

**Sexual Health Knowledge in Female Asylum Seekers Living in New York City:
A Single-Center, Cross-Sectional Study over One Year**

Appendix S1: Study Questionnaire

YOUR CORRECT ANSWERS ARE VERY IMPORTANT. PLEASE ANSWER EACH QUESTION
CAREFULLY AND HONESTLY.



SECTION 1: Personal Details

QID	Question	Answers
1.1	How old are you in years?	____ years old
1.2	Can you read, for example, a newspaper?	Yes / No
1.3	Have you ever attended school?	Yes / No
1.4	What is the highest level of schooling you completed?	<input type="checkbox"/> Primary School (US grades K-6) <input type="checkbox"/> Some High School (US grades 7-12) <input type="checkbox"/> High School (US grades 7-12) <input type="checkbox"/> Trade/Technical/Vocational <input type="checkbox"/> Commercial or Secretarial <input type="checkbox"/> Teacher Training College (TTC) <input type="checkbox"/> Some College/University <input type="checkbox"/> College/University <input type="checkbox"/> Postgraduate <input type="checkbox"/> Other: _____ (SPECIFY)
1.5	Are you currently attending regular school, college or university? Full-time or part-time?	<input type="checkbox"/> Yes, full-time <input type="checkbox"/> Yes, part-time <input type="checkbox"/> No
1.6	What is your religion?	<input type="checkbox"/> None <input type="checkbox"/> Catholic <input type="checkbox"/> Protestant <input type="checkbox"/> Muslim <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Other: _____ (SPECIFY)
1.7	How important is religion in your life?	<input type="checkbox"/> Very important <input type="checkbox"/> Important <input type="checkbox"/> Somewhat Important <input type="checkbox"/> Not important
1.8	What is your current marital status?	<input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Currently married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Other: _____ (SPECIFY)



1.9	What is your mother's level of education?	<input type="checkbox"/> No education <input type="checkbox"/> Primary school <input type="checkbox"/> Intermediate school <input type="checkbox"/> High school <input type="checkbox"/> University graduate <input type="checkbox"/> Other: _____ (SPECIFY)
1.10	What is your father's level of education?	<input type="checkbox"/> No education <input type="checkbox"/> Primary school <input type="checkbox"/> Intermediate school <input type="checkbox"/> High school <input type="checkbox"/> University graduate <input type="checkbox"/> Other: _____ (SPECIFY)
1.11	Do you have any children or are you currently pregnant?	<input type="checkbox"/> Yes (Go to the next question) <input type="checkbox"/> No (Go to 2.1)
1.12	At what age did you have your first child?	____ years old
1.13	Who assisted you during your pregnancy and childbirth?	<input type="checkbox"/> Doctor <input type="checkbox"/> Midwife <input type="checkbox"/> Family member <input type="checkbox"/> Other: _____ (SPECIFY)

SECTION 2: Communication with Parents

QID	Question	Answers
2.1:	How much did you learn from your mother or father about the following issues?	
A	The ways in which boys' and girls' bodies change during puberty?	<input type="checkbox"/> Nothing <input type="checkbox"/> Some <input type="checkbox"/> A lot
B	Menstruation (period; the time of the month when you have vaginal bleeding)	<input type="checkbox"/> Nothing <input type="checkbox"/> Some <input type="checkbox"/> A lot
C	The sexual and reproductive systems of men and women (men and women's sexual body parts)	<input type="checkbox"/> Nothing <input type="checkbox"/> Some <input type="checkbox"/> A lot
D	Contraception (the means by which one can prevent pregnancy)	<input type="checkbox"/> Nothing <input type="checkbox"/> Some <input type="checkbox"/> A lot



E	The sexual relationships between man and woman, man and man, or woman and woman	<input type="checkbox"/> Nothing <input type="checkbox"/> Some <input type="checkbox"/> A lot
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SECTION 3: Sexual & Reproductive Health Knowledge

