

SM2015 – Costa Rica

Baseline School Survey

Final Report

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This Final Report on the SM2015-Costa Rica School Survey was produced in agreement with the Inter-American Development Bank (IDB). All analyses and report writing were performed by the Institute for Health Metrics and Evaluation (IHME) at the University of Washington.

About IHME

IHME monitors global health conditions and health systems and evaluates interventions, initiatives, and reforms. Our vision is that better health information will lead to more knowledgeable decision-making and higher achievements in health. To that end, we strive to build the needed base of objective evidence about what does and does not improve health conditions and health systems performance. IHME provides high-quality and timely information on health, enabling policymakers, researchers, donors, practitioners, local decision-makers, and others to better allocate limited resources to achieve optimal results.

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CHAPTER 1 SURVEY METHODOLOGY

1.1 Overview

Salud Mesoamérica 2015 (SM2015) is a regional public-private partnership that brings together Mesoamerican countries, private foundations and bilateral and multilateral donors with the purpose of reducing health inequalities affecting the poorest 20 percent of the population in the region. Funding will focus on supply and demand-side interventions, including changes in policy, evidence-based interventions, the expansion of proven and cost-effective healthcare packages, and the delivery of incentives for effective health services. One of its defining features is the application of a results-based financing model (RBF) that relies on serious performance measurement and enhanced transparency in reporting accountability and global impact assessment. The initiative will focus its resources on integrating key interventions aimed at reducing health inequalities resulting from the lack of access to reproductive, maternal and neonatal health (including immunization and nutrition) for the poorest quintile of the population.

The objectives of the SM2015 evaluation are to assess whether countries are reaching the targeted indicators set by the initiative, and to evaluate the impact of specific interventions. In Costa Rica, the intervention focuses on sexual and reproductive health and prevention of pregnancy among teenagers. Therefore, data collection consists of a survey of teenagers applied in schools in intervention areas. The evaluation design includes a baseline data collection prior to the beginning of the intervention, as well as follow-up measures at 18 months, and again at 36 and 54 months later. This document describes the methods and results of the baseline measurement in schools.

1.2 School-based survey

The school based survey consists of a questionnaire to be completed by students in the classroom. This is a knowledge, attitudes and behaviors questionnaire which includes the main areas of interest of the intervention, mainly related to sexual and reproductive health, as well as contact with reproductive health services. Specifically, the questionnaire contains the following sections:

- Demographic characteristics
- Risk behaviors (tobacco, and alcohol consumption)
- Suicidal ideation
- Sexual and reproductive health (sexually transmitted infections, HIV/AIDS, family planning methods, sexual health)
- Knowledge and contact with reproductive health services for adolescents.

The questionnaire was prepared at IHME. After translation to Spanish, it was discussed with personnel from the Ministry of Health and Ministry of Education of Costa Rica, and their feedback was incorporated. The instrument was tested in a pilot survey and final modifications derived from this test were also included.

1.3 Methods for data collection

For the application of this survey, access to all participant schools (Liceos) was provided by the Ministry of Education of Costa Rica. In each school, personnel from the University of Costa Rica, the agency in charge of the data collection, contacted the school authority and delivered the consent letters to be distributed to parents and students. When possible, the study was explained and consent letters were distributed by University of Costa Rica personnel directly to parents in grade reports delivery meetings. Letters were distributed to all parents/students in one complete group of each grade of selected schools.

After consent letter distribution, a period of time of 1-2 weeks was given to parents and students to return the consent letters, and then the questionnaire was applied. For the application, students that returned consent letters in each group were gathered in a classroom. The self-responded questionnaire was delivered and instructions for its completion were provided. Personnel of the University of Costa Rica supervised the application and clarified any questions. Students took on the average 40 minutes to answer the questionnaire. After a maximum time of 45-50 minutes (the duration of a class), the questionnaires were collected and kept in a closed envelope.

Information from questionnaires was entered into a database using Datstat by the University of Costa Rica personnel. The data entry program was prepared at IHME and includes validation ranges.

1.4 Sampling

A random sample of 39 schools was selected from a total of 150 schools in intervention areas. The sample size of schools was calculated to reach the target sample of 1,000 students set for this study. We assumed an average of 25 students per classroom and 5 grades per school, and that 25% of parents and children would return signed consent letters (as it was found in the pilot study described below). In each selected school, one group of each grade was selected at random to be included in the study. For ethical and logistic reasons, all students in the selected groups were invited to participate in the study.

1.5 Survey implementation

1.5.1 Training and supervision of data collectors

Training sessions and school pilot surveys were conducted in Costa Rica from August 29 to September 2, 2013. The supervisor and 4 surveyors each had a public health background. The training included an introduction to the initiative, proper conduct of the survey, in-depth view of the instrument, and hands-on training on the data entry software. Training was followed by a 2 day pilot of all components of the survey at an actual school.

1.5.2 Data collection and management

As described in Section 1.3, data was collected on paper and data were entered into computer netbooks equipped with Datstat software. Data entry using Datstat as soon as questionnaires were applied allowed data to be transferred instantaneously via a secure link to the Institute for Health Metrics and Evaluation (IHME). IHME monitored collected data on a continuous basis and provided feedback. Suggestions, surveyor feedback, and any modifications were incorporated into the instrument and readily transmitted to the field. The new survey instrument would be ready for use on the following day

of data collection.

1.5.3 Data analysis and report writing

Ongoing data analysis was done at IHME and new data were continuously incorporated. Analysis was done using STATA version 13. Performance indicators were calculated at IHME following the indicator definition provided by IDB. Sampling weights were constructed considering the probability of selection and non-response. This final baseline report includes information from schools in intervention areas.

CHAPTER 2 STUDENT CHARACTERISTICS

Basic demographic information was asked for all students completing the survey, including age and grade, geographic representation, membership in an indigenous group, guardianship, and education of their mother. Since this chapter aims to describe the sample characteristics, only unweighted results are presented in the tables.

In the selected schools, 3,239 students were selected for the study and consent letters were distributed to the parents of these students. Of these families to whom letters were distributed, 924 gave consent for their student to participate in the study.

2.1 Demographic information

2.1.1 Age and sex of students

The age and sex distribution of students who participated in the survey is presented in Table 2.1.1. The majority of respondents are female (60 percent) and between the ages of 13 and 17 (93 percent). The distribution of ages of male respondents is slightly younger than for female students.

Table 2.1.1 Sample by age and sex

Age	Male		Female		No sex listed		Total	
	N	%	N	%	N	%	N	%
12	11	1.2	16	1.7	0	0	27	2.9
13	71	7.7	79	8.5	0	0	150	16.2
14	63	6.8	91	9.8	1	0.1	155	16.8
15	61	6.6	118	12.8	1	0.1	180	19.5
16	79	8.5	140	15.2	1	0.1	220	23.8
17	62	6.7	94	10.2	1	0.1	157	17
18	10	1.1	13	1.4	0	0	23	2.5
19	3	0.3	3	0.3	0	0	6	0.6
20 and older	4	0.4	1	0.1	0	0	5	0.5
No response	1	0.1	0	0	0	0	1	0.1
Total	365	39.5	555	60.1	4	0.4	924	100

2.1.2 Year in school

The distribution of grade of respondents that completed the survey is presented in Table 2.1.2. Approximately one-quarter of students are in each of grades 7-10, and less than 5 percent of students are in grade 11.

