

## Girls Attitudes Survey 2009 - 16-21s

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### This is your chance to have your say about issues affecting girls your age

All answers are held in complete confidence - we do not disclose individual identities, and all responses are analysed anonymously

#### How old are you?

- |                             |                             |
|-----------------------------|-----------------------------|
| <input type="checkbox"/> 16 | <input type="checkbox"/> 19 |
| <input type="checkbox"/> 17 | <input type="checkbox"/> 20 |
| <input type="checkbox"/> 18 | <input type="checkbox"/> 21 |

#### Are you....?

- |                                       |                                 |
|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Male (CLOSE) | <input type="checkbox"/> Female |
|---------------------------------------|---------------------------------|

#### Are you?

- At school or sixth form
- At college
- At university
- Working full time, and not in full-time education
- Working part time, and not in full time education
- Unemployed
- Other - write in below

#### What type of area do you live in?

- Urban** e.g. city / town or city centre
- Suburban** e.g. outskirts of city or town
- Rural** e.g. village or small town

#### Where do you live?

- |  |   |
|--|---|
| <input type="checkbox"/> North England | <input type="checkbox"/> Wales            |
| <input type="checkbox"/> Midlands      | <input type="checkbox"/> Scotland         |
| <input type="checkbox"/> London        | <input type="checkbox"/> Northern Ireland |
| <input type="checkbox"/> South England |   |

#### What is the occupation of the Chief Income Earner?

*The Chief Income Earner is the person in your household with the largest income*

**C1 In your experience, who do you expect to carry out these tasks in the family?**  
*Tick one box for each activity*



|  |                          |                          |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <i>Housework</i>                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Car maintenance</i>                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Looking after the children</i>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Discipline when children mis-behave</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Pay the bills / manage the finances</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Sorting out the TV / Internet</i>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**C2 Do you consider yourself to be an adult?**  
*Tick one only*

Yes  No

**How old do you expect to be when you do these things?**  
*Write a number in each box - if you don't expect to do them ever, leave the box blank*

|     |                              |                      |
|-----|------------------------------|----------------------|
| C3a | <i>Get married</i>           | <input type="text"/> |
| C3b | <i>Have your first child</i> | <input type="text"/> |
| C3c | <i>Have your own home</i>    | <input type="text"/> |
| C3d | <i>Have a full time job</i>  | <input type="text"/> |

**At what age do YOU think young people should be allowed to...**  
*Write a number in each box - if you don't have an opinion, leave the box blank*

|     |                            |                      |
|-----|----------------------------|----------------------|
| C4a | <i>Smoke cigarettes</i>    | <input type="text"/> |
| C4b | <i>Drink alcohol</i>       | <input type="text"/> |
| C4c | <i>Get married</i>         | <input type="text"/> |
| C4d | <i>Vote in an election</i> | <input type="text"/> |
| C4e | <i>Drive a car</i>         | <input type="text"/> |

C5 **At what age do you think children should be held responsible for crimes they commit?**

Tick one only

- 8                       12                       16                       Don't know  
 10                       14                       18

C6 **Do you agree or disagree with the following statements about relationships**

Tick one box for each statement

|   | Agree                    | Disagree                 | Don't know               |
|---|--------------------------|--------------------------|--------------------------|
| <i>Marriage should be for life</i>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Marriage should come before parenthood</i>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>It's okay to get married several times</i>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Civil Partnerships put lesbian and gay relationships on an equal footing with heterosexual relationships</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Civil Partnerships provide a good framework for bring up children</i>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Marriage is the best kind of relationship</i>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>It's better not to get married at all</i>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Marriage is just a piece of paper</i>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Married couples make better parents than unmarried ones</i>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## ENVIRONMENT

C7 **Which of these would you do, if it helped the environment?**

Tick as many as apply

- Give up having foreign holidays  
 Give up some of your allowance / wages each week  
 Keep your mobile phone handset for longer e.g. 3 years  
 Not have a car  
 Not buy food that is flown in from abroad e.g. no strawberries in winter  
 None of these

