Technical Note 61

Young Lives

Asking Difficult Questions: Design and Implementation of an Audio Computer-Assisted Self-Interview (ACASI) in the Young Lives Study

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About Young Lives

Young Lives is an international study of poverty and inequality, following the lives of 12,000 children in four countries (Ethiopia, India, Peru and Vietnam) since 2001. **www.younglives.org.uk**

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Contents

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Tanima Tanima (Young Lives, University of Oxford) led the preparation of this technical note. Marta Favara (Young Lives, University of Oxford), Sophie von Russdorf (University of Groningen), Maria de los Angeles Molina (Young Lives, University of Oxford) and Alessandra Hidalgo Arestegui (Lancaster University) contributed to the design and training of audio computer-assisted self-interviews (ACASI), including the preparation of manuals and piloting. All the co-authors were involved in the implementation of ACASI during the data collection and contributed to reviewing and editing this note.

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Summary

This technical note outlines the design and implementation of audio computer-assisted self-interviews (ACASI) in the Young Lives study. ACASI was introduced for the first time during Round 7 data collection in India and Ethiopia to gather sensitive information related to substance use, sexual and reproductive health, attitudes towards sensitive issues, and personal experiences of various forms of violence in low-literacy contexts. In Ethiopia, the method also enabled the collection of highly sensitive data on the impact of the armed conflict that began at the end of 2020.

ACASI allowed participants to privately listen to pre-recorded questions through headphones, featuring gender-matched speakers, and respond by selecting coloured shapes corresponding to the answer options on a tablet screen. The module was conducted in three languages (Amharic, Tigrinya and Oromo) in Ethiopia and in Telugu in India.

Overall, ACASI was implemented successfully in Round 7. The average duration of the ACASI module was 21 minutes in Ethiopia and 19 minutes in India, while completion rates were 95.8% in Ethiopia and 97.7% in India, based on the total interview sample, due to a few cases of ineligibility and refusal. Among those who completed ACASI, non-response rates across most sections ranged from 4.2% to 9% in Ethiopia and from 4.9% to 12.9% in India. Higher non-response rates were observed only for questions on particularly sensitive topics in India – for instance, attitudes towards abortion (21.4%) and the LGBTQ+ community (34.8%).

1 Introduction

As Young Lives participants transition into adulthood, understanding their experiences with violence, substance use, and sexual and reproductive health has become increasingly important. These aspects influence their well-being, relationships and future opportunities. However, collecting such sensitive and private information through surveys poses significant challenges, as traditional interview methods can cause social desirability bias, discomfort among respondents, or concerns about negative consequences, leading to misreporting of personal experiences (von Russdorf et al. 2024; Cullen 2023; Krumpal 2013; Tourangeau and Yan 2007; Bowling 2005). Using self-interview survey methods to ensure privacy and confidentiality can help obtain accurate and reliable data while also reducing negative effects on participants and enumerators.

Box 1. The Young Lives study

Young Lives has tracked the lives of 12,000 children – now young adults – and their families in Ethiopia, India (in the states of Andhra Pradesh and Telangana), Peru and Vietnam since 2001 (Favara et al. 2021). It comprises two cohorts in each country: a Younger Cohort of approximately 2,000 children who were 1 year old at the first survey in 2002, and an Older Cohort of around 1,000 children (700 in Peru) who were 8 years old at that time. Since 2002, six rounds of in-person interviews have been conducted (five in Vietnam), with the most recent, Round 7, conducted between 2023 and 2024 in Ethiopia, India and Peru. Unfortunately, Round 7 was not conducted in Vietnam due to new governmental procedures on the international transfer of personal data. Additionally, five rounds of phone surveys were carried out in 2020–21 as part of the Listening to Young Lives at Work: COVID-19 initiative (Round 6), designed to assess the impacts of the COVID-19 pandemic.

One commonly used self-interview method is self-administered questionnaires (SAQs), in which respondents complete the survey independently, either on paper or using a tablet with pre-programmed questions. While SAQs reduce interviewer influence and allow for greater privacy, they depend on the respondent's ability to read and interpret written questions, which can be a significant barrier in low-literacy settings. The audio computer-assisted self-interview (ACASI) method offers a more accessible alternative. ACASI presents questions through audio recordings in the respondent's language, delivered via headphones, with responses entered directly into a tablet or laptop. This approach eliminates the need for reading and writing and potentially reduces errors and misreporting in low-literacy contexts (Gnambs and Kaspar 2015).

Young Lives is a longitudinal research study that, in its current phase, aims to understand the effects of early-life inequalities across the first three decades of life and across generations in developing countries. Box 1 describes the sampling design of the Young Lives study and its waves of data collection. This technical note documents the motivation, design and implementation of ACASI during Round 7 data collection in Ethiopia and India. It outlines how ACASI was integrated into the survey, including design adaptations made for the context, and provides key insights related to completion rates and survey duration. It also discusses challenges encountered during implementation. For the Young Lives sample in Peru, equivalent data was collected through a SAQ in Round 7.

The rest of this technical note is organised as follows. Section 2 discusses the use of ACASI in social science research, highlighting its advantages and challenges. Section 3 outlines the design and development of ACASI in Young Lives in Ethiopia and India, covering its implementation, ethical considerations and the types of questions used. Section 4 examines the administration of ACASI in Round 7, including participant engagement, module duration, non-response rates by sections and enumerator feedback, and challenges faced during data collection. Section 5 concludes by summarising key findings and lessons learnt.

2 Use of the audio computer-assisted self-interview (ACASI) method in social science

ACASI has emerged as a valuable survey method in social science research to enhance the reliability of self-reported data, particularly when addressing sensitive or stigmatised topics. Survey methodology literature identifies a topic as sensitive if it is considered intrusive, there is a perceived threat to the respondent due to disclosure, or there are socially desirable behaviours (Krumpal 2013; Tourangeau and Yan 2007). ACASI was initially developed in the 1990s to collect more accurate data on behaviours related to HIV transmission (Brown, Swartzendruber and DiClemente 2015) and primarily used in high-income countries before expanding to low- and middle-income settings (Kane et al. 2016). The method involves respondents interacting directly with a computer, viewing questions on the screen while listening to them via headphones, read by a recorded, usually gender-matched, human voice. Responses are privately recorded using a keyboard, mouse or touch screen. This setup allows respondents to control the pace of the interview, ensuring a comfortable experience.

ACASI aims to enhance privacy and confidentiality due to the absence of direct enumerator involvement, potentially reducing response bias and misreporting. This is achieved by easing concerns related to shame, stigma, social desirability and fear of adverse consequences when disclosing sensitive information (Phoo et al. 2022; Bhatnagar et al. 2013; Estes et. al. 2010). In addition, the speech function overcomes issues related to low literacy compared to paper-based survey methods and thus increases accessibility and decreases non-response rates (Brown, Swartzendruber and DiClemente 2015).

Numerous studies have demonstrated that computer-assisted self-interviewing methods, particularly ACASI, significantly improve the reporting accuracy of sensitive behaviours compared to traditional face-to-face enumerator-based interviewing methods. A meta-analysis by Gnambs and Kaspar (2015) found higher disclosure of sensitive and socially undesirable behaviours such as consumption of alcohol and illicit substances, sexual activities and delinquency, using computerised surveys rather than comparable paper-based methods. Langhaug, Sherr and Cowan (2010) reviewed 26 studies on sexual behaviours in developing countries, concluding that computer-assisted interviews resulted in higher disclosures of sensitive behaviours than traditional approaches. Similarly, Phoo et al. (2022) conducted a systematic review of 21 studies, finding higher reporting of sensitive sexual behaviours using ACASI in sexual health surveys. In the context of gender-based violence, a

review of eight studies found higher disclosure of violence against women and girls in six studies using ACASI (Peterman et al. 2024). More recently, von Russdorf et al. (2024) demonstrated that ACASI led to higher disclosure of conflict experiences in Ethiopia compared to face-to-face enumerator-based interviewing, expanding the application of this method to conflict-related research.

These advantages led to the selection of ACASI for India and Ethiopia in Young Lives' Round 7 fieldwork. In contrast, Peru has employed paper-based SAQs to collect sensitive information since Round 3, continuing this into Round 7 in a tablet-based format. This was a more suitable choice given Peru's higher literacy levels compared to Ethiopia and India.

3 Design and development of ACASI in Young Lives

This section outlines the design and development of ACASI in Young Lives' Round 7 data collection in Ethiopia and India. Section 3.1 outlines the topics covered in the ACASI module and the design strategies used to ensure clarity, simplicity and respondent comfort. Section 3.2 describes the fieldwork administration, including technological setup and protocols followed. Section 3.3 discusses ethical considerations, including confidentiality and informed consent.