Table 2.1.2 Year in school

Grade	N	%
7	241	26.1
8	220	23.8
9	217	23.5
10	203	22
11	43	4.7
Total	924	100

2.1.3 Geographical representation

The students in this sample come from a total of 13 *cantones* (Table 2.1.3). The largest proportion are from Pococi (35 percent), Golfito (12 percent), and Buenos Aires (11 percent). Less than 1 percent of children did not provide a response to this question.

Table 2.1.3 Geographical representation

Cantón	N	%
Buenos Aires	98	10.6
Corredores	45	4.9
Golfito	113	12.2
Guacimo	41	4.4
Limon	54	5.8
Matina	51	5.5
Osa	45	4.9
Pococi	326	35.3
Siquirres	89	9.6
Talamanca	23	2.5
Coto Brus	24	2.6
Perez Zeledón	11	1.2
Jimenez	1	0.1
No response	3	0.3
Total	924	100

2.2 Familial characteristics

2.2.1 Membership in indigenous groups

Students were asked if they belonged to an indigenous group (Table 2.2.1). The majority of students do not belong to an indigenous group (91 percent), and 5 percent of students did not respond to the question. The most common indigenous group represented by our sample is Cabécar (2 percent).

Table 2.2.1 Membership in indigenous groups

Ethnic group	N	%
Bribri	7	0.8
Cabécar	17	1.8
Guaymí	3	0.3
Boruca	1	0.1
Térraba	8	0.9
Huetar (Quitirrisí)	1	0.1
Other	4	0.4
None	836	90.5
No response	48	5.2
Total	924	100

2.2.2 Students' guardians

Each student was asked about the people with whom they live, particularly their guardians. Distribution of guardians is presented in Table 2.2.2. The majority of students live with both biological parents (58 percent). Eighteen percent of students live with their mother only, and 14 percent live with their mother and stepfather. Less than 5 percent do not live with a biological parent.

Table 2.2.2 Students' guardians

Student lives with:	N	%
Both biological parents	534	57.8
Father and stepmother	19	2.1
Stepfather and mother	128	13.9
Mother only	164	17.7
Father only	24	2.6
Guardians	6	0.6
Other family members	40	4.3
No response	9	1
Total	924	100

2.2.3 Education level of mother

The highest attained education level of the each student's mother is presented in Table 2.2.3. Approximately one-third of students did not know the education level of their mother. Twenty-seven percent of students reported that their mother completed 8th year in school. Twenty-eight percent of students reported that their mothers achieved some or complete secondary school.

Table 2.2.3 Education level of mother

Mother's education	N	%
None	55	6
Completed 8th year or less	246	26.6
Some secondary	133	14.4
Completed secondary	134	14.5
Some university	26	2.8
Graduated university	40	4.3
Don't know	271	29.3
No response	19	2.1
Total	924	100

CHAPTER 3 TOBACCO AND ALCOHOL USE

This survey aims to capture information on risky behaviors of school-age students. Respondents were asked about lifetime use of tobacco and alcohol. Students who have used these drugs are subsequently asked about usage patterns during the past 30 days.

3.1 Tobacco use

Students were asked about lifetime and recent tobacco use; results are presented in Table 3. Eighteen percent of students reported having ever smoked. Among these students, most began to smoke between ages 11 and 16 years (76 percent). Fifteen percent of ever-smokers did not provide a response. Among students who reported ever smoking, half did not smoke during the past 30 days. One-fifth smoke on one or two days of the past 30 days.

All students were asked about recent use of chewing tobacco. Seventy percent of students reported using chewing tobacco for zero of the last 30 days and 29 percent did not provide a response to the question. Less than 1 percent of students used any chewing tobacco in the past 30 days.

3.2 Alcohol use

Table 3 also presents the lifetime and recent alcohol drinking habits of students in the survey. Sixty-two percent of students had never used alcohol. One-quarter of students reported fewer than 10 lifetime days of alcohol use. Among students who reported having drunk alcohol, 60 percent reported having first drunk alcohol between ages 13 and 16 years. Among the same group of students, one-third reported not drinking alcohol during the past 30 days, and near 40 percent had 1 day of alcohol use during the past 30 days.

Table 3 Smoking and drinking habits of respondents

Characteristic	Response	N	Weighted	Weighted
			%	SE
Ever smoked	No	731	79.9	3.5
	Yes	176	18	3.5
	No response	17	2.2	0.8
Age of smoking initiation ^a	10 or younger	13	7.3	2
	11 to 12	29	14.1	3.5
	13 to 14	70	39.8	6.2
	15 to 16	51	21.6	4.4
	17 to 18	6	1.6	1.1
	19 or older	1	0.1	0.1
	No response	22	15.5	6.1
Days smoked in last 30 days ^a	0 days	92	51.1	6.3
	1 to 2 days	45	20.5	3.3
	3 to 5 days	20	4.7	2
	6 to 9 days	10	3.6	1.3
	10 to 19 days	4	4.3	2.6
	20 to 29 days	2	0.6	0.5
	No response	20	15.2	6
Days chewed tobacco in last 30 days	0 days	706	70.2	4.2
	1 to 2 days	7	0.3	0.1
	3 to 5 days	3	0.5	0.3
	6 to 9 days	0	0	0
	10 to 19 days	1	0	0
	No response	207	29	4.3
Lifetime days of alcohol use	0 days	572	61.7	6.4
	1 to 2 days	202	16.5	1.9
	3 to 9 days	65	9.7	5.2
	10 to 19 days	29	2.3	0.7
	20 to 39 days	11	1.8	0.9
	40 to 99 days	9	0.8	0.3
	More than 100 days	7	1	0.8
	No response	29	6.4	1.7
Age of drinking initiation ^b	10 or younger	19	9.8	2.3
	11 to 12	49	14.5	1.9
	13 to 14	136	27.4	4.7
	15 to 16	104	31.6	6.5
	17 to 18	13	2.4	1.1
	No response	29	14.3	4.5
Days of drinking in last 30 days ^b	0 days	131	33.5	2.5
	1 day	106	37.6	7.2
	2 days	44	7.4	3
	3 to 5 days	27	3.9	1.2
	6 to 9 days	10	1.6	0.9
	10 to 19 days	3	0.3	0.2
	20 to 29 days	1	0	0
	No response	30	15.6	5.1
^a Among students who reported having ever smoked				
^b Among students who reported having ever drunk alcohol				

CHAPTER 4 MENTAL HEALTH

This survey aims to capture some basic information about the mental health of students. This includes the interruption of normal activities due to negative thoughts, and suicidal thoughts and behaviors during the past year.