C8

**Here is a list of possible policies to help the environment:**

**a) Which one do you think would be most effective? Tick in first column**

**b) And second most effective? Tick in second column**

**c) And third most effective? Tick in third column**

|                                   | Most Effective           | Second most effective    | Third most effective     |
|-----------------------------------|--------------------------|--------------------------|--------------------------|
| Rely more on nuclear power        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Congestion charges in big cities  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 'Green tax' on bigger cars / SUVs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fine for not recycling            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Limited carbon allowances         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| None of these                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**EDUCATION & TRAINING**

C9

**At what age do you think children should be able to leave school?**

Write a number in the box below

C10

**Which of these qualifications do you hope to achieve (or already have)?**

Tick all that apply

- |  |  |
|--|--|
| <input type="checkbox"/> GCSEs         | <input type="checkbox"/> NVQ / BTEC / OCR Nationals (Vocational qualification) |
| <input type="checkbox"/> Diploma       | <input type="checkbox"/> University or College Degree                          |
| <input type="checkbox"/> AS / A Levels | <input type="checkbox"/> Something else - write in below                       |

C11

**Thinking about work experience when you were 14 or 15, where did your work experience placement take place?**

Tick all that apply

- |   |  |
|---|--|
| <input type="checkbox"/> Electrician / Plumber / Other trade                  | <input type="checkbox"/> Playgroup / Nursery                     |
| <input type="checkbox"/> Estate Agency  | <input type="checkbox"/> Shop / Department Store                 |
| <input type="checkbox"/> In a school  | <input type="checkbox"/> Solicitors / Accountants / Bank         |
| <input type="checkbox"/> IT Company / Design Studio                           | <input type="checkbox"/> Sports Centre                           |
| <input type="checkbox"/> Hair salon / Beauty salon                            | <input type="checkbox"/> Veterinary Surgery                      |
| <input type="checkbox"/> Hospital / Doctors Surgery / Dentist / Health clinic | <input type="checkbox"/> Somewhere else - write in below         |
| <input type="checkbox"/> Marketing / Advertising Agency                       | <input type="checkbox"/> Didn't have a work experience placement |

C12

**Answer if you had a work experience placement, otherwise skip to C14**  
**How involved were you in deciding where to go for work experience?**

*Tick all that apply*

- I contacted companies myself, and selected where I wanted to go*
- My parents / parents' friends helped me to find somewhere*
- My school helped me to choose from a wide selection of different companies*
- My school helped me to choose from a narrow selection of different companies*
- I was told where I was going by one of my teachers*
- Other - write in below*
- Can't remember*

C13

**How useful did you find your work experience placement?**

*Tick one only*

- Very useful*
- Quite useful*
- Not very useful*
- Not at all useful*
- Don't know*

C14

**Any recommendations or changes you would make, or advice you would give to young people who are now considering work experience?**

*Write in below*

C15

**How has the credit crunch affected your views about staying on in (or returning to) full time education in the future?**

*Tick one only*

- More likely to stay in / go back to education*
- Less likely to stay in / go back to education*
- Not had any effect*
- Don't know*

C16

**What job do you see yourself doing in the future?**

Tick one only

- |  |  |
|--|--|
| <input type="checkbox"/> Accountant                      | <input type="checkbox"/> IT / Computers                  |
| <input type="checkbox"/> Actor                           | <input type="checkbox"/> Journalist / writer             |
| <input type="checkbox"/> Army / Navy / Airforce          | <input type="checkbox"/> Lawyer / Solicitor              |
| <input type="checkbox"/> Artist / Fashion Designer       | <input type="checkbox"/> Police                          |
| <input type="checkbox"/> Builder / Electrician / Plumber | <input type="checkbox"/> Politician                      |
| <input type="checkbox"/> Charity worker                  | <input type="checkbox"/> Scientist / Engineer            |
| <input type="checkbox"/> Childminder / Childcare         | <input type="checkbox"/> Sportsperson                    |
| <input type="checkbox"/> Doctor / Nurse                  | <input type="checkbox"/> Teacher                         |
| <input type="checkbox"/> Fire Service                    | <input type="checkbox"/> Vet                             |
| <input type="checkbox"/> Hairdresser / Beautician        | <input type="checkbox"/> Something else - write in below |