3.1 Question design and thematic coverage

Young Lives developed the ACASI module as part of the Round 7 survey questionnaire for Ethiopia and India. It included questions on a range of sensitive topics, including substance use, experience with crime, internet and social media use, exposure to physical violence, sexual and reproductive knowledge and attitudes, attitudes towards abortion and LGBTQ+ (only in India) and experiences with conflict (only in Ethiopia). The questions on abortion and LGBTQ+ were not included in Ethiopia because they were judged to be too sensitive, even for ACASI, by the Ethiopia country team. Conflict-related questions were included in Ethiopia to capture participants' experiences of the armed conflict that began there in late 2020. In total, 52 questions were asked in Ethiopia and 47 questions in India. Table 1 provides an overview of the types of questions included, along with examples. Equivalent questions were asked in Peru using the SAQ.[1]

Questions and answers were designed to be simple, and there were only two or three answer options available per question. The most common answer choices were 'Yes' or 'No,' and additionally, all questions included the option 'I prefer not to answer'. This was to minimise how much the participants would have to recall while selecting the answer option. As depicted in Figure 1, response options were visually presented using simple shapes and colours to maintain answer confidentiality and reduce issues related to low literacy. Instructions about which colour represented which answer option were repeated after each question.

1 The full set of Round 7 questions, including those in the ACASI and SAQ module, can be found in (Young Lives, forthcoming-b). Young Lives Round 7 Questionnaires.

In some cases, questions were worded in a deliberately 'forgiving' or normalising way to reduce potential discomfort and encourage honest responses (Tourangeau and Yan 2007). This was done, for example, by presupposing the behaviour before asking about it. For instance, the section on sexual and reproductive health began with the introduction, 'Many young people your age think a lot about sex. Some of you might already have had sex'. Such phrasing was used to create a non-judgmental context for the respondent before moving into more specific questions.

Table 1. *Types of questions in the ACASI module*

Type of questions	Number of questions	Example question(s)
Substance use (consumption of cigarettes, alcohol and drugs)	9	Have you ever smoked a cigarette?
Experience with crime	3	Are you, or have you ever been, part of a gang?
Internet and social media use	7	Have you ever used the internet or social media (e.g. WhatsApp, Telegram, Instagram, Facebook, TikTok)? Have you ever sent unsolicited (not asked for) sexual material over the internet?
Exposure to physical violence	6	In your whole life, have you ever been attacked with a weapon, like a knife or a bat?
Sexual and reproductive knowledge and attitudes	9	If you would want to get any kind of contraceptive, do you know where to go or who to ask?
Intimate partner violence	9	Has your current partner, or any other previous partner, slapped you, pushed you, shaken you, or thrown something at you?
Attitude towards abortion (asked in India only)	1	In general, to what extent do you agree or disagree that all women should have the right of access to an abortion?
Attitude towards LGBTQ+ (asked in India only)	3	In general, to what extent do you agree or disagree that 'If a close family member was a gay man or a lesbian, I would feel ashamed'.
Experiences with conflict (asked in Ethiopia only)	9	Have you been seriously injured/wounded as a result of the conflict?

Translations and recordings for all the ACASI questions underwent rigorous review to ensure accuracy, cultural sensitivity and clarity. Translations and recordings were undertaken by native language speakers, and back-translation was conducted with the help of the Young Lives fieldwork teams to ensure accuracy. The available language options were Telugu in India – selected because it is the most widely spoken language in Andhra Pradesh and Telangana – and Amharic, Oromo and Tigrigna in Ethiopia. To further support respondent comfort, voice recordings were made by a man and a woman, allowing participants to hear the questions in a voice matching their own gender identity wherever possible.

3.2 Fieldwork administration

ACASI was implemented as one of the modules of Round 7, administered towards the end of the survey. The interviews typically took place in the participants' homes and data was collected by enumerators using a tablet with the SurveyCTO Collect app. The interview began by obtaining informed consent for participation in Round 7, which included gaining consent for the ACASI section. Participants were also asked to verbally reconfirm their consent to answer the ACASI module at the start of the module.

ACASI was administered on tablets, with participants using headphones to privately listen to questions presented by gender-matched speakers. After hearing the questions, participants answered by selecting visual prompts on the tablet screen. Tablets were chosen for their portability and availability. Over-ear headphones were used to ensure good sound quality and maintain hygiene. The headphones were disinfected after each use.

To familiarise respondents with the technology, two binary practice questions were provided at the beginning of the ACASI module. The questions were 'What country do you currently live in?' and 'Are you under 50 years old?'. The practice questions had obvious answer options to help participants understand how to interact with the system. Both correct answers were linked to a different coloured button to avoid implying that one colour represented the correct answer option throughout the ACASI module. During this stage, enumerators could stand with the participant to assist them in navigating the technology.

Figure 1. *Screenshot of the tablet interface for an ACASI practice question*

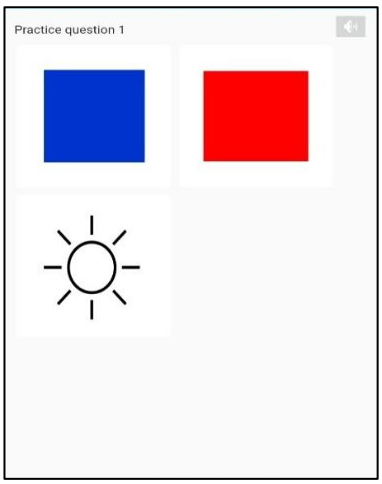
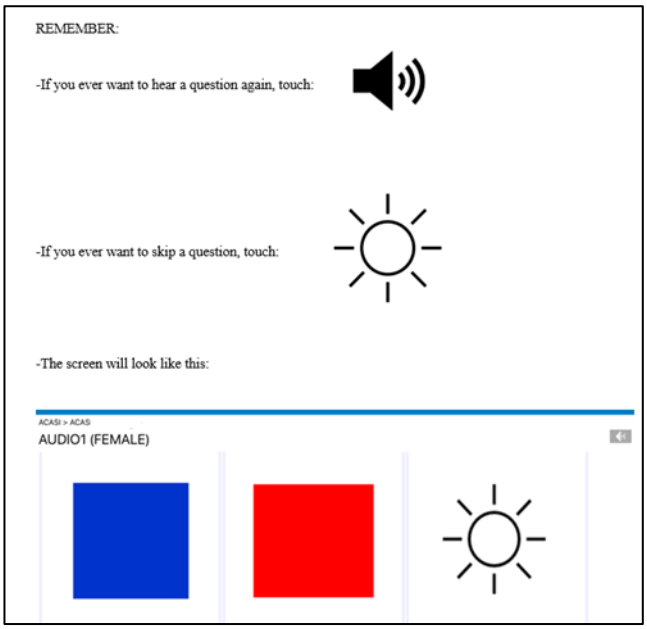


Figure 1 shows the tablet interface for a practice question. Each question in the ACASI section appeared in this same format. For each question, participants heard the question-and-answer options through their headphones, along with guidance on which colour matched each answer. The screen displayed coloured buttons aligned with the answer choices. A speaker icon allowed participants to replay the audio as many times as needed, while a sun icon enabled them to skip or opt out of answering a question. Enumerators also reminded participants of these options at the start of the ACASI section. The colours and shapes were chosen to avoid any pre-existing symbolic meanings or cultural associations that could suggest a hierarchy of responses or bias responses. The colours were also selected to accommodate participants with red–green colour blindness. Participants were also provided with an instruction card, as shown in Figure 2, displaying the various icons they would encounter while completing the module.

Figure 2. *Instruction card*



Before beginning the ACASI module, respondents were informed that there was no time limit for completion and that enumerators could provide technical assistance, such as adjusting the volume, navigating the interface or addressing issues like accidentally turning off the screen. However, enumerators could not answer any questions about the question content or interpretation. Once completed, neither the enumerators nor the participants could revisit questions from the section, further protecting response privacy. In India, the ACASI module's completion was confirmed with a culturally significant namaste symbol, representing respect and gratitude. In Ethiopia, a door symbol was used instead of the namaste to indicate survey completion.

Several key steps were taken to ensure both technical reliability and participant comfort during ACASI administration. To create a suitable environment, it was important that participants had a comfortable seat and a flat surface on which to place the tablet. Additionally, the survey was conducted in a quiet, well-lit area free from distractions to ensure privacy and focus. If other people were nearby, enumerators were instructed to ask them to leave to maintain confidentiality and prevent interruptions. This environment helped participants engage with the survey without external pressure or distractions.

