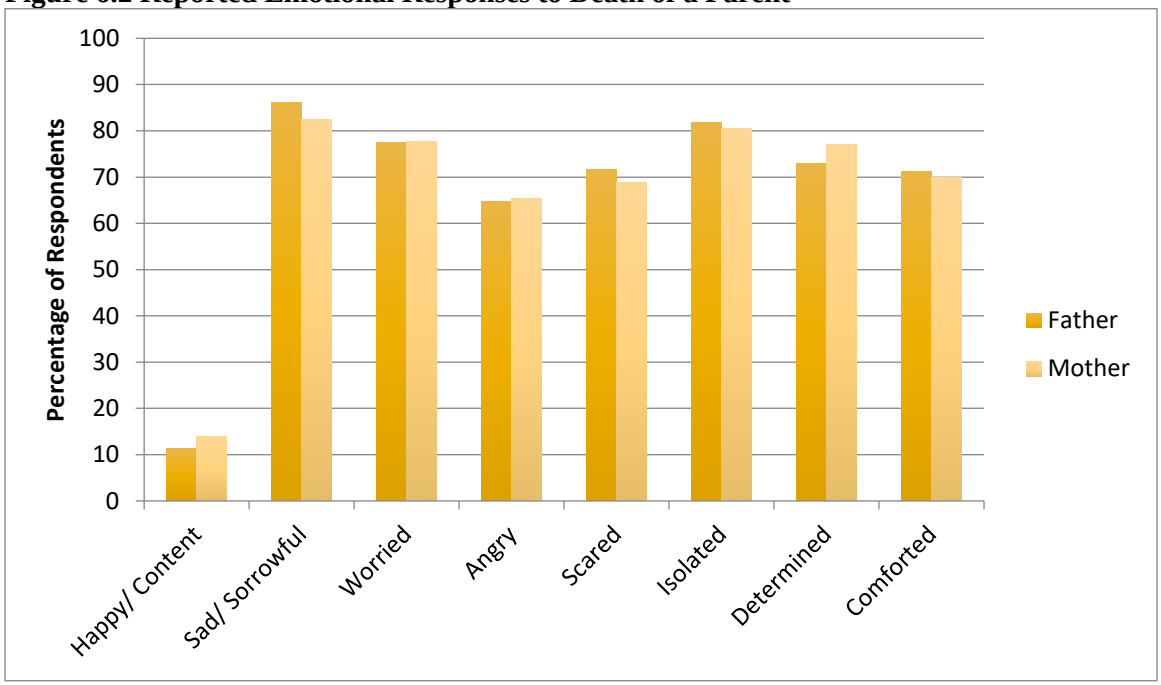
economic security is tenuous for any family, and the loss of a primary income earner limits what little financial stability may have been present prior.

Figure 6.1 What Respondents Missed Most about a Deceased Parent (%)



In addition to economic and scholastic changes, respondents were also asked to report emotional reactions after the death of a parent. They were given several emotions to choose from and allowed to choose more than one answer. Response data in Figure 6.2 shows similar emotional reactions after the death of a mother or father. Respondents chose negative emotional reactions, like sad/ sorrowful or scared, almost as often as they chose some positive reactions such as comforted or determined.

Figure 6.2 Reported Emotional Responses to Death of a Parent



The results presented in this section illustrate the economic, social and emotional impact the death of a parent has on children in this context. Many respondents reported both financial and material strain (such as having less food, money and clothing) and the percentages were slightly higher following paternal death compared to maternal death. These differences may reflect gender roles in this part of the world, where men traditionally earn the majority of the family's income. Although a family's financial stability may be slightly less affected by the loss of a mother, with either a maternal or a paternal death, a child's financial and material security is compromised. For individual responses represented in the above two figures, see Table A.2 in the Appendix.

7. Family Relationships

Family relationships were measured on a number of dimensions: 1) family cohesion, 2) family communication: frequency of conversation with a caregiver on specific topics, 3) family communication: level of comfort discussing specific topics with a caregiver, 4) perceived child-caregiver support, and 5) willingness to talk. All items measuring family relations were adapted from the Family Environment Scale (FES) developed by Moss &Moss, (1994) and Family Assessment Measure (FAM) developed by Skinner, Steinhauer & Santa-Barbara, (1983).

Family Cohesion

Family cohesion was measured using 8 items adapted from the FES. The scale measures the degree of commitment, help, and support that family members provide for one another. The modified scale yielded a good reliability coefficient (0.76 Cronbach Alpha). Respondents were asked to rate how often each item occurred in their family, on a 5-point Likert scale, with

1=never, 2=sometimes, 3=about half of the time, 4=most of the time, and 5=always. High summated scores indicate high levels of family cohesion. Mean scores for this scale are presented in Table 7.1 below. Individual response data can be found in Table A.4 of the Appendix.

Table 7.1 Family Cohesion (N=1410)

Statement	Mean (SD)
Do your family members ask each other for help before asking non-family members?	3.82 (1.33)
Do your family members like to spend free time with each other?	4.02 (1.25)
Do your family members feel close to each other?	3.89 (1.34)
Are you available when other family members want to talk to you?	3.80 (1.36)
Do you listen to what other family members have to say, even when you disagree?	3.96 (1.33)
We do things together as a family	4.01 (1.26)
Do your guardian(s) take time to listen to you when you want to talk to them?	3.99 (1.27)
If you have a problem, how often do your guardian(s) offer to help?	4.13 (1.16)
Total Mean Score	**31.82 (6.43)**
Range	**9-40**

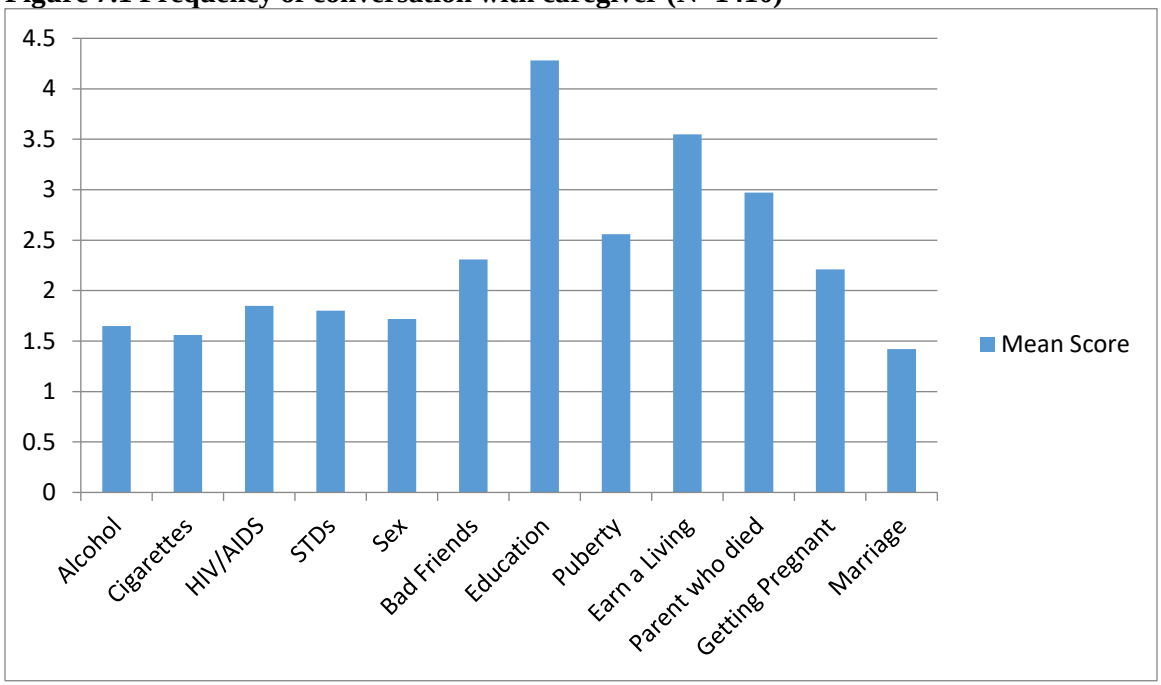
Study respondents reported moderate levels of family cohesion (Table 7.1). High scores were mainly reported on specific items that indicate family closeness, such as spending free time together (mean=4.02), doing things together as a family (mean=4.01) and guardians offering to help in case of a problem (mean=4.13).

Family Communication

Items measuring family communication were adapted from Krauss's, (1995) interview. Two dimensions of family communication were measured: (1) frequency of conversation with caregiver about certain topics such as HIV/AIDS, having sex, and education, and (2) level of comfort discussing these topics with caregiver.

Respondents were asked to indicate how often they discussed 12 topics with their caregiver(s). Responses were rated on a 5-point Likert scale, with 1=never, 2=sometimes, 3=about half of the time, 4=most of the time, and 5=always. The theoretical range for this scale is 12-60, with higher summated scores indicating high frequency of conversations about these topics with a caregiver. The mean scores are presented for each item in Figure 7.1 below. Individual response data is presented in Table A.5 of the Appendix.

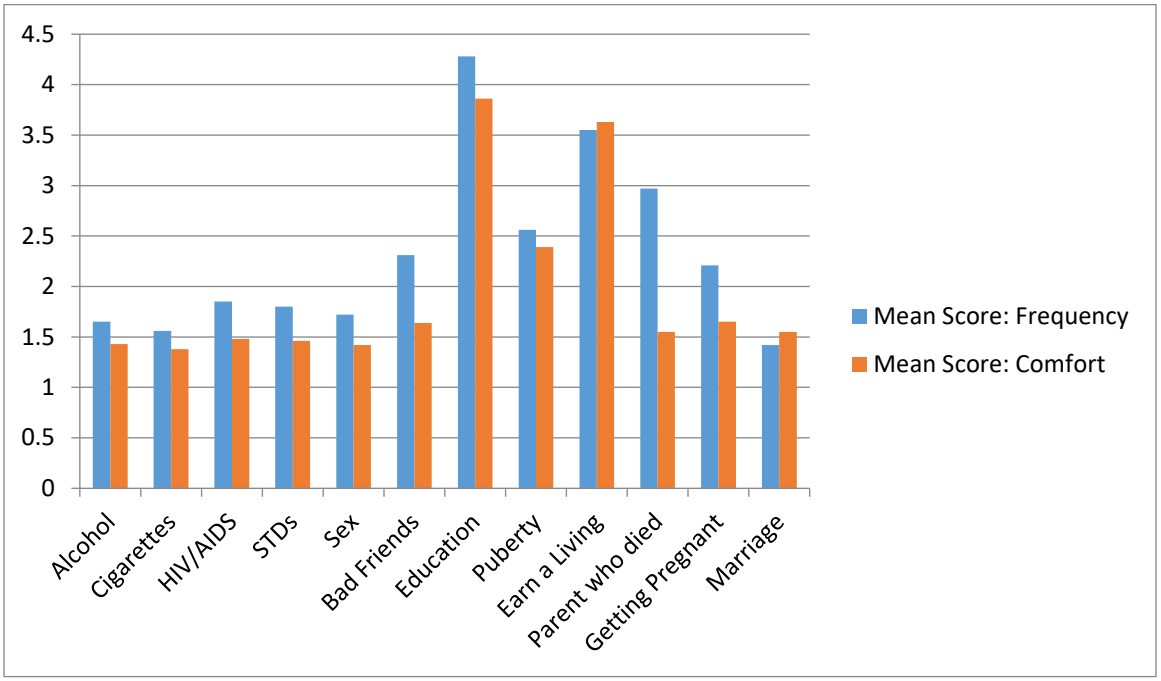
Figure 7.1 Frequency of conversation with caregiver (N=1410)



As Figure 7.1 shows, discussions in the home between respondents and caregivers varied widely by topic. Respondents reported that they often discussed education and how to earn a living in the future with their caregivers. However, when it came to topics related to sex (STDs, having sex, HIV/AIDS and getting pregnant) and substance use (alcohol, cigarettes), respondents reported discussion much less frequently. In fact, individual response data in Table A.5 of the Appendix indicates that 73.6% of respondents reported "never" discussing "having sex", 68% reported "never" discussing STDs, and 68.8% reported "never" "discussing" HIV/AIDS with their caregivers. For substance use, 75% of respondents reported "never" discussing alcohol use with their parents and 78.5% reported "never" discussing cigarette use.

Respondents were also asked to rate how comfortable they felt talking to their caregivers about specific topics. Responses were rated on a 4-point scale, with 1=very uncomfortable, 2=somewhat uncomfortable, 3=somewhat comfortable and 4=very comfortable. The theoretical range for this scale is 4-48, with high-summated scores indicating high comfort levels. The reliability coefficient for this modified scale was high (0.855 Cronbach's Alpha). Figure 7.2 below presents mean scores for individual items in orange next to the frequency of the item discussed in blue. Individual response data is presented in Table A.6 in the Appendix.

Figure 7.2 Level of comfort discussing specific topics with caregiver (N=1410)



Consistent with frequency of conversation, respondents were also less comfortable discussing topics that are traditionally considered sensitive, such as those related to engaging in risk-taking behaviors and substance use. On the other hand, respondents felt more comfortable discussing topics related to education and future planning – topics more frequently discussed with caregivers. The only marked difference between frequency and comfort of discussion was on discussing a parent who died. Respondent discussion with parents on this topic was moderately frequent (2.97), but the mean comfort level was only 1.55.

Perceived caregiver support

To measure perceived caregiver support, respondents were asked to rate the adults they live with, on 18 items (range: 18-90). Responses were rated on a 5-point Likert scale, with 1= never, 2 = sometimes, 3=about half of the time, 4=most of the time, and 5= always. Items in the inverse direction were reverse coded to create summated scores. High scores indicate high levels of perceived support from caregivers. Mean scores and standard deviations are presented in Table 7.2 below. Individual response data can be found in Table A.7 of the Appendix.

Table 7.2 Perceived Caregiver Support (N=1410)

Variable	Mean (SD)	Missing *n (%)*
Can you count on your current parent/guardian(s) to help you out if you have some kind of problem?	4.17 (1.16)	0 (0.0)
Do your current parent/guardian(s) say that you shouldn't argue with adults? †	2.25 (1.49)	0 (0.0)
Do your current parent/guardian(s) keep challenging you to do your best in whatever you do?	4.34 (1.02)	0 (0.0)

Do your current parent/guardian(s) say that you should give in on arguments rather than make people angry? †	2.48 (1.53)	0 (0.0)
Do your current parent/guardian(s) keep challenging you to think independently?	3.18 (1.62)	0 (0.0)
When you get a poor grade in school, do your current parent/guardian(s) punish you? †	3.00 (1.59)	0 (0.0)
Do your current parent/guardian(s) show interest in your schoolwork?	4.20 (1.15)	0 (0.0)
Do your current parent/guardian(s) tell you that their ideas are correct and that you should not question them? †	2.08 (1.61)	0 (0.0)
When your current parent/guardian(s) want you to do something, do they explain why?	3.90 (1.36)	0 (0.0)
Whenever you argue with your current parent/guardian(s), do they say things like, "you will know better when you grow up"? †	2.92 (1.63)	0 (0.0)
When you get poor marks in school, do your current parent/guardian(s) encourage you to try harder?	4.31 (1.07)	0 (0.0)
Do your current parent/guardian(s) let you make your own plans for things you want to do?	2.57 (1.56)	0 (0.0)
Do your current parent/guardian(s) know who your friends are?	3.34 (1.51)	0 (0.0)
Do your current parent/guardian(s) act cold and unfriendly if you do something they don't like? †	2.42 (1.51)	0 (0.0)
Do your current parent/guardian(s) spend time just talking with you?	3.80 (1.35)	0 (0.0)
When you get poor marks in school, do your current parent/guardian(s) make you feel bad about it? †	4.12 (1.35)	1 (0.01)
Do your current parent/guardian(s) do things for fun together?	3.60 (1.47)	0 (0.0)
Do your current parent/guardian(s) stop you from doing things with them when you do something they don't like? †	3.43 (1.55)	0 (0.0)
Total Mean Score	**61.10 (6.92)**	
Range	**24-90**	

†Item has been reverse-coded so that higher scores reflect better child-caregiver communication

The overall mean score for this scale was 61.10, indicating medium levels of perceived caregiver support. Respondents scored highly on items related to caregiver warmth and acceptance, such as caregiver's help in case of problems (mean =4.17), encouraging child to always do the best (mean =4.34), encouraging child to try harder when they get poor grades (mean =4.31), and showing interest in child's school work (mean =4.20). Respondents scored lower on items related to psychological autonomy, such as caregivers telling child that their ideas are always correct (mean=2.08) and parents telling child that they should give into arguments rather than make people angry (2.48).