**SOCIETY, CULTURE & COMMUNITY**

C17

**How happy are you?**

Tick one only

- Very happy     
  Quite happy     
  Not very happy     
  Not happy at all     
  Don't know

C18

**Which of these do you think is most important?**

Tick one only

- |  |  |
|--|--|
| <input type="checkbox"/> Success at school / college / work                  | <input type="checkbox"/> Being beautiful                   |
| <input type="checkbox"/> Having a boyfriend / girlfriend                     | <input type="checkbox"/> Getting on well with family       |
| <input type="checkbox"/> Having nice things e.g. coolest gadgets and clothes | <input type="checkbox"/> Being kind / helping people       |
| <input type="checkbox"/> Being fit and active                                | <input type="checkbox"/> Being good at sport / music / art |
| <input type="checkbox"/> Having good friends                                 | <input type="checkbox"/> Being rich                        |

C19

**Do you think it is better to be a man or a woman?**

Click one only



*It's better to be a man*



*It's better to be a woman*

C20

**Why do you think this?**

Write in below

C21 **Do you think you're given the same chances and opportunities to do things as boys / men your age?**

*Tick one only*

- Most of the time*       *Some of the time*       *Hardly ever*       *Never*       *Don't know*

C22 **How would you describe your nationality?**

*Write in below*

C23 **How much do you agree with this statement?**

*Tick one only*



***I AM PROUD TO BE BRITISH***                                    

C24 **Do you have friends from different backgrounds? e.g. religions, cultures, races**

*Click all that apply*

- Yes - close friends*       *Yes - friends, but not close*       *No*

C25 **If yes, have you been to their house, or have they been to yours in the last month?**

*Tick one only*

- Yes*       *No*

C26 **By the time you are 30, which of these do you most want to happen?**

*Tick up to three*

- |   |  |
|---|--|
| <input type="checkbox"/> <i>Own your own house</i>    | <input type="checkbox"/> <i>Have a partner / be married</i>                                    |
| <input type="checkbox"/> <i>Have a good car</i>       | <input type="checkbox"/> <i>Be famous / make a name for yourself</i>                           |
| <input type="checkbox"/> <i>Earn a lot of money</i>   | <input type="checkbox"/> <i>Having a personal achievement in sport / the arts / travel etc</i> |
| <input type="checkbox"/> <i>Have a worthwhile job</i> | <input type="checkbox"/> <i>None of these</i>  |
| <input type="checkbox"/> <i>Have children</i>         |  |

C27 **Which of these best describes your beliefs about God**

*Click one only*

- |  |   |
|--|---|
| <input type="checkbox"/> <i>I believe in God and always have</i>   | <input type="checkbox"/> <i>I used to believe in God, but no longer do so</i> |
| <input type="checkbox"/> <i>In the past I didn't believe in God, but now I do</i>                                  | <input type="checkbox"/> <i>I don't believe in God, and never have</i>        |
| <input type="checkbox"/> <i>I believe in God some of the time, but not at others</i>                               | <input type="checkbox"/> <i>I don't know</i>                                  |
| <input type="checkbox"/> <i>I don't believe in a personal God, but I do believe in a higher power of some kind</i> |   |

C28 **How happy are you with the way you look?**  
 Tick one only

*Very happy*       *Quite happy*       *Not very happy*       *Not at all happy*       *Don't know*

C29 **If you could change one thing about the way you look, which would you choose to change?**  
 Tick one only

*Face*       *Taller*  
 *Teeth*       *Not so tall*  
 *Nose*       *Thinner*  
 *Hair*       *Not so thin*  
 *Skin / Spots*       *Something else - write in below*  
 *Eye colour*       *Nothing*  
 *Eyesight*       *Don't know*  
 *Body shape*

C30 **Would you ever consider surgery of any kind to change the way you look?**  
 Tick all that apply

*Cosmetic surgery*       *Dental brace*  
 *Botox*       *Something else - write in below*  
 *Gastric band / weight loss surgery*       *No*  
 *Laser eye surgery*       *Don't know*



C34

Which of these women do you think is the best role model for girls your age?