4.1 Interference with regular activities

All students were asked if they felt so down it interfered with usual activities during the past 12 months (Table 4). Approximately one-third of respondents reported having this sentiment.

4.2 Suicide and suicidal ideation

Table 4 also presents students' suicidal thoughts and behaviors. Seven percent of students reported having considered suicide during the past 12 months. Suicidal behaviors in the past 12 months that were captured in the survey include making a suicide plan and attempting suicide. Seven percent had made a suicide plan. Four percent of students had attempted suicide one time, and 2 percent had attempted suicide two or more times.

Table 4 Mental health of respondents

In the last 12 months...	Response	Weighted		
		N	%	SE
Felt so down it interfered with usual activities	No	617	66.9	3.8
	Yes	291	31.3	3.3
	No response	16	1.8	0.9
Considered suicide	No	831	91.5	2.3
	Yes	81	6.9	1.7
	No response	12	1.6	0.8
Made a suicide plan	No	835	90.9	2.3
	Yes	73	7.1	1.6
	No response	16	2	0.9
Number of suicide attempts	0 times	839	90.5	1.9
	1 time	38	3.6	0.9
	2 or 3 times	15	1.7	1
	4 or 5 times	1	0.1	0.1
	6 or more times	0	0	
	No response	31	4.1	1

CHAPTER 5 SEXUAL HEALTH AND STI KNOWLEDGE

In addition to known students' sexual behaviors, it is also important to capture their attitudes about and knowledge of sexual health, sexually transmitted infections (STIs), and pregnancy. Students were asked to report their comfort with discussing sex and to identify the adults from whom they have learned about sex. In addition, students were asked about their knowledge of and history of testing for HIV.

A series of statements about STI signs, risk of STIs, and facts about pregnancy risk were presented to students, and they were asked if the statement is true or false. This indicates the quality of sexual health knowledge that the students have attained. Students were also asked their beliefs on sources of pregnancy knowledge.

5.1 Talking about sex

Students' habits in discussing sex are presented in Table 5.1. Most students have spoken to an adult about sex (71 percent). Slightly more students are uncomfortable (54 percent) than comfortable (41 percent) talking about sex.

Students who had spoken to an adult about sex were asked who the adult or adults were. The most common responses were mother (70 percent), teacher (39 percent), and father (32 percent). Sixteen percent of students spoke with a doctor about sex.

Table 5.1 Talking about sex

Characteristic	Response	Weighted		
		N	%	SE
Talked to any adult about sex	No	239	26.9	2.9
	Yes	661	70.7	2.9
	No response	24	2.4	0.9
Comfort talking about sex	Very comfortable	232	27.7	3.8
	Somewhat comfortable	148	13.4	2.4
	Somewhat uncomfortable	351	38.1	2.4
	Very uncomfortable	151	16	2.2
	No response	42	4.7	1
Adults talked to about sex ^a	Father	184	32.4	4.2
	Mother	449	69.8	2.5
	Tutor	15	0.9	0.4
	Teacher	272	38.8	3.7
	Other adult relative	166	20.9	2.3
	Doctor	104	15.7	2.9
	Tribal chief	1	0.1	0.1
	Priest	8	0.6	0.3
	Pastor	23	3.1	0.8
	Other adult relative	105	14.9	2.1
	None	2	0.1	0.1
	No response	18	2.7	1.1

^aAmong students who reported having talked to an adult about sex

5.2 Knowledge about HIV and AIDS

Students' sources of HIV information and their history of testing are presented in Table 5.2. The majority of students had been given information about HIV in schools (64 percent), though 10 percent did not know if they had received this information. This is compared to 46 percent of students that were given information about HIV at a health facility.

Among all students, few had ever been offered an HIV test (7 percent). Even fewer students were tested for HIV (4 percent). More students provided information on HIV testing (less than 6 percent "don't know" or no response) than on sources of knowledge on HIV (12-20 percent "don't know" or no response).

Table 5.2 Knowledge about HIV/AIDS

Characteristic	Response	Weighted		
		N	%	SE
Given information about HIV in school	No	217	23.7	3.1
	Yes	590	64.3	2.6
	Don't know	103	10.2	1.5
	No response	14	1.8	0.9
Given information about HIV at a health facility	No	329	34.3	3.3
	Yes	411	46	4.2
	Don't know	135	18.2	3.7
	No response	12	1.5	0.8
Offered HIV test	No	813	87.7	1.7
	Yes	55	6.6	1.3
	Don't know	42	3.2	0.9
	No response	14	2.5	0.8
Tested for HIV	No	848	92	1.8
	Yes	32	3.7	1.2
	Don't know	32	2.5	0.8
	No response	12	1.8	0.9

5.3 STI knowledge

The proportion of students that indicated a statement about STI symptoms is true is presented in Table 5.3. There was variety in the proportion of students correctly identifying STI symptoms: 61 percent identified vaginal discharge as a symptom, 58 percent identified urethral discharge, 57 percent identified genital sores or ulcers, and 30 percent identified pain and swelling of the glands near the groin.

Table 5.3 also shows the proportion of students that identify actions to prevent the risk of contracting STIs. More than half of students correctly identified two of the three methods to reduce risk of STIs: always using a condom (88 percent), abstaining from sexual activity (54 percent). Only 38 percent identified having a single monogamous partner for a long period of time as a way to reduce risk of STIs.

Finally, Table 5.3 presents the proportion of students who identified a series of statements about risk of STIs as true.

- Thirty-nine percent of students incorrectly identified the start of condom use as immediately before ejaculation and 38 percent incorrectly identified it as prior to erection. Seventy-four percent of students correctly identified timing as before any contact with the partner.
- Twenty-two percent of students incorrectly said that condoms should be used only if an ejaculation is expected.
- Nine percent of students incorrectly agreed with the statement: contraceptive pills protect women from HIV/AIDS and other STIs.
- Ten percent of students incorrectly said that condoms should be washed prior to re-use.
- Eleven percent of students incorrectly said that condoms should only cover the upper half of the penis.

Table 5.3 Knowledge about risk of sexually transmitted infections

Characteristic	Response	Weighted		
		N	%	SE
Believes a sign of an STI is:	Pain or swelling of glands near groin	294	30.2	3.5
	Stomach pain	150	20.4	5
	Fever	265	36.7	3.4
	Vaginal secretions	561	60.6	3.1
	Urethral secretions	526	57.7	5.2
	Genital ulcers	518	56.6	2.4
	Headache	177	25.4	2.9
	Genital itching	641	74.4	4.2
A person can reduce their risk of STIs by:	Always using a condom	805	87.6	2.1
	Being abstinent	497	54.1	3.2
	Having only one partner	645	72.6	4.6
	Staying with the same partner for a prolonged period	335	38.1	5.4
	Using contraceptives	255	28.5	2.3
Believes:	Condoms should be put on immediately before ejaculation	391	38.5	2.8
	Condoms should be put on before any contact with the partner	687	74	3.3
	Condoms should be put on prior to erection	366	38.3	4.8
	Condoms should be used only if an ejaculation is expected	240	22.2	2.5
	Contraceptive pills protect women against HIV and STIs	107	9.1	1.4
	Condoms should be washed prior to re-use	110	10.2	1.7
	Condoms should only cover the upper half of the penis	111	10.7	1.5

5.4 Pregnancy knowledge

Students were provided with five statements about pregnancy and were asked to identify them as true or false. The proportion of students indicating the statement is true is presented in Table 5.4.

