

2014 Kenya Demographic and Health Survey

Interviewer's Manual

**Kenya National Bureau of Statistics
Nairobi, Kenya**

**ICF International
Maryland, USA**

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MEASURE DHS is a five-year project to assist institutions in collecting and analyzing data needed to plan, monitor, and evaluate population, health, and nutrition programs. MEASURE DHS is funded by the U.S. Agency for International Development (USAID). The project is implemented by ICF International in Calverton, Maryland, in partnership with the Johns Hopkins Bloomberg School of Public Health/Centre for Communication Programs, the Program for Appropriate Technology in Health (PATH), Futures Institute, Camris International, and Blue Raster.

The main objectives of the MEASURE DHS program are to: 1) provide improved information through appropriate data collection, analysis, and evaluation; 2) improve coordination and partnerships in data collection at the international and country levels; 3) increase host-country institutionalization of data collection capacity; 4) improve data collection and analysis tools and methodologies; and 5) improve the dissemination and utilization of data.

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I. INTRODUCTION

The 2014 Kenya Demographic and Health Survey is a national sample survey designed to provide information on population, family planning, maternal and child health, child survival, HIV/AIDS and sexually transmitted infections (STIs), reproductive health, and nutrition in Kenya. The KDHS will involve interviewing randomly selected households, women between age 15 and 49, and men between age 15 and 54. These respondents will be asked questions about their background, the children they have given birth to, their knowledge and use of family planning methods, the health of their children, their awareness of HIV/AIDS and sexually transmissible diseases, and other information that will be helpful to policy makers and administrators in health and family planning fields.

You are being trained as an interviewer for the KDHS. After the training course, which will take about four weeks to complete, selected interviewers will be working in teams and going to different parts of Kenya to interview households and women and men in these households. This is called fieldwork. Depending on the areas to which you are assigned, your team, and how well you perform the tasks given to you, you may be working in the field with KDHS for up to seven months. However, we have recruited more interviewers to participate in the training course than are needed to do the work, and at the end of the course, we will be selecting the best qualified among you to work as interviewers. Those not selected may be retained as alternates or data entry staff.

During the training course, you will listen to lectures about how to fill in the questionnaires correctly. You will also conduct practice interviews with other trainees and with strangers. You will be given periodic tests, and the questionnaires that you complete will be edited to check for completeness and accuracy.

You should study this manual and learn its contents since this will reduce the amount of time needed for training and will improve your chances of being selected as an interviewer.

A. Survey Objectives

The Kenya DHS is part of a worldwide survey program. The international MEASURE DHS program is designed to:

- Assist countries in conducting household sample surveys to periodically monitor changes in population, health, and nutrition.
- Provide an international database that can be used by researchers investigating topics related to population, health, and nutrition.

As part of the international DHS program, surveys are being carried out in countries in Africa, Latin America and the Caribbean, Asia, Eastern Europe and the Middle East. Data from these surveys are used to better understand the population, health, and nutrition situation in the countries surveyed.

B. DHS Sample

There are several ways to gather information about people. One way is to contact every person or nearly every person and ask them questions about what you need to know. Talking to everyone is called a complete enumeration, and a national census is a good example of this type of information gathering. This is very costly because it takes a lot of people to talk to everyone. However, in cases such as a national census, it is necessary to have a complete enumeration despite the cost.

Another way to collect information is through a sample survey. When it is not necessary to know exact total numbers, a sample survey can collect information about people much more quickly and at a low-cost. The sampling procedure allows us to collect data on a small number of people and draw conclusions that are valid for the whole country.

The accuracy of a sample survey depends, among other things, on the size of the sample. The exact number to be interviewed for any survey is determined by statistical methods which we will not try to discuss in this training session. What you should know, however, is that the sample size for this survey reflects the number of interviews that are needed to provide an accurate picture of the population, health and nutrition situation in Kenya. Consequently, it is critical to a survey that fieldworkers try their hardest to complete all assigned interviews to ensure that the correct number of people are included in the survey.

The accuracy of a sample survey also depends on another major factor, the absence of bias that would affect the proportions found through the sample. To control or prevent bias from creeping into the results, the selection of people included in the sample must be absolutely random. This means that every person in the total population to be studied has the same opportunity to be selected in the sample. This is why it is so important to make callbacks to reach those people who are not at home, since they may be different from people who are at home. For example, it may be that women who have no children are more likely to be working away from the house, and if we don't call back to interview them, we may bias the fertility estimates.

For the Kenya DHS, the sample consists of 1612 clusters (small geographically defined areas) throughout the country. The households in each of these clusters have recently been listed or enumerated. A sample of households was then scientifically selected to be included in the DHS survey from the list in each of the clusters. Each of these households will be visited and information obtained about the household using one of two possible Household Questionnaires – a long or a short household questionnaire. Women and men within these households will be interviewed using an Individual Questionnaire. Women age 15-49 years will be interviewed using one of two possible individual Woman's Questionnaire – a long or a short women's questionnaire. Men age 15-54 years

will be interviewed using the individual Man's Questionnaire. Each household and the eligible women within that household will be randomly selected to receive either the long or short questionnaire.

We expect to interview about 34,000 women and 17,000 men in this survey. Studying the fertility, health, and family planning behavior and attitudes of these women and men will provide insights into the behavior and attitudes of persons in Kenya.

C. Survey Organization

The Kenya DHS is being conducted at the request of the Kenya National Bureau of Statistics and the Ministry of Health which have a primary role in the planning for the survey and in the analysis and dissemination of the survey results.

The Kenya National Bureau of Statistics (KNBS) will serve as the implementing agency for the DHS. The KNBS will take responsibility for operational matters including planning and conducting fieldwork, processing of collected data and organizing the writing and distribution of reports. The KNBS will furnish the necessary central office space for survey personnel and will undertake to secure transport for the data collection activities. Staff from the KNBS will be responsible for overseeing the day-to-day technical operations including recruitment and training of field and data processing staff and the supervision of the office and field operations.

Financial support for the DHS will be provided by Government of Kenya, USAID, and other donors. Staff of the Demographic and Health Surveys project of ICF International will provide technical assistance during all phases of the survey.

During the DHS fieldwork, you will work in a team consisting of three female interviewers and one male interviewer, a supervisor, and a field editor. Each team will be accompanied by a driver. Each supervisor will be responsible for a team of interviewers. The supervisor will be assisted by the field editor, who will be in charge of the team in the absence of the supervisor. The specific duties of the supervisor and the field editor are described in detail in the Supervisor's and Editor's Manual. All interviewers will be trained to take anthropometric measurements (height and weight measures) of respondents and children under age 6.

In the central office there will be a team of regional coordinators responsible for supervising fieldwork teams. These coordinators will ensure regular progress of data collection in the clusters. They will monitor data quality and provide for the regular transfer of completed questionnaires to the central office. Data entry staff and computer programmers also will be assigned to the project.

D. Survey Questionnaires

The KDHS will use five different questionnaires in total:

- (1) Household Questionnaire – long version
- (2) Household Questionnaire – short version
- (3) Women's Questionnaire – long version
- (4) Women's Questionnaire – short version
- (5) Men's Questionnaire

In the case of the Household and the Women's Questionnaire, the long and the short versions are very similar. The short version is a subset of the long version; that is, the short version contains only a few select questions pulled from the long version, but there are no new or different questions in the short version. This manual will provide instruction for the long version of each questionnaire, and in so doing, will cover everything included in the short questionnaire.

It is important to note – it is not the choice of the the interviewer to use the long or short questionnaire. This decision is made by random selection done by a computer.

The households that have been scientifically selected to be included in the DHS sample will be visited and enumerated using one of the two Household Questionnaires, long or short. The Household Questionnaire includes a cover sheet to identify the household and a form on which all members of the household and visitors are listed. This form is used to record some information about each household member, such as name, sex, age, education, and survival of parents for children under age 18. The Household Questionnaire also collects information on housing characteristics such as type of water source, sanitation facilities, quality of flooring, and ownership of durable goods.

The Household Questionnaire permits the interviewer to identify women and men who are eligible to be interviewed with the relevant Individual Questionnaire. Women age 15-49 years and men age 15-54 years who are members of the household (those that usually live in the household) or visitors (those who do not usually live in the household but who stayed there the previous night) are eligible to be interviewed.

The Household Questionnaire also permits the interviewer to identify women, men, and children who are eligible for anthropometry. In all households, children age 0-5 years will be weighed and measured (height or length) to assess their nutritional status. In one-half of households, women age 15-49 will be weighed and measured.

After all of the eligible women in a household have been identified, you will use the individual Woman's Questionnaire (long or short) to interview the women you are assigned. The Woman's Questionnaire collects information on the following topics:

- Socio-demographic characteristics
- Reproduction
- Family planning
- Maternal health care and breastfeeding
- Immunization and health of children
- Children's nutrition
- Marriage and sexual activity
- Fertility preferences
- Husband's background characteristics and woman's employment activity
- HIV/AIDS and other sexually transmitted infections
- Other health issues
- Maternal Mortality
- Fistula
- Female Genital Cutting
- Domestic Violence

Similarly, after all of the eligible men in a household have been identified, you will use the individual Man's Questionnaire to interview the men you are assigned. The Man's Questionnaire collects information on the following topics:

- Socio-demographic characteristics
- Reproduction
- Family planning
- Marriage and sexual activity
- Fertility preferences
- Employment and gender roles
- HIV/AIDS and other sexually transmitted infections
- Other health issues
- Female Genital Cutting

- Domestic Violence

E. Interviewer's Role

The interviewer occupies the central position in the DHS because he/she collects information from respondents. Therefore, the success of the DHS depends on the quality of each interviewer's work.

In general, the responsibilities of an interviewer include the following:

- Locating the structures and households in the sample, and completing the Household Questionnaire
- Identifying all eligible respondents in those households
- Interviewing all eligible respondents in the households using the individual Woman's or Man's Questionnaire
- Checking completed interviews to be sure that all questions were asked and the responses neatly and legibly recorded
- Returning to households to interview respondents who could not be interviewed during the initial visit.

These tasks will be described in detail throughout this manual. In addition, the Anthropometry Manual discusses the procedures involved in collecting blood samples from adults and children.

F. Training of Interviewers

Although some people are more adept at interviewing than others, one can become a good interviewer through experience. Your training will consist of a combination of classroom training and practical experience. Before each training session, you should study this manual carefully along with the questionnaire, writing down any questions you have. Ask questions at any time to avoid mistakes during actual interviews. Interviewers can learn a lot from each other by asking questions and talking about situations encountered in practice and actual interview situations.

Each of you will receive a package with the following materials.

- Household Questionnaire
- Individual Questionnaires
- Interviewer's Manual
- Anthropometry Manual

Please ensure that you bring these materials each day during the training and to the field during fieldwork.

During the training, the questionnaire sections, questions, and instructions will be discussed in detail. You will see and hear demonstration interviews conducted in front of the class as examples of the interviewing process. You will practice reading the questionnaire aloud to another person several times so that you may become comfortable with reading the questions aloud. You will also be asked to take part in role playing in which you practice by interviewing another trainee.

The training will also include field practice interviewing in which you will actually interview household respondents and eligible women or men. You will be required to check and edit the questionnaires just as you would do in the actual fieldwork assignments.

You will be given tests to see how well you are progressing during your formal training period. At the end of the training course, the interviewers will be selected based on their test results and performance during the field practice.

The training you receive as an interviewer does not end when the formal training period is completed. Each time a supervisor meets with you to discuss your work, your training is being continued. This is particularly important during the first few days of fieldwork. As you run into situations you did not cover in training, it will be helpful to discuss them with your team. Other interviewers may be running into similar problems, so you can all benefit from each other's experiences.

G. Supervision of Interviewers

Training is a continuous process. Observation and supervision throughout the fieldwork are a part of the training and data collection process. Your team supervisor and the field editor will play very important roles in continuing your training and in ensuring the quality of the DHS data. They will:

- Spot-check some of the addresses selected for interviewing to be sure that you interviewed the correct households and the correct respondents
- Review each questionnaire to be sure it is complete and consistent
- Observe some of your interviews to ensure that you are asking the questions in the right manner and recording the answers correctly
- Meet with you on a daily basis to discuss performance and give out future work assignments
- Help you resolve any problems that you might have with finding the assigned households, understanding the questionnaire, or dealing with difficult respondents.

H. DHS Regulations

The survey director may terminate the service of any interviewer who is not performing at the level necessary to produce the high-quality data required to make the DHS a success.