The tablets needed to be fully charged and the headphones had to be checked for proper functioning before each interview. The tablet brightness was adjusted to its maximum level, while the headphone volume was set to a medium level to ensure clear audio. Besides the practice questions, enumerators were instructed to assist participants with navigating the tablet only when necessary.

Participants with visual or hearing impairments, cognitive disabilities, or lacking minimum proficiency in the available languages were not asked the questions in this section. ACASI depends on the ability to hear recorded questions, see and recognise visual prompts, and understand the language used, making these factors essential for collecting accurate and reliable data. The exclusions were necessary to ensure that participants fully understood the questions and instructions and could interact with the technology independently.

3.2.1 Ethical considerations

Data collection for Round 7 received ethical approval from the Social Sciences and Humanities Interdivisional Research Ethics Committee of University of Oxford and relevant ethical committees in each study country (of the College of Education and Behavioral Sciences Institutional Review Committee (CEBS-IRC) in Ethiopia and the Centre for Economic and Social Studies (CESS) in India). As part of the informed consent process, all participants were fully informed about the study and its procedures, including the ACASI section. Participants signed a consent form for the Round 7 survey and another one specifically for the ACASI module (Young Lives, forthcoming-a). Young Lives Round 7 Fieldwork manual). Consent was also reconfirmed at the start of the ACASI section. In relation to ACASI, participants were informed at the start of the interview that:

> The survey also includes questions on more sensitive topics, such as the consumption of cigarettes, alcohol, and drugs; sexual and reproductive health; experiences of violence; and your attitudes towards sexual identity. You will be asked to answer these questions by yourself, listening to them using a tablet. The information you provide will be confidential; the enumerator will not be able to see your answers. You do not have to answer these questions if you do not wish to (nor any of the other questions).

Several steps were taken to ensure privacy and maintain the confidentiality of participants' responses. ACASI was administered in a quiet area of the household, minimising the risk of responses being overheard or interrupted. Enumerators were unable to see participants' answers at any stage, and once the ACASI module was completed, neither the participant nor the enumerator could review or modify the responses. The survey data was transmitted to the cloud for storage using the SurveyCTO app and was only accessible to the designated data managers in Ethiopia and India. After initial data checks, the data was securely transferred to the data manager in Oxford, UK. The Oxford data manager oversaw data control and ensured that all data was anonymised before being made available, even to internal team members.

As a safeguarding measure, participants were provided with consultation guides containing up-to-date information and resources on various topics related to the survey, particularly the ACASI module, including physical and mental health, sexual and reproductive health, gender-based violence and sexual identity. These guides also included details about relevant local organisations and helplines to ensure participants could access support if needed.

4 Pilots and fieldwork training

The ACASI module was tested in two phases in both Ethiopia and India, covering all available languages. The goal of the pilots was to improve the questions, translations and audio recordings. The first phase occurred in January 2023 in India and May 2023 in Ethiopia, while the second phase involved a smaller sample during fieldwork supervisor training. All the pilots included young people living in environments similar to those of the Young Lives sample.

The first pilot revealed that the ACASI section was too long, causing respondent fatigue, especially since it was placed at the end of the Round 7 questionnaire. As a result, the module was shortened. The pilots also highlighted that some questions were hard to understand and certain answer options were too lengthy for participants to remember when

choosing images. Therefore, some questions were simplified. For example, a question originally asking if the respondent had smoked and, if so, to what extent, was simplified to just asking whether the respondent had ever smoked a cigarette.

Another key finding from the pilots related to the fieldwork environment. It was observed that some enumerators took calls during the ACASI section, which distracted participants and disrupted their focus. Additionally, while some enumerators left the room to give participants privacy, this sometimes prevented participants from seeking help if they encountered technical issues. These experiences highlighted the need for a clear protocol, whereby enumerators were trained to stay nearby and be available without interrupting or making participants feel watched. Furthermore, some participants mentioned feeling hot while wearing headphones. Therefore, it was important to conduct the ACASI survey in shaded areas to improve participant comfort.

As part of the initial pilot round in Ethiopia, a randomised experiment was conducted to compare the effectiveness of ACASI with face-to-face interviewer-based methods in collecting data on individual exposure to armed conflict. Von Russdorf et al. (2024) found that the ACASI group reported more conflict experiences, especially when the experiences were more severe or directly affected the respondent or their friends and relatives.

The fieldwork training covered consent, protocols and familiarisation with survey questions. It was conducted in two stages. During the first stage, fieldwork supervisors received training from the Young Lives research team on the survey instrument and protocols. In the second stage, these supervisors trained the enumerators. Each session focused on ACASI for about one day to ensure smooth implementation.

5 Administration of ACASI in Round 7 of Young Lives

This section describes the administration of ACASI in the Round 7 data collection. Section 5.1 examines completion rates, showcasing participant engagement. Section 5.2 discusses the duration of the ACASI module, including variations in completion time. Section 5.3 analyses how many respondents answered the practice questions correctly. Section 5.4 examines completion by sections, identifying which parts of the module encountered difficulties. Section 5.5 presents enumerator feedback, offering insights from fieldwork. Finally, Section 5.6 explores challenges encountered during implementation and lessons learnt.

5.1 Completion rates

ACASI was not completed by some Round 7 participants due to non-consent and ineligibility. In Ethiopia, 49 participants did not consent, while 31 were deemed ineligible; in India, 11 did not consent and 51 were ineligible. Ineligibility was due to visual or hearing impairments, cognitive disabilities, or insufficient proficiency in available languages. Additionally, six participants had missing ACASI data due to data collection errors. While distinguishing between non-consent and ineligibility is challenging because enumerators may not have asked ineligible participants about consent, the overall pattern shows that most participants could not attempt ACASI due to practical barriers rather than an unwillingness to participate.

Despite these exclusions, completion rates remained high in both countries (Table 2). In Ethiopia, 95.8% of interviewed participants completed the ACASI module, with a slightly higher completion rate among the Older Cohort (96.8%) compared to the Younger Cohort (95.3%). In India, overall completion was higher at 97.7%, with the Older Cohort (98.7%) again showing a slightly higher rate than the Younger Cohort (97.2%). The difference between completion rates by cohort was statistically insignificant in both countries. In comparison, the completion rate was 95% for the SAQ in Peru (96.1% for the Younger Cohort and 91.8% for the Older Cohort).

Table 2. *Round 7 interviews and ACASI module completion rates by country and cohort*

Country	Cohort	Main survey: interviewed in Round 7	ACASI completion	
			N	%
Ethiopia[+]	Younger Cohort	1,406	1,340	95.3
	Older Cohort	632	612	96.8
	Total	2,038	1,952	95.8
India	Younger Cohort	1,826	1,775	97.2
	Older Cohort	848	837	98.7
	Total	2,674	2,612	97.7

Note: [+] The number of interviews in Ethiopia excludes 193 participants who were interviewed over the phone.

ACASI was not conducted with participants interviewed over the phone in Ethiopia during Round 7. During the survey round, armed conflict broke out near some of the study sites in Ethiopia's Amhara region, rendering it unsafe for fieldworkers to carry out face-to-face interviews. To adapt to this situation, the team developed a modified, shorter version of the questionnaire that could be administered over the telephone. ACASI could not be included in the telephone format of the interview due to its interactive visual and audio components.

Table 3 reports the completion rate by participants' background characteristics for each country. In Ethiopia, men had a higher completion rate (97.3%) than women (94.1%). In contrast, the gender difference was negligible in India. Urban and rural differences were pronounced in both countries. In Ethiopia, urban respondents were significantly more likely to complete ACASI (98.8%) than rural respondents (91.4%), a gap of 7.43 percentage points. Similarly, Ethiopian participants born in wealthier households were more likely to complete ACASI. About 99.5% of those born in the top wealth tercile completed the ACASI section, compared to only 93.1% of those born in the bottom wealth tercile. In India, in contrast, rural participants had a higher completion rate (98.7%) than urban participants (95.6%), and there was no difference in completion rates between the top and bottom wealth terciles. Differences by educational background of mothers/childhood caregivers did not show a clear trend.

Regional and ethnic differences were evident across both countries. In Ethiopia, regional disparities were particularly striking. While completion was near-universal with those born in Oromia (99.8%), Addis Ababa (100%) and Tigray (99.1%), it was considerably lower with those born in the Southern Nations, Nationalities, and Peoples' (SNNP) region (85.7%). In India, completion rates were slightly lower for those born in Telangana (96.6%) compared to those in Andhra Pradesh (98.3%). Moreover, those from historically disadvantaged castes – Scheduled Tribes, Scheduled Castes and Backward Classes – had a higher completion rate than the rest of the Indian participants.