QID	Question	Answers
3.1	Indicate whether you think the following statements are true or false, or that you don't know.	
A	A woman can get pregnant the very first time that she has sex.	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> Don't Know/Not Sure
B	Condoms are an effective method of protecting against HIV.	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> Don't Know/Not Sure
C	Condoms are an effective method of preventing pregnancy.	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> Don't Know/Not Sure
D	The oral pill is an effective method of preventing pregnancy.	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> Don't Know/Not Sure
E	Women can get pregnant through kissing or touching.	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> Don't Know/Not Sure
F	Withdrawal is an effective method of preventing pregnancy (when a man pulls his penis out of the vagina before ejaculation).	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> Don't Know/Not Sure
G	Within the menstrual cycle (your monthly cycle), there is a period of time when there is a high possibility of pregnancy.	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> Don't Know/Not Sure
3.2	Have you ever attended any sexual and reproductive health courses as part of compulsory or optional programs at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.3	Before or shortly after you menstruated (got your period) for the first time, did you speak to anybody about it?	<input type="checkbox"/> Yes (Go to the next question) <input type="checkbox"/> No (Go to 4.1)



3.4	<p>If yes, to whom did you speak? (Tick all that apply)</p>	<div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sister <input type="checkbox"/> Girlfriend <input type="checkbox"/> Close female relative (e.g. aunt) <input type="checkbox"/> Teacher <input type="checkbox"/> Nurse / Doctor <input type="checkbox"/> Other: _____ (SPECIFY) </div>
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SECTION 4: Sexuality, gender and norms

QID	Question	Answers
4.1	I believe it's all right for unmarried boys and girls to go on dates.	<input type="checkbox"/> Agree <input type="checkbox"/> Don't know/not sure <input type="checkbox"/> Disagree
4.2	I believe it's all right for boys and girls to kiss, hug, and touch each other.	<input type="checkbox"/> Agree <input type="checkbox"/> Don't know/not sure <input type="checkbox"/> Disagree
4.3	I believe there is nothing wrong with unmarried boys and girls having sexual intercourse if they love each other.	<input type="checkbox"/> Agree <input type="checkbox"/> Don't know/not sure <input type="checkbox"/> Disagree
4.4	I think that sometimes a boy has to force a girl to have sex if he loves her.	<input type="checkbox"/> Agree <input type="checkbox"/> Don't know/not sure <input type="checkbox"/> Disagree
4.5	A boy will not respect a girl who agrees to have sex with him.	<input type="checkbox"/> Agree <input type="checkbox"/> Don't know/not sure <input type="checkbox"/> Disagree
4.6	Most girls who have sex before marriage regret it afterwards.	<input type="checkbox"/> Agree <input type="checkbox"/> Don't know/not sure <input type="checkbox"/> Disagree
4.7	Most boys who have sex before marriage regret it afterwards.	<input type="checkbox"/> Agree <input type="checkbox"/> Don't know/not sure <input type="checkbox"/> Disagree
4.8	A boy and a girl should have sex before they become engaged to see whether they are suited to each other.	<input type="checkbox"/> Agree <input type="checkbox"/> Don't know/not sure <input type="checkbox"/> Disagree