Willingness to Talk

Respondents were asked to reflect back on their relationships with their caregivers in the last school term and indicate whether they had talked to them about issues related to school, and whether they would talk to someone if they were faced with a specific problem. Results are presented in Table 7.3 below.

Table 7.3 Willingness to Talk with Caregivers (N=1410)

Variable	Yes	No	Missing

	n (%)	*n (%)*	*n (%)*
Talked to your current parent/guardian(s) about your schoolwork?	1235 (87.6)	175 (12.4)	0 (0.0)
Asked your current parent/guardian(s) to help you with your homework?	969 (68.7)	441 (31.3)	0 (0.0)
Talked to your current parent/guardian(s) about your future?	936 (66.4)	474 (33.6)	0 (0.0)
Would you talk to someone if you had a problem with your schoolwork?	1254 (88.9)	156 (11.1)	0 (0.0)
Would you talk to someone if a boy/girl wanted to be your romantic boy/girlfriend?	782 (55.5)	627 (44.5)	1 (0.1)
Would you talk to someone if your friends wanted you to skip school?	1008 (71.5)	402 (28.5)	0 (0.0)

The majority of respondents (88.6%) had talked to their caregivers about their schoolwork, 68.7% had asked their caregivers to help with homework, and 66.4% had talked to their caregivers about their future plans during the previous school term. Fewer respondents (55.5%) however reported that they would talk to someone about a romantic relationship.

The results presented in this section have implications for strengthening family functioning. Given the levels of family cohesion, communication and caregiver support, there exists a window of opportunity to encourage caregivers to discuss other important issues, in addition to education and future planning, especially those related to substance use and issues related to safe-sex practices, pregnancy, STDs and HIV/AIDS. Moreover, the United Nations Population Fund (UNFPA) report on adolescents in 22 sub-Saharan African countries revealed that female adolescents in Uganda first become sexually active at a median age of 16.9 years (UNFPA, 2012). Because adolescents are less likely to engage in sex safely (with a condom), the risk of STD/ HIV transmission and pregnancy increases when adolescents have sex before age 18. Uganda is in the top ten countries in sub-Saharan Africa for adolescent fertility rates (UNFPA 2012). Encouraging open discussions between caregivers and their children on these issues may support safer sexual behavior among respondents.

8. Social Support

Social support was measured using 24-items adapted from the Friendship Qualities Scale (Bukowski & Boivin, 1994), and additional items adapted from Bawman Et. Al. (2006). The scale assesses the impressions of the quality of children's friendships and relationships with their classmates, closest friends, teachers and caregivers. Respondents' responses were rated on a 5-point Likert scale, with 1=never, 2=sometimes, 3=about half of the time, 4=most of the time and 5= always. The theoretical range for this scale is 24-120. Eleven (11) items in the inverse direction were reverse coded to generate summated scores for each of the 4 categories, i.e. caregivers, classmates, close friends and teachers. This modified scale had an acceptable reliability coefficient (0.73 Cronbach's Alpha). Mean scores are presented in Table 8.1 below for each item and summated scores for each category. Higher scores indicate higher levels of social support. Individual response data is presented in Table A.8 of the Appendix.

Table 8.1 Social Support (N=1410)
† Item has been reverse coded so higher scores represent greater social support.

Statement	Mean (SD)	Missing n (%)
Parent/Guardian		
Some kids have parents or guardians who don't really understand them.†	4.04 (1.34)	0 (0.0)
Some kids have a parent or guardian who doesn't seem to want to hear about their children's problems.†	4.01 (1.35)	1 (0.1)
Some kids have parents or guardians who care about their feelings.	3.95 (1.28)	0 (0.0)
Some kids have parents or guardians who treat their children like a person who really matters.	4.06 (1.22)	0 (0.0)
Some kids have current parents or guardians who like them the way they are.	4.02 (1.25)	0 (0.0)
Some kids have a current parent or guardian who doesn't act like what their children do is important.†	3.80 (1.41)	0 (0.0)
Total Score	*23.88 (4.28)*	
Range	*9-30*	
Classmates		
Some kids have classmates who like them the way they are.	3.51 (1.48)	0 (0.0)
Some kids have classmates that they can become friends with.	3.72 (1.35)	0 (0.0)
Some kids have classmates who sometimes make fun of them†	3.69 (1.45)	0 (0.0)
Some kids have classmates who pay attention to what they say.	3.72 (1.33)	0 (0.0)
Some kids don't get asked to play games with classmates very often†	3.75 (1.37)	0 (0.0)
Total Score	*18.40 (3.40)*	
Range	*8-25*	
Close Friends		
Some kids have a close friend who they can tell problems to.	3.61 (1.38)	0 (0.0)
Some kids have a close friend who really understands them.	3.36 (1.48)	0 (0.0)
Some kids have a close friend who they can talk to about things that bother them.	3.55 (1.39)	0 (0.0)
Some kids don't have a close friend who they like to spend time with..†	3.82 (1.36)	0 (0.0)
Some kids don't have a close friend who cares about their feelings..†	3.68 (1.36)	0 (0.0)
Some kids often spend recess being alone†	3.83 (1.36)	0 (0.0)
Some kids don't have a close friend who really listens to what they say..†	3.76 (1.37)	0 (0.0)
Total Score	*25.62 (4.50)*	
Range	*8-35*	
Teachers		
Some kids have a teacher who helps them if they are upset.	3.72 (1.40)	0 (0.0)
Some kids don't have a teacher who helps them do their best.†	3.80 (1.43)	0 (0.0)
Some kids do have a teacher who cares about them.	3.86 (1.32)	0 (0.0)
Some kids don't have a teacher who is fair to them.†	4.03 (1.29)	0 (0.0)
Some kids don't have a teacher who cares if they feel bad.†	3.83 (1.40)	0 (0.0)
Some kids have a teacher who treats them like a person.	3.96 (1.27)	0 (0.0)
Total Score	*23.19 (4.38)*	
Range	*10-30*	
Total Social Support Scale Mean Score	**91.08 (12.13)**	
Total Social Support Scale Range	**46-120**	

Respondents reported moderate-to-high levels of social support overall 91.08 (SD=12.13). Among individual items, respondents scored highly on having parents who really understand them (mean =4.04), parents who want to hear about their child's problems (mean =4.01), and parents who treat their children like people who matter (mean =4.06). Respondents also scored highly on having a teacher who is fair to them (mean =4.03)

9. Education Parameters

School Satisfaction Scale[1]

School satisfaction was assessed using 8-items adapted from the Multidimensional Students Life Satisfaction Scale (MSLSS) (Huebner, 1994). Respondents were asked to rate 8 items on a 4-point scale, with 1=never, 2=sometimes, 3=often and 4=almost always. Three items in the inverse direction were reverse coded to create summated scores. High scores indicate high levels of school satisfaction. The theoretical range for this scale is 8-32, respondents scored between 15 and 32. This modified scale had a modest reliability coefficient (Cronbach's Alpha 0.643). Table 9.1 shows the overall mean score was 28.85 (SD=2.97) indicating high levels of school satisfaction. Individual response data is presented in Table A.9 of the Appendix.

[1] In this scale life satisfaction is "defined as a global evaluation by the person of his or her life (Huebner, 2001, pg. 2)." Items regarding satisfaction as it pertains to school/ education were adapted for the Bridges Study. The life satisfaction scale is meant to promote the idea that the wellbeing of adolescents should not simply be measured by the absence of a mental health concern, but the presence of positive views on life (Huebner, 2001).

Table 9.1 School Satisfaction (N=1410)

Statement	Mean (SD)	Missing n (%)
I look forward to going to school each day.	3.72 (0.56)	0 (0.0)
I like being in school.	3.72 (0.55)	0 (0.0)
School is interesting	3.65 (0.63)	0 (0.0)
I wish I didn't have to go to school. †	3.80 (0.56)	0 (0.0)
There are many things about school I don't like. †	3.26 (0.96)	0 (0.0)
I enjoy school activities.	3.43 (0.81)	0 (0.0)
I learn a lot at school.	3.60 (0.65)	0 (0.0)
I feel bad at school. †	3.69 (0.72)	0 (0.0)
Total Mean Score	**28.85 (2.97)**	
Range	**15-32**	

†Item has been reverse coded so higher scores represent greater satisfaction.

Pediatric Quality of Life Inventory[2]

Wellbeing at school was assessed using four items adapted from the Pediatric Quality of Life Inventory (PEDSQL). This original instrument has 23 items and is used to measure health-related quality-of-life in children and adolescents. Items were rated on a 5-point Likert scale, with 1=never, 2=almost never, 3=sometimes, 4=often and 5=almost always. Table 9.2 below shows the total mean score was 9.52 (SD =3.45) indicating moderate health related quality of life. Individual response data is presented in Table A.10 of the Appendix.

Table 9.2 Pediatric Qualify of Life Scale (N=1410)

Variable	Mean (SD)	Missing n (%)
It is hard for me to pay attention in class	2.03 (1.48)	0 (0.0)
I am forgetful.	2.34 (1.31)	0 (0.0)
I miss school because of not feeling well.	2.52 (1.44)	0 (0.0)
I miss school to go to the doctor, clinics or hospitals.	2.62 (1.42)	0 (0.0)
Total Mean Score	**9.52 (3.45)**	
Range	**4-20**	

[2] The Pediatric Quality of Life Inventory (PedsQL) version 4.0 is available at: http://www.pedsql.org/index.html.

School Related Questions

In addition to the MSLSS and PedsQL respondents were asked questions about the accessibility of their school, their school living arrangements (whether they lived in boarding sections), behavioral issues while attending school, any extra help they received at school, and school-related challenges and goals. More than half (52%) of all respondents reported that their school had a boarding section. Of those respondents who had a boarding section at their school, only 6% (n=44) reported living in the boarding section. This is not unusual since boarding sections come at an additional cost, so poor families are less likely to afford this type of accommodation. The majority of respondents (92.4%) reported living very near or near to their primary school, and 94.9% reported that they usually walked to school.

Respondents were asked questions to identify behavioral issues during the previous school term. Only a small percentage of participants reported altercations with peers or teachers. Specifically, 11.6% (n=164) of respondents reported physical fights with another student, ranging between 1-2 incidents. Only 0.5% (n=7) reported a single incident of verbal fights with teachers, with only one respondent reporting a physical fight. Suspensions and expulsions were also uncommon. Only 0.9% (n=12) of respondents reported a suspension over the previous school term, and no expulsions were reported.

Respondents were asked to indicate if they had received any special help, such as coaching or special classes over the previous school term. Thirty-one percent (31.1%) reported having received special help. The number of times these respondents received help ranged from once a school term, to every day of the school term. Extra help at schools in the study region comes at an additional cost for parents/caregivers, which may explain why few participants received this type of support. Only 3.9% (n=55) of participants reported that they were involved in a youth group.

Respondents were also asked to identify the achievements they were most proud of in the previous school term. More than one third (37.2%) reported no proudest achievements, and another 38.7% reported that they were most proud of performing well in class. The remaining respondents reported a range of achievements including: good behavior, helping out at home, participating in extracurricular activities in school, receiving presents or scholastic materials and starting small income generating activities.

Respondents were asked if they had ever considered dropping out of school during the previous school term. Only 1.1% (n=16) indicated that they had experienced thoughts of dropping out of school, and of those respondents, 81% (n=13) had thought about it occasionally (less than 3 times). Of those who considered dropping out, 42.9% (n=6) did so because of a financial concern (e.g. inability to pay school fees, insufficient scholastic supplies). Other reasons reported include severe corporal punishment and disrespectful treatment/bullying by peers. When asked why they did not drop out of school, respondents reported that they received counseling and encouragement from caregivers, their caregivers forced them to stay in school, family members had raised money for them to pay school fees, they changed schools, or were determined to achieve their educational goals no matter what.

Respondents were proud of both achievements in school and at home. Specifically, respondents articulated that they were proud of: staying in school and performing well (promoted to the next class, passing exams), good behavior, planting and or good harvests from their gardens, buying animals (chicken, pig) to rear, providing for their basic needs, purchasing scholastic materials, and participating in extracurricular activities.

Respondents were asked several questions about future educational plans- as well as how confident they were in their ability to fall through with these plans. The vast majority of respondents (94.6%) reported that they planned on starting secondary school after completing primary school. Of those respondents, more than half (51%) were "extremely sure" that they would achieve this educational plan. Table 9.3 illustrates respondent confidence levels in attending secondary school, excluding 76 respondents who were not planning on attending secondary school. Gender did not significantly affect respondents' confidence in attending secondary school. When asked what they wanted to be when they completed school the three most common professions reported were doctor (20.6%), nurse (24.9%) and teacher (25%).

Table 9.3 Confidence in Attending Secondary School (N=1334)

Variable	Boys N=601 *n (% within gender)*	Girls N=733 *n (% within gender)*	Total N=1334 *n (% within total)*
Not At All Sure	21 (3.5)	22 (3.0)	43 (3.2)
Slightly Sure	52 (8.7%)	88 (12.0)	140 (10.5)
Moderately Sure	90 (15.0)	114 (15.6)	204 (15.3)
Very Sure	102 (17.0)	123 (16.8)	225 (16.9)
Extremely Sure	336 (55.9)	386 (52.7)	722 (54.1)

Respondents who reported that they did not plan on attending secondary school were asked about their alternative plans (Table 9.4). Girls were also more likely than boys to report "no plans" after primary school. For those respondents that planned on getting a job after primary school, 72.8% were "moderately sure" that they would achieve their plans. For those respondents that planned on attending vocational training after primary school, 70.6% were "moderately sure" that they would achieve their plans.

Table 9.4 Alternative Plans to Secondary School (N=76)

Variable	Boys N=20 *n (% within gender)*	Girls N=56 *n (% within gender)*	Total N=76 *n (% within total)*
No Plans	2 (10.0)	12 (21.4)	14 (18.4)
Get a Job	5 (25.0)	6 (10.7)	11 (14.5)
Vocational/Technical Training	13 (65.0)	36 (64.3)	49 (64.5)
Other:	0 (0.0)	2 (3.6)	2 (2.6)
Farming	0 (0.0)	1 (1.3)	
Computer Training	0 (0.0)	1 (1.3)	

Respondents were also asked to predict their highest level of educational attainment, as well as rate their future selves. Respondents had high educational aspirations: 39% reported that they would finish university and go on to graduate school, 30.9% reported that they would get a university degree, 10.6% reported that they would attend technical college, and 7.2% indicated that they would go on to Senior 6 and stop (complete Advanced high school level). Only 12.2% of respondents estimated that they would not finish secondary school. When asked how they felt about their "future selves", over 90% responded favorably.