Table 3. *Completion rates (%) by participant characteristics and country*

	Ethiopia	India
Average of full sample	95.8%	97.7%
Gender		
Men	97.3%	97.4%
Women	94.1%	98.0%
Difference (t-test)	-3.25 ***	0.56
Cohort		
Younger Cohort	95.3%	97.2%
Older Cohort	96.8%	98.7%
Difference (t-test)	1.53	1.50
Current area of residence		
Urban	98.8%	95.6%
Rural	91.4%	98.7%
Difference (t-test)	-7.43 ***	3.10 ***
Wealth index from Round 1		
Bottom tercile	93.1%	98.4%
Middle tercile	98.0%	98.3%
Top tercile	99.5%	96.9%
Difference (t-test) between 'bottom tercile' and 'top tercile'	6.39 ***	-1.49
Caregiver's education from Round 2		
None	95.5%	-
1 to 4 years	95.3%	-
4 to 8 years	95.4%	-
More than 8 years	99.4%	-
Difference (t-test) between 'none' and 'more than 8 years'	3.90	-
Mother's education from Round 2		
None	-	98.1%
1 to 5 years	-	97.0%
6 to 10 years	-	97.2%
More than 10 years	-	99.0%
Difference (t-test) between 'none' and 'more than 10 years'	-	0.88
Caste		
Scheduled Castes	-	98.1%
Scheduled Tribes	-	99.5%
Backward Classes	-	98.5%
Others	-	94.1%
Region of residence after bifurcation in 2014 in Round 2		
New Andhra Pradesh	-	98.3%
Telangana	-	96.6%
Difference(t-test)	-	-1.64 **
Region of residence in Round 1		
Tigray	99.1%	-
Amhara	99.0%	-
Oromia	99.8%	-
SNNP	85.7%	-
Addis Ababa City Administration	100.0%	-
Number of participants	1,952	2,612

Notes: Differences are significant at *** 1%, ** 5% and * 10%. Differences are expressed in percentage points. Information on maternal/caregiver education was taken from 2006 (Round 2). Region of residence refers to the household location in 2002 (Round 1). Household wealth terciles were calculated separately for each cohort using the household wealth index of 2002 (Round 1).

5.2 Duration of the ACASI module

The duration of the ACASI module varied by country and language of administration. There were technical issues with the computer-assisted personal interviewing (CAPI) system for 118 participants, due to which no ACASI duration or implausible ACASI duration values were collected. Implausible values are defined as durations below ten minutes, above 60 minutes, or negative values.[2] Table 4 presents the key statistics of ACASI duration after removing implausible values, while Figure 3 presents distributions of ACASI duration by country.

In Ethiopia, the average and median durations were both 21 minutes, suggesting a relatively consistent completion time across participants. Amharic speakers had the shortest mean duration at 19 minutes, while Tigrigna speakers took the longest, with a mean of 23 minutes. Oromo speakers completed the module in an average of 21 minutes. These differences are related to variations in how long it takes for questions and answer options to be read aloud in each language, as well as differences in participant familiarity with the technology or comprehension levels. In India, where all participants completed the module in Telugu, the mean duration was shorter than Ethiopia at 19 minutes, with a median of 18 minutes.

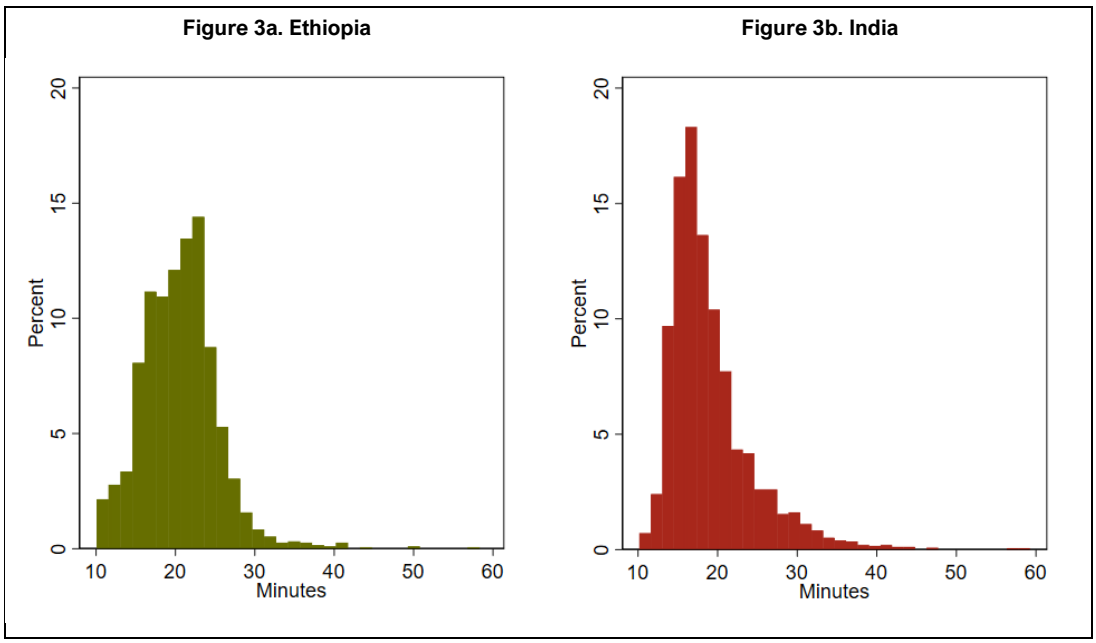
Table 4. *Duration of ACASI module (minutes) by country and language*

Country	Total/language	Mean	Median	Min	Max	N
Ethiopia	Total	21	21	10	58	1,909
	Amharic	19	19	10	50	1,120
	Tigrigna	23	23	16	39	413
	Oromo	21	21	11	58	376
India	Total (all in Telugu)	19	18	10	59	2,539

Notes: Duration excludes implausible values recorded due to an error with CAPI: negative values (n=42), values below ten minutes (n=46) and above 60 minutes (n=26). In an additional two cases, duration was not recorded due to technical issues with CAPI.

2 These thresholds were set to ensure data quality. Given the number of questions, it would not have been feasible for a participant to complete the module in under ten minutes. At the other end, a duration exceeding 60 minutes suggested interruptions or technical issues.

Figure 3. *Distribution of ACASI duration by country*



Note: Duration excludes implausible values recorded due to an error with CAPI: negative values (n=42), values below ten minutes (n=46) and above 60 minutes (n=26). In an additional two cases, duration was not recorded due to technical issues with CAPI.

5.3 Practice questions

Two binary practice questions were asked to all participants at the start of the ACASI module to familiarise participants with the ACASI technology. Table 5 shows the percentage of participants who answered the practice questions correctly. The results show high levels of correct answers in both Ethiopia and India: 97.6% of respondents correctly answered the first practice question, while accuracy was slightly lower for the second question, at 90.5% in Ethiopia and 91.3% in India. The proportion of participants who answered both practice questions correctly was 88.4% in Ethiopia and 89.4% in India. Differences in performance by gender and cohort were not statistically significant for answering both practice questions correctly in either country. In Ethiopia, urban participants were more likely to get both practice questions correctly (90.3%) than rural participants (85.4%). No such difference was observed in India. Interestingly, accuracy in the practice questions did not differ by participants' prior experience with using a computer or laptop.

Table 5. *Correct answers to practice questions (%) by country*

Country	Practice question 1	Practice question 2	Both practice questions
Ethiopia	97.6%	90.5%	88.4%
India	97.6%	91.3%	89.4%
Total	96.6%	90.9%	89.0%

5.4 Section-specific non-response rates

Non-response rates by item were generally low, with rates for each section ranging from 4.2% to 9% in Ethiopia and from 4.9% to 12.9% in India. India generally showed higher rates than Ethiopia. Tables 6 and 7 provide the non-response rates by section, disaggregated by gender and cohort, respectively, for each country.

In India, the highest non-response rates were observed for attitudes towards LGBTQ+ (34.7%) and attitudes towards abortion (21.3%). Women were more likely to skip questions on the LGBTQ+ section (36.3%) than men (33.2%), possibly reflecting the sensitivity of these topics in India (Makleff et al. 2019; Srivastava and Singh 2015). These questions also appeared at the end of the ACASI module, which may have contributed to respondent fatigue or disengagement (Vicente and Reis 2010; Galesic and Bosnjak 2009; Ganassali 2008).