4.9	I believe that girls should remain virgins until they marry.	<input type="checkbox"/> Agree <input type="checkbox"/> Don't know/not sure <input type="checkbox"/> Disagree
4.10	I believe that boys should remain virgins until they marry.	<input type="checkbox"/> Agree <input type="checkbox"/> Don't know/not sure <input type="checkbox"/> Disagree
4.11	It is sometimes justifiable for a boy to hit his girlfriend.	<input type="checkbox"/> Agree <input type="checkbox"/> Don't know/not sure <input type="checkbox"/> Disagree
4.12	Most of my friends think that one-time sexual encounters are OK.	<input type="checkbox"/> Agree <input type="checkbox"/> Don't know/not sure <input type="checkbox"/> Disagree
4.13	It's all right for boys and girls to have sex with each other provided that they use methods to stop pregnancy.	<input type="checkbox"/> Agree <input type="checkbox"/> Don't know/not sure <input type="checkbox"/> Disagree
4.14	Most of my friends who have sex with someone use condoms regularly.	<input type="checkbox"/> Agree <input type="checkbox"/> Don't know/not sure <input type="checkbox"/> Disagree
4.15	I am confident that I can insist on condom use every time I have sex.	<input type="checkbox"/> Agree <input type="checkbox"/> Don't know/not sure <input type="checkbox"/> Disagree
4.16	I would <u>never</u> contemplate having an abortion for myself.	<input type="checkbox"/> Agree <input type="checkbox"/> Don't know/not sure <input type="checkbox"/> Disagree
4.17	It is mainly the woman's responsibility to ensure that contraception (the means by which a pregnancy is prevented) is used regularly.	<input type="checkbox"/> Agree <input type="checkbox"/> Don't know/not sure <input type="checkbox"/> Disagree
4.18	I think that you should be in love with someone before having sex with them.	<input type="checkbox"/> Agree <input type="checkbox"/> Don't know/not sure <input type="checkbox"/> Disagree
4.19	I feel that I know how to use a condom properly.	<input type="checkbox"/> Agree <input type="checkbox"/> Don't know/not sure <input type="checkbox"/> Disagree
4.20	Most of my friends would <u>never</u> contemplate having an abortion for themselves or their partner.	<input type="checkbox"/> Agree <input type="checkbox"/> Don't know/not sure <input type="checkbox"/> Disagree
4.21	Men need sex more frequently than do women.	<input type="checkbox"/> Agree <input type="checkbox"/> Don't know/not sure <input type="checkbox"/> Disagree



4.22	Most of my friends believe that you should be in love before you have sex with someone.	<input type="checkbox"/> Agree <input type="checkbox"/> Don't know/not sure <input type="checkbox"/> Disagree
4.23	I would refuse to have sex with someone who is not prepared to use a condom.	<input type="checkbox"/> Agree <input type="checkbox"/> Don't know/not sure <input type="checkbox"/> Disagree
4.24	One-time sexual encounters are OK.	<input type="checkbox"/> Agree <input type="checkbox"/> Don't know/not sure <input type="checkbox"/> Disagree
4.25	How many of your friends have had sexual intercourse? Would you say most, some, a few, or none?	<input type="checkbox"/> Most <input type="checkbox"/> Some <input type="checkbox"/> A few <input type="checkbox"/> None <input type="checkbox"/> Not sure

SECTION 5: Contraception knowledge and usage

QID	Question	Answers
5.1	Which methods of contraception have you heard of or know?	
A	Condom	<input type="checkbox"/> Yes <input type="checkbox"/> No
B	Pill	<input type="checkbox"/> Yes <input type="checkbox"/> No
C	Intrauterine device (IUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
D	Hormonal implant	<input type="checkbox"/> Yes <input type="checkbox"/> No
E	Lactation amenorrhea method	<input type="checkbox"/> Yes <input type="checkbox"/> No
F	Injection	<input type="checkbox"/> Yes <input type="checkbox"/> No
G	Female sterilization (Tubal ligation)	<input type="checkbox"/> Yes <input type="checkbox"/> No
H	Male sterilization (Vasectomy)	<input type="checkbox"/> Yes <input type="checkbox"/> No