For the workload to be equally divided and the support equally shared, the following survey regulations have been established and will be strictly enforced:

1. Except for illnesses, any person who is absent from duty during any part of the training or any part of the fieldwork (whether it is a whole day or part of a day) without prior approval from his/her supervisor may be dismissed from the survey.
2. The selection of the survey team members is competitive; it is based on performance, ability, and testing results during the training. Therefore, any person found offering assistance to or receiving assistance from another person during tests will be dismissed from the survey.
3. Throughout the survey training and the fieldwork period, you are representing KNBS, an organization of the Government of Kenya. Your conduct must be professional and your behavior must be congenial in dealing with the public. We must always be aware of the fact that we are only able to do our work with the good will and cooperation of the people we interview. Therefore, any team member who is consistently overly aggressive, abrupt, or disrespectful to the people in the field may be dismissed from the survey team.

4. For the survey to succeed, each team must work closely together, sharing in the difficulties and cooperating and supporting each other. We will attempt to make team assignments in a way that enhances the cooperation and good will of the team. However, any team member who in the judgment of the survey director creates a disruptive influence on the team may be asked to transfer to another team or may be dismissed from the survey.

5. It is critical that the data gathered during the fieldwork be both accurate and valid. To control for inaccurate or invalid data, spot checks will be conducted. Interviewers may be dismissed at any time during the fieldwork if their performance is not considered adequate for the high quality this survey demands.

6. Vehicles and gasoline are provided for the survey for official use only. Any person using the vehicle for an unauthorized personal reason will be dismissed from the survey.

7. DHS data are confidential. **They should not be discussed with anyone other than members of your survey team.** Under no circumstances should confidential information be passed on to third parties. In keeping with this policy, it is also important that you never interview anyone you may know in the survey. Persons breaking these rules, and therefore the confidence placed in them, will be dismissed.

I. Sexual Harassment

Sexual harassment will not be tolerated during the process of conducting a DHS Survey. By sexual harassment, we mean unwelcome sexual advances, requests for sexual favors, and other sexual comments or actions that make the receiver feel offended or intimidated. Sexual harassment may hurt work performance, and in some cases, an individual may feel that they must comply with the unwelcome advances or requests in order to keep their job. Sexual harassment can be committed by a man towards a woman, by a woman towards a man, or between two individuals of the same gender.

To avoid any appearance of sexual harassment, individuals should be careful to avoid unnecessary physical contact and suggestive language and should maintain a professional work climate at all times.

Anyone who feels that he or she has been the target of sexual harassment or who has witnessed an apparent incident of harassment should immediately report the incident to his or her supervisor, or to the survey manager. The implementing agency is required to investigate the claim and keep reports confidential to the extent possible. The implementing agency must take actions to prevent and correct harassing behavior. These actions can include changing workspace, reassigning interviewers or supervisors to different teams and other disciplinary actions. Retaliation against individuals filing complaints of sexual harassment will also trigger disciplinary action.

II. CONDUCTING AN INTERVIEW

Successful interviewing is an art and should not be treated as a mechanical process. Each interview is a new source of information, so make it interesting and pleasant. The art of interviewing develops with practice but there are certain basic principles that are followed by every successful interviewer. In this section you will find a number of general guidelines on how to build rapport with a respondent and conduct a successful interview.

A. Building Rapport with the Respondent

The supervisor will assign an interviewer to make the first contact with each of the households selected for the DHS. Any capable adult member of the household is a suitable respondent for the household interview (this person may or may not be age 15-49). If at least one eligible person is identified in the Household Questionnaire, the interviewer will go on to complete an Individual Questionnaire or pass the interview along to a colleague if they are not the same gender as the respondent.

As an interviewer, your first responsibility is to establish a good rapport with a respondent. At the beginning of an interview, you and the respondent are strangers to each other. The respondent's first impression of you will influence their willingness to cooperate with the survey. Be sure that your manner is friendly as you introduce yourself. Before you start to work in an area, your supervisor will have informed the local leaders, who will in turn inform selected households in the area that you will be coming to interview them. You will also be given a letter and an identification badge that states that you are working with KNBS.

1. Make a good first impression.

When you arrive at the household, do your best to make the respondent feel at ease. With a few well-chosen words, you can put the respondent in the right frame of mind for the interview. Open the interview with a smile and greeting such as "good afternoon" and then proceed with your introduction.

2. Obtain respondent(s) consent to be interviewed.

You must obtain a respondent's informed consent for participation in the survey before you begin an interview. Special statements are included at the beginning of the Household Questionnaire and the Individual Questionnaires. The statements explain the purpose of the survey. They assure a respondent that participation in the survey is completely voluntary and that it is their right to refuse to answer any questions or stop the interview at any point. Be sure to read the informed consent statement exactly as it is written before asking a respondent to participate in a household or individual interview.

3. Always have a positive approach.

Never adopt an apologetic manner, and do not use words such as "Are you too busy?" Such questions invite refusal before you start. Rather, tell the respondent, "I would like to ask you a few questions" or "I would like to talk with you for a few moments."

4. Assure confidentiality of responses.

If the respondent is hesitant about responding to the interview or asks what the data will be used for, explain that the information you collect will remain confidential, no individual names will be used for any purpose, and all information will be grouped together to write a report.

Also, you should never mention other interviews or show completed questionnaires to the supervisor or field editor in front of a respondent or any other person.

5. Answer any questions from the respondent frankly.

Before agreeing to be interviewed, the respondent may ask you some questions about the survey or how he or she was selected to be interviewed. Be direct and pleasant when you answer.

The respondent may also be concerned about the length of the interview. If they ask, tell female respondents that the interview usually takes about 30-60 minutes and tell male respondents that the interview takes about 20 minutes. If the respondent for the Household Questionnaire is a man or woman age 50 or older, you can tell the respondent that the interview usually takes about 15 to 20 minutes, since that person will answer only the Household Questionnaire. Indicate your willingness to return at another time if it is inconvenient for the respondent to answer questions then.

Respondents may ask questions or want to talk further about the topics you bring up during the interview, e.g., about specific family planning methods. It is important not to interrupt the flow of the interview so tell them that you will be happy to answer their questions or to talk further after the interview.

6. Interview the respondent alone.

The presence of a third person during an interview can prevent you from getting frank, honest answers from a respondent. It is, therefore, very important that the individual interview be conducted privately and that all questions be answered by the respondent.

If other people are present, explain to the respondent that some of the questions are private and ask to interview the person in the best place for talking alone. Sometimes asking for privacy will make others more curious, so they will want to listen; you will have to be creative. Establishing privacy from the beginning will allow the respondent to be more attentive to your questions.

If it is impossible to get privacy, you may have to carry out the interview with the other people present. However, in such circumstances, it is important that you remember that:

- If there is more than one eligible respondent in the household, you must not interview one in the presence of the other
- Extra effort should be made to gain privacy if the other person is of the opposite sex, particularly the husband or wife. One way to ensure privacy in this case is to have the husband and wife interviewed simultaneously in two different areas of the household

In all cases where other individuals are present, try to separate yourself and the respondent from the others as much as possible.

B. Tips for Conducting the Interview

1. Be neutral throughout the interview.

Most people are polite and will tend to give answers that they think you want to hear. It is therefore very important that you remain absolutely neutral as you ask the questions. Never, either by the expression on your face or by the tone of your voice, allow the respondent to think that he/she has

given the “right” or “wrong” answer to the question. Never appear to approve or disapprove of any of the respondent’s replies.

The questions are all carefully worded to be neutral. They do not suggest that one answer is more likely or preferable to another answer. If you fail to read the complete question, you may destroy that neutrality. For example, the following is a question in the DHS: “Would you like to have another child or would you prefer not to have any more children?” It is a neutral question. However, if you only ask the first part—“would you like to have another child?”—you are more likely to get a “YES” answer. This is what we call a “leading question.” That is why it is important to read the whole question as it is written.

If the respondent gives an ambiguous answer, try to probe in a neutral way, asking questions such as the following:

“Can you explain a little more?”

“I did not quite hear you; could you please tell me again?”

“There is no hurry. Take a moment to think about it.”

2. Never suggest answers to the respondent.

If a respondent’s answer is not relevant to a question, do not prompt him/her by saying something like “I suppose you mean that. . . Is that right?” In many cases, he/she will agree with your interpretation of his/her answer, even when that is not what he/she meant. Rather, you should probe in such a manner that the respondent himself/herself comes up with the relevant answer. You should never read out the list of coded answers to the respondent, even if he/she has trouble answering.

3. Do not change the wording or sequence of questions.

The wording of the questions and their sequence in the questionnaire must be maintained. If the respondent has not understood the question, you should repeat the question slowly and clearly. If there is still a problem, you may reword the question, being careful not to alter the meaning of the original question. Provide only the minimum information required to get an appropriate response.

4. Handle hesitant respondents tactfully.

There will be situations where the respondent simply says, “I don’t know,” gives an irrelevant answer, acts very bored or detached, or contradicts something they have already said. In these cases, you must try to re-interest them in the conversation. For example, if you sense that they are shy or afraid, try to remove their shyness or fear before asking the next question. Spend a few moments talking about things unrelated to the interview (for example, their town or village, the weather, their daily activities, etc.).

If the respondent is giving irrelevant or elaborate answers, do not stop them abruptly or rudely, but listen to what they have to say. Then try to steer them gently back to the original question. A good atmosphere must be maintained throughout the interview. The best atmosphere for an interview is one in which the respondent sees the interviewer as a friendly, sympathetic, and responsive person who does not intimidate them and to whom they can say anything without feeling shy or embarrassed. As indicated earlier, a major problem in gaining the respondent’s confidence may be one of privacy. This problem can be prevented if you are able to obtain a private area in which to conduct the interview.

If the respondent is reluctant or unwilling to answer a question, explain once again that the same question is being asked of women or men all over Kenya and that the answers will all be merged together. If the respondent is still reluctant, simply write REFUSED next to the question and proceed as if nothing had happened. Remember, the respondent cannot be forced to give an answer.

5. Do not form expectations.

You must not form expectations of the ability and knowledge of the respondent. For example, do not assume women and men from rural areas or those who are less educated or illiterate do not know about family planning or various family planning methods.

6. Do not hurry the interview.

Ask the questions slowly to ensure the respondent understands what is being asked. After you have asked a question, pause and give the respondent time to think. If the respondent feels hurried or is not allowed to formulate their own opinion, they may respond with “I don’t know” or give an inaccurate answer. If you feel the respondent is answering without thinking just to speed up the interview, say to the respondent, “There is no hurry. Your opinion is very important, so consider your answers carefully.”

C. Language of the Interview

The questionnaires for the DHS have been translated into 16 languages in which interviewing will take place. One of the first things you will do when you approach a household to do an interview is to establish the language or languages that are spoken there. We will be arranging the field teams in such a way that you will be working in an area in which your language is spoken, so there should be few cases in which respondents do not speak your language. In such cases you might be able to find another language that both of you speak and you will be able to conduct the interview in that language.

However, in some cases, it will not be possible for you to find a language which both you and the respondent speak. In this case, try to find out if the respondent speaks a language which another member of your team or the team supervisor speaks. If so, tell your supervisor so that he or she can arrange for that person to conduct the interview.

If at all possible, try to avoid using interpreters since this not only jeopardizes the quality of the interview but also will mean that the interview will take more time to conduct. However, if the respondent does not speak a language which any of your team members speak, you will need to rely on a third person to translate for you. Since the interview involves some sensitive topics, it is best if you can find another woman to act as an interpreter if you are conducting the woman’s interview. You should not use the respondent’s husband as an interpreter under any circumstances. Children are also unsuitable interpreters.

We will be practicing interviews in the local languages during training. However, there may be times when you will have to modify the wording of the questions to fit local dialects and culture. It is very important not to change the meaning of the question when you rephrase it or interpret it into another language.

III. FIELDWORK PROCEDURES

Fieldwork for the DHS will proceed according to a timetable, and the survey will be successful only if each member of the interviewing team understands and follows correct field procedures. The following sections review these procedures and describe the proper procedures for receiving work assignments and keeping records of selected households.

A. Preparatory Activities and Assignment Sheets

1. Interviewer's Assignment Sheets

Each morning, your supervisor or field editor will brief you on your day's work and explain how to locate the households assigned to you. When they assign households to you, you should write the identification information on the Interviewer's Assignment Sheet (see following page). The identifying information such as the household number, structure number or address, name of the head of the household, and whether or not the household is selected for the short questionnaire and specific questionnaire sections will be written in Columns (1) through (6).

Columns (7) through (14) of the Interviewer's Assignment Sheet serve as a summary of the results of your work in the field for each household. At the end of the day, you will be responsible for recording in these columns the final outcome for all household visits and individual interviews you conducted.

When you receive your work assignment, review it and ask any questions you might have. Remember that your supervisor will not always be available to answer questions when the work begins. You should be sure that:

- Columns (1) through (6) of your Interviewer's Assignment Sheet are complete and that they contain all the information you will need to identify the selected households
- You have a Household Questionnaire for each household you are assigned
- You fill in the identification information on the cover page of each Household Questionnaire
- You know the location of the selected households you are to interview, and have sufficient materials (maps, written directions, etc.) to find them
- You understand any special instructions from your supervisor about contacting the households you are assigned
- You have several blank Woman's (long and short version) and Man's questionnaires.