- Seven percent of students incorrectly said that a man and woman should share a packet of contraceptive pills.
- Eleven percent of students incorrectly agreed that a woman should only take contraceptive pills on the days she will have sex.
- Forty-two percent of students were correct in agreeing that contraceptive pills do not protect against HIV/AIDS and other STIs.
- Twenty-four percent of students incorrectly believe that contraceptive pills prevent all pregnancies.

- Eighty-five percent of students correctly identified as true the statement that women should see a doctor before first taking contraceptive pills.

Students' knowledge and beliefs regarding contraceptives and pregnancy information are also presented in Table 5.4. Most students know where to obtain a method of pregnancy prevention (59 percent). Only 6 percent had ever gone to an EBAIS or social insurance facility to obtain a method of pregnancy prevention.

Students were asked where they can obtain a method of pregnancy prevention. Three-quarters of students indicated a pharmacy as a source, and approximately half of students said methods could be obtained at an EBAIS, and 21 percent at a social insurance facility. Thirty-seven percent of students said there was another source of methods than those in the provided list.

Table 5.4 Knowledge about pregnancy

Characteristic	Response	Weighted		
		N	%	Weighted SE
Believes that:	The man and woman should share the packet of contraceptive pills	95	7.3	1.3
	The woman should only take contraceptive pills on days she is going to have sex	126	10.9	2
	Contraceptive pills do not protect against HIV and STIs	404	42.3	2.9
	Contraceptive pills prevent 100% of pregnancies	232	23.9	3.1
	Women should see a doctor before taking contraceptive pills for the first time	725	84.5	2.5
Knows where to obtain a method of pregnancy prevention	No	284	36.9	3.5
	Yes	597	58.9	3.3
	No response	43	4.3	1
Believes pregnancy prevention methods can be obtained from:	Friend	102	14.3	2.8
	Pharmacy	469	74.9	3
	EBAIS	323	48.1	5.1
	Family member	26	5.2	1.6
	Social insurance facility	136	21.1	2.8
	Other location	208	36.9	4.2
	No response	26	4	1.4
Ever gone to an EBAIS or social insurance facility to obtain methods of protection or pregnancy prevention	No	818	91.4	2.2
	Yes	81	6.3	1.8
	No response	25	2.3	0.9

CHAPTER 6 HEALTH ATTITUDES

6.1 Attitudes about sexual activity

6.1.1 Perception of peers who have sex

Students were asked about their attitudes on the sexual behaviors of their peers; results are presented in Table 6.1. Approximately half of students report that most people their age are sexually active, though 38 percent do not know if most students were sexually active. A similar proportion of students disagree that girls are more popular if they have sexual relations (81) as disagree that boys are more popular if they have sexual relations (78 percent).

Fifty-one percent of students agree that it is easier for women to be faithful to their partner than men. A similar proportion (46 percent) disagree with that statement.

6.1.2 Peer and familial approval of having sex

Students were asked what they anticipated of the attitudes of their mother, father, and friends if they were to be sexually active (Table 6.1). Eighty-five percent of students anticipate their mother would not approve, 78 percent anticipate their father would not approve, but only 29 percent of students think their friends would disapprove.

Table 6.1 Attitudes about sex

Attitudes about:	Response	Weighted		
		N	%	SE
Girls are more popular if they have sexual relations	Strongly agree	46	6.6	1.5
	Agree	117	10.5	2.3
	Disagree	413	44.6	2
	Strongly disagree	335	36	2.9
	No response	13	2.3	1.5
Boys are more popular if they have sexual relations	Strongly agree	60	8	1.4
	Agree	137	12.3	2.2
	Disagree	412	47.5	2.6
	Strongly disagree	297	30.6	2.4
	No response	18	1.7	0.8
Do most people your age have sexual relations?	Yes	430	46.6	5.1
	No	154	14.4	2.4
	Not sure	326	37.5	4
	No response	14	1.6	0.8
It is easier for women to be faithful to their partner than men	Strongly agree	202	19.5	2.2
	Agree	293	31.6	2.4
	Disagree	293	33.7	2.7
	Strongly disagree	117	12.3	2.1
	No response	19	2.8	1
If you had intercourse right now, would your mom approve?	Definitely no	481	49.8	5.1
	Probably no	329	35.3	1.9
	Probably yes	64	9.6	3.4
	Definitely yes	22	1.3	0.5
	No response	28	4	1.2
If you had intercourse right now, would your dad approve?	Definitely no	478	50.6	4.4
	Probably no	275	27.5	2.9
	Probably yes	100	9.3	1.4
	Definitely yes	29	6.8	3.5
	No response	42	5.8	1.5
If you had intercourse right now, would your friends approve?	Definitely no	181	18.6	3.5
	Probably no	260	28.5	3.7
	Probably yes	336	32.1	2.3
	Definitely yes	107	15.1	3.9
	No response	40	5.7	1.9

6.2 Attitudes about condoms

6.2.1 Attitudes about personal use of condoms

Plans to use condoms and attitudes about purchasing condoms are presented in Table 6.2. Among all students, more than three-quarters reported that they are somewhat or very likely to use a condom the next time they have sex. Three percent of students would only use a condom if their partner asks them to. Fifteen percent of students do not know the chances of using a condom.

Students were asked if they would be uncomfortable asking for condoms at a pharmacy or commercial store. Most students (70 percent) agree with that sentiment. Only 10 percent strongly disagree.

6.2.2 Perception of peers who carry condoms

Students were asked how much they agree with the statement that people who carry condoms have sex with many people (Table 6.2). One-third of students agree with this statement. Approximately one-quarter of students agree that people should use condoms only with people they do not know very well.

6.2.3 Attitudes on the likelihood of contracting an STI or becoming pregnant

The perceived chances of becoming pregnant and contracting an STI are presented in Table 6.2. One-quarter of students think there was no chance of them getting a disease from sexual activity. Sixty-three percent of students believe it to be somewhat likely and 11 percent think it is very likely.

Forty-one percent of students think it is not possible that they will become pregnant or get a girl pregnant before the age 18 years. Forty-five percent believe it to be somewhat likely, and 11 percent think it is very likely.