In Ethiopia, the Older Cohort consistently had higher non-response rates than the Younger Cohort. In India, gender differences were more pronounced, particularly in relation to topics with the highest non-response rates. In India, women were more likely than men to skip questions in the intimate partner violence section (13.8% vs 10%), sexual and reproductive health section (11.8% vs 9.7%) and experiences with crime (6.2% vs 4.7%), while the Older Cohort was more likely than the Younger Cohort to skip questions on exposure to violence (8.4% vs 6%) and intimate partner violence (14.6% vs 10.5%). In Ethiopia, men and the Older Cohort were more likely to skip questions in several sections, including experience with crime and internet and social media use.

Further analysis of ACASI data in India by Tanima, T., A. Sánchez, M. Favara n.d. finds that non-response rates, both overall and by sensitive sections, were significantly higher among participants who had not completed lower secondary education and those who had never used a computer or laptop. This highlights that digital experience and education were related to higher engagement with ACASI.

Table 6. *Non-response rate (%) for each ACASI section by country and gender*

Section	Ethiopia				India			
	Total	Men	Women	Difference	Total	Men	Women	Difference
Substance use	4.2%	4.4%	4.0%	-0.4	4.9%	5.6%	4.3%	-1.3 **
Experience with crime	6.1%	7.6%	4.5%	-3.0 ***	5.4%	4.7%	6.2%	1.5 **
Internet and social media use	7.0%	8.1%	5.7%	-2.4 **	12.9%	13.0%	12.9%	-0.1
Exposure to violence	4.4%	4.9%	3.8%	-1.1	6.8%	6.5%	7.0%	0.4
Sexual and reproductive health	6.3%	6.6%	6.1%	-0.5	10.7%	9.7%	11.8%	2.0 **
Intimate partner violence	9.0%	10.4%	7.5%	-2.9 **	11.8%	10.0%	13.8%	3.8 **
Attitudes towards abortion *(India only)*					21.3%	20.8%	21.9%	1.1
Attitude towards LGBTQ+ *(India only)*					34.7%	33.2%	36.3%	3.1 **
Experiences with conflict *(Ethiopia only)*	5.4%	6.0%	4.8%	-1.2				

Notes: Differences are between men's and women's non-response rates and expressed in percentage points. They are significant at *** 1%, ** 5% and * 10%.

Table 7. *Non-response rate (%) for each ACASI section by country and cohort*

Section	Ethiopia				India			
	Total	Older Cohort	Younger Cohort	Difference	Total	Older Cohort	Younger Cohort	Difference
Substance use	4.2%	4.5%	4.1%	0.4	4.9%	4.9%	4.9%	0.0
Experience with crime	6.1%	7.9%	5.3%	2.6 ***	5.4%	5.7%	5.3%	0.3
Internet and social media use	7.0%	8.9%	6.1%	2.8 **	12.9%	13.2%	12.8%	0.5
Exposure to violence	4.4%	5.8%	3.8%	2.1 **	6.8%	8.4%	6.0%	2.4 ***
Sexual and reproductive health	6.3%	7.3%	5.9%	1.3	10.7%	11.8%	10.2%	1.6
Intimate partner violence	9.0%	10.6%	8.3%	2.3	11.8%	14.6%	10.5%	4.1 **
Attitudes towards abortion *(India only)*					21.3%	20.5%	21.7%	-1.2
Attitude towards LGBTQ+ *(India only)*					34.7%	36.8%	33.7%	3.1
Experiences with conflict *(Ethiopia only)*	5.4%	7.2%	4.6%	2.5 ***				

Notes: Differences are between the Older Cohort's and Younger Cohort's non-response rates and expressed in percentage points. They are significant at *** 1%, ** 5% and * 10%.

5.5 Enumerator feedback

In a survey at the end of Round 7 (Favara et al. 2025), enumerators provided mostly positive feedback for ACASI. All enumerators in India (32 enumerators) and 91.1% of enumerators in Ethiopia (41 out of 45 enumerators) rated the ACASI module as 'good' or 'very good'. Overall, ACASI was seen as a valuable approach, with enumerators appreciating its ability to provide privacy and confidentiality to respondents across all educational backgrounds and/or reading abilities. Enumerators noted that participants found the method engaging and pleasant, with comments such as 'respondents enjoyed it very much'.

Despite this positive reception, enumerators observed that some respondents who were illiterate or had very low literacy levels faced difficulties in understanding questions or navigating the interface. In India, these challenges were reflected in performance differences: respondents who self-reported being 'fluent' or 'good' in the language used for the ACASI had higher rates of correctly answering both practice questions (89.7% vs 76%) compared to those with lower language proficiency. However, no such statistically significant difference was observed in Ethiopia between fluent and non-fluent speakers. Interestingly, prior computer experience did not appear to be a barrier – there were no significant differences in practice question performance between respondents who had previously used laptops or computers and those who had not.

Language barriers were especially difficult in Ethiopia, where enumerators suggested expanding ACASI to include more local languages. Some respondents in both countries felt the module was too long and repetitive, which caused them to lose interest. In India, some respondents felt uncomfortable or shy with sensitive questions, especially those related to sexual and reproductive behaviours and knowledge.

5.6 Challenges

A few challenges arose during the design and implementation of the ACASI module in Ethiopia and India, which offer lessons for future data collection efforts.

- **Design**: ACASI implementation faces inherent design challenges. To effectively implement ACASI at scale while maintaining data quality, careful attention must be given to module design. Limiting both the number and complexity of questions was crucial to creating an accessible survey tool for the target population. Lengthy and complicated questions can cause participant fatigue and disengagement, which may undermine the benefits that ACASI is meant to provide.
- **Resource considerations**: The use of pre-recorded questions, potentially across multiple languages and for different narrator genders, significantly increased both development time and implementation costs. Recording requirements multiplied resource demands with each added language.
- **Operational**: Since ACASI was available in three languages in Ethiopia, including all questions in a single SurveyCTO form made the file excessively large. Therefore, enumerators had to complete two separate CAPI forms in Ethiopia: one for the main survey and one for the ACASI module. This complicated data cleaning, especially due to ID mismatches. This experience highlights the importance of thorough planning and testing during the pilot stage to identify and fix such issues before full implementation.
- **Participant behaviour**: Fieldwork observations showed that some participants did not listen to the entire question before selecting their response. This could potentially affect the quality of their answers. To address this, incorporating a built-in timer for each question could ensure that participants have enough time to process and respond to the questions thoroughly.
- **Item non-response**: Item non-response rates were generally low but persistent, particularly among participants with lower education, with limited digital experience, from less wealthy households, and with certain psychosocial traits (Tanima, T., A. Sánchez, M. Favara n.d.). These findings suggest that item non-response is not random, but rather systematically patterned, which could bias estimates if not addressed at the design or analysis stage.

6 Conclusion

The ACASI module was used in the Young Lives Round 7 data collection in Ethiopia and India to gather sensitive information about violence, substance use, sexual and reproductive health, armed conflict, and attitudes towards abortion and LGBTQ+ topics. The method was chosen because it provides privacy and confidentiality, which helps reduce social desirability bias and discomfort often linked to face-to-face interviews. In Peru, a SAQ was used instead to ask similar questions. It was designed with audio prompts in local languages and a tablet interface, focusing on ease of use and accessibility. The data collected through ACASI is valuable for understanding the complex factors and challenges affecting young people in developing countries.

This technical note emphasises the importance of designing ACASI with cultural context in mind and thoroughly piloting it to ensure that translations, recordings and skip patterns function properly. Additionally, comprehensive training for field teams, focusing on implementation protocols, is crucial for smooth data collection. Although its implementation in Round 7 was mostly successful, some technical challenges and issues with participant engagement suggest areas for improvement. High non-response rates for particularly sensitive questions, such as those about attitudes towards abortion and LGBTQ+ topics in India, indicate that while ACASI improves privacy, it may not fully resolve measurement issues for some highly sensitive subjects.

Looking ahead, ACASI has great potential for future use in Young Lives data collection and other research, especially on sensitive topics. As technology advances, adding new features such as extra language options or AI-assisted modifications could further enhance data quality and participant engagement.

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Young Lives (forthcoming-a). Young Lives Round 7 Fieldwork manual.

Young Lives (forthcoming-b). Young Lives Round 7 Questionnaires.

Appendix: ACASI questionnaire in Round 7

0.1	**Date**	__ __ / __ __ / 202 __ (day) (month) (year) **[dstartsaqr7]**

[India only]

FIELDWORKER: Please register the participant's level of proficiency in Telugu

[proflangr7]

☐ Participant has a minimum level of proficiency in Telugu ► Continue

☐ Participant does not have a minimum level of proficiency in Telugu ► Do not administer the confidential questionnaire

[Ethiopia only]

FIELDWORKER: Please register which of the following three languages the participant is most proficient in.