After completing a household interview, you will record the following information from the Household Questionnaire in the appropriate columns in the Assignment Sheet:

- Column (7): final result of the household interview (from the cover page)
- Columns (8) and (9): number of eligible women and their line numbers
- Columns (11) and (12): number of eligible men and their line numbers

| | |
|---------------|--------------------|
| 1 COMPLETED | 5 PARTLY COMPLETED |
| 2 NOT AT HOME | 6 INCAPACITATED |
| 3 POSTPONED | 7 OTHER |
| 4 REFUSED | |

| | | | | | | | | | | | |
|-----------------------------------|-------------------------|--|-------------------------|--------------------------------------|-------------------------|------------------------------------|-------------------------|---|-------------------------|---------------------------------------|-------------------------|
| NUMBER OF HH LONG Q'NNAIRES | <div></div> <div></div> | NUMBER OF WOMAN'S LONG Q'NNAIRES | <div></div> <div></div> | NUMBER OF MAN'S LONG Q'NNAIRES | <div></div> <div></div> | NUMBER OF HH SHORT Q'NNAIRES | <div></div> <div></div> | NUMBER OF WOMAN'S SHORT Q'NNAIRES | <div></div> <div></div> | NUMBER OF MAN'S SHORT Q'NNAIRES | <div></div> <div></div> |
|-----------------------------------|-------------------------|--|-------------------------|--------------------------------------|-------------------------|------------------------------------|-------------------------|---|-------------------------|---------------------------------------|-------------------------|

The next step is to fill in the identification information on the cover sheet of the Individual Questionnaire for each eligible respondent identified in the Household Schedule and recorded in Columns (9) and (12) on the Assignment Sheet.

During the fieldwork in a cluster, it is important that, for each household you are assigned, you keep the Household and all Individual Questionnaires together. Always place the Woman's Questionnaire(s) inside the Household Questionnaire in ascending order by line number. Put the Man's Questionnaires after the Woman's Questionnaires.

2. Making callbacks

Because each household has been carefully selected, you must make every effort to conduct interviews with the individuals who are identified as eligible in that household. Sometimes a household member will not be available at the time you first visit. You need to make at least 3 visits on three separate times of the day or days when trying to obtain an individual interview to maximize the possibility of successfully completing the individual interview.

At the beginning of each day, you should examine the cover sheets of your questionnaires to see if you made any appointments for revisiting a household or eligible respondent. If no appointments were made, make your callbacks to a respondent at a different time of day than the earlier visits; for example, if the initial visits were made in the early afternoon, you should try to arrange your schedule so you make a call back in the morning or late afternoon. Scheduling callbacks at different times is important in reducing the rate of non-response (i.e., the number of cases in which you fail to contact a household or complete an individual interview).

You will return the household questionnaire and any questionnaires for eligible respondents to your team supervisor or editor as soon as you have completed work in a household. Before returning the questionnaires, be sure to record information on the result of the interviewing processing in the household on the Interviewer's Assignment Sheet:

- Column (10): final result of the interview with an eligible woman (from the cover page of the Woman's Questionnaire)
- Column (13): final result of the interview with an eligible man (from the cover page of the Man's Questionnaire)
- Column (14): any observation about the effort to interview a household or respondent that may be helpful to your team supervisor or editor, e.g., the reason the interview could not be completed or the time you expect to callback to get an interview.

There are several boxes on the Interviewer's Assignment Sheet to record totals. After completing work in the cluster, fill in the boxes on the first page with the totals for the whole cluster. Leave these boxes blank on the subsequent sheets for that cluster.

It is important that you fill in the visit record on the Interviewer's Assignment Sheet accurately since this form provides a summary of all eligible respondents in the DHS sample. These forms will be returned to the central office for review after completion of interviewing and will be used to check that there are questionnaires for all eligible respondents.

3. Keeping questionnaires confidential

You are responsible for seeing that the questionnaires are kept confidential. Do not share the results with other interviewers. You should never interview a household in which you know one or more of the members, even if they are only casual acquaintances. If you are assigned to a household in which you know a person even if that person is not eligible for interview, you should notify your supervisor so he can assign that household to another interviewer. You should not attempt to see the completed questionnaires for that household nor discuss the interview results with your colleagues.

4. Supplies and documents needed for fieldwork

Before starting fieldwork each morning, verify that you have everything you need for the day's work. Some necessary supplies include:

- Interviewer's Assignment Sheet
- A sufficient number of questionnaires
- Interviewer's Manual
- Your personal identification
- Something hard to write on
- Blue ink pens
- A bag to carry questionnaires and materials

B. Contacting Households and Eligible Respondents

1. Locating sample households

In recent months, household listing teams visited each of the selected sample clusters to:

- 1) prepare up-to-date maps to indicate the location of structures;
- 2) record address information for each structure or describe their location (for areas lacking street names or numbers on structures);
- 3) write numbers on structures; and
- 4) make a list of the names of the heads of households in all of the structures.

A structure is a freestanding building, for a residential or commercial purpose. It may have one or more rooms in which people live; it may be an apartment building, a house, or a thatched hut, for instance.

Within a structure, there may be one or more dwelling (or housing) units. A *dwelling unit* is a room or group of rooms occupied by one or more households. It may be distinguished from the next dwelling unit by a separate entrance. For instance, there would be one dwelling unit in a thatched hut, but there may be 50 dwelling units in an apartment building or five dwelling units in a compound.

Within a dwelling unit, there may be one or more households. By definition, a *household* consists of a person or group of persons, related or unrelated, who live together in the same dwelling unit, who acknowledge one adult male or female as the head of household, who share the same living arrangements, and are considered as one unit. In some cases one may find a group of people living together in the same house, but each person has separate eating arrangements; they should be counted as separate one-person households. Collective living arrangements such as hostels, army camps, boarding schools, or prisons are not considered as households in the DHS.

Specific households have been selected to be interviewed, and you should not have any trouble in locating the households assigned to you if you use the structure number and the name of the head of the household to guide you. The structure number is usually written above the door of the house, but sometimes it may be on the wall. Although the supervisor of your team will be with you in the field, it is important that you also know how to locate the structures in the sample by using the sketch map.

2. Problems in contacting a household

In some cases you will have problems locating the households that were selected because the people may have moved or the listing teams may have made an error. Here are examples of some problems you may find and how to solve them:

a) The household has moved away and a new one is now living in the same dwelling. In this case, interview the new household.

b) The structure number and the name of the household head do not match with what you find in the field. If you have located the correct dwelling, you should consider the household that is living in the dwelling as the selected household.

Example: You are assigned a household headed by Thomas Smith that is listed as living in structure number DHS-004. But when you go to DHS-004, the household living there is headed by Michael Jones. After checking that you have not made a mistake about the structure or dwelling unit, you would interview the household headed by Michael Jones.

c) The household selected does not live in the structure that was listed. If there is a discrepancy between the structure number and the name of the household head, interview whoever is living in the structure assigned to you.

Example: You are assigned a household headed by Robert Stevens located in DHS-007, and you find that the Stevens household actually lives in structure DHS-028, interview the household living in DHS-007.

d) The listing shows only one household in the dwelling, but two or more households are living there now. When the listing shows only one household and you find two households, interview both households. Make a note on the cover page of the household that was not on the listing. Your supervisor will assign this household a number, which you should enter on the questionnaire.

If the listing shows two households, only one of which was selected, and you find three households there now, only interview the one that had been selected and ignore the other two.

e) The head of the household has changed. In some cases, the person listed as the household head may have moved away or died since the listing. Interview the household that is living there.

f) The house is all closed up and the neighbours say the people are on the farm (or away visiting, etc.) and will be back in several days or weeks. Enter Code '3' (ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD). The house should be revisited at least two more times to make sure that the household members have not returned.

g) The house is all closed up and the neighbours say that no one lives there; the household has moved away permanently. Enter Code '6' (DWELLING VACANT OR ADDRESS NOT A DWELLING).

h) A household is supposed to live in a structure that when visited is found to be a shop and no one lives there. Check very carefully to see whether anyone is living there. If not, enter Code '6' (DWELLING VACANT OR ADDRESS NOT A DWELLING).

i) A selected structure is not found in the cluster, and residents tell you it was destroyed in a recent fire. Enter Code '7' (DWELLING DESTROYED).

j) No one is home and neighbours tell you the family has gone to the market. Enter Code '2' (NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT), and return to the household at a time when the family will be back.

Discuss with your supervisor any problems you have in locating the households that you are assigned to interview. Remember that the usefulness of the DHS sample in representing the entire country depends on the interviewers locating and visiting all the households they are assigned.

3. Identifying eligible respondents

To be “eligible” means to “qualify” for something. An eligible respondent is someone who is qualified to be included in our survey. You will use the Household Questionnaire to identify who is eligible to be interviewed with the Individual Questionnaire.

All women age 15-49 and men 15-54 in selected households who are either members of the household or visitors who stayed in the household the night before the day you are conducting the interview are considered eligible in the DHS. It is very important that you do not miss an eligible respondent when you fill in the Household Schedule.

In certain cases, you may find it difficult to decide whether or not a respondent is eligible. Use these examples as a guide:

Example(s): A visitor who spent the previous night in the house but is away at the market when you arrive. He is eligible because he spent the previous night in the household. You will probably need to make callbacks to interview him.

A woman is a usual resident, but she spent the previous night away at her sister’s house. She should be counted as a member of the household and listed on the Household Schedule; she is eligible to be interviewed.

A young woman is away at the university and only returns for very short visits. She is not a usual resident of the household nor did she stay there the night before. She should not be listed on the household schedule and is not eligible for an individual interview.

You must complete the cover page of an Individual Questionnaire for each eligible respondent that you identify in the household before starting the interview. If you cannot finish the interview for whatever reason, write the reason on the cover page. Take care to note any information that may be useful when you contact the person later.

In some households, there will be no eligible respondents (i.e., there will be no usual household members or visitors of eligible age). For these households, you will have a completed Household Questionnaire, with no accompanying Individual Questionnaire.

4. Problems in obtaining individual interviews

You may experience the following types of problems in obtaining an interview with an eligible respondent:

a) Eligible respondent not available. If the eligible respondent is not at home when you visit, enter Code ‘2’ (NOT AT HOME) as the result for the visit on the cover sheet and ask a neighbor or family member when the respondent will return. You should contact the household at least three times, trying to make each visit at a different time of day. Under no circumstances is it acceptable to conduct all three visits on the same day and then stop attempting to contact the respondent.

b) Respondent refuses to be interviewed. The respondent’s availability and willingness to be interviewed will depend in large part on the initial impression you make when you meet them. Introduce yourself and explain the purpose of the visit. Read the introduction printed on the Individual Questionnaire. You may emphasize the confidentiality of the information the respondent provides, and/or the short duration of the interview. If the respondent is unwilling to be interviewed, it may be that the present time is inconvenient. Ask whether another time would be more convenient and make an appointment. If the individual still refuses to be interviewed, enter Code ‘4’ (REFUSED) as the result for the visit on the cover sheet and report it to your supervisor.

c) Interview not completed. A respondent may be called away during the interview or they may not want to answer all the questions at the time you visit them. If an interview is incomplete for any reason, you should arrange an appointment to see the respondent again as soon as possible to obtain the missing information. Be sure that you record on the cover sheet of the questionnaire that the interview is incomplete by entering Code '5' (PARTLY COMPLETED) and indicate the time you agreed on for a revisit; you should also report the problem to your supervisor.

d) Respondent incapacitated. There may be cases in which you cannot interview a person because they are too sick, because they are mentally unable to understand your questions, or because they are deaf, etc. In these cases, record Code '6' (INCAPACITATED) on the cover sheet of the questionnaire and on your Assignment Sheet.

C. Checking Completed Questionnaires

It is the responsibility of the interviewer to review each questionnaire when the interview is finished. This review should be done before you leave the household so that you can be sure every appropriate question was asked, that all answers are clear and reasonable, and that your handwriting is legible. Also check that you have followed the skip instructions correctly. You may be able to make minor corrections yourself, but in many cases you will need to talk further with the respondent. Simply explain to the respondent that you made an error and ask the question(s) again.

Do not recopy questionnaires. As long as the answers are clear and readable, it is not necessary that the questionnaire itself be neat. Every time you transcribe the answers to a new questionnaire, you increase the chance of an error. For this reason you are not allowed to use work sheets to collect information. Record ALL information on the questionnaires provided. Any calculations you make should be written in the margins or on the back of the questionnaires.