Table 6.2 Attitudes about condoms and pregnancy prevention

Attitudes about:	Response	N	Weighted	Weighted
			%	SE
The next time you have sex, what are the chances that you use a condom?	Very likely	591	67.3	2.7
	Somewhat likely	113	11.8	2.4
	Not very likely	20	1.5	0.6
	Only if my partner asks me to	27	2.5	0.8
	Don't know	153	14.7	1.6
	No response	20	2.1	0.8
People your age who carry condoms have intercourse with many people	Strongly agree	89	7.9	1.3
	Agree	246	25	2.1
	Disagree	417	49.6	2.5
	Strongly disagree	148	13.1	2.2
	No response	24	4.3	2.1
People should use condoms only with partners they do not know very well	Strongly agree	88	13.7	3.2
	Agree	120	9.7	1.4
	Disagree	405	40.5	3.3
	Strongly disagree	298	33.6	4.6
	No response	13	2.5	1.3
It's uncomfortable to ask for condoms at a pharmacy or commercial establishment (store, supermarket, etc.)	Strongly agree	297	37.8	2.7
	Agree	341	31.9	2.5
	Disagree	173	14.3	1.5
	Strongly disagree	76	9.6	2.1
	No response	37	6.3	1.7
What do you think the chances are that you will get a disease that you can get from having sex?	No possibility	179	23.7	3
	It may happen	606	62.9	2.7
	Very likely to happen	114	10.5	2.4
	No response	25	2.9	1.1
What do you think the chances are that you will get pregnant or get a girl pregnant before you are 18?	No possibility	288	40.8	4.9
	It may happen	504	44.7	4
	Very likely to happen	109	10.5	2.7
	No response	23	3.9	1.3

6.3 Sexual decision-making

Students were asked to pretend they were alone with someone they really liked, and then asked the likelihood of situations involving sexual activity decision-making. Results are presented in Table 6.3.

Most students believe they could stop their partner if they wanted to have sex (81 percent). A smaller majority think they could stop themselves from having sex if their partner threatened to break up with them unless they did (69 percent). When asked if they could stop from having sex if they had been drinking alcohol, 26 percent of students reported definitely yes, 35 percent probably yes, and 24 percent probably no. A large majority of students believe that if they decided to have sex, they could tell the other person they wanted to use a condom (92 percent).

Table 6.3 Attitudes about sexual decision-making

If you were alone with someone you really liked...	Response	Weighted		
		N	%	Weighted SE
Could you stop them if they wanted to have sex with you?	Definitely yes	384	48.5	6
	Probably yes	335	32.4	4
	Probably no	112	10.2	2
	Definitely no	73	6.7	1.3
	No response	20	2.2	0.7
Could you stop yourself from having sex if the person said they would break up with you unless you had sex with them?	Definitely yes	370	45	3.5
	Probably yes	250	24.4	4.1
	Probably no	169	17.4	2.9
	Definitely no	116	11.2	1.7
	No response	19	2.1	0.8
Could you stop yourself from having sex if you had been drinking alcohol?	Definitely yes	201	26.2	3.5
	Probably yes	294	35.1	3.1
	Probably no	263	23.8	2.7
	Definitely no	139	10.5	2.1
	No response	27	4.4	1.6
If you decided to have sex, could you tell the other person you wanted to use a condom?	Definitely yes	575	68.1	3.4
	Probably yes	253	23.5	2
	Probably no	43	3.5	1.1
	Definitely no	36	2.7	0.7
	No response	17	2.2	1

CHAPTER 7 SEXUAL ACTIVITY

Students were asked about their sexual activity. Lifetime sexual behaviors and recent sexual practices are important indicators of sexual health. This includes history of forced sexual activity.

7.1 Lifetime and recent sexual behaviors

Students were asked if they had ever had sexual relations and about their recent sexual behaviors; results are presented in Table 7.1a. One-quarter of students reported that they had ever had sexual relations. Half of these students were age 15 or 16 years at first sexual encounter. Thirty percent were age 13 or 14 years. One-third of sexually active respondents had one lifetime sexual partner. Another third had two lifetime sexual partners. Seven percent of students who have had sex have had six or more sexual partners.

Forty percent of respondents who had ever had sex reported no sexual partners during the past three months. Thirty-nine percent had one sexual partner in the past three months, and 12 percent had two sexual partners during this time. At the most recent sexual encounter, 9 percent of students used alcohol or drugs beforehand.

Table 7.1b presents the proportion of students of each age and sex that reported being sexually active (one or more partners) during the past three months. Both sexes see higher proportions of sexually active students at older ages, though there is some variation. It is important to note that the oldest and youngest age groups have small sample sizes.

Table 7.1a Lifetime and recent sexual behaviors

Characteristic	Response	Weighted		
		N	%	SE
Ever had sexual relations	Yes	241	25.5	5.2
	No	670	73.4	5.1
	No response	13	1.2	0.5
Age at time of first sexual relations, among those who are sexually active ^a	8-10 years	7	2.4	1.3
	11-12 years	21	7.9	1.7
	13-14 years	86	29.6	7.1
	15-16 years	105	49.9	8.1
	17-18 years	18	5.4	1.4
	18 or more years	1	0.1	0.1
	No response	16	4.7	2.3
Number of lifetime sexual partners ^a	1 person	96	32.7	5.4
	2 people	68	33.1	9.6
	3 people	29	9.8	4.6
	4 people	20	6.2	2.8
	5 people	14	6.5	2.1
	6 or more people	12	7.2	2.2
	No response	15	4.5	2.2
Number of sexual partners in the past 3 months ^a	No sexual relations in the past 3 months	75	40.4	12
	1 person	123	38.5	7.5
	2 people	25	12.3	5.2
	3 people	4	1.1	0.7
	4 people	2	0.5	0.4
	5 people	5	0.7	0.5
	6 or more people	3	1.8	1.2
No response	17	4.8	2.3	
Use of alcohol or drugs before most recent sexual intercourse ^a	Yes	26	8.8	4.5
	No	210	85.9	5.6
	No response	18	5.3	2.6

^aAmong students who reported ever having sexual relations

Table 7.1b Lifetime and recent sexual behaviors

Age	Gender	N	Weighted	
			%	SE
12 years	Male	11	0	
	Female	16	0	
13 years	Male	70	2.2	1.6
	Female	77	5.2	2.9
14 years	Male	62	8.1	3.7
	Female	90	3.9	2.9
15 years	Male	61	4.1	2.2
	Female	114	10.4	3.9
16 years	Male	79	15.8	9.2
	Female	140	22.8	7
17 years	Male	61	36.7	7.1
	Female	92	52	9.2
18 years	Male	10	76.9	10.8
	Female	13	30.2	19.7
19 years	Male	3	0	
	Female	3	23.1	27.2
20 and older	Male	3	56.2	49.2
	Female	1	0	

7.2 Methods for pregnancy prevention

Students who reported ever having sexual relations were asked about the contraceptive and STI prevention methods used during their most recent sexual encounter (Table 7.2). Approximately half of students used a condom during the most recent sexual intercourse; 45 percent did not use a condom. In order to prevent pregnancy, 59 percent of students reported using condoms. Eleven percent of students prevented pregnancy with ejaculation outside the vagina. Thirteen percent of students did not use a method to prevent pregnancy.