10. Saving Behavior

In this section, respondents were asked several questions regarding saving behavior, attitudes and goals. Of those respondents who reported having some savings (30.7%), 74.6% reported having saved at least 9,000 Uganda shillings or less ($2.60 USD) saved. A distribution of participant monetary savings is illustrated in Table A.11 in the Appendix. In Table 10.1, only one respondent reported having a savings account at a bank. Most respondents (60.7%) reported keeping their money with a caregiver, or in another informal location (45.0%), including with a relative, or some place in their home.

Table 10.1 Savings Locations (N=433)

Variable	Yes *n (%)*	No *n (%)*
Bank	1 (0.2)	432 (99.8)
Savings and Credit Cooperative (SACCO)	8 (1.8)	425 (98.2)
With current caregiver/ parent	263 (60.7)	170 (39.3)
Any other place: with a relative or trusted friend, school bag, piggy bank or some place at home.	195 (45.0)	238 (55.0)

When asked if their parent/caregiver has saved money for them, 53% of respondents reported that their caregivers were *not* saving for them, 36.5% reported that their caregivers *were* saving for them and 10.6% reported that they did not know. Of the respondents who reported that their caregivers were saving for them (n=514), only 23.3% reported that their caregiver had an account at a formal financial institution (Bank or SACCO). When given the hypothetical scenario, "If you had 10,000 Uganda shillings what would you do?" 65.7% reported that they would purchase some kind of revenue generating asset, such as livestock. This answer was followed by 16.9% of respondents who reported that they would "spend half, save half."

Importance of Saving Toward a Specific Goal

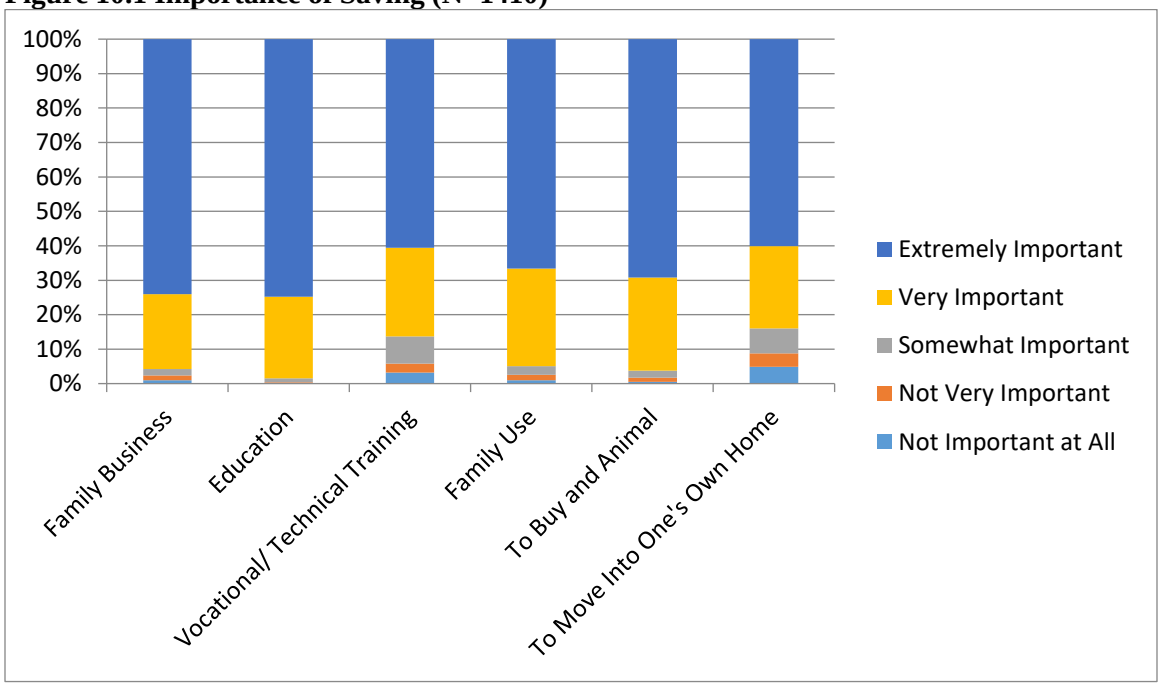
Respondents were asked to rate the importance of saving money toward a specific goal (e.g. education, a family business) on a Likert scale with responses: 1=not important at all, 2=not very important, 3=somewhat important, 4=very important and 5=extremely important. Table 10.2 shows that overall, respondents placed significant importance on saving (mean =27.27, SD =2.86). Figure 9.1 shows individual responses for the same data. The majority of respondents rated each saving goal as either "very important" or "extremely important." Both saving for a

family business, and saving for education, were especially valued, with 74% and 74.7% of respondents respectively rating these saving goals "extremely important."

Table 10.2 Importance of Saving (N=1410)

Variable	Mean (SD)	Missing n (%)
Saving money for a family business	4.66 (0.68)	0 (0.0)
Saving money for one's education	4.73 (0.51)	0 (0.0)
Saving money for vocation, technical or job training	4.38 (0.97)	0 (0.0)
Saving money to help one's family out	4.56 (0.73)	0 (0.0)
Saving money to by an animal	4.63 (0.64)	0 (0.0)
Saving money to move into one's own home	4.30 (1.09)	0 (0.0)
Total mean score	**27.27 (2.86)**	
Range	**10-30**	

Figure 10.1 Importance of Saving (N=1410)



Level of Confidence to save for a specific goal

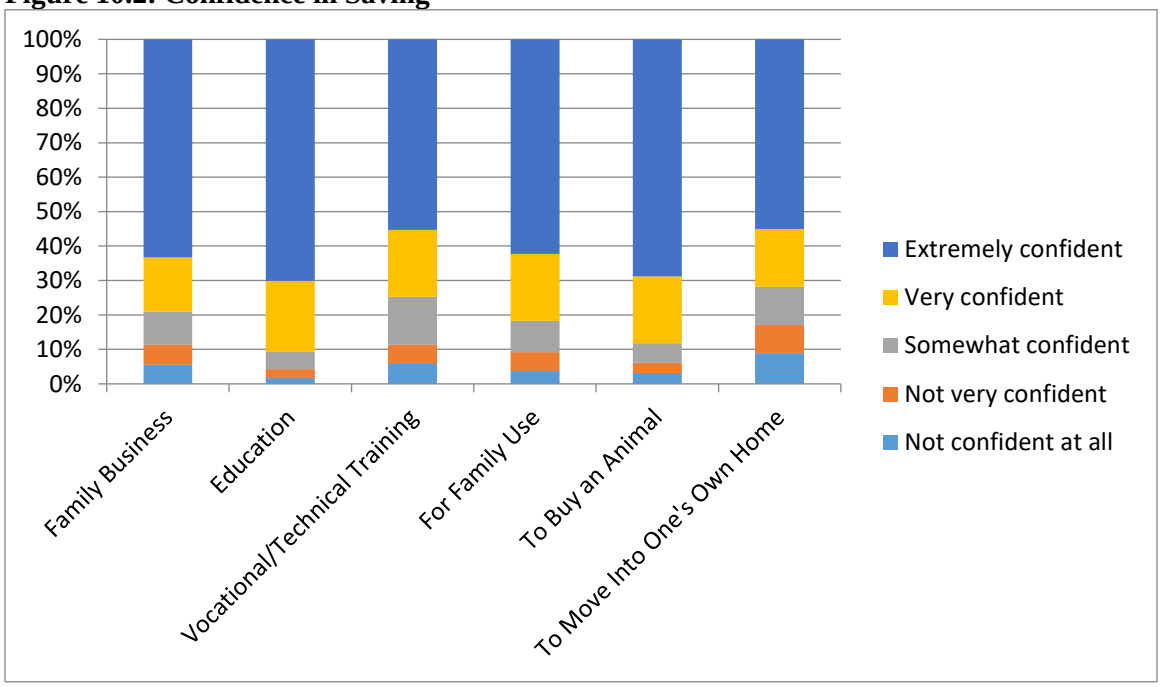
In addition to importance, respondents were asked to rate their level of confidence to save toward a specific goal. Responses were rated on a 5-point Likert scale, with 1=not confident at all, 2=not very confident, 3=somewhat confident, 4=very confident and 5=extremely confident. As in the section above mean scores are presented in Table 10.3 below, and individual response data is

highlighted in the chart below (Figure 9.2). As with importance of saving, respondents also rated their confidence in ability to save very highly. Individual response data in Figure 10.2 shows that most respondents felt either "extremely confident" or "very confident" about saving. Respondents felt least confident about saving toward their own home or vocational/ technical training. However, this may be because home ownership is too distant in the future to be considered tangible at this stage, and most respondents considered secondary education and college as a future goal, as opposed to technical/vocational training.

Table 10.3 Confidence in Ability to Save (N=1410)

Variable	Mean (SD)	Missing *n (%)*
Saving money for a family business	4.25	1.18
Saving money for one's education	4.55	0.84
Saving money for vocational, technical, or job training	4.13	1.19
Saving money to help one's family out	4.31	1.08
Saving money to buy and animal	4.48	0.96
Saving money to move into one's own home	4.01	1.34
Total mean score	**25.73**	**4.39**
Range	**6-30**	

Figure 10.2: Confidence in Saving



11. HIV/AIDS

HIV/AIDS Prevention Attitudes

Study respondents live in AIDS impacted communities, and by virtue of the inclusion criteria have had intimate experiences with the epidemic. All respondents have lost one or both parents to AIDS. In this section respondents were asked questions regarding their knowledge of and prevention attitudes regarding HIV/AIDS. The first scale asked respondents to rate 5-items related to HIV/AIDS prevention on a 5-point Likert scale, with 1=not at all agree, 2=agree a little, 3=moderately agree, 4=agree a lot, and 5=agree a great deal. Summated scores were generated, with high scores indicating high levels of HIV/AIDS prevention attitudes. Individual response data is presented in table A.15 in the Appendix. The mean score on this scale was 17.7, Table 11.1) indicated moderately desirable prevention attitudes among respondents.

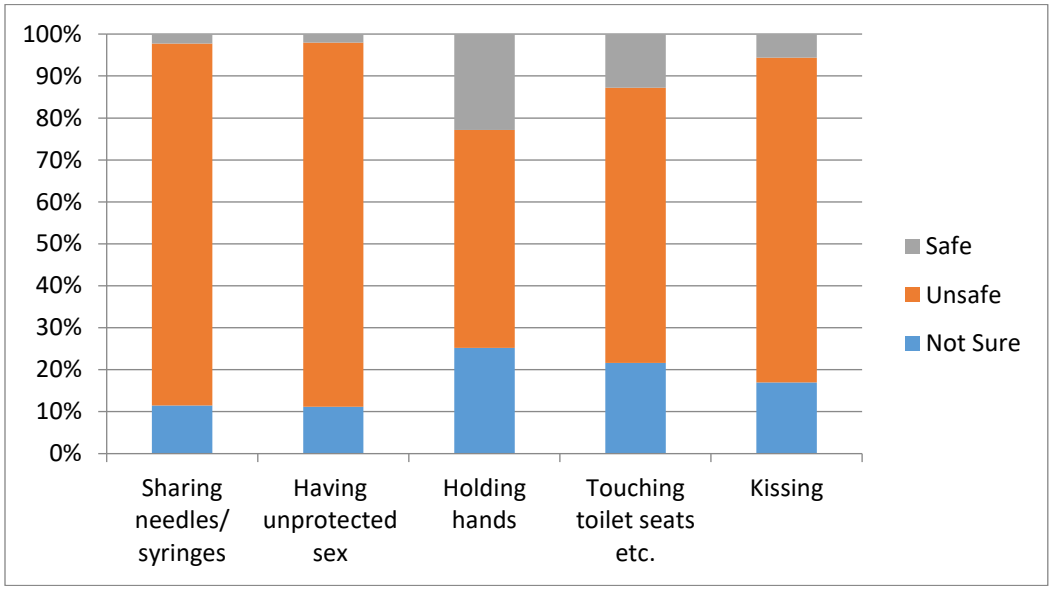
Table 11.1 HIV/AIDS Prevention Attitudes (N=1410)

Variable	Mean (SD)	Missing *n (%)*
As a teenager I think AIDS is a threat to my health.	3.78 (1.67)	0 (0.0)
I think people my age who have sex should use condoms.	3.32 (1.74)	0 (0.0)
I think the best way to avoid getting AIDS is not to have sex	3.62 (1.69)	0 (0.0)
Even if you know your partner very well, you should use a condom	3.40 (1.74)	0 (0.0)
I think it is very important to use condoms every time one has sex	3.59(1.68)	0 (0.0)
Total mean score	**17.70**	**6.55**
Range	**5-25**	

HIV/AIDS Knowledge

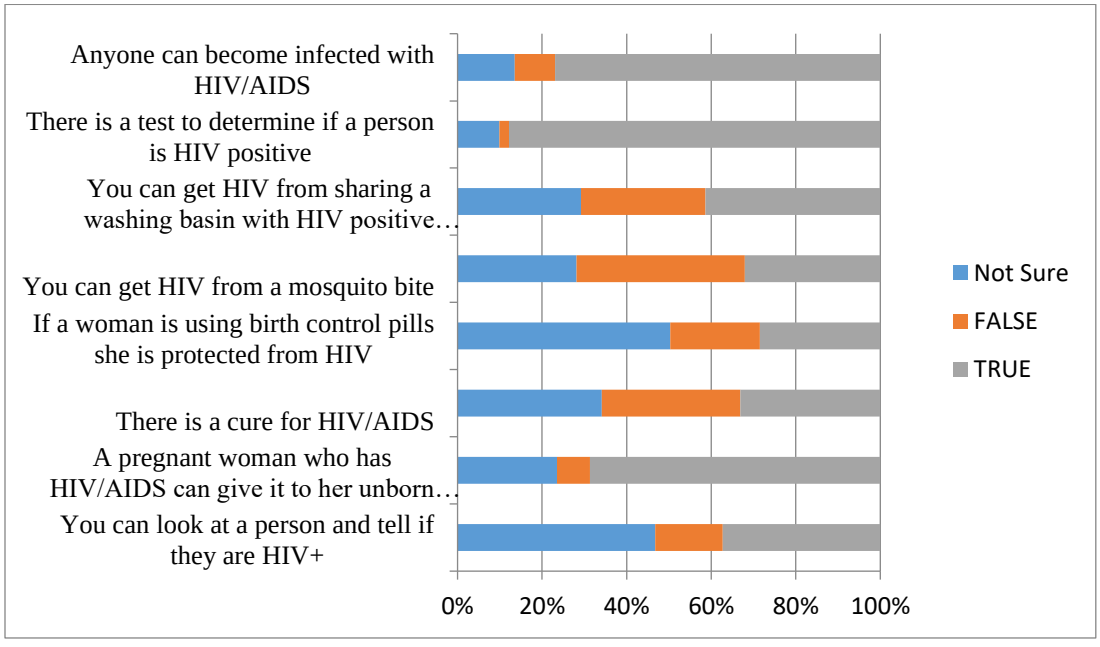
Knowledge on HIV/AIDS transmission was assessed by asking respondents if five unique behaviors were safe to engage in with an HIV positive person. Response options included: 1=not sure, 2=unsafe and 3=safe. The behaviors included some common ways of becoming infected with HIV, as well as behaviors that are generally considered safe in terms of transmission (Figure 11.1). Respondents demonstrated knowledge of the most unsafe and high risk behaviors i.e. both having unprotected sex (86.8%) and sharing a needle (86.2%) with an HIV positive person. However, participants also rated some behaviors that are considered safe, as unsafe. For example, 77.4% of participants said that kissing an HIV positive person is unsafe, and 65.6% said that touching a toilet seat that an HIV positive person has touched is unsafe. Less than one third of the participants knew that the three low-risk behaviors were safe, i.e. holding hands (22.8%), touching toilet seats (12.8%) and kissing (5.6%). Respondents demonstrated an inconsistent grasp of HIV/AIDS information at baseline, which may highlight uncomprehensive curriculum in schools and/or HIV/AIDS related stigma. Individual response data is presented in table A.16 of the Appendix.