Anything out of the ordinary should be explained either in the margins near the relevant question or in the comments section at the end. These comments are very helpful to the supervisor and field editor in checking questionnaires. Comments are also read in the office and used to resolve problems encountered during data entry.

D. Returning Work Assignments

At the end of fieldwork each day, check that you have filled out the cover sheet of a Household Questionnaire for each household assigned to you, whether or not you managed to complete an interview. Check also that you have completed the cover sheet of the Individual Questionnaire for each respondent identified, whether you were able to interview them or not. For all of the interviews that you have completed write the final result on the Interviewer Assignment Sheet and make any notes in Column (14) that may be of help to the Supervisor and Editor, such as any problems you experienced in locating a household or completing a Household Questionnaire or in conducting an interview with an eligible respondent. For difficult cases, at least three visits will be made to a household during the DHS in an effort to obtain a completed interview.

E. Data Quality

It is the responsibility of the field editor to review both the Household Questionnaires and the Individual Questionnaires from a sample cluster while the interviewing team is still in the cluster. The editing rules are explained in detail in the Supervisor's/Editor's Manual. It is especially important for the field editor to conduct thorough edits of questionnaires at the initial stages of fieldwork. The supervisor should assist in editing questionnaires during the first few weeks of fieldwork. The field editor will discuss with each interviewer the errors found in the collection of data. It may sometimes be necessary to send an interviewer back to a respondent in order to correct some errors.

IV. GENERAL PROCEDURES FOR COMPLETING THE QUESTIONNAIRE

To collect the information needed by the DHS, you must understand how to ask each question, what information the question is attempting to collect, and how to handle problems that might arise during the interview. You must also know how to correctly record the answers the respondent gives and how to follow special instructions in the questionnaire. This part of the training manual is designed to familiarize you with the DHS questionnaire.

A. Asking Questions

It is very important that you ask each question exactly as it is written in the questionnaire. When you are asking a question, speak slowly and clearly so that the respondent will have no difficulty hearing or understanding the question. At times you may need to repeat the question to be sure the respondent understands it. In those cases, do not change the wording of the question but repeat it exactly as it is written.

If, after you have repeated a question, the respondent still does not understand it, you may have to restate the question. Be very careful when you change the wording, however, that you do not alter the meaning of the original question.

In some cases, you may have to ask additional questions to obtain a complete answer from a respondent (we call this ‘probing’). If you do this, you must be careful that your probes are “neutral” and that they do not suggest an answer to the respondent. Probing requires both tact and skill, and it will be one of the most challenging aspects of your work as a DHS interviewer.

You will notice that some questions contain one or more words in parentheses. As shown below, the presence of parentheses indicates that a sentence needs to be adapted to fit the respondent’s specific situation.

1. Parentheses that indicate a choice must be made:

Example:

| | | | | |
|-----|--|------------------------|----------------------|----------------------|
| 802 | How old was your (husband/partner) on his last birthday? | AGE IN COMPLETED YEARS | <input type="text"/> | <input type="text"/> |
|-----|--|------------------------|----------------------|----------------------|

The question above is asked to female respondents. How you phrase the question – that is, which word in parentheses you choose to insert into the sentence – will depend on whether the respondent is married or is unmarried but lives with a man as if married. If the woman is married, you would ask “How old was your husband on his last birthday?” If the woman was unmarried but lives with a man, you would ask “How old was your partner on his last birthday?”

2. Parentheses that indicate a substitution must be made:

Example:

| | | |
|-----|------------------------------|--|
| 431 | Was (NAME) weighed at birth? | YES 1 NO 2 (SKIP TO 432A) ← DONT KNOW 8 |
|-----|------------------------------|--|

Notice that the word in parentheses is in all in capital letters. As you will learn about later (see Section D below), words in all-caps are instructions to interviewers that are not meant to be read out loud. Instead, in this example, substitute in the name of the individual the question is being asked about. For instance, if you are asking about the weight of a woman's son named Barack, ask "Was Barack weighed at birth?"

3. Parentheses that indicate an additional word may be needed:

Example:

| | | |
|-----|--|--|
| 522 | Was he/she given any of the following to drink at any time since he/she started having the diarrhea: | YES NO DK |
| | a) A fluid made from a special packet called Oralite or ORS? | a) FLUID FROM ORS PKT 1 2 8 |
| | b) A home-made sugar-salt solution? | b) ORS LQD 1 2 8 |
| | c) Another home-made liquid such as porridge, soup, yoghurt, coconut water, fresh fruit juice, tea, milk, or rice water? | c) HOMEMADE FLUID ... 1 2 8 |
| 523 | Was anything (else) given to treat the diarrhea? | YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8 |

The way the respondent has answered a prior question can affect the way you will ask later questions. If you had learned in Q.522 that the respondent had given her child a form of oral rehydration therapy when the child started having diarrhoea, you would then ask in Q. 523 "Was anything else given to treat the diarrhoea?" If in Q.522 you learned that the respondent had not given her child a fluid made from ORS or a home-made liquid, you would ask "Was anything given to treat the diarrhoea?"

B. Recording Responses

In the DHS, all interviewers will use pens with blue ink to complete all questionnaires. Supervisors and field editors will do all their work using pens with red ink. Never use a pencil to complete the survey questionnaire.

There are three types of questions in the DHS questionnaire: 1) questions that have precoded responses; 2) questions that do not have precoded responses, i.e., that are "open-ended"; and 3) filters.

1. Questions with precoded responses

For some questions, we can predict the types of answers a respondent will give. The responses to these questions are listed in the questionnaire. To record a respondent's answer, you merely circle the number (code) that corresponds to the reply. Make sure that each circle surrounds only a single number.

Example:

| | | | |
|-----|--------------------------------|---------------------------|-------|
| 104 | Have you ever attended school? | YES ① NO 2 | → 108 |
|-----|--------------------------------|---------------------------|-------|

In some cases, precoded responses will include ‘OTHER’. The OTHER code should be circled only when the respondent’s answer is different from any of the precoded responses listed for the question. Before using the OTHER code, you should make sure the answer does not fit in any of the specified categories. When you circle the OTHER code for a particular question you must always write the respondent’s answer in the space provided. If you need more room, use the margins or the comments section at the end. If you use the comments section, write, “see note in comments section” next to that question.

Example:

| | | |
|-----|--|--|
| 240 | Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods? | JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER <u>Full moon</u> ⑥ (SPECIFY) DON'T KNOW 8 |
|-----|--|--|

2. Recording responses that are not precoded

The answers to some questions are not precoded but require that you write the respondent’s answer in the space provided.

Recording numbers or dates in boxes. In some questions, you will record a number or date in the boxes provided. There are two ways this is done:

- **Boxes preceded by codes.** Whenever the boxes are preceded by codes, you will fill in the boxes in one row only. You must first circle the code that identifies the row you have chosen and then fill in the response in the boxes only for that row.

Example: If the respondent says her last period started three days ago, circle Code ‘1’ for DAYS AGO and write the response in the boxes next to the ‘1’.

| | | | | | | | | | | | |
|-----|---|---|---|---|---|--|--|--|--|--|--|
| 238 | When did your last menstrual period start? _____ (DATE, IF GIVEN) | DAYS AGO ① WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4 IN MENOPAUSE/ HAS HAD HYSTERECTOMY 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996 | <table border="1"> <tr> <td>0</td> <td>3</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | 0 | 3 | | | | | | |
| 0 | 3 | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

- **Boxes without preceding codes.** Whenever boxes are present without codes in front of them, you must enter information in all of the boxes.

Example: For a child born in February 2006, you must record both the month and year.

| | |
|---|---------|
| 215 | |
| In what month and year was (NAME) born? | |
| PROBE: What is his/her birthday? | |
| MONTH | 0 2 |
| YEAR | 2 0 0 6 |

When a response has fewer digits than the number of boxes provided, you should fill in leading zeroes. For example, a response of '9' is recorded '09' in two boxes, or if three boxes had been provided, you would record '009'.

Recording the answer exactly as given. There are questions where you must write down the response in the respondent's own words. Try to record those answers exactly as they are given; if you need to shorten a lengthy description, be careful to keep the meaning accurate, and if necessary, write a note on the bottom or side of the page to explain.

Example:

| | | |
|-----|---|--|
| 811 | What is your occupation, that is, what kind of work do you mainly do? | <div>Selling fruit in</div> <div>the market</div> <div> <input type="text"/> <input type="text"/> </div> |
|-----|---|--|

3. Marking filters

Filters require you to look back to the answer to a previous question and then mark an 'X' in the appropriate box. (See Section D.2 for description of filters.)

Example:

| | | | | | |
|-----|--|-------------------------------------|----------------------------|--------------------------|-----|
| 109 | CHECK 108: CODE '2', '3' OR '4' CIRCLED | <input checked="" type="checkbox"/> | CODE '1' OR '5' CIRCLED | <input type="checkbox"/> | 111 |
|-----|--|-------------------------------------|----------------------------|--------------------------|-----|

C. Correcting Mistakes

It is very important that you record all answers neatly. For precoded responses, be sure that you circle the code for the correct response carefully. For open ended responses, the reply should be written

legibly so that it can be easily read. If you made a mistake in entering a respondent's answer or she changes her reply, be sure that you cross out the incorrect response and enter the right answer. Do not erase an answer. Just put two lines through the incorrect response.

Here is how to correct a mistake:

Example:

| | | | | |
|-----|---|-----------------------|---|-------|
| 901 | Now I would like to talk about something else. Have you ever heard of an illness called AIDS? | YES NO | <div style="text-align: right;"> ① ② </div> | → 937 |
|-----|---|-----------------------|---|-------|

Remember that if you are not careful to cross out mistakes neatly, it may not be possible to determine the correct answer when the data are entered later into the computer.

D. Following Instructions

Throughout the DHS questionnaire, instructions for the interviewer are printed in all CAPITAL LETTERS, whereas questions to be asked of the respondent are printed in small letters. You should pay particular attention to the skip and filter instructions that appear throughout the questionnaire.

1. Skip instructions

It is very important not to ask a respondent any questions that are not relevant to his or her situation. For example, a woman who is not pregnant should not be asked for how many months she has been pregnant. In cases where a particular response makes subsequent questions irrelevant, an instruction is written in the questionnaire directing you to skip to the next appropriate question. It is important that you carefully follow skip instructions.

Example: In Q. 303, notice that if you circled Code '2' you would skip to Q. 311. Q. 304 is about the methods of contraception the woman is currently using and is only asked of women who responded 'YES' to Q. 303.

| | | | | |
|-----|---|-----------------------|--|-------|
| 303 | Are you currently doing something or using any method to delay or avoid getting pregnant? | YES NO | <div style="text-align: right;"> 1 ② </div> | → 311 |
|-----|---|-----------------------|--|-------|

2. Filters

To ensure the proper flow of the questionnaire, you will sometimes be directed to check a respondent's answer to an earlier question, indicate what the response was by marking a box, and then follow various skip instructions. Questions of this type are called "filters"; they are used to prevent a respondent from being asked irrelevant, and perhaps embarrassing or upsetting, questions.

For filter questions, it is important that you follow the instructions that ask you to check back to an earlier question. Do not rely on your memory. Remember that you do not need to ask the respondent the same question a second time. Check back and mark an 'X' in the appropriate box in the filter, then follow the skip instructions.

Example:

| | | |
|-----|---|-------|
| 302 | CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input checked="" type="checkbox"/> | → 311 |
|-----|---|-------|

V. HOUSEHOLD QUESTIONNAIRE

The purpose of the Household Questionnaire is to provide information on general characteristics of the population and their households. You will use it to identify women who are eligible to be interviewed with the Woman's Questionnaire, and men who are eligible to be interviewed with the Man's Questionnaire.

A. Identification of Household on the Cover Page

Before you go to a selected household, consult your Interviewer's Assignment Sheet to verify whether or not the household is selected for the short questionnaire.

Also, before you go to a selected household, fill in the identification information in the box at the top of the cover page. The identification information is obtained from the sample household listing and will be given to you by your supervisor.

The following are key points in completing the identification section:

- Write the name of the place or locality in which you are working.
- Write the name of the head of the household that you are to interview.
- Record the Cluster number and Household number in the boxes to the right of those lines.
- Record whether or not the household is selected for the Man's Survey in the boxes to the right of that line. Record 1 to indicate YES and 2 to indicate NO.

You will fill in the rest of the cover page after you have conducted the interview. See the instructions in Section C (RETURN TO COVER PAGE) below.

B. Completing the Household Questionnaire

To complete the Household Questionnaire, you will need to find a suitable respondent. Any adult member of the household who is capable of providing information needed to fill in the Household Questionnaire can serve as the respondent. If an adult is not available, do **not** interview a young child; instead, go on to the next household, and call back at the first household later.