Table 7.2 Recent methods used to prevent pregnancy and STIs, among students who have ever had sexual relations

Characteristic	Response	Weighted		
		N	%	SE
Used a condom during most recent sexual intercourse	Yes	146	50.6	6
	No	93	44.7	7.1
	No response	15	4.7	2.3
Type of method used to prevent pregnancy during most recent sexual intercourse	Used no method	40	13	2.8
	Contraceptive pills	21	7.1	2.3
	Condoms	128	59.4	9.3
	IUD or implant	0	0	
	Injection, patch, or vaginal ring	12	2.7	1.3
	Ejaculation outside the vagina	29	10.7	4.2
	Other	3	1.2	0.8
	Not sure	2	0.2	0.2
No response	19	5.7	2.6	

7.3 Forced sexual activity

History of forced sexual activity was ascertained for all students (Table 7.3). Among students who reported ever having sexual relations, 4 percent have been forced to have sexual relations. Considering all students, 4 percent of students were forced to have sexual interactions by someone they were dating during the past 12 months. Approximately 40 percent of students did not date during the past year.

Table 7.3 Forced sexual activity

Characteristic	Response	Weighted		
		N	%	SE
Ever been physically forced to have sexual relations*	Yes	16	3.9	2
	No	221	91.9	3.3
	No response	17	4.2	2.1
In the past 12 months, how often did the person you were dating force you to have sexual interactions that you did not want? (Including kissing, touching, or being physically forced to have oral sex or sexual intercourse)	0 times	438	47	3.9
	1 time	25	1.7	0.6
	2 or 3 times	13	1.9	0.7
	4 or 5 times	7	0.4	0.2
	6 or more times	2	0.1	0.1
	Did not date during the past 12 months	351	38.8	2.8
	No response	88	10	3.2

*Among students who reported ever having sexual relations

CHAPTER 8 EBAIS VISITS

Students were asked about their use of EBAIS and social insurance health facilities. In addition to the type of care received, indicators of quality of care were also captured. Seventy-one percent of students had ever visited this type of clinic. If the student had visited an EBAIS or social insurance facility, they were asked a series of questions about the care they received, as illustrated in the following sections.

Table 8 Any visits to EBAIS or social insurance facility

		N	Weighted %	Weighted SE
Ever visited an EBAIS or clinic	Yes	656	70.5	6.3
	No	258	28.6	6.5
	No response	10	0.9	0.3

8.1 Counseling Received at EBIAS

Students were asked if they had received counseling on reproductive health and sexuality ever at a facility, during the past year at a facility, and at their last visit to a facility (Table 8.1). While 46 percent of students have ever received counseling on reproductive health and sexuality, 36 percent received this type of counseling in the past year, and only 22 percent received it in the most recent visit.

Table 8.1 Counseling on reproductive health and sexuality, among students who reported attending an EBAIS or social insurance facility

Characteristic	Response	Weighted		
		N	%	SE
Ever received counseling on reproductive health and sexuality at a visit	Yes	299	45.8	3.6
	No	344	52.8	3.5
	No response	13	1.5	0.6
In the past year, received counseling on reproductive health and sexuality at a visit	Yes	224	35.8	3.8
	No	421	62.7	3.6
	No response	11	1.6	0.5
At the last visit, received counseling on reproductive health and sexuality	Yes	142	21.8	2.4
	Not sure	83	9.6	1.6
	No	418	67.2	2.5
	No response	13	1.4	0.6

8.2 Characteristics of Most Recent EBAIS Visit

8.2.1 Timing of Visit and Attendants at Visit

Students were asked about some characteristics of their most recent health facility visit, including the timing of visits and whether care was received (Table 8.1.2a). Most students who have attended visits at an EBAIS or social insurance facility visited most recently during the past month (31 percent) or six months (32 percent). Ninety-five percent of students were attended to at this visit.

Table 8.2.1a Timing of most recent visit and care received, among students who reported attending an EBAIS or social insurance facility

Characteristic	Response	N	Weighted	Weighted
			%	SE
Timing of most recent visit	Past week	43	6.2	1.6
	Past 2 weeks	45	7.2	1.3
	Past month	156	30.5	2.8
	Past 6 months	220	32.2	2.6
	Past year	105	11.1	1.7
	More than 1 year ago	77	11.4	2.1
	No response	10	1.4	0.5
Was attended to	Yes	626	95.3	1.5
	No	19	3.4	1.3
	No response	11	1.3	0.6

Students were also asked who accompanied them to the health facility at the most recent visit (Table 8.2.1b). Most students went with their mother (73 percent). A similar proportion of students were accompanied by each of their father, brother or sister, or another family member (approximately 12 percent each). There was no option for students to indicate that they went to the facility alone, so this could not be captured.

Table 8.2.1b People who accompanied the student to the facility, among students who reported attending an EBAIS or social insurance facility

Characteristic	Response	N	Weighted	Weighted
			%	SE
Mother	Yes	460	72.5	3.5
	No	196	27.5	3.5
Father	Yes	79	12.6	3.1
	No	577	87.4	3.1
Brother or sister	Yes	70	12.4	1.7
	No	586	87.6	1.7
Another family member	Yes	82	12.9	2.7
	No	574	87.1	2.7
A friend	Yes	26	3.1	0.8
	No	630	96.9	0.8
Other	Yes	37	3.9	0.9
	No	619	96.1	0.9
Boyfriend/girlfriend or partner	Yes	19	3	1.6
	No	637	97	1.6
No response	Yes	13	1.2	0.5
	No	643	98.8	0.5

8.2.2 Family planning services

The survey sought to capture interest in and receipt of reproductive health services at EBAIS facilities.

Students reported whether they asked about or received methods to prevent pregnancy, what methods were received, and reasons for not receiving methods at the most recent visit (Table 8.2.2a). Nine percent of students asked about methods to prevent pregnancy and slightly less than 9 percent received methods to prevent pregnancy at this visit.

Among those students who received a method, most received contraceptive pills (44 percent) or condoms (29 percent). Among the students who reported not receiving a method of pregnancy prevention at the last visit, most said the reason was one other than those on the provided list (55 percent). Twenty percent of students said they did not receive a method because it was not present on-site.