Figure 11.1 HIV/AIDS Knowledge Part 1: Transmission (N=1410)



General knowledge of HIV/AIDS was also assessed by asking respondents to indicate which of the 8 statements were true about HIV transmission. Responses are illustrated in Figure 11.2 below:

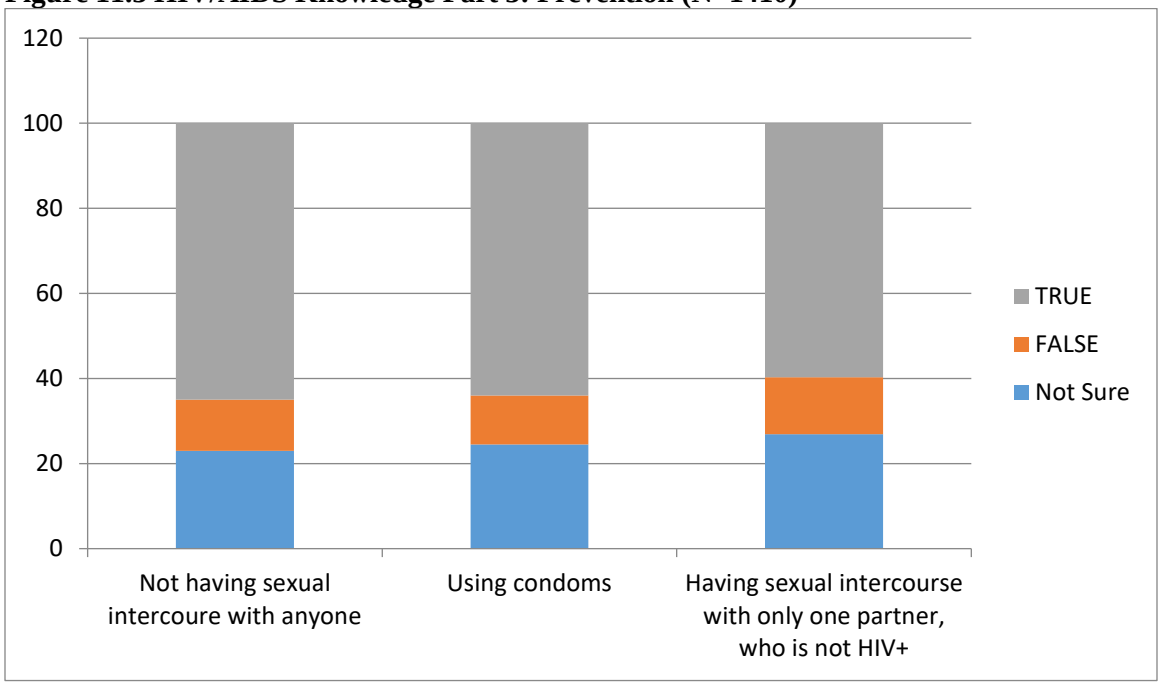
Figure 11.2 HIV/AIDS Knowledge Part 2: General Knowledge (N=1410)



Similar to the items on transmission, there was some variability in respondents' knowledge concerning the above HIV/AIDS questions. The majority of respondents were able to accurately answer some items including, "anyone can become infected with HIV/AIDS" and "there is test to determine if a person is HIV positive." However, for other questions like, "if a woman is using birth control pills she is protected from HIV" and "you can look at a person and tell if they have HIV", a greater number of participants answered "not sure"- 50.3% and 46.8% respectively. Additionally, 34.1% of participants reported that they were "not sure" whether "there is a cure for HIV/AIDS" and 33.1% reported that this statement was "true." In general, most statements in this section indicate that there are either misconceptions about the epidemic, or a lack of information available to participants, which again could be the product of uncomprehensive sex-education curriculum and/or AIDS related stigma.

Finally, study respondents were asked how people can reduce their chances of becoming infected with HIV/AIDS based on the behavioral change model of ABC (Abstinence, Being faithful and Use of Condoms). Respondents could rate each item as 1=not sure, 2=false or 3=not sure. Individual response data for these items is presented in Figure 11.3 below.

Figure 11.3 HIV/AIDS Knowledge Part 3: Prevention (N=1410)



The majority of respondents knew that all three prevention methods could lower their risk of becoming infected with HIV/AIDS. The ABC model has been implemented widely in school curriculum throughout Uganda. While every child in school should have access to this curriculum, religious institutions tend to emphasize the A (abstinence) and B (be faithful) components of the curriculum as opposed to C (condom use) (Okware, 2005). Because most schools in the study region are founded by the Catholic church it is possible that study respondents are not receiving as much information about correct and consistent condom use.

12. PERSONAL HEALTH

In this section, respondents were asked several questions regarding their personal health including overall satisfaction, energy level, medication intake and STI history. Respondent answers are illustrated in Table 12.1 below.

Table 12.1 Personal Health (N=1410)

Variable	Boys N=621 *n (% within gender)*	Girls N= 789 *n (% within gender)*	Total N=1410 *n (% within total)*
How satisfied are you with your life overall?			
Extremely satisfied	430 (69.2)	480 (60.8)	910 (64.5)
Very satisfied	88 (14.2)	118 (15.0)	206 (14.6)
Somewhat satisfied	58 (9.3)	67 (8.5)	125 (8.9)
Not very satisfied	16 (2.6)	43 (5.4)	59 (4.2)
Not satisfied at all	29 (4.7)	81 (10.3)	110 (7.8)
Missing	0 (0.0)	0 (0.0)	0 (0.0)
At present time would you say your physical health is:			
Excellent	307 (49.4)	327 (41.4)	634 (45.0)
Good	193 (31.3)	298 (37.8)	491 (34.8)
Fair	104 (16.7)	116 (14.7)	220 (15.6)
Poor	4 (0.6)	20 (2.5)	24 (1.7)
Very poor	13 (2.1)	28 (3.5)	41 (2.9)
Missing	0 (0.0)	0 (0.0)	0 (0.0)
I have low energy			
Almost always	54 (8.7)	59 (7.5)	113 (8.0)
Often	110 (17.7)	123 (15.6)	233 (16.5)
Sometimes	161 (25.9)	203 (25.7)	364 (25.8)
Almost never	100 (16.1)	185 (23.4)	285 (20.2)
Never	196 (31.6)	219 (27.8)	415 (29.4)
Missing	0 (0.0)	0 (0.0)	0 (0.0)
Do you take any medications			
Yes	102 (16.4)	156 (19.8)	258 (18.3)
No	519 (83.6)	633 (80.2)	1152 (81.7)
Missing	0 (0.0)	0 (0.0)	0 (0.0)
In the last school term, have you ever been told by a health care professional than you have any STD?			
Yes	0 (0.0)	6 (0.8)	6 (0.4)
No	621 (100.0)	783 (99.2)	1404 (99.6)
Missing	0 (0.0)	0 (0.0)	0 (0.0)
In the last school term, have you ever been tested for HIV/AIDS			
Yes	79 (12.7)	76 (9.6)	155 (11.0)
No	542 (87.3)	713 (90.4)	1255 (89.0)
Missing	0 (0.0)	0 (0.0)	0 (0.0)

In the last school term, have you been told that you are HIV positive or that you have AIDS?			
Yes	3 (0.5)	4 (0.5)	7 (0.5)
No	618 (99.5)	785 (99.5)	1403 (99.5)
Missing	0 (0.0)	0 (0.0)	0 (0.0)

Respondents were generally satisfied with their life overall, although girls tended to be slightly less satisfied than boys. About 15.7% of girls reported that they were either "not very satisfied" or "not at all satisfied" with their life, compared to only 7.3% of boys. The majority of both boys (80.7%) and girls (79.2%) reported that their general health was either "very good" or "good." Very few reported that their health was either "poor" or "very poor", although girls were slightly more likely to report negative health than boys (5.5% compared to 2.7%). Almost a quarter (24.5%) of the participants reported that they either "almost always" or "often" experienced low energy. Only 18% reported that they were taking medication. The most common reasons for taking medications were headaches, cough and flu, pains, and malaria/fever. Only 6 respondents had been tested for STDs, and 11% had been tested for HIV/AIDS. Only 0.5% (n=7) of participants reported that during the last school term they had been told that they had HIV/AIDS.

13. Psychosocial Measures

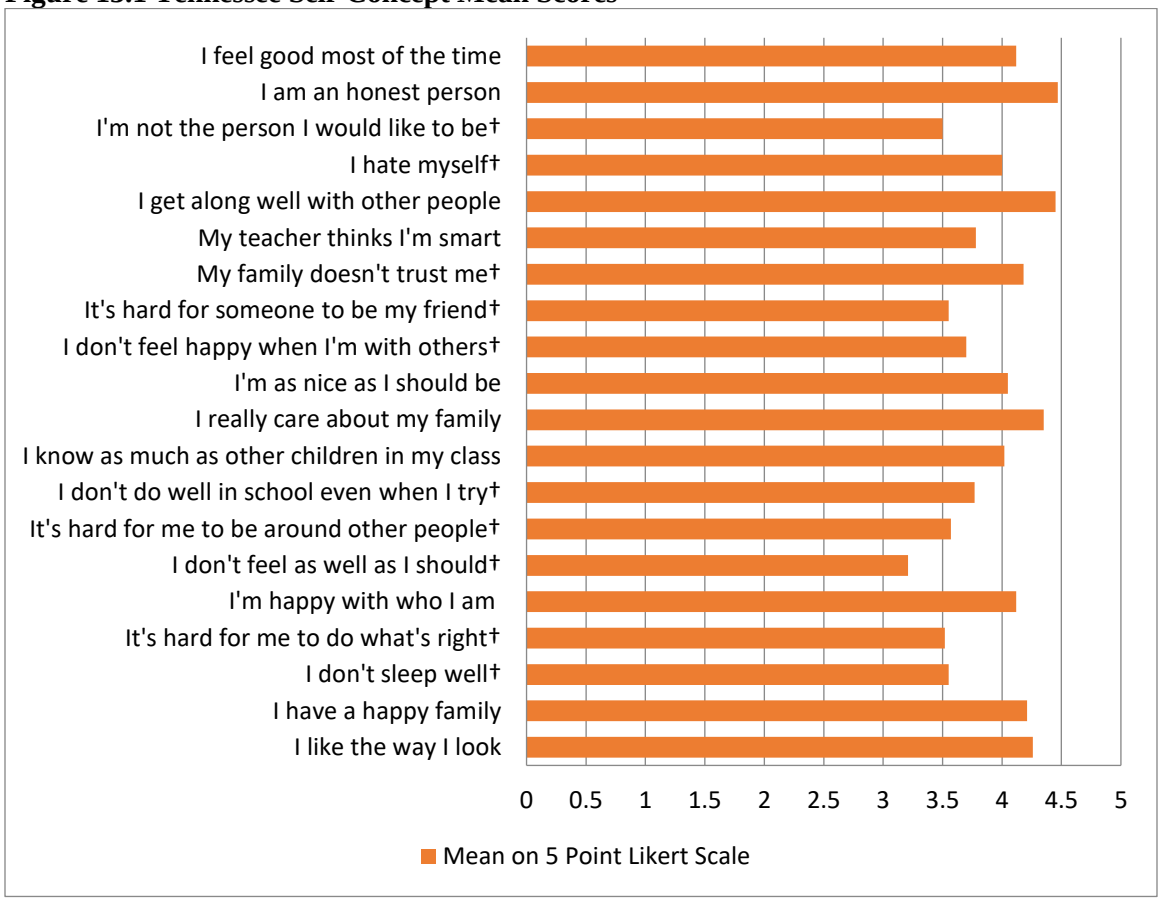
Child Depression Inventory

Child depression was measured using the Child Depression Inventory (Kovacs, 1985). The 27-item scale measures children's depressive symptoms. Children were asked to mark a statement that best described their feelings during the past 2 weeks. Each item on the CDI has three response options that correspond to varying levels of symptomology for clinical depression. These responses were coded 0, 1, 2, 0 represents no symptom, 1 represents a mild or probable symptom and 2 represents a definite symptom. Thirteen (13) items were reverse coded to create summated scores, with high scores indicating high levels of depressive symptoms. The theoretical range for this scale was 0-54. Respondents scored between 0-37. The CDI had a moderate reliability coefficient (Cronbach's Alpha 0.682). The overall mean score for the CDI was 11.57 (SD =5.68) indicating that participants exhibited low levels of depressive symptoms. Individual response data is presented in table A.19 of the Appendix.

Tennessee Self-Concept Scale

Self-concept was measured using the Tennessee Self-Concept Scale (Fitts &Warren, 1996). The 20-item scale (range: 20-100) measures children's perception of identity, self-satisfaction and other behaviors. Each of the 20 items was rated on a 5-point scale: 1= always false, 2=usually false, 3=sometimes true/sometimes false, 4=usually true and 5= always true. Ten (10) items in the inverse direction were reverse coded to create summated scores. Higher scores indicate higher levels of child self-concept. The actual range for this scale was 41-100, with an overall mean score of 78.79 (SD =10.75) representing moderate levels of self-concept. A moderately high internal consistency (Cronbach Alpha 0.74) was reported for this scale. Individual response data is presented in Figure 13.1 below and in table A.20 in the Appendix.

Figure 13.1 Tennessee Self-Concept Mean Scores



†Item was reverse coded so that higher scores indicate high levels of self-concept

Beck's Hopelessness Scale

Child hopelessness was measured using the Beck Hopelessness Scale (BHS) (Beck, Weissman, Lester, & Trexler, 1974). The 20-item scale measures children's hopelessness and pessimistic attitudes toward the future. Items have a "true" or "false" response coded as "1" or "0" respectively. Nine (9) items with positive wording were reverse coded to create a summated score for the entire scale. The theoretical range for the BHS is 0-20, with higher scores indicating higher level of hopelessness. The overall mean score was 5.37 (SD =3.10, range 0-18) indicating low levels of hopelessness among respondents at baseline. The scale demonstrated a moderate internal consistency (Cronbach's alpha 0.66). Individual response data is presented in Table A.21 of the Appendix.