I	Diaphragm, Foam, Jelly, Suppository	<input type="checkbox"/> Yes <input type="checkbox"/> No
J	Rhythm or Calendar Method (tracking the time of the month when you are most likely to get pregnant)	<input type="checkbox"/> Yes <input type="checkbox"/> No
K	Withdrawal (when a man pulls his penis out of the vagina before ejaculation)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.2	People have different opinions about condoms. For each of the following opinions indicate whether you agree or disagree, or whether you don't know.	
A	Condoms are an effective method of preventing pregnancy.	<input type="checkbox"/> Agree <input type="checkbox"/> Don't know/ not sure <input type="checkbox"/> Disagree
B	Condoms can be used more than once.	<input type="checkbox"/> Agree <input type="checkbox"/> Don't know/ not sure <input type="checkbox"/> Disagree
C	A girl can suggest to her boyfriend that he use a condom.	<input type="checkbox"/> Agree <input type="checkbox"/> Don't know/ not sure <input type="checkbox"/> Disagree
D	A boy can suggest to his girlfriend that he use a condom.	<input type="checkbox"/> Agree <input type="checkbox"/> Don't know/ not sure <input type="checkbox"/> Disagree
E	Condoms are an effective way of protecting against HIV/AIDS.	<input type="checkbox"/> Agree <input type="checkbox"/> Don't know/ not sure <input type="checkbox"/> Disagree
F	Condoms are suitable for casual relationships.	<input type="checkbox"/> Agree <input type="checkbox"/> Don't know/ not sure <input type="checkbox"/> Disagree
G	Condoms are suitable for steady, loving relationships.	<input type="checkbox"/> Agree <input type="checkbox"/> Don't know/ not sure <input type="checkbox"/> Disagree
H	It would be too embarrassing for someone like me to buy or obtain condoms.	<input type="checkbox"/> Agree <input type="checkbox"/> Don't know/ not sure <input type="checkbox"/> Disagree
I	If a girl suggested using condoms to her partner, it would mean that she didn't trust him.	<input type="checkbox"/> Agree <input type="checkbox"/> Don't know/ not sure <input type="checkbox"/> Disagree
J	Condoms reduce sexual pleasure.	<input type="checkbox"/> Agree <input type="checkbox"/> Don't know/ not sure <input type="checkbox"/> Disagree



K	Condoms can slip off the man and disappear inside the woman's body.	<input type="checkbox"/> Agree <input type="checkbox"/> Don't know/ not sure <input type="checkbox"/> Disagree
L	If unmarried couples want to have sexual intercourse before marriage, they should use condoms.	<input type="checkbox"/> Agree <input type="checkbox"/> Don't know/ not sure <input type="checkbox"/> Disagree
M	Condoms are an effective way of protecting against sexually transmitted diseases.	<input type="checkbox"/> Agree <input type="checkbox"/> Don't know/ not sure <input type="checkbox"/> Disagree

SECTION 6: Sexually transmitted diseases and HIV knowledge

QID	Question	Answers
6.1	Which sexually transmitted diseases (STDs) have you heard of or know?	
A	Gonorrhea	<input type="checkbox"/> Yes <input type="checkbox"/> No
B	Syphilis	<input type="checkbox"/> Yes <input type="checkbox"/> No
C	Chlamydia	<input type="checkbox"/> Yes <input type="checkbox"/> No
D	HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No
E	Genital herpes / sore	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.2	Where did you hear about any of these sexually transmitted diseases and HIV? (Tick all that apply)	<input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Newspapers <input type="checkbox"/> Poster <input type="checkbox"/> Health Professional <input type="checkbox"/> Religious group <input type="checkbox"/> School <input type="checkbox"/> Friends <input type="checkbox"/> Clinic <input type="checkbox"/> Other: _____ (SPECIFY)



6.3	Which symptoms do you think someone with a sexually transmitted disease may have? (Tick all that apply)	<input type="checkbox"/> No symptoms <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Genital itching <input type="checkbox"/> Redness in the genitals <input type="checkbox"/> Genital lesions/sores <input type="checkbox"/> Pain <input type="checkbox"/> Burning sensation during urination <input type="checkbox"/> Discharge from penis <input type="checkbox"/> Vaginal discharge <input type="checkbox"/> Weight loss <input type="checkbox"/> Infertility <input type="checkbox"/> Don't know <input type="checkbox"/> Other: _____ (SPECIFY)
6.4	How do you think one can be infected with a sexually transmitted disease and HIV? (Tick all that apply)	<input type="checkbox"/> Sexual intercourse with sex worker <input type="checkbox"/> Sexual intercourse with many partners <input type="checkbox"/> Not using condom during intercourse <input type="checkbox"/> Blood transfusion <input type="checkbox"/> Sharing needles <input type="checkbox"/> Kissing <input type="checkbox"/> Using public toilet <input type="checkbox"/> Oral sex <input type="checkbox"/> Other: _____ (SPECIFY)
6.5	Is there anything that a person can do in order to avoid sexually transmitted diseases and HIV?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
6.6	Can a person get the HIV virus from mosquito bites?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
6.8	Can a person get HIV from shaking hands or hugging?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
6.9	Can people get the HIV virus by sharing food with a person who has HIV?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
6.10	Do you think HIV is curable?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
6.11	Does a person with HIV always looks emaciated or unhealthy in some way?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know