Table 8.2.2a Receipt of family planning services, among students who reported attending an EBAS or social insurance facility

Characteristic	Response	N	Weighted	
			%	SE
Asked about methods to prevent pregnancy	Yes	69	9.1	2.4
	No	571	89.1	2.7
	No response	16	1.8	0.8
Received methods to prevent pregnancy	Yes	71	8.8	2.2
	No	566	88.2	2.4
	No response	19	3	0.9
Type of methods received, among those who reported receiving a method				
Did not receive methods	Yes	8	10.7	6.3
	No	63	89.3	6.3
Condoms	Yes	24	28.8	7.4
	No	47	71.2	7.4
Contraceptive pills	Yes	29	43.6	11.3
	No	42	56.4	11.3
IUD or implant	Yes	0	0	
	No	71	100	
Injection, patch, or vaginal ring	Yes	8	6.6	2.9
	No	63	93.4	2.9
No response	Yes	7	16	10.6
	No	64	84	10.6
Reasons for not receiving a method, among those who reported not receiving a method				
They did not have method on-site	Yes	128	20.4	2.8
	No	438	79.6	2.8
Not given because the student was not accompanied by an adult	Yes	29	4.7	1.2
	No	537	95.3	1.2
Other	Yes	314	55	4.9
	No	252	45	4.9
No response	Yes	96	20	3.7
	No	470	80	3.7

Among the students that asked about methods to prevent pregnancy, older students were more likely to have received family planning services (Table 8.2.2b). There is variation between age groups; nearly all students age 17 years and older received methods.

Table 8.2.2b Receipt of family planning services, among students who reported attending an EBAIS or social insurance facility and asking about methods to prevent pregnancy, by age in years

Age	Response	N	Weighted	
			%	SE
13 years	Yes	2	75.5	29.1
	No	1	24.5	29.1
	No response	0	0	
14 years	Yes	7	44.4	17.7
	No	4	39.5	23.3
	No response	2	16.1	11.5
15 years	Yes	9	93.3	6.1
	No	1	6.7	6.1
	No response	0	0	
16 years	Yes	6	49	16.6
	No	6	51	16.6
	No response	0	0	
17 years	Yes	22	96.3	3.3
	No	2	3.7	3.3
	No response	0	0	
18 years	Yes	5	100	
	No	0	0	
	No response	0	0	
19 years	Yes	2	100	
	No	0	0	
	No response	0	0	

8.3 Quality of Care at Most Recent EBAIS Visit

Students were asked about the quality of care that they received at their most recent visit to an EBAIS or social insurance facility. These questions included information about wait time, time with caregivers, quality of testing, respectful treatment, and overall quality.

8.3.1 Wait time at most recent visit

Regarding their most recent visit to a facility, students were asked about the amount of time to wait for an appointment and wait for care (Table 8.3.1). Thirty-nine percent of students said they got an appointment without waiting too long, though 16 percent did not know if they waited too long. Thirty-two percent of students waited less than 3 hours between making an appointment and being treated. Less than 5 percent of students waited one day or more between making an appointment and being treated. Regarding wait time to receive care, approximately one-quarter of students waited less than one hour. One-quarter of students waited two hours or more to receive care. Fourteen percent of

students did not know how long they waited, and 31 percent of students did not provide a response.

Table 8.3.1 Quality of care: wait time, among students who reported attending an EB AIS or social insurance facility

Characteristic	Response	N	Weighted %	Weighted SE
Got an appointment without waiting too long	Yes	272	39	3.8
	No	274	43.4	3.9
	Don't know	98	16.4	3
	No response	12	1.3	0.6
Wait time between making an appointment and being treated	0-<3 hours	222	32.4	2.6
	3-<6 hours	210	31.7	2.8
	6-<24 hours	9	1.5	1
	24 or more hours	27	4	1.3
	Could not get an appointment	120	17.2	3.2
	Don't know	48	8.8	2.3
	No response	20	4.5	2.2
Wait time to receive care	0-<30 minutes	170	22.7	3
	30-<60 minutes	36	5.5	1.5
	60-<120 minutes	22	2.1	0.5
	120 or more minutes	140	25.1	3.4
	Don't know	83	13.6	2.6
	No response	205	30.9	3.6

8.3.2 Satisfaction with care

Tables 8.3.2a and 8.3.2b present students perceived quality of care at most recent visit. Sixty-three percent of students received attention that was satisfactory and 19 percent received care that was unsatisfactory. Seventy percent of students believe their care was adequate, and 48 percent perceived the health staff to be concerned about patient health concerns. Enough time was given to 56 percent of students, according to their recall. Fifty-either percent of students believe the health staff ensured that the student understood what was said about care and treatment.

Table 8.3.2a Satisfaction with care at most recent visit, among students who reported attending an EBAIS or social insurance facility

Characteristic	Response	Weighted		
		N	%	SE
Satisfaction with care received	Received no attention	32	3.7	1.2
	Received attention, but it was unsatisfactory	146	18.6	2.6
	Was indifferent	62	10.8	1.9
	Received attention, and it was satisfactory	389	62.5	3
	No response	27	4.5	1.6
Care received was correct and adequate	Yes	434	69.7	2.8
	No	73	10.8	2
	Did not receive care	5	0.3	0.2
	Don't know	132	18	2.7
	No response	12	1.3	0.7
Health staff was interested in student's concerns about health issues	Yes	312	47.9	3.2
	No	137	23.2	3.8
	Did not receive care	7	1	0.5
	Don't know	190	26.8	4
	No response	10	1.2	0.5
Health staff dedicated enough time	Yes	370	55.8	3.1
	No	138	23.1	3.1
	Did not receive care	5	0.7	0.5
	Don't know	135	19.2	2.8
	No response	8	1.2	0.6
Health staff ensured the student understood what was said about health or treatment	Yes	358	57.5	3.4
	No	136	19.4	2.8
	Did not receive care	7	1.4	0.6
	Don't know	144	20.5	3.1
	No response	11	1.2	0.6

Students were asked if they agreed the most advanced analysis and treatments were used, though only half of students provided a response. Approximately 30 percent of students said that they did not receive the most advanced treatment at their appointment.

Forty-one percent of students believe the health staff covered all necessary aspects of care, and 23 percent did not. Approximately half of students said they were usually or always treated with respect by the receptionist or secretary at the facility.

When asked to rate their care received from 1 (worst) to 10 (best), approximately 6 percent of students rated care less than a 5. Thirty-seven percent rated care a score of 5-7, and 39 percent rated care a score of 8-10. Fifteen percent of students did not know what their rating of care would be.

Table 8.3.2b Satisfaction with care at most recent visit, among students who reported attending an EBAIS or social insurance facility

Characteristic	Response	N	Weighted	Weighted
			%	SE
The most advanced analysis and treatments were used	Yes	130	21.6	1.9
	No	195	29	3.3
	Did not receive care	11	1.8	0.8
	Don't know	308	46.2	3.6
	No response	12	1.5	0.7
Health staff's attention covered all necessary aspects	Yes	270	40.9	3.3
	No	135	23.2	2.7
	Did not receive care	8	2.1	1.1
	Don't know	232	32.6	3.6
	No response	11	1.3	0.6
Treated with respect by the receptionist or secretary	Never	32	4.6	1.1
	Sometimes	152	24.9	3.5
	Usually	143	22.6	3.4
	Always	193	28.5	2.9
	Don't know	125	18.1	2.6
	No response	11	1.3	0.6
Overall rating of care from 1=worst to 10=best	1	14	1.6	0.5
	2	7	0.9	0.4
	3	8	0.8	0.5
	4	16	3.1	1
	5	75	13.2	2.3
	6	55	9.3	1.8
	7	99	14.1	2.4
	8	139	18.8	2.3
	9	53	6.8	1.4
	10	62	13	3.1
	Don't know	101	15.1	3.3
	No response	27	3.3	0.7