14. POVERTY[3]

In this section respondents were asked several questions to assess their relative level of poverty. Questions related to availability of basic needs, food intake, household assets and child employment results for which are presented in Table 14.1 below. Most study respondents (99.6%) owned at least one set of clothes, more than half (69.7%) owned a blanket and 70.3% owned at least one pair of shoes. In terms of food intake, 58.7% of participants had eaten meat or fish in the past week, and 78.8% of participants reported having had at least 2 meals per day in the last week. Just over a quarter of the study population reported that they had not eaten breakfast on the day of the interview.

Table 14.1 Poverty Questions (N=1410)

Variable	Boys *n (% within gender)*	Girls *n (% within gender)*	Total *n (% of total)*
How many sets of clothes do you have?			
None	0 (0.0)	3 (0.4)	3 (0.2)
One	30 (4.8)	33 (4.2)	63 (4.5)
Two	88 (14.2)	44 (5.6)	132 (9.4)
More than two	503 (81.0)	709 (89.9)	1212 (86.0)
Missing	0 (0.0)	0 (0.0)	0 (0.0)
Do you have a blanket?			
No	188 (30.3)	266 (33.7)	454 (32.2)
Yes	433 (69.7)	523 (66.3)	956 (67.8)
Missing	0 (0.0)	0 (0.0)	0 (0.0)
How many pairs of shoes do you have?			
None	197 (31.7)	222 (28.1)	419 (29.7)
One pair	336 (54.1)	399 (50.6)	735 (52.1)
Two pairs	77 (12.4)	113 (14.3)	190 (13.5)
More than 2 pairs	11 (1.8)	55 (7.0)	66 (4.7)
Missing	0 (0.0)	0 (0.0)	0 (0.0)
How often did you eat meat or fish in the last week?			
None	256 (41.2)	290 (36.8)	546 (38.7)
Once	163 (26.2)	215 (27.2)	378 (26.8)
Twice	110 (17.7)	141 (17.9)	251 (17.8)
Three times	54 (8.7)	93 (11.8)	147 (10.4)
More than three times	38 (6.1)	50 (6.3)	88 (6.2)
Missing	0 (0.0)	0 (0.0)	0 (0.0)

[3] Questions in this section were adapted from Model "A" Questionnaire, available at: http://dhsprogram.com/pubs/pdf/DHSQ4/DHS-IV-Model-A.pdf.pdf; and from the Uganda Household Survey conducted by the Uganda Bureau of Statistics

What is the average number of meals you took per day in the last 7 days?			
None	1 (0.2)	3 (0.4)	4 (0.3)
One	132 (21.3)	130 (16.5)	262 (18.6)
Two	375 (60.4)	500 (63.4)	875 (62.1)
Three	113 (18.2)	156 (19.8)	269 (19.1)
Missing	0 (0.0)	0 (0.0)	0 (0.0)
In the last 7 days, how many times did you drink tea with sugar?			
None	136 (21.9)	173 (21.9)	309 (21.9)
One	100 (16.1)	101 (12.8)	201 (14.3)
Two	100 (16.1)	119 (15.1)	219 (15.5)
Three	77 (12.4)	110 (13.9)	187 (13.3)
More than three	208 (33.5)	286 (36.2)	494 (35.0)
Missing	0 (0.0)	0 (0.0)	0 (0.0)
Did you have breakfast today?*			
No	156 (25.2)	223 (28.3)	380 (27.0)
Yes	464 (74.8)	566 (71.7)	1030 (73.0)
Missing	0 (0.0)	0 (0.0)	0 (0.0)

*Item recoded based on what respondents had for breakfast that day

Respondents were also asked about family assets (Table 14.2). The majority of participants' families owned their own homes (90.9%), land (87.2%), and more than half (52.9%) owned a bicycle –primarily used for transportation. The majority of households owned a radio (81%) or a cellphone (76%). It must be noted that Uganda's economy is primarily agricultural, so it is not surprising that the majority of households owned several gardens and farm animals. Over one third (35.6%) reported having a small business. The majority of participants (90.7%) lived in households without electricity, made of brick and iron sheets (71.9%).

Table 14.2 Household Assets: Does the house you live in own the following? (N=1410)

Variable	Total *n (%)*
House	1281 (90.9)
Rental property /mizigo gya bapangisa	137 (9.7)
Land /ekibanja	1230 (87.2)
Bicycle	746 (52.9)
Motorcycle/ boda boda	182 (12.9)
Car	77 (5.5)
Television	167 (11.8)
Radio	1139 (80.0)
Cell phone	1064 (75.5)
Banana garden	1108 (78.6)
Coffee garden	718 (50.9)
Sweet potato garden	1020 (72.3)
Cassava garden	849 (60.2)
Other gardens (beans, maize, greens)	1146 (81.3)
Cow	341 (24.2)

Goat	523 (37.1)
Pig(s)	899 (63.8)
Poultry (for sale)	440 (31.2)
Any other animals	151 (10.7)
Small business/ retail store/shop/ kiosk	502 (35.6)
Does the house you live in have electricity?	
No	1279 (90.7)
Yes	131 (9.3)
Missing	0 (0.0)
What kind of house do you live in?	
Muzigo	85 (6.0)
Hut	11 (0.8)
Mud house	300 (21.3)
Brick house with iron sheets but not cemented floors	452 (32.1)
Brick house with iron sheets and cemented floors	561 (39.8)
Missing	0 (0.1)

Respondents were also asked about any paid work in which they were currently engaged. The majority of respondents (90.7%) were not actively engaged in any formal or informal employment. Some 25.7% (n=xx) however reported that they had previously worked for pay. Only 3.8% (n=54) of respondents reported having a second job and only 0.1% (n=3) had a third job. The majority of respondents who reported working were doing garden/farm work or house work, either for a neighbor or family members. Most 71.5% (n=xx) respondents who reported that they had worked at one time worked at least weekly, and 92.5% of those who worked received monetary compensation. The rest were compensated through scholastic materials, food and clothes, 4 respondents reported that they were not paid at all. For those respondents who received monetary compensation for their work, they reported using the money to address basic needs and for education.

15. Employment and Educational Background of Caregivers

Respondents were asked to provide education and employment details for their caregivers. The three most commonly reported primary caregivers were mothers (31.2%), grandmothers (29.0%) and aunts (12.0%). Only 8% of respondents indicated that their father was their primary caregiver, which is not surprising considering the high rate of paternal deaths for this sample. Respondents also reported that it was most often their mother (28.3%) or grandmother (16.2%) who financially supported them. The next most commonly reported person was an uncle (16.1%) followed by an aunt (11.4%). Only 9.6% of respondents reported that their father was the person who financially supported them. The overwhelming majority (70.6%) of respondents reported that the person who financially supported them was unemployed, and most often a peasant farmer (35.0%).

In addition to employment, respondents were asked about the educational level of the person financially supporting their household. More than half of respondents 55% reported that the person who financially supported them had not completed high school, 1.3% had a technical college diploma and 3.8% had a university degree. Over a third of respondents (35.4%) did not know the education background of their caregivers.

16. YOUTH RISK BEHAVIOR SURVEY

Respondents were asked about their cigarette, alcohol and marijuana use in the past 30 days (Table 16.1). Self-reported tobacco, alcohol and drug use was minimal at baseline. Only 1% (n=14) of respondents reported that they had tried smoking one or two puffs of a cigarette; 8 of those respondents confirmed smoking in the past 30 days, and 6 respondents had smoked at least one cigarette per day during the past 30 days. One respondent reported that they had tried marijuana, however, they had not used it in the past 30 days. Regarding alcohol use, 4.6% (n=65) of the respondents reported that they had tried a drink of alcohol other than a few sips, and 1.1% (n=16) of those respondents who had tried alcohol had taken at least half a cup or more of an alcoholic drink per day in the last 30 days. Boys were more likely to have experimented with alcohol than girls. Overall drug and alcohol use was low among respondents at baseline. These reports are not surprising given that all respondents were in primary school where drug and alcohol use is not common.

Table 16.1 Drug and Alcohol Use

Variable	Male (N= 306) *n (% within gender)*	Female (N=396) *n (% within gender)*	Total (N=702) *n (% within total)*
Tried cigarettes			
Yes	11 (1.8)	3 (0.4)	14 (1.0)
No	610 (98.2)	786 (99.6)	1396 (99.0)
Missing	0 (0.0)	0 (0.0)	0 (0.0)
Tried alcohol			
Yes	35 (5.6)	30 (3.8)	65 (4.6)
No	586 (94.4)	759 (96.2)	1345 (95.4)
Missing	0 (0.0)	0 (0.0)	0 (0.0)
Tried marijuana			
Yes	0 (0.0)	1 (0.1)	1 (0.1)
No	621 (100.0)	788 (99.9)	1409 (99.9)
Missing	0 (0.0)	0 (0.0)	0 (0.0)

17. Sexual Risk Behaviors[4]

Adolescence is a crucial period of development in which individuals often establish intimate relationships, begin initiating sexual activity and consider future goals (Erikson, 1950). Unfortunately, young people who have been orphaned are especially vulnerable to adverse outcomes during adolescence, such as sexually transmitted infections, unplanned pregnancies and other risk- behaviors (Rotheram-Borus & Lighfoot, 2000). Studies suggest that orphaned adolescents are at a higher risk of sexual risk-taking behaviors and HIV infections compared to non-orphans (Operario, Pettifor, Cluver, MacPhail & Rees, 2007; Gregson, Nyamukapa, Garnett, Wambe, Lewis & Mason, et, al, 2005; Thurman, Brown, Richter, Maharaj & Magnani, 2006). In this study, both sexual risk taking behaviors and intentions of study respondents were assessed.

Respondents were asked what the most appropriate age to have a boy/girlfriend was. Theode age response was 18 and the mean was 22. It is important to point out that for this sample, having a boy/girlfriend may not necessarily mean romantic relationship. Respondents were then asked whether they have ever had a boy/girlfriend and only 4.5% (n=64) answered affirmatively. Only 2.1% (n=29) of participants reported that they had ever kissed a girl in a romantic way, and 2.8% (n=40) reported that they had ever kissed a boy in a romantic way.

Respondents were asked to report on their experience of peer pressure, the results for which are presented in table 17.1 below. The majority of respondents (about 73%) did not feel any pressure from their peers to have sex, however those respondents that reported that they felt a great deal of pressure to have sex were more likely to be female. Respondents mostly reported that they did not feel pressure to engage in a romantic relationship, 77.2% of respondents reported never being pressured to have a boy/girlfriend, with almost no difference between genders. Although the vast majority of respondents did not feel any pressure to get married, those who did were disproportionately female.

Table 17.1 Pressure to engage in sexual risk-taking behaviors (N=1410)

Variable	Boys N=621 *n (% within gender)*	Girls N=789 *n (% within gender)*	Total N=1410 n (% within total)
How much peer pressure is there on people your age to have sex?			
None	459 (73.9)	565 (71.6)	1024(72.6)
A little	102 (16.4)	134 (17.0)	236 (16.7)
A moderate amount	31 (5.0)	35 (4.4)	66 (4.7)
A lot	10 (1.6)	16 (2.0)	26 (1.8)
A great deal	18 (2.9)	34 (4.3)	52 (3.7)
Missing	1 (0.2)	5 (0.6)	6 (0.4)
How often do you feel pressure to have a boy/girl friend?			
Never	474 (76.3)	614 (77.8)	1088 (77.2)

[4] Questions in this section were adapted from Levy, et. al, (1993), Paikoff, (1995) and Rotheram –Borus, et. al, (1995)

Sometimes	91 (14.7)	107 (13.6)	198 (14.0)
About half of the time	27 (4.3)	32 (4.1)	59 (4.2)
Most of the time	16 (2.6)	19 (2.4)	35 (2.5)
Always	12 (1.9)	16 (2.0)	28 (2.0)
Missing	1 (0.1)	1 (0.1)	2 (0.1)
How often does your guardian/parent pressure you to get married?			
Never	613 (98.7)	752 (95.3)	1365 (96.8)
Sometimes	7 (1.1)	15 (1.9)	22 (1.6)
About half of the time	1 (0.2)	6 (0.8)	7 (0.5)
Most of the time	0 (0.0)	2 (0.3)	2 (0.1)
Always	0 (0.0)	13 (1.6)	13 (0.9)
Missing	0 (0.0)	1 (0.1)	1 (0.1)

Respondents were also asked about attitude towards and history of sexual intercourse. Forty percent (40.1%) reported that they felt 18 years of age would be appropriate for age of first sex (mean age reported: 22 years). Only 3.6% (n=xx) of respondents reported that they had engaged in sexual intercourse in the past. Again this may not be surprising because of the respondents' young age. Among respondents who reported having engaged in sexual intercourse, 7 reported that they had "unwillingly had sex" at one time. One of these respondents reported that the incident had occurred within the last week. Boys were more likely to have engaged willingly in sexual intercourse than girls at, however girls were more likely to report using protection. Results for methods of protection used during last sexual episode appear in Table 17.2 below.

Table 17.2 Methods of Protection Among Respondents During Last Sexual Episode (n=51)

Variable	Boys n=34 *(% within gender)*	Girls n=17 *(% within gender)*	Total n=51 *n (% within total)*
No Method			
No	3 (8.8)	5 (29.3)	8 (15.7)
Yes	29 (85.3)	10 (58.8)	17 (33.3)
Missing	2 (5.9)	2 (11.8)	4 (7.8)
Condoms			
No	24 (70.6)	9 (52.9)	33 (64.7)
Yes	2 (5.9)	4 (23.5)	6 (11.8)
Missing	6 (17.6)	2 (11.8)	8 (15.7)
Withdrawal			
No	26 (76.5)	13 (76.5)	39 (76.5)
Yes	2 (5.9)	2 (11.8)	4 (7.8)
Missing	6 (17.6)	2 (11.8)	8 (15.7)

Birth control pills or injection to avoid pregnancy			
No	26 (76.5)	11 (64.7)	37 (72.5)
Yes	0 (0.0)	2 (11.8)	2 (3.9)
Missing	2 (5.9)	2 (11.8)	4 (7.8)

Respondents were also asked about the sexual activity of their closest friends. The majority of respondents (35%) either did not know if their close friends had engaged in sexual intercourse or thought that none of them ever had (46%).

Intentions to have sex were assessed by asking respondents to rate how several sexual-activity-related statements applied to them (Table 16.3). Items were rated on a 5-point Likert scale, with 1=never, 2=sometimes, 3=about half of the time, 4=most of the time and 5=always. For this scale lower scores represented desired responses. The theoretical range for this scale is 5-25. Individual response data is presented in Table 17.3 of the Appendix.

Table 17.3 Sexual Risk Taking Intentions N=1410

Variable	Mean (SD)	Missing *n (%)*
Ok for people my age to have sex with someone they've just met.	1.53 (1.81)	3 (0.2)
Ok for people my age to have sex with someone they love.	1.79 (1.32)	2 (0.2)
Ok for people my age to have sex before marriage	1.99 (1.42)	1 (0.1)
Ok for people my age to force a boy/ girlfriend to have sex when they don't want to	1.84 (1.35)	3 (0.2)
Ok for people child's age to have sex without protection with someone they know.	1.92 (1.45)	3 (0.2)
Total Mean	**9.06 (4.82)**	
Total Range	**4-25**	

Mean scores for sexual risk taking intentions were low as indicated by individual item scores as well as the total mean score for the scale. Again the mean age of participants is 12, sexual risk intentions may be different with a slightly older age group.