[adminlangsaqr7]

☐ Amarigna ► Administer the confidential questionnaire in Amarigna (if administered)

☐ Tigrigna ► Administer the confidential questionnaire in Tigrigna (if administered)

☐ Oromifa ► Administer the confidential questionnaire in Oromifa (if administered)

FIELDWORKER: Please register the participant's level of proficiency in understanding [Language]

[proflangr7]

☐ Participant has a minimum level of proficiency in [Language] ► Continue

☐ Participant does not have a minimum level of proficiency in [Language] ► Do not administer the confidential questionnaire. Fieldworker: Inform the participant of this decision and thank him/her for the time given.

0.2	**Name and Surnames:**_____ **Participant Signature:**_____	**Code:** [__ __] **[childcode]**
0.3	**Start Time:** __ __ : __ __ **[starttimesaqr7]**	

VERBAL CONSENT

[**Fieldworker**: please read the following instructions:]

SAY: We have already asked you many questions, but there are some other things that we would like to ask you. You may feel a little uncomfortable to talk about topics like cigarettes, alcohol, drugs, sexual life, experiences of violence, etc.

Since we want to know what young people like yourself think, we don't need to know your name, that's why we created a questionnaire to be answered anonymously that you will be able to answer using the tablet provided by the enumerator. To ensure privacy, the questions will be available in audio format, and you will be able to listen to them by using headphones. Once you have answered a question, it will not be possible for me or anyone else to return to that question and see your answer. It will take you about 20-30 minutes in a suitable environment away from other people and with the security that the information is confidential.

The answers you give must be true, based on what you really think and/or do. There is no right or wrong answer. Your decision to participate is completely voluntary. If there is a question you don't want to answer or you do not understand, you can choose not to answer.

[India only] Once you have completed the questionnaire on the tablet, press the NAMASTE button, this way you will be sure that the fieldworker will not read your answers.

[Ethiopia only] At the end, once you have completed the questionnaire on the tablet, you need to press the DOOR image button, this way you will be sure that the fieldworker will not read your answers.

**Fieldworker ask and check:* Do you have any questions?

FIELDWORKER: Please register if the participant confirms answering the confidential questionnaire

[cnsntprtr7]

[cnsntsaqr7]

☐ Participant is happy to answer the questionnaire

☐ Participant has changed their mind and no longer wants to answer the questionnaire ► Do not administer the confidential questionnaire

Thank you for your participation

Fieldworker: *I declare that I have complied with the process of informed consent following the previous text.*

Fieldworker Name: _____

Fieldworker Signature: _____

ID number: _____

Date: __ __ / __ __ / 202 __
(day) (month) (year)

PRACTICE QUESTIONS

SAY: Thank you for your participation. Before you answer the questions on the tablet, I would like to go through two practice questions with you. This is to make sure that you are comfortable listening to questions through the headphones and selecting the answer you want. Don't forget to listen carefully to the whole question and all the answer options before taking a decision. If at some point you would like to hear the question and answers again, press the "speaker" icon that the hand is pointing to right now. Also, if at some point you would like to skip the question, press the sun icon that the hand is pointing to now.

[**FIELDWORKER**: Please, make sure that the brightness of the tablet is at the maximum level, the headphones are plugged in, and the volume at medium level. Now, give the tablet to the participant, as well as the headphones. Please show the participant how to use the headphones (e.g. how to put them on and where the volume buttons are). When the participant is ready, show them how to start the first practice question.]

Practice question 1

What country do you currently live in?

[saqprct1]

Press the blue button if your answer is China; press the red button if your answer is [IN] India [ET] Ethiopia. If you wish to skip the question press the sun.

☐ China

☐ [IN] India / [ET] Ethiopia

☐ I prefer not to answer

[**FIELDWORKER**: Make sure that all participants press the red button (confirming that they live in [IN] India / [ET] Ethiopia). If they do not press the red button, ask the participant why they did not do so. Tell them that the red button was the one they should have pressed because they live in [IN] India / [ET] Ethiopia. Do NOT go back to the participant's answer but use the printed card showing practice question 1 for better visualisation, if needed. Then, continue the survey].

Practice question 2

Are you under 50 years old?

[saqprct2]

Press the blue button if your answer is Yes; press the red button if your answer is No. If you wish to skip the question press the sun.

☐ Yes

☐ No

☐ I prefer not to answer

[**FIELDWORKER**: Make sure that all participants press the blue button (confirming that they are under 50 years old). If they do not press the blue button, ask the participant why they did not do so. Tell them that the blue button was the one they should have pressed because they are under 50 years old. Do NOT go back to the participant's answer but use the printed card showing practice question 2 for better visualisation, if needed. Then, continue the survey]

CAPI: When the second practice question is complete, play the following recording:

THE PRACTICE QUESTIONS ARE NOW OVER. PLEASE HAND THE TABLET AND THE HEADPHONES BACK TO THE FIELDWORKER

SAY: Thank you very much. It seems that you are able to answer the questions using the tablet and the headphones. Before you start answering the questionnaire on your own, do you have any remaining questions?

[**FIELDWORKER**: Answer any questions the participant might have. Give the printed cards to the participant which show the different icons/answer options the participant will encounter while filling in the questionnaire and quickly explain their meaning. Hand the tablet and headphones back to the participant and make sure s/he goes to a quiet place and is alone to answer the questions.]

Section 1: Substance use (cigarettes)

1. The first part of the questionnaire is about smoking cigarettes**.**

Have you ever smoked a cigarette?

[revrsmk]

Press the blue button if your answer is "Yes"; press the red button if your answer is "No"; If you wish to skip the question press the sun.

☐ Yes

☐ No

☐ I prefer not to answer

Section 2: Experience with crime

2. We know that in many communities young people like yourself may encounter crime. This part of the questionnaire asks about whether this has happened to you and your friends.

How many of your friends are or have been part of a gang?

[rfrngng]

Press the blue button if your answer is "Most or a few of my friends"; press the red button if your answer is "None of my friends"; If you wish to skip the question press the sun.

☐ Most or a few of my friends

☐ None of my friends

☐ I prefer not to answer

3. **Are you or have you ever been part of a gang?**

[rmemgng]

Press the blue button if your answer is "Yes"; press the red button if your answer is "No"; If you wish to skip the question press the sun.

☐ Yes

☐ No

☐ I prefer not to answer

4. Have you ever been arrested by the police for committing a crime, even if you were not guilty?

[rarrstd]

Press the blue button if your answer is "Yes"; press the red button if your answer is "No"; If you wish to skip the question press the sun.

☐ Yes

☐ No

☐ I prefer not to answer

Section 3: Substance use (alcohol)

5. [IN] Many people in India drink alcohol like beer, whisky, rum, wine or spirits like toddy / liquor made of Mohwa flowers, etc.

[ET] Many people in Ethiopia drink alcohol like beer, Areki, Tella, Tegi, etc.

The next questions ask you about your experiences with alcohol. It doesn't include drinking a few sips of wine in church or any other religious ceremony.

Do you ever drink alcohol?

[revralc]

Press the blue button if your answer is "Yes"; press the red button if your answer is "No"; If you wish to skip the question press the sun.

☐ Yes

☐ No [**CAPI**: Skip to section 4]

☐ I prefer not to answer [**CAPI**: Skip to section 4]

6. Have you ever been drunk from too much alcohol?

[rdrkalc]

Press the blue button if your answer is "Yes"; press the red button if your answer is "No"; If you wish to skip the question press the sun.

☐ Yes

☐ No

☐ I prefer not to answer

7. During the past 12 months, did you get into fights or cause trouble while you were drinking alcohol or because you had been drinking alcohol?

[ralcfgh]

Press the blue button if your answer is "Yes"; press the red button if your answer is "No"; If you wish to skip the question press the sun.

☐ Yes

☐ No

☐ I prefer not to answer

8. During the past 12 months, did you fall over while you were drinking alcohol or because you had been drinking alcohol?

[ralcfll]

Press the blue button if your answer is "Yes"; press the red button if your answer is "No"; If you wish to skip the question press the sun.

☐ Yes

☐ No

☐ I prefer not to answer

9. During the past 12 months, did you hit your partner while you were drinking alcohol or because you had been drinking alcohol?

[ralchit]

Press the blue button if your answer is "Yes"; press the red button if your answer is "No"; If you wish to skip the question press the sun.