6.12	Can people take a simple test to find out whether they have HIV?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
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SECTION 7: Information-seeking behavior and needs

QID	Question	Answers
7.1	Have you ever talked with anybody about sexual and reproductive health?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.2	Who are the people you most often talk with about sexual and reproductive health matters? (Tick all that apply)	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sister/brother <input type="checkbox"/> Spouse <input type="checkbox"/> Teacher <input type="checkbox"/> Religious teacher <input type="checkbox"/> Friends <input type="checkbox"/> Other relatives <input type="checkbox"/> Doctor <input type="checkbox"/> Pharmacist <input type="checkbox"/> Nurse <input type="checkbox"/> Other: _____ (SPECIFY)
7.3	Do you think it is easy to obtain information on sexual and reproductive health?	<input type="checkbox"/> Yes (Go to 7.5) <input type="checkbox"/> No (Go to the next question)
7.4	If No, why is it not easy?	<input type="checkbox"/> Don't know where to obtain information <input type="checkbox"/> Parents disapprove <input type="checkbox"/> No services available <input type="checkbox"/> Services providers disapprove <input type="checkbox"/> I feel shy <input type="checkbox"/> Other: _____ (SPECIFY)
7.5	If you had a problem or questions about sexual and reproductive health, where would you go for help? (Tick all that apply)	<input type="checkbox"/> Clinic/hospital <input type="checkbox"/> Qualified doctor <input type="checkbox"/> Spouse <input type="checkbox"/> Parents <input type="checkbox"/> Traditional healer <input type="checkbox"/> Friends <input type="checkbox"/> Teachers <input type="checkbox"/> Other: _____ (SPECIFY)
7.6	Would you like to attend any courses on sexual and reproductive health?	<input type="checkbox"/> Yes <input type="checkbox"/> No



7.7	In your opinion, which of the reproductive and sexual health services listed here should be provided to women?	<input type="checkbox"/> Information or classes on reproductive and sexual health matters. <input type="checkbox"/> Clinics for sexual and reproductive health problems. <input type="checkbox"/> Contraceptives and instruction for use. <input type="checkbox"/> Treatment and information on sexually transmitted diseases. <input type="checkbox"/> Ante-natal and post -natal classes. <input type="checkbox"/> Classes on sexual relationships and premarital preparation
7.8	Do you use the internet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.9	What kind of information on the internet would you want to know regarding your sexual and reproductive health? (Tick all that apply)	<input type="checkbox"/> Sexual intercourse <input type="checkbox"/> Genital hygiene <input type="checkbox"/> Contraception <input type="checkbox"/> Pregnancy and delivery <input type="checkbox"/> Sexual problems <input type="checkbox"/> Sexually transmitted diseases <input type="checkbox"/> Virginity <input type="checkbox"/> Other: _____ (SPECIFY)
7.10	Do you consider the information on the internet to be reliable?	<input type="checkbox"/> Reliable <input type="checkbox"/> Unreliable <input type="checkbox"/> Uncertain

**PLEASE PLACE THE QUESTIONNAIRE IN THE ENVELOPE
PROVIDED THEN SEAL IT. AFTER IT IS SEALED, RETURN THE
SEALED ENVELOPE TO THE RESEARCHER.**

**THANK YOU VERY MUCH FOR COMPLETING THE
QUESTIONNAIRE. YOUR HELP IS VERY MUCH
APPRECIATED.**