18. Child Self-Efficacy Assessment

Child self-efficacy was measured using 29-items adapted from the Project on Human Development in Chicago Neighborhoods (Earls & Buka, 1997)[5]. Items were asked in pairs; respondents were asked to indicate whether they were more like the person on the left (positive efficacy) or the person on the right (negative efficacy). Following their choice, respondents were asked whether the statement was either "very true" or "sort of true" to them. Responses are presented in Table A.24 of the Appendix.

To generate a total score for this scale, items in the inverse direction on each side were reverse-coded and summed up, with high scores indicating high levels of child self-efficacy. The theoretical range for this scale is 29-116. The total mean score for this scale was 98.02 (SD =11.98, Range: 32-116), indicating high levels of child self-efficacy among this sample.

19. Conclusions

This baseline report presented pre-intervention survey data on the 1410 participants enrolled in the *Bridges to the Future Study*. The survey questions assessed key areas of participants' lives including community satisfaction, family functioning, mental and physical health, educational outcomes, self-efficacy, financial saving habits, and risk behavior. The survey will be administered again at 12, 24, 36 and 48 months post intervention, at which time data will be disaggregated by treatment group to begin determining the impact of the Bridges economic empowerment intervention. Though all precautions were taken to limit bias, survey data is self-reported and thus some sections may be subject to under-reporting. However despite some limitations the baseline survey data illustrates how participants' view themselves, their families, their communities and their futures pre-intervention.

[5] The Project on Human Development in Chicago Neighborhoods (PHDCN) is a large-scale, interdisciplinary study of how families, schools, and neighborhoods affect child and adolescent development. It was designed to advance the understanding of the developmental pathways of both positive and negative human social behaviors. The study examined the causes and pathways of juvenile delinquency, adult crime, substance abuse, and violence; and provided a detailed look at the environments in which these social behaviors take place. Additional information can be found here: http://www.icpsr.umich.edu/icpsrweb/NACJD/series/00206

20. APPENDIX: EXTENDED TABLES

Table A.1 Distance to Community Resources

Community Resource	Very Near	Near	Far	Very Far	No Resource	Don't Know	Missing
	n (%)	*n (%)*	*n (%)*	*n (%)*	*n (%)*	*n (%)*	*n (%)*
Primary School	840 (59.6)	463 (32.8)	6 (0.4)	8 (0.6)	0	93 (6.6)	0 (0.0)
Public Secondary School	267 (18.9)	280 (19.9)	339 (24.0)	171 (12.1)	(191) 13.6	162 (11.4)	0 (0.0)
Health Clinic	520 (36.9)	209 (14.8)	121 (8.6)	33 (2.3)	439(31.1)	88(6.3)	0 (0.0)
Government Dispensary	165 (11.7)	223 (15.8)	247 (17.5)	116 (8.2)	543 (38.5)	114(8.1)	2 (0.2)
Hospital	49 (3.5)	74 (5.2)	156 (11.1)	330 (23.4)	549 (39.0)	252 (17.8)	0 (0.0)
Bank	35 (2.5)	74 (5.2)	94 (6.7)	287 (20.4)	714 (50.6)	206 (14.7)	0 (0.0)
Water source	906 (64.3)	250 (17.7)	139 (9.9)	29 (2.1)	0 (0.0)	85 (6.0)	1 (0.1)

Table A.2 Community Satisfaction (N=1410)

Variable	Never *n (%)*	Sometimes *n (%)*	Often *n (%)*	Almost Always *n (%)*	Missing n (%)
I like where I live	44 (3.1)	156 (11.1)	428 (30.4)	782 (55.5)	0 (0.0)
I wish I lived in a different house	836 (59.3)	269 (19.1)	173 (12.3)	132 (9.4)	0 (0.0)
I wish I lived in another village	781 (55.4)	275 (19.5)	201 (14.3)	153 (10.9)	0 (0.0)
I like my village	77 (5.5)	220 (15.6)	371 (26.3)	742 (52.6)	0 (0.0)
I like my neighbors	65 (4.6)	200 (14.2)	390 (27.7)	755 (53.5)	0 (0.0)
This village is filled with not nice people	596 (42.3)	354 (25.1)	262 (18.6)	198 (14.0)	0 (0.0)
My family's house is nice.	270 (19.1)	316 (22.4)	298 (21.1)	526 (37.3)	0 (0.0)
There are a lot of fun things to do where I live	261 (18.5)	336 (23.8)	321 (22.8)	492 (34.9)	0 (0.0)

Table A.3 Changes after Parental Death (N=1410)

Variable	Paternal Death N=1102 *n (% within group)*	Maternal Death N=584 *n (% within group)*
Effects of parent's death on the way child feels about life		
Happy/ contented	124 (11.3)	81 (13.9)
Sad/ sorrowful	949 (96.1)	481 (82.4)
Worried	854 (77.5)	454 (77.7)
Angry	713 (64.7)	382 (65.4)
Scared	790 (71.7)	402 (68.8)
Isolated/ alone	901 (81.9)	470 (80.5)
Determined to do well	805 (73.0)	450 (77.1)
Comforted/ relieved	216 (68.1)	408 (69.9)

Missing	2 (0.2)	2 (0.2)
What child misses most about parent		
Paying my school fees	659 (59.8)	174 (29.8)
Buying me food	239 (21.7)	91 (15.6)
Buying me clothes	529 (48.0)	227 (38.9)
Buying the necessities	295 (26.8)	102 (17.5)
His/ Her love	169 (15.3)	146 (25.0)
His/ Her care	176 (16.0)	188 (32.2)
Other	457 (41.5)	47 (14.8)
Missing	16 (1.5)	0 (0.0)
Number of times respondent moved after parental death		
0	449 (40.7)	218 (37.3)
1	356 (32.3)	208 (35.6)
2	186 (16.9)	91 (15.6)
3	71 (6.4)	43 (7.4)
4	23 (2.1)	14 (2.4)
5+	14 (1.3)	8 (1.3)
Don't Know	1 (0.1)	1 (0.2)
Missing	2 (0.1)	1 (0.2)

Table A.4 Family Cohesion Scale (N=1410)

Variable	Never	Sometimes	About Half the Time	Most of the time	Always	Missing
	n (%)	*n (%)*	*n (%)*	*n (%)*	*n (%)*	*n (%)*
Family members ask each other for help before asking non-family members.	124 (8.8)	220 (15.6)	89 (6.3)	326 (23.1)	651 (46.1)	0 (0.0)
Family members like to spend free time with each other.	85 (6.0)	156 (11.1)	113 (8.0)	345 (24.5)	711 (50.4)	0 (0.0)
Family members feel close to each other.	111 (7.9)	187 (13.3)	115 (8.2)	328 (23.3)	669 (47.4)	0 (0.0)
Child is available when other family members want to talk.	99 (7.0)	257 (18.2)	112 (7.9)	300 (21.3)	642 (45.5)	0 (0.0)
Child listens to what other family members have to say.	118 (8.4)	160 (11.3)	88 (6.2)	341 (24.2)	703 (49.9)	0 (0.0)
Family does things together.	66 (4.7)	202 (14.3)	113 (8.0)	305 (21.6)	724 (51.3)	0 (0.0)
Parents take time to listen to child.	76 (5.4)	200 (14.2)	98 (7.0)	323 (22.9)	713 (50.6)	0 (0.0)
If child has a problem, parents offer help.	51 (3.6)	144 (10.2)	136 (9.6)	320 (22.7)	759 (53.8)	0 (0.0)

Table A.5 Frequency of Conversation with Caregiver (N=1410)

Variable	Never	Sometimes	About Half the Time	Most of the time	Always	Missing
	n (%)	*n (%)*	*n (%)*	*n (%)*	*n (%)*	*n (%)*
Alcohol/ Drinking	1057 (75.0)	124 (8.8)	27 (1.9)	70 (5.0)	132 (9.4)	0 (0.0)
Cigarette Smoking	1113 (78.9)	(94) 6.7	30 (2.1)	54 (3.8)	119 (8.4)	0 (0.0)
HIV/AIDS	970 (68.8)	117 (8.3)	51 (3.6)	103 (7.3)	169 (12.0)	0 (0.0)
STDs	959 68.0	157 (11.1)	48 (3.4)	114 (8.1)	132 (9.4)	0 (0.0)
Having Sex	1038 (73.6)	112 (7.9)	29 (2.1)	79 (5.6)	152 (10.8)	0 (0.0)
Bad Friends	764 (54.2)	149 (10.6)	69 (4.9)	157 (11.1)	271 (19.2)	0 (0.0)
Education	40 (2.8)	108 (7.7)	103 (7.3)	319 (22.6)	840 (59.6)	0 (0.0)
Puberty	592 (42.0)	234 (16.6)	83 (5.9)	205 (14.5)	296 (21.0)	0 (0.0)
What child will do to earn a living	227 (16.1)	191 (13.5)	119 (8.4)	327 (23.2)	546 (38.7)	0 (0.0)
How child feels about parents that passed away	356 (25.2)	309 (21.9)	124 (8.8)	263 (18.7)	358 (25.4)	0 (0.0)
How to avoid getting pregnant or getting others pregnant*	818 (58.0)	130 (9.2)	58 (4.1)	147 (10.4)	256 (18.2)	1 (0.1)
Marriage/ when child is expected to marry	1153 (81.8)	112 (7.9)	26 (1.8)	53 (3.8)	66 (4.7)	0 (0.0)

Table A.6 Level of Comfort Talking to Caregiver (N=1410)

Variable	Very uncomfortable	Somewhat uncomfortable	Somewhat comfortable	Very comfortable	Missing
	n (%)	*n (%)*	*n (%)*	*n (%)*	*n (%)*
Alcohol/ drinking	1078 (76.5)	168 (11.9)	57 (4.0)	107 (7.6)	0 (0.0)
Cigarette Smoking	1108 (78.6)	166 (11.8)	45 (3.2)	91 (6.5)	0 (0.0)
STDs	1048 (74.3)	181 (12.8)	78 (5.5)	103 (7.3)	0 (0.0)
HIV/AIDS	1052 (74.6)	156 (11.1)	86 (6.1)	116 (8.2)	0 (0.0)
Having Sex	1074 (76.2)	173 (12.3)	70 (5.0)	93 (6.6)	0 (0.0)
Bad Friends	932 (66.1)	214 (15.2)	110 (7.8)	154 (10.9)	0 (0.0)
Education	12 (0.9)	11 (0.8)	144 (10.2)	1243 (88.2)	0 (0.0)
Puberty	491 (34.8)	228 (16.2)	347 (24.6)	344 (24.4)	0 (0.0)
What child will do to earn a living in the future	59 (4.2)	27 (1.9)	287 (20.4)	1037 (73.5)	0 (0.0)
How child feels about the parents that passed away	951 (67.4)	227 (16.1)	143 (10.1)	89 (6.3)	0 (0.0)
How to avoid getting pregnant or getting others pregnant	960 (68.1)	177 (12.6)	83 (5.9)	190 (13.5)	0 (0.0)
Marriage and when child is expected to marry	967 (68.6)	204 (14.5)	149 (10.6)	90 (6.4)	0 (0.0)

Table A.7 Perceived Caregiver Support (N=1410)

Variable	Never *n (%)*	Sometimes *n (%)*	About half the time *n (%)*	Most of the time *n (%)*	Always *n (%)*	Missing *n (%)*
Child can count on parent/ guardian to help in case of a problem	46 (3.3)	163 (11.6)	74 (5.2)	345 (24.5)	782 (55.5)	0 (0.0)
Parent/ guardian asks child not to argue with adults	208 (14.8)	150 (10.6)	85 (6.0)	313 (22.2)	654 (46.4)	0 (0.0)
Parent/ guardian pushes child to do best in whatever s/he does	35 (2.5)	85 (6.0)	104 (7.4)	332 (23.5)	854 (60.6)	0 (0.0)
Parent/ guardian asks child to give in on arguments	235 (16.7)	201 (14.3)	127 (9.0)	283 (20.1)	564 (40.0)	0 (0.0)
Parent/ guardian pushes child to think independently	347 (24.6)	240 (17.0)	96 (6.8)	260 (18.4)	467 (33.1)	0 (0.0)
Parent/ guardian punishes child when s/he gets poor grades in school	369 (26.2)	292 (20.7)	97 (6.9)	267 (18.9)	385 (27.3)	0 (0.0)
Parent/ guardian shows interest in child's school work	60 (4.3)	119 (8.4)	98 (7.0)	332 (23.5)	801 (56.8)	0 (0.0)
Parent/ guardian tells child that their ideas are correct	429 (30.4)	239 (17.0)	122 (8.7)	258 (18.3)	362 (25.7)	0 (0.0)
Parent/ guardian explains why they want the child to do something	127 (9.0)	169 (12.0)	106 (7.5)	329 (23.3)	679 (48.2)	0 (0.0)
Whenever child argues with parent/ guardian, they say; "you will know better when you grow up."	392 (27.8)	217 (15.4)	116 (8.2)	261 (18.5)	424 (30.1)	0 (0.0)
Parent/ guardian encourages child to try harder if s/he gets poor marks in school	46 (3.3)	94 (6.7)	103 (7.3)	303 (21.5)	864 (61.3)	0 (0.0)
Parent/ guardian let child make own plans for things s/he wants to do	534 (37.9)	294 (20.9)	99 (7.0)	216 (15.3)	267 (18.9)	0 (0.0)
Parent/ guardian knows child's friends	250 (17.7)	245 (17.4)	139 (9.9)	330 (23.4)	446 (31.6)	0 (0.0)
Parent/ guardian acts cold and unfriendly if child does something they don't like	227 (16.1)	188 (13.3)	111 (7.9)	309 (21.9)	575 (40.8)	0 (0.0)
Parent/ guardian spends time just talking with the child	104 (7.4)	237 (16.8)	123 (8.7)	320 (22.7)	626 (44.4)	0 (0.0)
Parent/ guardian makes the child feel guilty when s/he gets poor marks in school	862 (61.1)	235 (16.7)	64 (4.5)	112 (7.9)	136 (9.6)	1 (0.01)
Parent/ guardian does fun things together	187 (13.3)	231 (16.4)	106 (7.5)	322 (22.8)	564 (40.0)	0 (0.0)
Parent/ guardian stops child from doing things with them if the child does something they don't like	534 (37.9)	279 (19.8)	112 (7.9)	232 (16.5)	253 (17.9)	0 (0.0)

Table A.8 Social Support (N=1410)