Tick *one* only



**Michelle Obama** *US First Lady*



**Karen Brady** *Football Club Chairperson & Businesswoman*



**J K Rowling** *Author*



**Rebecca Adlington**

*Athlete*



**Jacqueline Wilson**

*Author*



**Katie Price / Jordan**

*Model & Author*



**Kelly Holmes** *Athlete*



**Madonna** *Music Artist*



**Cheryl Cole** *Music Artist & Presenter*

*Presenter*



**Kate Moss** *Model*



**Stella McCartney**

*Fashion Designer*



**Baroness Scotland**

*Attorney General*

*Other - write in below*

*Don't know*

C35

Are you currently involved in Guiding?

Tick *one* only

*Yes, I am currently involved in Guiding*

*No, but I used to be involved in Guiding*

*No, I'm not involved in Guiding and never have been*

C36

**Who lives in your house with you?**

*Click all that apply*

- |   |  |
|---|--|
| <input type="checkbox"/> Mum              | <input type="checkbox"/> Grandparents                  |
| <input type="checkbox"/> Dad              | <input type="checkbox"/> Aunt / Uncle                  |
| <input type="checkbox"/> Stepmum          | <input type="checkbox"/> Own partner                   |
| <input type="checkbox"/> Stepdad          | <input type="checkbox"/> Own child(ren)                |
| <input type="checkbox"/> Older brothers   | <input type="checkbox"/> With friends / housemates     |
| <input type="checkbox"/> Younger brothers | <input type="checkbox"/> Live alone                    |
| <input type="checkbox"/> Older sisters    | <input type="checkbox"/> Don't know                    |
| <input type="checkbox"/> Younger sisters  | <input type="checkbox"/> Someone else - write in below |

C37

**In the last week, which of these family members have you seen?**

*Tick all that apply*

- |   |  |
|---|--|
| <input type="checkbox"/> Mum              | <input type="checkbox"/> Younger sisters |
| <input type="checkbox"/> Dad              | <input type="checkbox"/> Grandparents    |
| <input type="checkbox"/> Step-mum         | <input type="checkbox"/> Aunt / Uncle    |
| <input type="checkbox"/> Step-dad         | <input type="checkbox"/> Own partner     |
| <input type="checkbox"/> Older brothers   | <input type="checkbox"/> Own child(ren)  |
| <input type="checkbox"/> younger brothers | <input type="checkbox"/> None of these   |
| <input type="checkbox"/> Older sisters    |  |

C38

**How would you describe your ethnic background?**

*Tick one only*

- |   |   |
|---|---|
| <input type="checkbox"/> White British              | <input type="checkbox"/> Pakistani                  |
| <input type="checkbox"/> White Irish                | <input type="checkbox"/> Bangladeshi                |
| <input type="checkbox"/> Any other white background | <input type="checkbox"/> Chinese                    |
| <input type="checkbox"/> Black British              | <input type="checkbox"/> Any other Asian background |
| <input type="checkbox"/> Black Caribbean            | <input type="checkbox"/> Mixed heritage             |
| <input type="checkbox"/> Black African              | <input type="checkbox"/> Don't know                 |
| <input type="checkbox"/> Any other black background | <input type="checkbox"/> Don't want to say          |
| <input type="checkbox"/> Indian                     | <input type="checkbox"/> Other - write in below     |

C39

**Do you consider yourself to have a disability?**

*Tick one only*

- |                              |                                     |
|------------------------------|-------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> No  |                                     |

C40

**What is your religion?**

Tick one only

None

Christian

Buddhist

Hindu

Muslim

Sikh

Jewish

Another religion

Don't know

Don't want to say

***Thank you very much for taking part in this survey***

***Your answers will help Girlguiding UK understand more about the issues that face young women nowadays***