☐ Yes

☐ No

☐ I prefer not to answer

Section 4: Substance use (drugs)

10. Now, talking about the consumption of illegal substances:

Have you ever (at least one time in your entire life) consumed any illegal substances like drugs?

[rtrddrgs]

Press the blue button if your answer is "Yes"; press the red button if your answer is "No"; If you wish to skip the question press the sun.

- ☐ Yes
- ☐ No [**CAPI**: Skip to section 5]
- ☐ I prefer not to answer [**CAPI**: Skip to section 5]

11. Have you ever tried at least one time in your entire life marijuana, cannabis sativa, ganja…?

[rtrdmar]

Press the blue button if your answer is "Yes"; press the red button if your answer is "No"; If you wish to skip the question press the sun.

- ☐ Yes
- ☐ No
- ☐ I prefer not to answer

12. Have you ever tried at least one time in your entire life other drugs like cocaine, ecstasy or meth, LSD, hallucinogens, inhalants, etc.?

[rtrdpbc]

Press the blue button if your answer is "Yes"; press the red button if your answer is "No"; If you wish to skip the question press the sun.

- ☐ Yes
- ☐ No
- ☐ I prefer not to answer

Section 5: Internet and related behaviours

13. Many young people navigate internet and use social media for a variety of purposes.

Have you ever used the internet or social media (e.g. WhatsApp, Instagram, Facebook, Tik Tok)?

[revrint]

Press the blue button if your answer is "Yes"; press the red button if your answer is "No"; If you wish to skip the question press the sun.

☐ Yes

☐ No [**CAPI**: Skip to section 6]

☐ I prefer not to answer [**CAPI**: Skip to section 6]

14. The internet is a wonderful resource, but sometimes it could have hazards, particularly for young people. The following questions are about your experiences navigating the internet, and whether you have ever faced any of the following situations when using the internet or social media.

Have you ever been bullied over the internet?

[rblldint]

Press blue if "Yes"; press red if "No"; If you wish to skip press the sun.

☐ Yes

☐ No

☐ I prefer not to answer

15. Have you ever received unwanted sexual comments over the internet?

[rsexcmint]

Press blue if "Yes"; press red if "No"; If you wish to skip press the sun.

☐ Yes

☐ No

☐ I prefer not to answer

16. Have you ever come across pornography on the internet?

[rpornint]

Press blue if "Yes"; press red if "No"; If you wish to skip press the sun.

☐ Yes

☐ No

☐ I prefer not to answer

17. Have you ever sent unsolicited (not asked for) sexual material over the internet?

[runslcint]

Press blue if "Yes"; press red if "No"; If you wish to skip press the sun.

☐ Yes

☐ No

☐ I prefer not to answer

18. Have you ever come across violent or gruesome material on the internet?

[rvlntint]

Press blue if "Yes"; press red if "No"; If you wish to skip press the sun.

☐ Yes

☐ No

☐ I prefer not to answer

19. Have you ever come across racist or hateful material on the internet?

[rhateint]

Press blue if "Yes"; press red if "No"; If you wish to skip press the sun.

☐ Yes

☐ No

☐ I prefer not to answer

Section 6: General exposure to violence

20. We know that in many places young people like you often experience different forms of violence in their communities. The following questions are about these experiences in your whole life.

In your whole life, have you seen someone else get attacked with a weapon, like a knife or a bat?

[rsnatck]

Press the blue button if your answer is "Yes"; press the red button if your answer is "No"; If you wish to skip the question press the sun.

☐ Yes

☐ No

☐ I prefer not to answer

21. **In your whole life, have you seen someone else get shot at (not necessarily wounded)?**

[rsnshot]

Press blue if "Yes"; press red if "No"; If you wish to skip press the sun.

☐ Yes

☐ No

☐ I prefer not to answer

22. **In your whole life, have you seen someone else get chased and you thought that they could really get hurt?**

[rsnchsd]

Press blue if "Yes"; press red if "No"; If you wish to skip press the sun.

☐ Yes

☐ No

☐ I prefer not to answer

23. In your whole life, have you EVER been attacked with a weapon, like a knife or a bat?

[ratck]

Press the blue button if your answer is "Yes"; press the red button if your answer is "No"; If you wish to skip the question press the sun.

☐ Yes

☐ No

☐ I prefer not to answer

24. In your whole life, have you EVER been shot at (not necessarily wounded)?

[rshot]

Press blue if "Yes"; press red if "No"; If you wish to skip press the sun.

☐ Yes

☐ No

☐ I prefer not to answer

25. In your whole life, have you EVER been chased and you thought that you could really get hurt?

[rchsd]

Press blue if "Yes"; press red if "No"; If you wish to skip press the sun.

☐ Yes

☐ No

☐ I prefer not to answer

Section 7: Sexual and reproductive health

26. Many young people your age think a lot about sex. Some of you might already have had sex. We call it sex when a man puts his penis inside the vagina of a woman. The following questions are about sex and what you know about it.

For each of the statements, decide if it is 'true' or 'false'. If you are not sure, choose 'I don't know'.

A woman/girl cannot get pregnant the first time she has sex.

[rprgfrs]

Press the blue button if your answer is "True"; press the red button if your answer is "False"; press the yellow button if you don't know the answer; If you wish to skip the question press the sun.

- ☐ True
- ☐ False
- ☐ I don't know
- ☐ I prefer not to answer

27. If a girl washes herself after sex, she will not get pregnant.

[rwshaft]

Press blue if it is "True"; red if it is "False"; and "Yellow" if you don't know. If you wish to skip press the sun.

- ☐ True
- ☐ False
- ☐ I don't know
- ☐ I prefer not to answer

28. Using a condom can prevent you from getting a disease through sex

[rusecnd]

Press blue if it is "True"; red if it is "False"; and "Yellow" if you don't know. If you wish to skip press the sun.

- ☐ True
- ☐ False
- ☐ I don't know
- ☐ I prefer not to answer

29. A person who looks very healthy cannot pass on a disease through sex.

[rlkshlt]

Press blue if it is "True"; red if it is "False"; and "Yellow" if you don't know. If you wish to skip press the sun.

- ☐ True
- ☐ False
- ☐ I don't know
- ☐ I prefer not to answer

30. A person can get HIV or Aids by having sex.

[rhivsex]

Press blue if it is "True"; red if it is "False"; and "Yellow" if you don't know. If you wish to skip press the sun.

- ☐ True
- ☐ False
- ☐ I don't know
- ☐ I prefer not to answer

31. Did you EVER receive any kind of education in school about sex, pregnancy and/or contraception?

[rsexedu]

Press the blue button if your answer is "Yes"; press the red button if your answer is "No"; If you wish to skip the question press the sun.

- ☐ Yes
- ☐ No
- ☐ I prefer not to answer

32. The next questions are about whether you have read, heard or seen anything about family planning in recent months.

Have you read, heard or seen anything about family planning in recent months?

[rfmplnrc]

Press the blue button if your answer is "Yes"; press the red button if your answer is "No"; If you wish to skip the question press the sun.

☐ Yes

☐ No [**CAPI**: Skip to Q.35]

☐ I prefer not to answer [**CAPI**: Skip to Q.35]

33. Have you read, heard or seen anything about family planning in the radio, on television or in a magazine/newspaper?

[rfmptel]

Press blue if "Yes"; press red if "No"; If you wish to skip press the sun.

☐ Yes

☐ No

☐ I prefer not to answer

34. Have you read or seen anything about family planning on the internet or social media?

[rfmpint]

Press blue if "Yes"; press red if "No"; If you wish to skip press the sun.

☐ Yes

☐ No

☐ I prefer not to answer

35. Do you know what a condom is?

[rwhtcnd]

Press the blue button if your answer is "Yes"; press the red button if your answer is "No"; If you wish to skip the question press the sun.

☐ Yes

☐ No

☐ I prefer not to answer

36. If you would want to get any kind of contraceptive, do you know where to go or who to ask?

[rknwhrcnd]

Press the blue button if your answer is "Yes"; press the red button if your answer is "No"; If you wish to skip the question press the sun.

☐ Yes

☐ No [**CAPI**: Skip to Q.39]

☐ I prefer not to answer [**CAPI**: Skip to Q.39]

37. Are you currently dating someone or have you ever dated someone?

[rdating]

Press the blue button if your answer is "Yes"; press the red button if your answer is "No"; If you wish to skip the question press the sun.

☐ Yes

☐ No

☐ I prefer not to answer

Section 8: Intimate partner violence and others

The next questions are about things that happen to many people, and that your current partner, or any other previous partner may have done to you.