Statement	Never	Sometimes	About half of the time	Most of the time	Always	Missing
	n (%)	*n (%)*	*n (%)*	*n (%)*	*n (%)*	*n (%)*
Parent/guardian						
Some kids have parents or guardians who don't really understand them.	784 (55.6)	281 (19.9)	75 (5.3)	151 (10.7)	119 (8.4)	0 (0.0)
Some kids have a parent or guardian who doesn't seem to want to hear about their children's problems.	764 (54.2)	287 (20.4)	84 (6.0)	153 (10.9)	121 (8.6)	1 (0.1)
Some kids have parents or guardians who care about their feelings.	92 (6.5)	170 (12.1)	117 (8.3)	362 (25.7)	669 (47.4)	0 (0.0)
Some kids have parents or guardians who treat their children like a person who really matters.	76 (5.4)	141 (10.0)	124 (8.8)	346 (24.5)	723 (51.3)	0 (0.0)
Some kids have current parents or guardians who like them the way they are.	85 (6.0)	153 (10.9)	121 (8.6)	339 (24.0)	712 (50.5)	0 (0.0)
Some kids have a current parent or guardian who don't act like what their children do is important	637 (45.2)	338 (24.0)	111 (7.9)	161 (11.4)	163 (11.6)	0 (0.0)
Classmates						
Some kids have classmates who like them the way they are.	208 (14.8)	230 (16.3)	127 (9.0)	323 (22.9)	522 (37.0)	0 (0.0)
Some kids have classmates that they can become friends with.	120 (8.5)	224 (15.9)	147 (10.4)	353 (25.0)	566 (40.1)	0 (0.0)
Some kids have classmates who sometimes make fun of them.	604 (42.8)	309 (21.9)	127 (9.0)	190 (13.5)	180 (12.8)	0 (0.0)
Some kids have classmates who pay attention to what they say.	101 (7.2)	240 (17.0)	166 (11.8)	346 (24.5)	557 (39.5)	0 (0.0)
Some kids don't get asked to play games with classmates very often.	576 (40.9)	375 (26.6)	125 (8.9)	196 (13.9)	138 (9.8)	0 (0.0)
Close friends						
Some kids have a close friend who they can tell problems to.	122 (8.7)	283 (20.1)	146 (10.4)	329 (23.3)	530 (37.6)	0 (0.0)
Some kids have a close friend who really understands them.	219 (15.5)	273 (19.4)	150 (10.6)	314 (22.3)	454 (32.3)	0 (0.0)
Some kids have a close friend who they can talk to about things that bother them.	137 (9.7)	287 (20.4)	149 (10.6)	343 (24.3)	494 (35.0)	0 (0.0)

Some kids don't have a close friend who they like to spend time with.	622 (44.1)	359 (25.5)	116 (8.2)	182 (12.9)	131 (9.3)	0 (0.0)
Some kids don't have a close friend who cares about their feelings.	529 (37.5)	387 (27.4)	159 (11.3)	188 (13.3)	147 (10.4)	0 (0.0)
Some kids often spend recess being alone	634 (45.0)	348 (24.7)	125 (8.9)	166 (11.8)	137 (9.7)	0 (0.0)
Some kids don't have a close friend who really listens to what they say.	592 (42.0)	349 (24.8)	147 (10.4)	185 (13.1)	137 (9.7)	0 (0.0)
Teachers						
Some kids have a teacher who helps them if they are upset and have a problem.	139 (9.9)	217 (15.4)	153 (10.9)	297 (21.1)	604 (42.8)	0 (0.0)
Some kids don't have a teacher who helps them do their best.	654 (46.4)	323 (22.9)	105 (7.4)	158 (11.2)	170 (12.1)	0 (0.0)
Some kids do have a teacher who cares about them.	108 (7.7)	188 (13.3)	133 (9.4)	340 (24.1)	641 (45.5)	0 (0.0)
Some kids don't have a teacher who is fair to them.	739 (52.4)	324 (23.0)	101 (7.2)	137 (9.7)	109 (7.7)	0 (0.0)
Some kids don't have a teacher who cares if they feel bad	655 (46.5)	321 (22.8)	115 (8.2)	174 (12.3)	145 (10.3)	0 (0.0)
Some kids have a teacher who treats them like a person.	92 (6.5)	163 (11.6)	124 (8.8)	367 (26.0)	664 (47.1)	0 (0.0)

Table A.9 School Life Satisfaction (N=1410)

Statement	Never	Sometimes	Often	Almost Always	Missing
	n (%)	*n (%)*	*n (%)*	*n (%)*	*n (%)*
I look forward to going to school each day.	10 (0.7)	49 (3.5)	272 (19.3)	1079 (76.5)	0 (0.0)
I like being in school.	5 (0.4)	51 (3.6)	284 (20.1)	1070 (75.9)	0 (0.0)
School is interesting	9 (0.6)	95 (6.7)	274 (19.4)	1032 (73.2)	0 (0.0)
I wish I didn't have to go to school.	1206 (85.5)	148 (10.5)	32 (2.3)	24 (1.7)	0 (0.0)
There are many things about school I don't like.	754 (53.5)	394 (27.9)	133 (9.4)	129 (9.1)	0 (0.0)
I enjoy school activities.	40 (2.8)	171 (12.1)	347 (24.6)	852 (60.4)	0 (0.0)
I learn a lot at school.	13 (0.9)	90 (6.4)	345 (24.5)	962 (68.2)	0 (0.0)
I feel bad at school.	1129 (80.1)	167 (11.8)	65 (4.6)	49 (3.5)	0 (0.0)

Table A.10 Pediatric Quality of Life

Variable	Never	Sometimes	About half of the time	Most of the time	Always	Missing
	n (%)	*n (%)*	*n (%)*	*n (%)*	*n (%)*	*n (%)*
It is hard for me to pay attention in class	855 (60.6)	134 (9.5)	125 (8.9)	109 (7.7)	187 (13.3)	0 (0.0)
I am forgetful.	567 (40.2)	175 (12.4)	391 (27.7)	172 (12.2)	105 (7.4)	0 (0.0)
I miss school because of not feeling well.	521 (37.0)	202 (14.3)	313 (22.2)	181 (12.8)	193 (13.7)	0 (0.0)
I miss school to go to the doctor, clinics or hospitals.	476 (33.8)	173 (12.3)	371 (26.3)	193 (13.7)	197 (14.0)	0 (0.0)

Table A.11 Distribution of Respondents' Savings (N=433)

Amount	n (%)
100-5000	290 (67.1)
5001-10,000	76 (17.6)
10,000-15,000	19 (4.4)
15,000-20,000	26 (6.0)
20,001-25,000	5 (1.2)
25,000+	14 (3.2)
Don't know	2 (0.5)
Missing	1 (0.2)

Note: All amounts are in Uganda Shillings. 1USD = 2720 UGS

Table A.12 Transportation to School (N=1410)

Variable	Walking *n (%)*	Bicycle *n (%)*	Boda Boda *n (%)*	Other *n (%)*	Not Applicable* *n (%)*	Missing *n (%)*
How do you usually get to school?	1338 (94.9)	23 (1.6)	2 (0.1)	3 (0.2)	44 (3.1)	0 (0.0)

*participants who lived at boarding school (NA) did not answer transportation question

Table A.13 Importance of saving for a specific goal (N=1410)

Variable	Not important at all *n (%)*	Not very important *n (%)*	Somewhat important *n (%)*	Very important *n (%)*	Extremely important *n (%)*	Missing *n (%)*
Saving money for a family business	14 (1.0)	20 (1.4)	25 (1.8)	308 (21.8)	1043 (74.0)	0 (0.0)
Saving money for one's education	3 (0.2)	3 (0.2)	16 (1.1)	334 (23.7)	1054 (74.8)	0 (0.0)
Saving money for vocation, technical or job training	45 (3.2)	36 (2.6)	112 (7.9)	362 (25.7)	855 (60.6)	0 (0.0)
Saving money to help one's family out	14 (1.0)	21 (1.5)	50 (3.5)	396 (28.1)	929 (65.9)	0 (0.0)
Saving money to by an animal	7 (0.5)	17 (1.2)	30 (2.1)	380 (27.0)	976 (69.2)	0 (0.0)
Saving money to move into one's own home	69 (4.9)	55 (3.9)	102 (7.2)	337 (23.9)	847 (60.1)	0 (0.0)

Table A.14 Level of confidence saving for a specific goal (N=1410)

Variable	Not confident *n (%)*	Not very confident *n (%)*	Somewhat confident *n (%)*	Very confident *n (%)*	Extremely confident *n (%)*	Missing *n (%)*
Saving money for a family business	79 (5.6)	80 (5.7)	137 (9.7)	221 (15.7)	893 (63.3)	0 (0.0)
Saving money for one's education	24 (1.7)	37 (2.6)	70 (5.0)	290 (20.6)	989 (70.1)	0 (0.0)
Saving money for vocation, technical or job training	82 (5.8)	77 (5.5)	198 (14.0)	273 (19.4)	780 (55.3)	0 (0.0)
Saving money to help one's family out	52 (3.7)	77 (5.5)	129 (9.1)	273 (19.4)	879 (62.3)	0 (0.0)
Saving money to by an animal	45 (3.2)	41 (2.9)	81 (5.7)	274 (19.4)	969 (68.7)	0 (0.0)
Saving money to move into one's own home	126 (8.9)	116 (8.2)	156 (11.1)	237 (16.8)	775 (55.0)	0 (0.0)

Table A.15 HIV Prevention Attitudes (N=1410)

Variable	Not at all agree *n (%)*	Agree a little *n (%)*	Moderately agree *n (%)*	Agree a lot *n (%)*	Agree a great deal *n (%)*	Missing *n (%)*
As a teenager I think AIDS is a threat to my health.	310 (22.0)	88 (6.2)	38 (2.7)	144 (10.2)	830 (58.9)	0 (0.0)
I think people my age who have sex should use condoms.	416 (29.5)	119 (8.4)	98 (7.0)	156 (11.1)	621 (44.0)	0 (0.0)
I think the best way to avoid getting AIDS is not to have sex	332 (23.5)	102 (7.2)	82 (5.8)	151 (10.7)	743 (52.7)	0 (0.0)
Even is you know your partner very well, you should use a condom	393 (27.9)	121 (8.6)	97 (6.9)	134 (9.5)	665 (47.2)	0 (0.0)
I think it is very important to use condoms every time one has sex	326 (23.1)	114 (8.1)	95 (6.7)	151 (10.7)	724 (51.3)	0 (0.0)

Table A.16 HIV/AIDS Knowledge Part 1: Transmission (N=1410)

Variable	Not Sure *n (%)*	Unsafe *n (%)*	Safe *n (%)*	Missing *n (%)*
Sharing needles or syringes with an HIV infected person	162 (11.5)	1216 (86.2)	32 (2.3)	0 (0.0)
Having unprotected sex with an HIV infected person.	158 (11.2)	1224 (86.8)	28 (2.0)	0 (0.0)
Holding hands with an HIV infected person.	356 (25.2)	732 (51.90	322 (22.8)	0 (0.0)
Touching toilet seats, spoons, cups, or other objects after a person infected with HIV/AIDS.	304 (21.6)	925 (65.6)	181 (12.8)	0 (0.0)
Kissing a person who is infected with HIV/AIDS.	239 (17.0)	1092 (77.4)	79 (5.6)	0 (0.0)

Table A.17 HIV/AIDS Knowledge Part 2: General Knowledge (N=1410)

Variable	Not Sure *n (%)*	False *n (%)*	True *n (%)*	Missing *n (%)*
You can look at a person and tell if they are infected with HIV/AIDS	660 (46.8)	224 (15.9)	526 (37.3)	0 (0.0)
A pregnant woman who has HIV/AIDS can give her unborn baby the virus	331 (23.5)	110 (7.8)	968 (68.7)	1 (0.1)
There is a cure for HIV/AIDS	481 (34.1)	462 (32.8)	467 (33.1)	0 (0.0)
If a woman is using birth control pills, she is protected from HIV infection	709 (50.3)	299 (21.2)	402 (28.5)	0 (0.0)
You can get HIV from a mosquito bite	397 (28.2)	561 (39.8)	452 (32.1)	0 (0.0)
You can get HIV from using the same washing basin with an HIV infected person	412 (29.2)	415 (29.4)	583 (41.3)	0 (0.0)
There is a test to determine is a person has HIV/AIDS	139 (9.9)	32 (2.3)	1239 (87.9)	0 (0.0)
Anyone can become infected with HIV/AIDS	190 (13.5)	136 (9.6)	1084 (76.9)	0 (0.0)

Table A.18 HIV/AIDS Knowledge Part 3: Prevention (N=1410)

Variable	Not Sure *n (%)*	False *n (%)*	True *n (%)*	Missing *n (%)*
Not having sexual intercourse with anyone	325 (23.0)	169 (12.0)	916 (65.0)	0 (0.0)
Using condoms	346 (24.5)	162 (11.5)	902 (64.0)	0 (0.0)

Having sexual intercourse with only one partner, who is not infected with HIV/AIDS	379 (26.9)	189 (13.4)	842 (59.7)	0 (0.0)

Table A.19 Child Depression Inventory (N=1410)

Variable	*n (%)*
I am sad once in a while	848 (60.1)
I am sad many times	182 (12.9)
I am sad all the time	380 (27.)
Missing	0 (0.0)
Nothing will ever work out for me	60 (4.3)
I am not sure if things will work out for me	395 (28.)
Things will work out for me ok	955 (67.7)
Missing	0 (0.0)
I do most things ok	1194 (84.7)
I do many things wrong	142 (10.1)
I do everything wrong	74 (5.2)
Missing	0 (0.0)
I have fun in many things	727 (51.6)
I have fun in some things	596 (42.3)
Nothing is fun at all	87 (6.2)
Missing	0 (0.0)
I am bad all the time	67 (4.8)
I am bad many times	136 (9.6)
I am bad once in a while	1207 (85.6)
Missing	0 (0.0)
I think about bad things happening to me once in a while	443 (31.4)
I worry that bad things will happen to me	436 (30.9)
I am sure that terrible things will happen to me	530 (37.6)
Missing	1 (0.1)
I hate myself	114 (8.1)
I do not like myself	93 (6.6)
I like myself	1203 (85.3)
Missing	0 (0.0)
All bad things are my fault	193 (13.7)
Many bad things are my fault	401 (28.4)
Bad things are not usually my fault	816 (57.9)
Missing	0 (0.0)
I do not think about killing myself	1102 (78.2)
I think about killing myself but I would not do it	274 (19.4)
I want to kill myself	34 (2.4)
Missing	0 (0.0)
I feel like crying everyday	82 (5.8)

I feel like crying many days	98 (7.0)
I feel like crying once in a while	1229 (87.2)
Missing	1 (0.1)
Things bother me all the time	99 (7.0)
Things bother me many times	89 (6.3)
Things bother me once in a while	1222 (86.7)
Missing	0 (0.0)
I like being with people	1291 (91.6)
I do not like being with people many times	77 (5.5)
I do not want to be with people at all	42 (3.0)
Missing	0 (0.0)
I cannot make up my mind about things	214 (15.2)
It is hard to make up my mind about thins	348 (24.7)
I make up my mind about things easily	847 (60.1)
Missing	1 (0.1)
I look ok	1059 (75.1)
There are some bad things about my looks	237 (16.8)
I look ugly	114 (8.1)
Missing	0 (0.0)
I have to push myself all the time to do my schoolwork	406 (28.8)
I have to push myself many times to do my schoolwork	247 (17.5)
Doing schoolwork is not a big problem	757 (53.7)
Missing	0 (0.0)
I have trouble sleeping every night	96 (6.8)
I have trouble sleeping many nights	97 (6.9)
I sleep pretty well	1217 (86.3)
Missing	0 (0.0)
I am tired once in a while	914 (64.8)
I am tired many days	304 (21.6)
I am tired all the time	192 (13.6)
Missing	0 (0.0)
Most days I do not feel like eating	136 (9.6)
Many days I do not feel like eating	196 (13.9)
I eat pretty well	1078 (76.5)
Missing	0 (0.0)
I do not worry about aches and pains	321 (22.8)
I worry about aches and pains many times	414 (29.4)
I worry about aches and pains all the time	675 (47.9)
Missing	0 (0.0)
I do not feel alone	518 (36.7)