Generally you will ask a single individual in the household for the information you will need to complete the household questionnaire. However, as appropriate, you may need to consult other members of the household for specific information.

INFORMED CONSENT

After introducing yourself, you must seek the respondent's consent for participation in the survey. Read the informed consent statement exactly as it is written. This statement explains the purpose of the survey. It assures the respondent his or her participation in the survey is completely voluntary and that he or she can refuse to answer any questions or stop the interview at any point.

After reading the statement, **you** (not the respondent) must sign in the space provided to affirm that you have read the statement to the respondent.

If the respondent does not agree to be interviewed, circle '2', thank the respondent, and end the interview. Then write '5' (REFUSED) as the result on the cover sheet.

HOUSEHOLD SCHEDULE (Qs. 1-20A)

Be sure to read the introductory sentence to inform the respondent that you are interested in getting information about all usual household members and any other persons who stayed in the household the night before the interview.

Column 1: LINE NUMBER

In Column 1, each row of the household schedule is assigned a unique number. This number is referred to as the 'Line Number'. It is used to identify the person listed on that row and to link all information collected later in the household and individual interviews to that person.

Column 2: USUAL RESIDENTS AND VISITORS

The first step in completing the household schedule is to request a list of all persons who usually live in the household and any visitors. To get a correct listing, you will have to know what we mean by a member of the household and what we mean by a visitor:

- Member of the household. A household may be one person or a group of persons who usually live and eat together. This is not the same as a family. A family includes only people who are related, but a household includes any people who live together, whether or not they are related. For example, three unrelated men who live and cook meals together would not be considered one family, but they would be considered to be members of the same household.
- Visitor. A visitor is someone who is not a usual member of the household but who stayed in the household the night before the day you are conducting the interview. If an individual stayed in the household the previous night, he or she should be listed on the Household Schedule.

Sometimes, it is not easy to know whom to include in the household and whom to leave out. Here are some examples:

- A woman lists her husband as head of the household, but he lives somewhere else. If he does not usually live in the household you are interviewing, and he did not sleep there the previous night, he should not be included in the listing.
- Sometimes, people eat in one household and sleep in another. Consider the person to be a member of the household where he or she sleeps.
- A person living alone is a household.
- A servant is a member of the household if he or she usually lives in the household.

Anyone included in the household listing has to be either a usual resident of that household—Column 5 is YES—or has to have spent the previous night in the household—Column 6 is YES.

As your respondent lists the names, write them down, one in each row in Column 2 of the table, **beginning with the household head.** The person who is identified as the head of the household has to be someone who usually lives in the household. This person may be acknowledged as the head on the basis of age (older), sex (generally, but not necessarily, male), economic status (main provider), or some other reason. It is up to the respondent to define who heads the household. There generally

should not be a problem with this. If the person responding to the household interview is not the head of household then you may record this person on the second line.

If the last name is the same for several people, you can use abbreviations or ditto marks:

Example: 01 David Jones
 02 Mary "
 03 Peter "

After entering a name, the relationship of that person to the head of the household and the sex should be recorded in Columns 3 and 4 *before* going on to record the name of the next person.

Column 3: RELATIONSHIP

Record how the person listed is related to the head of the household. Use the codes at the bottom of the page. **If the respondent is not the head of the household, make sure that you record the relationship of each person to the household head, not the relationship to the respondent.**

Example: if the respondent is the wife of the head of the household and she says that Simon is her brother, then Simon should be coded as Code 09 (OTHER RELATIVE) not Code 08 (BROTHER OR SISTER), because Simon is a brother-in-law of the head of the household.

If the head of the household is married to a woman who has a child from a previous marriage, that child's relationship to the head of the household should be coded as Code 10 (ADOPTED/FOSTER/STEPCHILD).

Column 4: SEX

Always confirm the sex of a person before recording it in Column 4 since there are many names that may be given to either a male or female.

When you have written all the names, you want to be certain you have included everyone who should be listed before continuing with the rest of the questionnaire. **To do this, ask questions 2A-2C at the end of the Household Schedule.** If the answer to any is YES, add those persons' names to the list.

After completing Columns 2 through 4 for all household residents and any visitors, start with the person listed on Line 01 and move across the page, asking each appropriate question in Columns 5 through 20A. When you have completed the information for the person on Line 01, move to the person listed on Line 02, etc.

Columns 5 and 6: RESIDENCE

In Column 5, record information on the person's usual residence. A usual member of the household may or may not have slept in the household the night before the interview. However, a visitor must always have stayed in the household the night before the interview.

If after asking these residence questions you learn that the person does not usually live in the household—Column 5 is NO—and did not sleep there the night before—Column 6 is also NO—you will have to delete this person from the listing because he/she is neither a member nor a visitor. After deleting the person, you must renumber the line numbers in Column 1 assigned to all of the persons listed in the household schedule after that person. You will also need to modify the line numbers in Columns 9, 10, and 11, and in the columns at the beginning of each page of the household schedule.

Example: You had listed Margaret Jones as Line Number 04 and then learned that she does not usually live in the household and she did not sleep there the night before. You would draw

a line through Row 04, cancelling Margaret from the listing. Then you would have to **renumber** the subsequent Line Numbers in Column 1. Whenever you change Column 1, you should also make corrections to the Line Numbers in Columns 9, 10 and 11 and in the columns to the left of Column 12.

Column 7: AGE

If you have difficulty obtaining the ages of household members, use the methods described for Qs. 102 and 103 in the Woman's Questionnaire to probe for the correct age. You are to obtain each person's age in completed years, that is, the age at the time of the last birthday.

Column 8: MARITAL STATUS

Column 8 is concerned with the current marital status of respondents who are 15 years or older. Thus, you should not record an answer in Column 8 if the respondent is 14 years or younger.

The coding category 'married or living together' includes both respondents who are legally married and respondents in informal unions. An informal union is one in which the man and woman live together for some time, intending to have a lasting relationship, but do not have a formal civil or religious ceremony.

If a respondent states that a household member is "single", probe to determine the appropriate coding category ('divorced/separated,' 'widowed,' or 'never-married and never lived together').

Columns 9, 10 and 11: ELIGIBILITY

Look at Column 7 and circle the Line Number in Column 9 for all women and in Column 10 for all men who are between 15 and 49 years of age (including those who are age 15 and those who are age 49). These individuals are "eligible" respondents, and they qualify for an interview using the Individual Questionnaire. Remember, the respondent may be a usual resident of the household or only a visitor. If the household is not selected for male interview, leave Column 10 blank.

Next, look at Column 7 again and circle the Line Number in Column 11 of any child who is 0-5 years of age. Children in this age range are eligible for anthropometric measurement and may be eligible for anaemia testing. If the household is not selected for anthropometry or haemoglobin testing, leave Column 11 blank.

Columns 12 through 15: SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS

For all children who are younger than 18 years old, we want to know whether their natural parents are listed in the Household Schedule. This information will be used to measure the prevalence of orphanhood and child fostering and to identify vulnerable children in the population. For everyone age 18 years and older, Columns 12 through 15 will be left blank.

Columns 12 and 13: SURVIVORSHIP AND RESIDENCE OF NATURAL MOTHER

First, ask whether the child's natural mother is alive. By "natural" we mean the biological mother, that is, the woman who gave birth to the child. In many cultures, people consider other people's children whom they are raising their own, especially children of their husband or sisters, etc. So you should be certain that the respondent understands that you are asking about the child's biological mother.

If the mother is still alive, ask the question in Column 12 to determine whether she lives in the household or is a visitor. If the mother does live in the household or is a visitor, ask who she is (she should be listed on the schedule if she lives in the household or is a visitor) and record her Line Number in Column 13. If the child's biological mother is still alive but does not live in the household

and is not a visitor, record '00' in the boxes in Column 13. Column 13 will be blank only when the child's biological mother is no longer alive or the respondent is not sure if the mother is alive.

Columns 14 and 15: SURVIVORSHIP AND RESIDENCE OF NATURAL FATHER

Follow the same procedure for the child's natural, biological father—Columns 14 and 15—as you do for the natural mother.

Remember, if sometime during the interview, after you have completed Columns 12 through 15, you find it necessary to cross someone off the Household Schedule and to renumber the Line Numbers, you must be sure to make changes in Columns 13 and 15 as appropriate.

Columns 16 through 19B: EDUCATION

Questions on education are only asked of children age 4 years and older. For anyone less than four years old, simply leave these columns blank.

The term "school" means formal schooling, which includes pre-primary, primary, secondary, and post-secondary schooling, and any other intermediate levels of schooling in the formal school system. This definition of school does not include Bible school or Koranic school or short courses like typing or sewing. However, it does include technical or vocational training beyond the primary school level, such as long-term courses in mechanics or secretarial work.

If the person has never attended school, you will leave Columns 17 through 19B blank.

If the person has attended school, you will record YES in Column 16 and then record the highest level of school the person has attained in the first box on the left in Column 17. Do this by using the codes at the bottom of the page. Then record the highest grade (form/year) the person completed at that level.

Example: A child who is currently in the third year of primary school (LEVEL 1) would have completed GRADE 02 (she has not yet completed the third year).

A man who has completed all the grades of primary school would be LEVEL 1, GRADE 06.

A man who left during his first year of secondary school would be recorded as LEVEL 2 and GRADE 00 because the highest level he attended was secondary, but he did not finish any grade at that level.

A respondent knows her son went to primary school but does not know what grade he completed. Record '1' for the level and '98' (DON'T KNOW) for the grade.

The questions in Columns 18 through 19B are concerned with recent school attendance. They should be asked of all persons age 4-24 years who ever attended school.

The term "attending school" refers to whether the person generally attends school; it does not measure how often a person actually goes to school but whether the person attends school at all. If a person goes to school occasionally, or usually goes to school but has been absent from school recently, record YES. Record 'NO' only if the person did not attend at all in the current school year.

If the person was in school during the 2013 school year, record the level (using the codes at the bottom of the page) and grade the person is/was attending in Column 19. If the person was in school during the 2012 school year, record the level (using the codes at the bottom of the page) and grade the person is/was attending in Column 19B.

When asking the question in Column 18 and 19A, you should be very careful to emphasize the calendar years to which the questions refer.

Column 20-20A: BIRTH REGISTRATION

In this question we are seeking information about whether children ages 0-4 years have a birth certificate. This is because prompt registration at birth is seen as an essential means of protecting a child's right to identity, as well as respect for other child rights. The lack of a birth certificate may prevent a child from receiving health care, nutritional supplements and social assistance, and from being enrolled in school.

We begin by asking if the child has ever been registered with the civil authority. If the respondent responds YES, probe to clarify if the child has a birth certificate or not. In the box in Column 20, record '1' if the child has a birth certificate. Record '2' if the child does not have a birth certificate but has been registered with the civil authorities; record '3' if the child does not have a birth certificate and has not be registered; and record '8' if the respondent does not know.

If the child was never registered, ask why and record the response in Column 20A.

CONTINUATION SHEET, Q. 2A – 2C

If you interview a household that has more than 20 members, mark the box following line 20 on the first page of the schedule. Take a fresh Household Questionnaire, fill in all the information on the cover page, and write "CONTINUATION" on the top. Then on the second Household Questionnaire, change Line Number 01 to 21 and if necessary, change line 02 to 22 and so on in Columns 1, 9, 10, and 11. Then write the information for these household members. Return to the first Household Questionnaire to complete the interview.

When all household members have been listed and their information recorded up to Q. 20A, complete Q. 2A – 2C at the bottom of the household schedule. These questions ensure no person in the household was missed.

HOUSEHOLD CHARACTERISTICS (Qs. 102-140)

After asking the questions about each member of the household, you will ask Questions 102 through 140 about household amenities and possessions.