Appendix A: SM2015 School Survey Performance Indicators

Table A SM2015 – Costa Rica School Survey Indicators

Indicator	N	%	CI lower	CI upper
Knowledge of contraceptive method availability at EBAIS or social security facility	881	35.4%	25.9%	44.9%
Receiving counseling on sexual and reproductive health (in last visit to EBAIS)	560	24.5%	19.2%	29.8%
Correct identification of 4 STI symptoms ^a	912	12.2%	8.2%	16.1%
Correct identification of methods to reduce the risk of STIs ^b	909	22.4%	16.3%	28.4%
Knowledge of proper use of modern contraceptive methods (condoms and pills) ^c	896	4.8%	2.4%	7.2%
Receiving contraceptive methods in EBAIS, among students who requested contraceptive methods	67	75.0%	47.4%	100.0%
Satisfaction with care received in EBAIS ^d	528	64.5%	56.8%	72.2%
Use of modern contraceptive methods by adolescent or your partner (condom, pill, IUD, implant, injection, patch, or vaginal ring) ^e	162	74.0%	58.8%	89.2%

^aResponses of "true" to the following statements of STI symptoms: vaginal secretion, urethral discharge, sores or ulcers on the genitals, pain and swelling of the glands near the groin.

^bResponses of "true" to the following statements of risk reduction methods: always using condoms, abstaining from sexual activity, having one mutually monogamous partner for long periods of time.

^cResponses of "true" to the following statements of contraceptive methods: condom should be put on before the penis touches any part of the rectum or vagina or mouth, contraceptive pills do not protect women from HIV/AIDS and other STIs, a woman should see a doctor before taking contraceptive pills the first time; and responses of "false" to the following statements: condom should be put on immediately before ejaculation, condom should be put on before erection, condom should only be used if ejaculation will occur, contraceptive pills protect women from HIV/AIDS and other STIs, condoms should be washed thoroughly before being used again, the condom should only cover the top half of the penis, men and women should share the package of birth control pills, women should only take contraceptive pills on the days they are going to have intercourse, contraceptive pills prevent pregnancy 100% of the time.

^dSelf-reported rating of care of 7 or higher on the scale of 1 (worst) to 10 (best). An alternative definition for this indicator using an index of multiple care components is presented in Appendix B.

^eUse of a condom, contraceptive pill, IUD, implant, injection, path, or vaginal ring to prevent pregnancy the last time they had sex.

Appendix B: Alternative Definition for Indicator 7: Satisfaction with Care

B.1 Summary of satisfaction components

There were proposed to be 11 components as part of the satisfaction with care indicator. The items marked with an asterisk (*) include a response that care was not received. This response was treated as a zero (failure of the indicator component). Results were similar when treating lack of care as missing.

1. Was it easy to get an appointment without waiting too long?
2. Do you think consultation time was enough?
3. Do you think the care you received was correct and proper? *
4. Do you think the staff really cared about health concerns and health issues? *
5. Do you think the health staff gave you enough time? *
6. Do you think the health personnel ensured that you understand what they said about your health or treatment? *
7. Were the most advanced treatments and analysis used? *
8. Do you think the staff's attention covered all necessary aspects? *
9. Amount of time waited to receive care – *Note: the cutoff of 1 hour was used.*
10. Respectful treatment by receptionist or secretary – *Note: responses of "usually" and "always" were considered passing; responses of "never" or "sometimes" were considered failure.*
11. Wait time between making an appointment and receiving treatment – *Note: this item was removed from the indicator because the distribution of responses indicated that many students were seen immediately.*

The total sample was restricted to only students that had visited an EBAIS, and who had provided valid responses to all 10 questions. **This results in N=145**, from an original sample of 656 children that had visited an EBAIS. A comparison of responses between overall and restricted samples is presented in Table B.1. Chrombach's alpha for these ten variables is >0.8.

Table B.1 Summary of responses to ten categories of satisfaction with care

Question	Among students who attended an EBAIS, with a valid response for <u>line-item question</u>		Among students who attended an EBAIS, with a valid response for <u>all questions</u>	
	N	Weighted %	N	Weighted %
Was it easy to get an appointment without waiting too long?	546	47.3%	145	54.2%
Do you think consultation time was enough?	508	78.2%	145	79.9%
Do you think the care you received was correct and proper?	512	86.3%	145	79.7%
Do you think the staff really cared about health concerns and health issues?	456	66.5%	145	63.3%
Do you think the health staff gave you enough time?	513	70.1%	145	69.2%
Do you think the health personnel ensured that you understand what they said about your health or treatment?	501	73.4%	145	69.8%
Were the most advanced treatments and analysis used?	336	41.2%	145	48.9%
Do you think the staff's attention covered all necessary aspects?	413	61.8%	145	55.9%
Amount of time waited to receive care (1 hour or less)	429	28.6%	145	18.8%
Respectful treatment by receptionist or secretary (usually or always)	520	63.4%	145	56.6%
Overall	145	5.3%	145	5.3%

B.2 Index score

With these 10 total components of the indicator, we compiled an index score ranging from values 0-10. Each question had an equal weight of 1. The distribution of scores is presented in Table B.2.1.

Table B.2.1 Distribution of index scores of satisfaction

Score	N	Weighted %
0	11	3.8%
1	9	1.8%
2	6	7.5%
3	5	5.8%
4	6	9.0%
5	13	18.1%
6	8	6.4%
7	22	7.8%
8	31	20.8%
9	23	13.6%
10	11	5.3%

A cutoff was set at the value 7; if an individual's score was greater than or equal to 7, then the overall indicator was valued at 1. Scores of less than 7 were given an indicator value of 0. We can compare this to the original definition of the indicator (a self-reported rating of 8 or more for overall satisfaction with care), as presented in Table B.2.2.

Table B.2.2 Distribution of index scores as compared to original definition of satisfaction

		New definition (score of 7 or more from index scale)		
		Yes	No	Total
Original indicator definition	Yes	59 (37.1%)	9 (6.9%)	68 (44.0%)
	No	17 (6.9%)	47 (43.9%)	64 (50.8%)
	Missing	11 (3.6%)	2 (1.6%)	13 (5.2%)
	Total	87 (47.6%)	58 (52.4%)	145 (100%)
<i>All cells are N (weighted %)</i>				

In summary, the value of the indicator using a single question to rate the satisfaction with care for the whole sample was 49.5% (the value presented in the indicator matrix). Calculating this indicator based on the index of satisfaction questions, only for the subsample of individuals who answered all these questions, goes to 47.6%.

B.3 Factor score

Factor analysis was also used, but since the results are similar to those of the index score with equally-weighted components, the results are not presented. The correlation between the index scores and the factor scores is 0.97.