I feel alone many times	483 (34.3)
I feel alone all the time	409 (29.0)
Missing	0 (0.0)
I never have fun at school	79 (5.6)
I have fun at school only once in a while	341 (24.2)
I have fun at school many times	990 (70.2)
Missing	0 (0.0)
I have plenty of friends	1039 (73.7)
I have some friends but I wish I had more	243 (17.2)
I do not have any friends	128 (9.1)
Missing	0 (0.0)
My schoolwork is alright	814 (57.7)
My schoolwork is not as good as before	302 (21.4)
I do very badly in subjects I used to be good in	294 (20.9)
Missing	0 (0.0)
I can never be as good as other kids	99 (7.0)
I can be as god as other kids if I want to	343 (24.3)
I am just as good as other kids	968 (68.7)
Missing	0 (0.0)
Nobody really loves me	68 (4.8)
I am not sure if anybody loves me	204 (14.5)
I am sure that somebody loves me	1138 (80.7)
I usually do what I am told	1282 (90.9)
I do not do what I am told many times	62 (4.4)
I never do what I am told	64 (4.5)
Missing	0 (0.0)
I get along with people	1336 (94.8)
I get into fights many times	53 (3.8)
I get into fights all the time	21 (1.5)
Missing	0 (0.0)

Table A.20 Tennessee Self -Concept Scale (N=1410)

Variable	Always False	Usually False	Sometimes True/Sometimes False	Usually True	Always True	Missing
	n (%)	*n (%)*	*n (%)*	*n (%)*	*n (%)*	*n (%)*
I like the way I look	84 (6.0)	69 (4.9)	115 (8.2)	274 (19.4)	868 (61.6)	0 (0.0)
I have a happy family	54 (3.8)	95 (6.7)	163 (11.6)	292 (20.7)	806 (57.2)	0 (0.0)
I don't sleep well	579 (41.4)	188 (13.3)	268 (19.0)	186 (13.2)	189 (13.4)	0 (0.0)
It's hard for me to do what's right.	595 (42.2)	165 (11.7)	235 (16.7)	214 (15.2)	201 (14.3)	0 (0.0)

I know as much as the other children in my class	73 (5.2)	105 (7.4)	221 (15.7)	327 (23.2)	684 (48.5)	0 (0.0)
I'm happy with who I am	99 (7.0)	89 (6.3)	151 (10.7)	272 (19.3)	799 (56.7)	0 (0.0)
I don't feel as well as I should	401 (28.4)	214 (15.2)	305 (21.6)	264 (18.7)	226 (16.0)	0 (0.0)
It's hard for me to be around other people	624 (44.3)	178 (12.6)	211 (15.0)	177 (12.6)	220 (15.6)	0 (0.0)
I don't do well in school, even when I try.	670 (47.5)	197 (14.0)	235 (16.7)	177 (12.6)	131 (9.3)	0 (0.0)
I really care about my family	64 (4.5)	51 (3.6)	129 (9.1)	255 (18.1)	911 (64.6)	0 (0.0)
I'm as nice as I should be.	104 (7.4)	95 (6.7)	193 (13.7)	255 (18.1)	763 (54.1)	0 (0.0)
I don't feel happy when I'm with other people.	646 (45.8)	197 (14.0)	227 (16.1)	181 (12.8)	159 (11.3)	0 (0.0)
It's hard for someone to be my friend.	583 (41.3)	201 (14.3)	238 (16.9)	180 (12.8)	208 (14.8)	0 (0.0)
My family doesn't trust me	882 (62.6)	176 (12.5)	160 (11.3)	114 (8.1)	78 (5.5)	0 (0.0)
My teacher thinks I am smart	154 (10.9)	110 (7.8)	233 (16.5)	315 (22.3)	598 (42.4)	0 (0.0)
I get along well with other people.	43 (3.0)	35 (2.5)	115 (8.2)	263 (18.7)	954 (67.7)	0 (0.0)
I hate myself	762 (54.0)	193 (13.7)	231 (16.4)	134 (9.5)	90 (6.4)	0 (0.0)
I'm not the person I would like to be.	546 (38.7)	211 (15.0)	261 (18.5)	183 (13.0)	208 (14.8)	1 (0.1)
I am an honest person	36 (2.6)	44 (3.1)	106 (7.5)	260 (18.4)	964 (68.4)	0 (0.0)
I feel good most of the time	79 (5.6)	104 (7.4)	186 (13.2)	239 (17.0)	802 (56.9)	0 (0.0)

Table A.21 Beck's Hopelessness Scale (N=1410)

Statement	True *n (%)*	False *n (%)*	Missing *n (%)*
I look forward to the future with hope and enthusiasm	1302 (92.3)	106 (7.5)	2 (0.1)
I might as well give up because there is nothing I can do about making the things better for myself	558 (39.6)	852 (60.4)	0 (0.0)
When things are going badly, I am helped by knowing that they cannot stay that way forever	990 (70.2)	420 (29.8)	0 (0.0)
I can't imagine what my life would be like in ten years' time	786 (55.7)	624 (44.3)	0 (0.0)
I have enough time to accomplish the things I want to do	1195 (84.8)	215 (15.2)	0 (0.0)
In the future, I expect to succeed in what concerns me most	1260 (89.4)	149 (10.6)	1 (0.1)
My future seems dark	349 (24.8)	1061 (75.2)	0 (0.0)
I happen to be particularly lucky, and I expect to get more of the good things in life than the average person	1267 (89.9)	143 (10.1)	0 (0.0)
I just can't get breaks, and there is no reason I will in the future	502 (35.6)	908 (64.4)	0 (0.0)
My past experiences have prepared me well for the future.	1182 (83.8)	228 (16.2)	0 (0.0)
Al I can see ahead is unpleasant rather than pleasant	281 (19.9)	1129 (80.1)	0 (0.0)
I don't expect to get what I really want	492 (34.9)	918 (65.1)	0 (0.0)

When I look ahead to the future I expect that I will be happier than I am now.	1246 (88.4)	164 (11.6)	0 (0.0)
Things just won't work out the way I want them to	528 (37.4)	882 (62.6)	0 (0.0)
I have great faith in the future	1197 (84.9)	213 (15.1)	0 (0.0)
I never get what I want, so it's foolish to want anything	552 (39.1)	858 (60.9)	0 (0.0)
It's very unlikely that I will get any real satisfaction in the future	601 (42.6)	809 (57.4)	0 (0.0)
The future seems vague and uncertain to me	548 (38.9)	862 (61.1)	0 (0.0)
I can look forward to more good times than the bad times	1174 (83.3)	236 (16.7)	0 (0.0)
There is no use in really trying to get anything I want because I probably won't get it	504 (35.7)	906 (64.3)	0 (0.0)

Table A.22 Educational Background of Person Financially Supporting the Family (N=1410)

Variable	n (%)
Did not go to school	54 (3.8)
Dropped out before Primary 7	332 (23.5)
Dropped out before Senior 4	246 (17.4)
Completed Senior 4 and stopped	143 (10.1)
Went to Senior 6 and stopped	56 (4.0)
Has a technical college diploma	19 (1.3)
Has a university degree	53 (3.8)
Don't know	504 (35.7)
Missing (no response)	3 (0.2)

Table A.23 Sexual Risk Taking Intentions (N=1410)

Variable	Never	Sometimes	About half of the time	Most of the time	Always	Missing
	n (%)	*n (%)*	*n (%)*	*n (%)*	*n (%)*	*n (%)*
I believe it's Ok for people my age to have sex with someone they've just met.	1108 (78.6)	111 (7.9)	38 (2.7)	45 (3.2)	105 (7.4)	3 (0.2)
I believe it's Ok for people my age to have sex with someone they love.	921 (65.3)	213 (15.1)	62 (4.4)	79 (5.6)	133 (9.4)	2 (0.1)
I believe it's Ok for people my age to have sex before marriage	832 (59.0)	194 (13.8)	104 (7.4)	125 (8.9)	154 (10.9)	1 (0.1)
I believe it's Ok for people my age to force a boy/ girlfriend to have sex when they don't want to	911 (64.6)	179 (12.7)	83 (5.9)	98 (7.0)	136 (9.6)	3 (0.2)
I believe it's Ok for people child's age to have sex without protection with someone they know.	901 (63.9)	162 (11.5)	68 (4.8)	101 (7.2)	175 (12.4)	3 (0.2)

Table A.24 Self-Efficacy (N=1410)

Variable	Very True *n (%)*	Sort of True *n (%)*			Very True *n (%)*	Sort of True *n (%)*	Missing *n (%)*
1. Some kids feel they can understand math if they work at it	1084 (76.9)	175 (12.4)	***but…***	other kids feel that no matter how hard they work at it, it is still very hard to learn math.	77 (5.5)	74 (5.2)	0 (0.0)
2. Some kids think that if they try, they can always find a friend to do things with,	863 (61.2)	191 (13.5)	***but…***	other kids think that even when they try, they have trouble finding a friend to do things with.	188 (13.3)	167 (11.8)	0 (0.0)
3. Some kids feel that they can figure out ways to do things safely in the community with their friends,	792 (56.2)	206 (14.6)	***but…***	other kids feel that no matter what they do, they can NOT do things with their friends in the community safely.	159 (11.3)	51 (3.6)	0 (0.0)

4. Some kids feel that no matter what they do, they can NOT get their parent/guardian(s) to listen to them,	159 (11.3)	51 (3.6)	***but…***	other kids feel that if they work at it, they can get their parent/guardian(s) to listen to them.	1061 (75.2)	140 (9.9)	0 (0.0)
5. Some kids feel that they can NOT figure out the answers in school even when they try,	114 (8.1)	62 (4.4)	***but…***	other kids feel that they can usually figure out the answers in school if they try.	1084 (76.9)	150 (10.6)	0 (0.0)
6. Some kids feel that they have control over what will happen to them in the future,	892 (63.3)	208 (14.8)	***but…***	other kids feel that they do NOT have control over what happens to them in the future.	168 (11.9)	142 (10.1)	0 (0.0)
7. Some kids find that even when they try, it is hard to get people their age to like them,	357 (25.3)	185 (13.1)	***but…***	other kids think that if they try, they can get people their age to like them.	613 (43.5)	256 (18.2)	1 (0.1)
8. Some kids think that no matter how hard they try, they can NOT do the work expected in school, but…	117 (8.3)	48 (3.4)	***but…***	other kids think that they can do the work that is expected of them in school if they try.	1100 (78.0)	145 (10.3)	0 (0.0)
9. Some kids feel that they can NOT avoid bad groups/kids in their community even if they try,	154 (10.9)	87 (6.2)	***but…***	other kids feel that even though it may not be easy, they are things	970 (68.8)	199 (14.1)	0 (0.0)
10. Some kids feel that they can get their parents to do things with them that they like to do,	996 (70.6)	149 (10.6)	***but…***	other kids feel that no matter what they do, they can NOT get their parents to do things they like to do.	170 (12.1)	95 (6.7)	0 (0.0)
11. Some kids think that there is no reason to try, because they will NOT be able to make their lives better,	97 (6.9)	61 (4.3)	***but…***	other kids think that if they try, they can make their lives better.	1065 (75.5)	187 (13.3)	0 (0.0)
12. Some kids feel that they can understand what they read if they work at it,	1016 (72.1)	134 (9.5)	***but…***	other kids find it hard to understand what they read, even when they work at it.	172 (12.2)	88 (6.2)	0 (0.0)
13. Some kids think there are things they can do to get people their age to listen to them,	869 (61.9)	216 (15.3)	***but…***	other kids think that even when they try, they have trouble getting people their age to listen to them.	214 (15.2)	111 (7.9)	0 (0.0)
14. Some kids feel they can NOT do well in school even when they try,	123 (8.7)	61 (4.3)	***but…***	other kids feel that if they try to work hard they can do well at school.	1093 (77.5)	133 (9.4)	0 (0.0)
15. Some kids feel that there are NOT things they can do to keep from getting scared going to school or coming home from school,	247 (17.5)	109 (7.7)	***but…***	other kids feel that there are certain things they can do to keep from getting scared going to school or coming home from school.	814 (57.7)	240 (17.0)	0 (0.0)

16. Some kids think they can become a successful person if they work at it,	1089 (77.2)	133 (9.4)	***but…***	other kids think they should not bother trying because they will not be successful.	109 (7.7)	77 (5.5)	2 (0.1)
17. Some kids feel that they can get help from their parent/guardian(s) if they want it,	1015 (72.0)	143 (10.1)	***but…***	other kids feel that even if they wanted it, they can NOT get their parent/guardian(s) to help them.	146 (10.4)	106 (7.5)	0 (0.0)
18. Some kids think they can usually finish their assignments and homework if they try,	1073 (76.1)	167 (11.8)	***but…***	other kids think they can NOT finish their assignments and homework no matter how hard they try.	93 (6.6)	77 (5.5)	0 (0.0)
19. Some kids find that even if they try, they have trouble making new friends,	306 (21.7)	157 (11.1)	***but…***	other kids think there are things they can do to try to make new friends.	669 (47.4)	278 (19.7)	0 (0.0)
20. Some kids feel safe when they are alone in their community because they know how to take care of themselves,	819 (58.1)	215 (15.2)	***but…***	other kids feel there is nothing they can do to feel safe in their community when they are alone.	223 (15.8)	153 (10.9)	0 (0.0)
21. Some kids feel they can talk with their parent/guardian(s) when they want to, about things that make them feel bad,	1045 (74.1)	139 (9..9)	***but…***	other kids feel they cannot talk with their parent/guardian(s) about things that make them feel bad.	128 (9.1)	98 (7.0)	0 (0.0)
22. Some kids feel that they can make things better for themselves in school if they try,	1107 (78.5)	163 (11.6)	***but…***	other kids feel they will NOT be able to make things better for themselves at school even if they try.	77 (5.5)	63 (4.5)	0 (0.0)
23. Some kids can be themselves with their parent/guardian(s) when they want to,	892 (63.3)	165 (11.7)	***but…***	other kids have trouble being themselves with their parent/guardian(s) even when they would like to.	222 (15.8)	130 (9.2)	0 (0.0)
24. Some kids feel that they can get adults to listen to them when they try,	1021 (72.4)	168 (11.9)	***but…***	other kids think that even when they try, they have trouble getting adults to listen to them.	131 (9.3)	90 (6.4)	0 (0.0)
25. Some kids feel they will go far in the world if they try,	1079 (76.5)	144 (10.2)	***but….***	other kids feel that no matter how hard they try, they will NOT be able to do much in the world.	110 (7.8)	77 (5.5)	0 (0.0)
26. Some kids feel they have trouble avoiding fights in their community even when they try,	174 (12.3)	72 (5.1)	***but…***	other kids feel they can figure out ways to avoid getting into fights in their community.	969 (68.7)	195 (13.8)	0 (0.0)
27. Some kids feel they can make things better at home with their parent/guardian(s) if they try,	991 (70.3)	192 (13.6)	***but…***	other kids feel that no matter what they do, they can NOT make things better with their parent/guardian(s) at home.	140 (9.9)	87 (6.2)	0 (0.0)

28. Some kids think that even if they try, they have trouble getting people to help them when they have a problem,	240 (17.0)	92 (6.5)	***but…***	other kids think they can get other people to help them when they want help with a problem.	921 (65.3)	157 (11.1)	0 (0.0)
29. Some kids feel that it does not matter what they do, they will NOT be able to make themselves happy in the future,	145 (10.3)	47 (3.3)	***but…***	other kids feel that they can do things to make themselves happy in the future.	1059 (75.1)	159 (11.3)	0 (0.0)

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