Q. 102: HOUSEHOLD DRINKING WATER

The purpose of this question is to assess the cleanliness of the household drinking water by asking about the household's main source of water. If drinking water is obtained from several sources, probe to determine the source from which the household obtains the majority of its drinking water. If the source varies by season, record the main source used at the time of interview.

| Definitions of Water Source Codes for Q. 102 | |
|---|---|
| <u>Response Categories</u> | <u>Definition</u> |
| Piped into dwelling | Pipe connected with in-house plumbing to one or more taps, e.g. in the kitchen and bathroom. Sometimes called a house connection. |
| Piped to yard/plot | Pipe connected to a tap outside the house in the yard or plot. Sometimes called a yard connection. |

| | |
|--------------------------------|--|
| Public tap or standpipe | Public water point from which community members may collect water. A standpipe may also be known as a public fountain or public tap. Public standpipes can have one or more taps and are typically made of brickwork, masonry or concrete. |
| Tube well or borehole | A deep hole that has been driven, bored or drilled with the purpose of reaching ground water supplies. Water is delivered from a tubewell or borehole through a pump which may be human, animal, wind, electric, diesel or solar-powered. |
| Protected dug well | A dug well that is (1) protected from runoff water through a well lining or casing that is raised above ground level and a platform that diverts spilled water away from the well and (2) covered so that bird droppings and animals cannot fall down the hole. Both conditions must be observed for a dug well to be considered as protected. |
| Unprotected dug well | A dug well which is (1) unprotected from runoff water; (2) unprotected from bird droppings and animals; or (3) both. |
| Protected spring | A spring protected from runoff, bird droppings, and animals by a “spring box” which is typically constructed of brick, masonry, or concrete and is built around the spring so that water flows directly out of the box into a pipe without being exposed to outside pollution. |
| Unprotected spring | A spring that is subject to runoff and/or bird droppings or animals. Unprotected springs typically do not have a “spring box”. |
| Rainwater | Rain that is collected or harvested from surfaces by roof or ground catchment and stored in a container, tank or cistern. |
| Tanker truck | Water is obtained from a provider who uses a truck to transport water into the community. Typically the provider sells the water to households. |
| Cart with small tank | Water is obtained from a provider who transports water into a community using a cart and then sells the water. The means for pulling the cart may be motorized or non-motorized (e.g., a donkey). |
| Surface water | Water located above ground and includes rivers, dams, lakes, ponds, streams, canals, and irrigation channels. |
| Bottled water | Water that is bottled and sold to the household in bottles. |

Q. 103: LOCATION OF WATER SOURCE

If the response to Q. 102 is TANKER TRUCK (Code 61), CART WITH SMALL TANK (Code 71), or BOTTLED WATER (Code 91), record ELSEWHERE (Code 3) in Q. 103.

Q. 104: TIME TO GET WATER

This question is not asked if the source of drinking water is located within the dwelling or yard/plot or if the household relies on rainwater.

Include the time it takes to get to the source, wait to get water (if necessary), and get back to the house. Record the time it takes to get water by whatever means of transportation the person generally uses, whether the person walks or rides a bicycle or motor vehicle. If the respondent tells you that the water is delivered to their dwelling (a situation that could arise if the water comes from a tanker truck, a small cart with a tank, or is bottled), record '000'.

Convert answers given in hours to minutes. Put zeroes in front of the response if necessary; for example, "30 minutes" would be '030,' and "one hour and a half" would be '090'.

Q. 104A: PERSON FETCHING WATER

This question asks who usually obtains the water from the source mentioned. If the respondent mentions a child, probe to determine if the child is younger than 15 years old.

Qs. 105 and 106: TREATMENT OF DRINKING WATER

The purpose of Qs. 105 and 106 is to know whether the household drinking water is treated within the household and if so, what type of treatment is used. The type of treatment used at the household level provides an indication of the quality of the drinking water used in the household.

| Definitions of Water Treatment Codes for Q. 106 | |
|---|---|
| <u>Response Categories</u> | <u>Definition</u> |
| Boil | Boiling or heating of water with fuel. |
| Add bleach/chlorine | Use of free chlorine to treat drinking water. Free chlorine may be in the form of liquid sodium hypochlorite, solid calcium hypochlorite, or bleaching powder. |
| Strain it through a cloth | Pouring water through a cloth which acts as a filter for collecting particulates from the water. |
| Using a water filter (ceramic/sand/composite/etc.) | The water flows through media to remove particles and at least some microbes from water. Media used in filtering systems usually include ceramic, sand and composite. |
| Solar disinfection | Exposing water, which is stored in buckets, containers, or vessels, to sunlight. |
| Let it stand and settle | Holding or storing water undisturbed and without mixing long enough for larger particles to settle out or sediment by gravity. |
| Cover the water container | Storing the water in a closed container. |

Q. 107: TOILET FACILITIES

The purpose of this question is to obtain a measure of the sanitation level of the household, since toilet facilities are important for disease control and health improvement. If the respondent answers in general terms such as “flush toilet,” probe to determine where the toilet flushes to; likewise, if the respondent answers “latrine”, probe to determine the type of latrine. Below are some definitions for the terms used in the codes for Q. 107.

| Definitions of Toilet Facility Codes in Q. 107 | |
|---|--|
| <u>Response Categories</u> | <u>Definition</u> |
| Flush/pour flush toilet | A <u>flush</u> toilet uses a cistern or holding tank for flushing water and has a water seal, which is a U-shaped pipe, below the seat or squatting pan that prevents the passage of flies and odors. A <u>pour flush</u> toilet uses a water seal, but unlike a flush toilet, a pour flush toilet uses water poured by hand for flushing (no cistern is used). |
| - to piped sewer system | A system of sewer pipes (also called sewerage) that is designed to collect human excreta (feces and urine) and wastewater and remove them from the household environment. Sewerage systems consist of facilities for collection, pumping, treating and disposing of human excreta and wastewater. |
| - to septic tank | An excreta collection device consisting of a water-tight settling tank normally located underground, away from the house or toilet. |
| - to pit latrine | A system that flushes excreta to a hole in the ground. |
| - to somewhere else | A system in which the excreta is deposited in or nearby the household environment in a location other than a sewer, septic tank, or pit, e.g., excreta may be flushed to the street, yard/plot, drainage ditch or other location. |
| Pit latrine | Excreta are deposited without flushing directly into a hole in the ground. |
| - ventilated improved pit latrine (VIP) | A latrine ventilated by a pipe extending above the latrine roof. The open end of the vent pipe is covered with gauze mesh or fly-proof netting and the inside of the superstructure is kept dark. |
| - pit latrine with slab | A latrine with a squatting slab, platform or seat firmly supported on all sides which is raised above the surrounding ground level to prevent surface water from entering the pit and for ease of cleaning. |
| - pit latrine without slab/open pit | A latrine without a squatting slab, platform or seat. An open pit is a rudimentary hole in the ground where excreta is collected. |
| Composting toilet | A toilet into which excreta and carbon-rich material are combined (vegetable wastes, straw, grass, sawdust, ash) and special conditions maintained to produce inoffensive compost. |
| Bucket toilet | Involves the use of a bucket or other container for the retention of feces (and sometimes urine and anal cleaning material), which is periodically removed for treatment or disposal. |
| Hanging toilet/Hanging Latrine | A toilet built over the sea, a river, or other body of water allowing excreta to drop directly into the water. |

Qs. 108 and 109: SHARED TOILET FACILITIES

Q. 108 asks about whether the toilet facilities are shared with one or more other households. In Q. 109, we want to find out how many households, including the respondent's household, use the same facility. For example, if the respondent's household shares the toilet with one other household, record "02" in Q. 109. If they share it with two other households, record "03" in Q. 109. The number of households that share toilet facilities is an important measure of the level of hygiene in the household.

Q. 110: HOUSEHOLD ITEMS

The answers to these questions on ownership of certain items will be used as a rough measure of the socioeconomic status of the household. Read out each item and circle the answer given after each item. Do not leave any item(s) blank.

If the respondent reports that a household item such as a radio is broken, try to find out how long it has been broken and whether it will be fixed. If the item appears to be out of use only temporarily, circle '1' for YES. Otherwise, circle '2' for NO.

Q. 110A-B: CASH TRANSFERS

Ask if the household receives a cash transfer from the government. If the response is YES, ask for the reason. Probe for any other reasons and record all mentioned.

Q. 111: FUEL FOR COOKING

Information on the type of fuel used for cooking is collected as another measure of the socioeconomic status of the household. The use of some cooking fuels can also have adverse health consequences. Remember that this question asks about fuel for cooking, not fuel for heating or lighting. The category 'biogas' includes gases produced by fermenting manure in an enclosed pit.

If the household uses more than one fuel for cooking, find out the fuel used most often. If any fuel other than the precoded ones is reported as being the main fuel used for cooking, circle '96' and specify the type of fuel in the space provided.

Qs. 112 and 113: PLACE WHERE FOOD IS COOKED

The purpose of question 112 is to collect information on the location where food is prepared in the household: in the household, in a separate building, or outdoors. This information is important in providing an indicator of the air quality inside and around the dwelling. In Q. 113, information on whether the household has a separate room used as a kitchen provides additional information on the hygiene status of the household.

Q. 114: FLOOR MATERIAL

This is an observation not a question since you will usually be able to see for yourself what kind of floor the house has. However, ask if you are not sure.

If there is more than one kind of flooring material, record the main type of material (the material that covers the largest amount of floor space).

Q. 115: ROOF MATERIAL

As with the floor material, you will usually be able to see for yourself what kind of roof material the house has. However, observing the roof material may not always be easy or you may be able to observe part but not the whole roof. Ask the respondent if you are not sure or if you cannot observe

the roof properly. If the household lives in an apartment building, look at the roof from a reasonable distance and ask the respondent if necessary. If there is more than one kind of roofing material, record the main type of material (the material that covers the largest amount of roof space).

Q. 116: WALL MATERIAL

As with the floor and roof materials, you will usually be able to see for yourself what kind of material the exterior walls are made of. However, ask the respondent if you are not sure. Again, if there is more than one kind of wall material, record the main type of material (the material that covers the largest amount of wall space).

Q. 117: NUMBER OF ROOMS FOR SLEEPING

Record the number of rooms used for sleeping even if those rooms are not all bedrooms.

Q. 118: OWNERSHIP OF WATCH/MEANS OF TRANSPORTATION

As another rough measure of socioeconomic status, we also ask whether any member of the household owns a watch or various means of transport, e.g., a bicycle, motorcycle, or car or other means of transportation. A small child's bicycle is primarily a toy and should not be recorded here.

If the respondent reports that an item is broken, try to find out how long it has been broken and whether it will be fixed. If the item appears to be out of use only temporarily, circle '1' for YES. Otherwise, circle '2' for NO.

Q. 118A-B: OWNERSHIP OF RESIDENCE

Ask if anyone in the household owns the structure, rents the space, or lives there without payment (squatting). Then ask if anyone in the household owns the land on which the structure is located.

Qs. 119 and 120: OWNERSHIP OF AGRICULTURE LAND

Ownership of agriculture land is another important indicator of the socioeconomic status of the household. First ask Q. 119 to find out whether any member of the household owns any land that can be used for agriculture. Agricultural land refers to land that is used for growing crops (the crops may be food for people, food for animals, or other non-food crops), raising animals, and grazing animals. In answering this question, common land used to graze animals but not owned by the household should not be included. If the answer to Q. 119 is YES, ask Q. 120 on the number of hectares owned altogether by the members of the household. Record the answer in the boxes. If the household owns more than 95 hectares, circle '950'; if the number of hectares is unknown, circle '998'.

Qs. 121 and 122: OWNERSHIP OF LIVESTOCK, HERDS, POULTRY OR OTHER FARM ANIMALS

Information on whether households own any livestock, herds, poultry or other animals and how many they own is used as an additional indicator of the socioeconomic status of the household. First, ask Q. 121 to find out whether the household owns any livestock, herds, other farm animals or poultry. If YES, ask Q. 122 to find out what type of animals the household owns and how many of each. Read out each item and be sure to record the number in the respective boxes for each item. Do not leave any blank.

Q. 123: BANK ACCOUNT

Ask if any member in the household has an account with a bank, credit association or other similar organization in which they can deposit and withdraw funds. Record the appropriate answer. This does not include savings programs at the community level.

Q. 123A-B: STRATEGIES FOR COPING WITH FOOD SHORTAGES

This module is designed to capture information about the different behaviours employed by households when they cannot access enough food. It asks respondents how many days (within the past week) did their household have to engage in particular strategies related to the food shortage.

The enumerator should only seek responses from households which respond positively to Q123A. For these households, enumerators must administer all five questions (i.e. Q132Ba-e).

For all coping strategies, the recall period is set at the previous seven days. For example, if today is Wednesday, we would be asking about the period from Tuesday last week to yesterday.

The purpose is to capture the number of days (out of seven) that each strategy was employed by the household.

For each strategy, the column titled 'Number of days' requires a numeric value. If a household did not consume a particular food item/group in any days within the previous seven days, the enumerator should enter zero and then move on to the next line item.

The table below provides a brief description of each of the five coping strategies included in Q123B.

| Coping Strategy | Category Description |
|--|--|
| a) Rely on less preferred and less expensive foods | Household makes changes to types of foods consumed in order to manage the shortfall of food*. This question is concerned with the types of foods consumed rather than the quantities consumed. |
| b) Borrow food from a friend or relative | Household increases the short-term food availability by relying on help from friends or relatives in the form of food or money to buy food. |
| c) Reduce number of meals eaten in a day | A rationing strategy in which most household members consume fewer meals in the day to manage the shortfall of food. |
| d) Reduce portion size of meals | A rationing strategy in which the amount of food eaten at meals is reduced in order to manage the shortfall of food. |
| e) Reduce the quantities eaten by the (adults/mothers of young children) | A rationing strategy in which the food consumption of adults is restricted so that small children will have enough to eat. In households without children, the answer should be zero. |

* referred to in Q123A

Q. 123C: HOUSEHOLD SMOKING

This question is designed to measure household exposure to second-hand smoke. It will complement questions asked about tobacco use in the woman's and man's questionnaire.