		A)	B)
		Yes or No? **CAPI: enable question B if question A=Yes.** If "No" or prefer not to answer, skip to next row	**Did this happen in the past 12 months?** ***BLUE if Yes, RED if No,*** ***Sun if you prefer not to answer***
38	**Has your current partner, or any other previous partner, said or done something to <u>humiliate, intimidate, threatened, or make you feel bad</u> about yourself?** ***Press blue if "Yes"; press red if "No"; if you wish to skip press the sun***	**[rprinsyn]** ☐ Yes ☐ No ☐ Prefer not to answer	**[rprinsyn12]** ☐ Yes ☐ No ☐ Prefer not to answer
39	**Has your current partner, or any other previous partner, <u>slapped you, pushed you, shaken you, or thrown something at you</u>?** ***Press blue if "Yes"; press red if "No"; if you wish to skip press the sun***	**[rprbltyn]** ☐ Yes ☐ No ☐ Prefer not to answer	**[rprbltyn12]** ☐ Yes ☐ No ☐ Prefer not to answer
40	**Has your current partner, or any other previous partner, <u>physically forced you to have sexual intercourse with him/her</u> when you did not want to?** ***Press blue if "Yes"; press red if "No"; if you wish to skip press the sun***	**[rprscryn]** ☐ Yes ☐ No ☐ Prefer not to answer	**[rprscryn12]** ☐ Yes ☐ No ☐ Prefer not to answer

41. Have you ever been physically hurt by someone?

[rprthryn]

Press the blue button if your answer is "Yes"; press the red button if your answer is "No"; If you wish to skip the question press the sun.

☐ Yes

☐ No [**CAPI:** Skip to section 9]

☐ I prefer not to answer [**CAPI:** Skip to section 9]

42. Was it someone in your family?

[rprhityn]

Press blue if "Yes"; press red if "No"; if you wish to skip press the sun

☐ Yes

☐ No [**CAPI**: Skip to section 9]

☐ I prefer not to answer [**CAPI**: Skip to section 9]

43. Did this happen during the COVID-19 lockdown period?

[rprfrcsxyn]

Press blue if "Yes"; press red if "No"; if you wish to skip press the sun

☐ Yes

☐ No

☐ I prefer not to answer

Section 9: Attitudes towards abortion and LGBTQ+ [India only]

44. Now I will ask your opinion about different things, and I want you to tell me what you think or feel about them. This section intends to ask about your opinion, so **there are no right or wrong answers**. Now I will read some comments and statements and I want you to tell me if you **agree or disagree** with them by selecting the option that best reflects your opinion.

In general, to what extent do you agree or disagree that all women should have the right of access to an abortion?

[racsabrt]

Press the blue button if your answer is "Agree"; press the red button if your answer is "Disagree"; If you wish to skip the question press the sun.

☐ Agree

☐ Disagree

☐ I prefer not to answer

45. In general, to what extent do you agree or disagree that gay men and lesbians should be free to live their own life as they wish.

[rlgbtfree]

Press blue if you "Agree"; press red if you "Disagree"; If you wish to skip press the sun.

☐ Agree

☐ Disagree

☐ I prefer not to answer

46. In general, to what extent do you agree or disagree that If a close family member was a gay man or a lesbian, I would feel ashamed.

[rlgbtashm]

Press blue if you "Agree"; press red button if you "Disagree"; If you wish to skip press the sun.

☐ Agree

☐ Disagree

☐ I prefer not to answer

47. In general, to what extent do you agree or disagree that gay male and lesbian couples should have the same rights to adopt children as straight couples.

[rlgbtadpt]

Press blue if you "Agree"; press red button if you "Disagree"; If you wish to skip press the sun.

- ☐ Agree
- ☐ Disagree
- ☐ I prefer not to answer

Section 9: Conflict [Ethiopia only]

46. This part of the questionnaire asks about some of the experiences you may have had or actions you make have taken to cope with the consequences of armed conflict. When we talk about armed conflict, we mean any armed conflict between the Ethiopian federal government and regional forces, such as the TPLF, Fano or OLA, as well as between regional forces, that happened since Tikimit 2013.

Have you joined the military, official police, or community policing/neighbourhood watch since Tikimit 2013?

[rmltrgrp]

Press the blue button if your answer is "Yes"; press the red button if your answer is "No"; If you wish to skip the question press the sun.

- ☐ Yes [**CAPI**: Skip to Q.48]
- ☐ No
- ☐ Prefer not to answer

50. Have you got a weapon (e.g. handgun, shotgun, rifle, machete, etc.) because of the conflict?

[rwpnsec]

Press blue if "Yes"; press red if "No"; if you wish to skip press the sun.

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

51. Have you been seriously injured/wounded as a result of the conflict?

[rinjrd]

Press blue if "Yes"; press red if "No"; if you wish to skip press the sun.

☐ Yes

☐ No

☐ Prefer not to answer

52. Has one of your <u>family members/friends</u> been seriously injured/wounded as a result of the conflict?

[rinjrdfrnd]

Press blue if "Yes"; press red if "No"; if you wish to skip press the sun.

☐ Yes

☐ No

☐ Prefer not to answer

53. Has one of your <u>family members/friends disappeared</u> as a result of the conflict?

[rdispfrnd]

Press blue if "Yes"; press red if "No"; if you wish to skip press the sun.

☐ Yes

☐ No

☐ Prefer not to answer

54. Did one of your <u>family members/friends die</u> as a result of the conflict?

[rdiefrnd]

Press blue if "Yes"; press red if "No"; if you wish to skip press the sun.

☐ Yes

☐ No

☐ Prefer not to answer

55. Have you experienced any kind of (attempted) physical violence, such as being attacked with a weapon, being shot at (not necessarily wounded), or chased as a result of the conflict?

[rattck]

Press blue if "Yes"; press red if "No"; if you wish to skip press the sun.

☐ Yes

☐ No

☐ Prefer not to answer

56. Have you witnessed people experiencing any kind of (attempted) physical violence, such as being attacked with a weapon, being shot at (not necessarily wounded), as a result of the conflict?

[rattckwtn]

Press blue if "Yes"; press red if "No"; if you wish to skip press the sun.

☐ Yes

☐ No

☐ Prefer not to answer

57. Have you witnessed people being killed as a result of the conflict?

[rkllwtn]

Press blue if "Yes"; press red if "No"; if you wish to skip press the sun.

☐ Yes

☐ No

☐ Prefer not to answer

58. Have you experience any kind of (attempted) sexual violence as a result of the conflict?

[rsexviol]

Press blue if "Yes"; press red if "No"; if you wish to skip press the sun.

☐ Yes

☐ No

☐ Prefer not to answer

59. Have you witnessed people experience any kind of (attempted) sexual violence as a result of the conflict?

[rsexviolwtn]

Press blue if "Yes"; press red if "No"; if you wish to skip press the sun

☐ Yes

☐ No

☐ Prefer not to answer

60. Have you been encouraged, asked, or forced to commit any violent act as a result of the conflict?

[rfrcdviol]

Press blue if "Yes"; press red if "No"; if you wish to skip press the sun.

☐ Yes

☐ No

☐ Prefer not to answer

[IN] Once you have completed the questionnaire in the tablet, press the NAMASTE button, this way you will be sure that the fieldworker will not read your answers.

[ET] Once you have completed the questionnaire in the tablet, press the DOOR image, this way you will be sure that the fieldworker will not read your answers.

Now, please give the tablet and the headphones back to the enumerator. Thank you. You have helped with a very important survey for young people.

END

Young Lives

A Longitudinal Study of Poverty & Inequality

About Young Lives

Young Lives is an international study of poverty and inequality, following the lives of 12,000 children in four countries (Ethiopia, India, Peru and Vietnam). Young Lives is a collaborative research programme led by a team in the Department of International Development at the University of Oxford in association with research and policy partners in the four study countries.

Through researching different aspects of children's lives across time, we seek to improve policies and programmes for children and young people.

Young Lives Research and Policy Partners

Ethiopia

- *Policy Studies Institute*
- *Pankhurst Development Research and Consulting plc*

India (Andhra Pradesh and Telangana)

- *Young Lives India*
- *Centre for Economic and Social Studies, Hyderabad (CESS)*

Peru

- *Grupo de Análisis para el Desarollo (GRADE)*
- *Instituto de Investigación Nutricional (IIN)*

Vietnam (from Round 1–6)

- *Centre for Analysis and Forecast, Viet Nam Academy of Social Sciences (CAF-VASS)*
- *General Statistics Office of Viet Nam (GSO)*

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from the British people

wellcome

Young Lives

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