Second-hand smoke refers to the smoke given off by the burning end of the tobacco product combined with that exhaled by the smoker. Exposure to second-hand smoke can cause lung cancer and heart disease in non-smokers. Second-hand smoke irritates the lungs and has been linked to more severe asthma, and more frequent colds and lung infections in children.

Qs. 124- 125: MOSQUITO CONTROL BY INDOOR SPRAYING

Spraying the interior walls of a dwelling with insecticide on a regular basis kills resting mosquitoes, and consequently greatly reduces malaria transmission. Begin by asking Q. 124 to determine whether the interior walls of the dwelling have been sprayed with insecticide within the past 12 months. Record YES only if the spraying was done as part of an organized spraying program. If someone in the household sprayed the interior walls with an aerial insecticide (such as DOOM), record NO (does not count as Indoor Residual Spraying). If the answer to Q. 124 is YES, ask Qs. 124A and 125 to find out how long ago the house was sprayed and whether the government, a private company, a non-governmental organization or someone else performed the spraying.

Qs. 126, 126A, and 127: POSSESSION OF MOSQUITO NETS

Q.126 inquires about whether the household has any mosquito nets, and, for households with at least one mosquito net, information is collected on the total number of mosquito nets in the household (Q.127). It does not matter if the nets are actually used or even if they are set up. If they are in the household and could be used while sleeping, they should be counted. Note that 'cake covers' or baby nets that are used to keep flies off infants, usually during the daytime, are not considered mosquito nets. These nets cannot be treated with insecticide. Window screens are also not considered mosquito nets.

Qs. 128-136: TYPE OF NETS, TREATMENT WITH INSECTICIDE, AND USE ON THE NIGHT BEFORE THE INTERVIEW

It is recognized that the consistent use of insecticide-treated mosquito nets (ITN) decreases the incidence of malaria and malaria-related deaths, especially in very young children. Consequently, many countries are now instituting programs that promote the use of ITNs.

There are various types and brands of mosquito nets. Some require regular treatment with insecticide; others are factory treated and do not require any treatment for 6-12 months (pre-treated) or 36 months (long-lasting insecticide-treated net; LLIN). In order to assess the effectiveness of mosquito net use in preventing malaria, we need to gather information on how long the household has had each net, the brand of net, whether the net has been treated with insecticide, and whether household members use the nets when they sleep at night.

To obtain this information, you will need to ask Qs. 128 through 136 as applicable for each net that the household owns. Ask to see all of the nets that the household has and systematically ask the questions for each net as it is shown to you – go column by column, beginning with the first net. Even if you cannot directly observe a net, you must ask the questions for each net the household member reports.

To distinguish each net, you may use phrases like, "Now let's talk about the first net you showed me" or 'Let's talk about the net which (NAME) uses'. If a household has more than 3 nets, use an additional questionnaire. At the top of pages 13 and 14, rename the columns 'NET #4', 'NET #5', and 'NET #6'.

Q. 128: NET OBSERVED OR NOT

For each net, record first whether you actually observed the net.

Q.129: WHEN NET OBTAINED

Then ask how many months ago the household obtained the net. If the net was obtained within 36 months from the interview date, you must record the actual number of months before the interview that the net was obtained. If the household got the net more than 36 months ago, record '95'. The

respondent may tell you that they are not exactly certain when the net was obtained. In such cases, probe to try to get some idea of approximately how many months ago the net was obtained. Record '98' (NOT SURE) if the respondent does not have any idea of how long ago the household obtained the net.

Qs. 130 and 131: TYPE AND BRAND OF NET AND INSECTICIDE TREATMENT

Q. 130 asks about the type and brand of net. You will become familiar with the most common brands of nets during the training; however, you may encounter nets in the field that you will not recognize. If the respondent tells you or you learn from the packaging that the net is a LLIN, a LLIN but not one of the listed brands or if you cannot determine the brand circle '16'. Similarly if you determine that the net is pre-treated but it is not one of the listed brands or you cannot determine the brand, circle '26'. If you cannot observe the net and the brand is unknown, show pictures of typical net types/brands to the respondent in an effort to identify it.

In some cases, you may be able to identify the net brand but not whether it is a LLIN or a pre-treated net; for those nets, circle '96' (OTHER BRAND). When you cannot obtain information on either the type or brand of a net, circle '98' (DK BRAND).

If the response to Q. 130 is either "OTHER BRAND" or "DK BRAND," you must ask Q. 131. Probe to determine if the respondent knows whether or not the net was treated when the household first got it.

Qs. 132- 133B: INSECTICIDE TREATMENT OF PRE-TREATED NETS

Qs. 132 and 133 obtain information on whether the household has ever treated the net with insecticide and, if so, how many months ago the net was last treated. When asking Q.132, make sure that the respondent understands that you don't mean simply "washing the net" or spraying it with insecticide from a can or canister. We want to know whether the net was soaked or dipped in an insecticide. This information will be linked to the information on the type of net and when the net was obtained to determine if the net is still effective. Ask Q. 133A while showing the sachet to determine if the net was treated with K-O Tab 1-2-3 Binding Agent. Finally, ask if the net was treated as a part of a re-treatment campaign.

Qs. 134 and 135: SLEEPING UNDER THE MOSQUITO NET

These questions help us to link a particular mosquito net to the person(s) who slept under it the night before the survey. Obviously it does little good to have up-to-date treated nets in the household if they are not used for sleeping at night. In Q. 134, ask the respondent if anyone slept under each mosquito net last night, and if the respondent answers YES, record in Q. 135 who slept under the net last night. If more than four people slept under a single net the night before the survey, record only the first four people mentioned by the respondent. For each person mentioned, record their name and their corresponding line number from the household schedule.

Q. 136: FILTER FOR NEXT NET

At this point, go back to Q.128 for the next net. If you have finished these questions for all the nets belonging to the household, proceed to Q. 137.

Qs. 136A-139: HANDWASHING

These questions measure a key aspect of personal hygiene that has implications on the health of all household members, but is especially important for children. First ask if members of the household usually wash their hands with soap in Q. 136A. If the answer is YES, ask Q. 136B to determine when they wash their hands – probe for all reasons. In Q. 137, ask the respondent to show where members

of the household wash their hands. If the location is observed, note whether or not water is available (Q. 138) and whether soap/detergent or ash/mud/sand is present (Q. 139).

Q. 139A: HOUSEHOLD FOOD CONSUMPTION

This module aims to obtain information about the diet consumed by the household. Specifically, it asks respondents how many days (within the past week) their household consumed each of the food items/groups listed in the module (Q139A, a-p). The module also asks how each food was obtained. All households must respond to these questions.

The household respondent must answer on behalf of the entire household. If one member of a household consumes food away from the household, the items eaten should not be recorded. If the entire household ate outside of the household, then the foods consumed should be recorded¹. Similarly, if a food item is consumed at home by only one household member it should not be recorded.

For all food items, the recall period is set at the previous seven days. For example, if today is Wednesday, we would be asking about the period from Tuesday last week to yesterday. The purpose is to capture the number of days out of seven that each food item/group was consumed.

The food items/groups listed from 139Aa-p must collectively account for the entire diet consumed by the household. In other words, all foods consumed by the household during the 7 days must be recorded somewhere in the list. Related to this, it is important to note that the listed food items/groups are mutually exclusive². Therefore the enumerator must be careful not to record consumption of any one food item in more than one category in the list.

For each food item/group, the column titled 'Number of days eaten in past 7 days' requires a numeric value. If a household did not consume a particular food item/group in any days within the previous seven days, the enumerator should enter zero and then move on to the next line item.

Food line items 139Aa to 139Ao are intended to only record the consumption of significant quantities of food by the household. The *condiments* line item (139Ap) should be used to capture consumption of very small quantities of certain foods have been consumed. Essentially, if a food item is consumed only as a condiment or in a similarly small quantity (i.e. dairy cream, grated cheese, and powdered milk) it should only be recorded in 139Ap.

The table below provides some examples of what constitutes a 'small quantity' for each food group. This table should be adjusted to suit Kenya and used to guide enumerators in determining whether household consumption of a food item should be recorded in the module.

Examples of food quantities too small for module categories (139Aa-o)

| Food items/groups | Example quantities | | | |
|----------------------------|--|-------------------------------------|--------------------------|--|
| Meat, chicken, fish | One small piece (like a box of matches) shared among 3 or more persons | One piece to add flavour to a soup | | |
| Eggs | One egg shared among 4 or more persons | | | |
| Milk | A drop of milk added to tea and/or | A single glass or cup for 3 or more | A spoon of powdered milk | |

¹ This is particularly acute in urban and peri-urban areas.

² While this should be clear by the names of the food groups, it is important to highlight this to enumerators.

| | | | | |
|-------------------|--|--|---------------------|--|
| | coffee | persons | added to coffee/tea | |
| Cheese | A little grated cheese spread over meals | A small piece (like a box of matches) shared among 4 or more persons | | |
| Vegetables | One or two tomatoes or onions used as condiment | | | |
| Fruits | 'fruits used to flavour drinks, such as lemon in icetea. | Only one unit for 4 or more persons | | |

The table below provides a brief description of the types of foods to be included in each food group.

| Food item/group | Description |
|--|---|
| a) Cereals and grain: | Includes foods such as grain, ugali and porridge from maize, sorghum, millet; also includes rice, pasta, bread, cake, biscuits, chapatti, mandazi/donuts, githeri, |
| b) Roots and tubers: | Includes foods such as potatoes, yam, cassava, sweet potato, green bananas and / or other tubers. |
| c) Legumes / nuts : | Includes legumes/nuts such as beans, cowpeas, pigeon peas, split peas, green grams, lentils, peanuts, nuts (ground nuts, cashew nuts), soy, and / or other nuts. |
| d) Orange vegetables (vegetables rich in Vitamin A): | Includes orange vegetables such as carrot, red pepper, pumpkin. |
| e) Green leafy vegetables,; | Includes green vegetables such as Sukuma, spinach, cow peas leaves, broccoli, amaranth and / or other dark green leaves, cassava leaves |
| f) Other vegetables: | Includes vegetables such as onion, tomatoes, cabbage, cucumber, radishes, green beans, peas, lettuce, etc. |
| g) Orange fruits (Fruits rich in Vitamin A): | Includes fruits such as mango, paw paw, apricot, peach |
| h) Other Fruits: | Includes fruits such as passion fruit, water melon, ripe banana, apple, oranges, lemon, tangerine |
| i) Meat: | Includes all meat e.g. goat, beef, chicken, duck, pork, mutton, camel meat (but only meat in large quantities should be recorder, and not as a condiment) |
| j) Liver, kidney, heart, matumbo and / or other organ meats | As described. |
| k) Fish / Shellfish: | Includes all fish or shellfish, including canned tuna, and / or other seafood (fish in large quantities and not as a condiment) |
| l) Eggs | |
| m) Milk and other dairy products: | Includes all dairy products, such as fresh milk, fermented milk (mala), yogurt, cheese, other dairy products (Exclude margarine / butter or small amounts of milk for tea / coffee) |
| n) Oil / fat / butter: | Includes vegetable oil (corn oil, sunflower oil coconut oil, palm oil) fats (butter, margarine, ghee, and cooking fat) other fats / oil. |
| o) Sugar, or sweet: | Includes sugar, glucose, honey, jam, cakes, sweets, candy, cookies, pastries, and other sweet (sugary drinks and artificial juices). |
| p) Condiments / Spices: | This group includes tea, coffee / cocoa, salt, garlic, spices, pili-pili, yeast / baking powder, tomato / sauce, meat or fish as a condiment, |

| | |
|--|--|
| | condiments including small amount of milk / tea coffee. Royco, mchuzi mix. |
|--|--|

Q 139B: SOURCE OF FOOD

The food consumption module also aims to obtain information about how each food group was acquired by the household. The food source column (Q139B) is used to record the *main method* by which the household obtained each recorded food item/group. In situations in which a household states that a particular food group was sourced equally from two or more main sources, the enumerator must probe to determine which source provided the highest share of the foods belonging to that food group.

The table below provides a brief description of the types of foods to be included in each food group.

| Food source | Description |
|--|--|
| 21) Own production | Household mostly obtained this food from their own production of crops or animals. |
| 22) Fishing, hunting, gathering | Household mostly obtained this food from activities such as fishing, hunting and/or gathering. |
| 23) Loaned, borrowed | Household mostly obtained this food by borrowing. If a household reports having 'borrowed food' as a main food source, this reflects a situation in which the household must repay the lender at some future point in time (with food or money). |
| 24) Purchased | Household mostly obtained this food through purchases at formal or informal markets using cash or credit. |
| 25) Begged | Household mostly obtained this food through begging. If a household's main source of food is purchases but the cash used to purchase the food was obtained by begging, then the main source recorded should be 'begging'. |
| 26) Exchange for labour | Household mostly obtained this food as payment for work. |
| 27) Gift from family, friends | Household mostly obtained this food as gifts from friends and family. |
| 28) Food aid from civil society, NGO, government | Household mostly obtained this food in the form of aid from civil society, NGOs, or government. |
| 96) Other | Household mostly obtained this food from source/s not listed above. |

Q. 140: TESTING SALT FOR IODINE

The purpose of this question is to assess whether the household uses salt that has been fortified with iodine in cooking. Fortified salt prevents iodine deficiency. Iodine is an important micronutrient and a lack of it may lead to an enlarged thyroid gland in the neck known as goiter or other thyroid-related health problems.

TESTING FOR PRESENCE OF POTASSIUM IODATE: Ask the respondent for a sample of cooking salt (a quantity of about one half teaspoon). If the household uses more than one type of salt, make sure that the sample provided is the salt that the household uses for cooking. Fill the small white cup (provided with the test kit) with the salt and then spread the salt on a clean plate, piece of paper, or other flat surface. If you are using a new test kit for the first time, start by making a pin hole in the test-solution ampoule (white cap) and the retest-solution ampoule (red cap). To test the salt for the presence of iodine, first shake the vial of test solution in the clear ampoule and gently squeeze two

drops of the liquid on the surface of the salt sample. If the salt is iodized, the wet salt should turn a violet/blue color within one minute. Circle '1' for IODINE PRESENT in Q. 140 and continue with the next question.

If there is no color change, you need to continue the testing procedure. Shake the vial of recheck solution in the red ampoule and gently squeeze five drops of the liquid on a fresh sample of salt. Immediately add two drops of test solution on the same spot on the salt. If the salt turns a violet/blue color, circle '1' for IODINE PRESENT in Q. 140. If the color does not change, circle '2' for NO IODINE. If the light indoors is inadequate to detect a subtle color change, it may be necessary to examine the salt sample outdoors.

TABLE FOR SELECTION OF ONE WOMAN/MAN PER HOUSEHOLD FOR THE DOMESTIC VIOLENCE MODULE

In any given household only one woman age 15-49 / man age 15-54 should be randomly selected from among eligible women/men in the household. Since domestic violence data will be collected from both sexes in the KDHS, all precautions must be taken to avoid administering the domestic violence module to a woman and man in the same household. In the households selected for the women's domestic violence (section 14 in the Women's Questionnaire), only one woman per household will be administered section 14 / the domestic violence module. In the households that are not selected for woman's section 14... men will be asked about domestic violence (section 10 in the men's questionnaire) and only one man per household will be administered the domestic violence module. Households are randomly selected (by a computer before the survey starts) to collect domestic violence data from either women or men. All these measures are necessary to ensure the ethical implementation of the domestic violence module and to maximize the disclosure of actual violence.

There are two tables in the Household Questionnaire to assist with the selection of one woman and one man in alternate households. These are called Random Number Tables.

To use the table for the selection of one woman/man per household, follow these steps:

1. Look at the last digit of the Household Questionnaire Serial Number on the cover page.
2. This is the row number you should select on the Random Number Table.
3. Check the total number of eligible respondents in the Household Schedule; for women check Column 9; for men check Column 10.
4. This is the column number you should select on the Random Number Table.
5. Follow the selected row and column to the cell where they meet.
6. Circle the number in this cell on the Random Number Table.
7. This is the number of the woman/man selected for the domestic violence module (for women from the list of eligible women in Column 9; for men from the list of eligible men in Column 10 of the Household Schedule). For example, if you are selecting one woman per household and the circled cell lists the number '2,' then go to the Household Schedule and find the second woman who is eligible in Column 9.
8. Write the name and the Line Number of the selected woman/man in the space below the Random Number Table.

WEIGHT, HEIGHT (Qs. 201-270)

Certain individuals in the household (both usual residents and visitors) are eligible for anthropometry. All children age 0-5 years (0-71 months) in all households and women age 15-49 in one-half of households are eligible to have their height and weight measured.

Complete the headings of the biomarker section of the household questionnaire for children and women (Qs. 202 and 215). To do so, you will use the information collected in the household schedule. In Q. 202, record the names and line numbers of all children whose line numbers are circled in Column 11. In Q. 215, record the names and line numbers of all women whose line numbers are

circled in Column 9. If there are more than six eligible children, or more than three eligible women, use an additional questionnaire.

A special training manual has been prepared for anthropometry.

C. Return to Cover Page

After you have finished filling out the Household Questionnaire, go back to the cover page of the Household Questionnaire.

INTERVIEWER VISITS

After you have contacted the household, you will need to write in the result of your visit. The spaces under (2) and (3) are for recording the results of any callbacks that you may have to make if you cannot contact the household on your first visit. Remember, you must make at least three different visits to try to obtain an interview with a household.

RESULT CODES

The result of your final visit to a household is recorded in two places: on the cover sheet of the Household Questionnaire and in Column (7) of the Interviewer's Assignment Sheet. You will make every attempt to contact and interview the household, but sometimes it may happen that you make three visits to the household (at different times) and are unable to conduct the interview. In this case, you record the result of the third visit.

The following are descriptions of the various result codes:

- Code 1 Completed. Enter this code when you have completed the household interview.
- Code 2 No household member at home or no competent respondent at home at time of visit. This code is to be used in cases in which the dwelling is occupied, but no one is at home. If no one is at home when you visit, or if there is only a child at home or an adult member who is ill, deaf, or mentally incompetent, enter Code '2' as the result of the visit. Try to find out from a neighbour or from the children when a competent adult will be present and include this information in the visit record.
- Code 3 Entire household absent for extended period of time. This code is to be used only in cases in which no one is at home and the neighbours say that no one will return for several days or weeks. In such cases, enter Code '3' as the result of that visit. Since the neighbours may be mistaken, you should make callbacks to the household to check that no one has returned. In cases in which no one is at home and you cannot find out whether they are gone for a few hours or a few weeks, enter Code '2.'
- Code 4 Postponed. If you contact a household, but for some reason, it is not convenient for them to be interviewed, then schedule a callback interview and enter Code '4' on the cover sheet as a result code for that visit. If there is some extreme circumstance such that the interview is never conducted, you would enter Code '4' for the final result code.
- Code 5 Refused. The impression you make during your initial contacts with members of a household is very important. Be careful to introduce yourself and explain the purpose of the survey. Stress that the interview takes only a short amount of time and that the information will be confidential. If the individual with whom you first talk is unwilling to cooperate, ask to speak with another member of the household, such as the household

head. Suggest that you can return at another time if it would be more convenient. If the individual still refuses to cooperate, enter Code '5' and report the problem to your supervisor.

- Code 6 Dwelling vacant or address not a dwelling. In some cases you may find that a structure number assigned to you is unoccupied, that is, it is empty with no furniture and is not being lived in. This is what we call "vacant," and you should enter Code '6.' Other times, you may find that a structure is not a residential unit. It is a shop, church, school, workshop, or some other type of facility that is not used as a living area. After making sure there are no residential units in back of or above the premises, enter Code '6' as the result for the visit. Be sure to report the situation to your supervisor.
- Code 7 Dwelling destroyed. If the dwelling was burned down or was demolished in some other manner, enter Code '7.'
- Code 8 Dwelling not found. You should make a thorough search, asking people in the area whether they are familiar with the address or the name of the household head. If you are still unable to locate the structure, you should enter Code '8' as the result for the visit to that household and inform your supervisor.
- Code 9 Other. There may be times that you cannot interview a household and the above categories do not describe the reason. Examples of cases that would fit in the 'Other' category would be if the entire cluster is flooded and inaccessible or if the household is quarantined because of a disease.

FINAL VISIT

After you have paid your last visit to the household, you will fill in the boxes under FINAL VISIT. The date on which you completed the household interview is recorded in the DAY, MONTH, YEAR boxes. For example, the last day in October 2010 would be DAY 31, MONTH 10, YEAR 2010. Write your assigned interviewer number in the boxes labelled INT. NUMBER.

Record the result for the final visit in the RESULT box. Add up the number of visits you made for the household interview and enter the total in the box labelled TOTAL NUMBER OF VISITS.

LINE NUMBER OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE

After you have completed the household interview and recorded details about the visit, record the line number of the respondent to the household questionnaire in the space provided.

Record the TOTAL PERSONS IN HOUSEHOLD. You will also record in the boxes labelled TOTAL ELIGIBLE WOMEN the total number of women in the household who are eligible for interview with the Woman's Questionnaire. If there are no eligible women then write '00'. If the household is selected for male interview, write the total number of eligible men in the boxes labelled TOTAL ELIGIBLE MEN.

BOTTOM OF COVER PAGE

At the bottom of the cover page, the supervisor will write his name and enter his identifier number. The field editor will also write her name and number. Office editing and data entry will only be done in the main office, and space is provided for the office editor and data entry person to record their identifier numbers.

PREPARE AN INDIVIDUAL QUESTIONNAIRE FOR EACH ELIGIBLE PERSON

After completing a household interview, allocate an Individual Questionnaire for each eligible respondent identified in the household. You will fill in the identification information on the cover sheet of the Individual Questionnaire for each eligible respondent identified in the Household Schedule. For example, if after completing the household interview, you have found that there are three women and one man eligible for the individual interview, you will take three Woman's Questionnaires and one Man's Questionnaire and fill in the identification information for each of the four respondents.

The identification information on the Individual Questionnaire Cover Page is similar to the identification information on the Household Questionnaire. However, on the Individual Questionnaire Cover Page, you must write the eligible respondent's name and the Line Number he/she was assigned from Column 1 in the Household Schedule. If an eligible respondent is immediately available, proceed to interview them.

After completing the interviews with the eligible respondents, you will return the Household Questionnaire to your field editor with ALL of the completed Individual Questionnaires tucked inside.

VI. WOMAN'S QUESTIONNAIRE

The Woman's Questionnaire consists of a cover page and fourteen sections as follows:

- Section 1: Respondent's Background
- Section 2: Reproduction
- Section 3: Contraception
- Section 4: Pregnancy and Postnatal Care
- Section 5: Child Immunization, Health and Nutrition
- Section 6: Marriage and Sexual Activity
- Section 7: Fertility Preferences
- Section 8: Husband's Background and Woman's Work
- Section 9: HIV/AIDS and Other Sexually Transmitted Infections
- Section 10: Other Health Issues
- Section 11: Maternal Mortality
- Section 12: Fistula
- Section 13: Female Genital Cutting
- Section 14: Domestic Violence

In addition, an event calendar where information about a respondent's births, unions, and periods of contraceptive use is recorded is found at the back of the Woman's Questionnaire. The questionnaire also includes a page for field staff to record observations about the interview.

A. Cover Page

After completing the household questionnaire, you should have prepared a questionnaire for each eligible woman by filling in the identification section on the cover page. As you begin to interview the woman, you should fill in the area labelled "Interviewer Visits." Here, you will record your own name, keep a record of your visits, and record the final date and result code. You will also be entering this information into your Interviewer's Assignment Sheet.

B. Section 1: Respondent's Background

In the first section of the questionnaire, you will begin by obtaining the respondent's consent to the interview and then collect some general background information on the respondent.

INFORMED CONSENT

You must seek the respondent's consent for participation in the survey. Read the informed consent statement exactly as it is written. This statement explains the purpose of the survey. It assures the respondent her participation in the survey is completely voluntary and that she can refuse to answer any questions or stop the interview at any point.

After reading the statement, **you** (not the respondent) must sign in the space provided to affirm that you have read the statement to the respondent.

If the woman does not agree to be interviewed, circle '2', thank the respondent, and end the interview. Then write '4' (REFUSED) as the result on the cover sheet.

REQUEST FOR DOCUMENTS

Before you begin the individual interview, ask the respondent to collect any birth certificates, identity cards, and health/immunization cards that she has for herself and her children. To complete some sections of the questionnaire, you will need to examine these documents, so assure the respondent that you have plenty of time to wait while she looks for them.

Q. 101: TIME

Record the time of the day you start the woman's interview using the 24-hour system. If the hour or minutes are less than 10, put a zero in the first box.

| | | | |
|-------------------------------------|---------------|---|---|
| Half past nine in the morning is: | HOUR..... | 0 | 9 |
| | MINUTES | 3 | 0 |
| | | | |
| Half past four in the afternoon is: | HOUR..... | 1 | 6 |
| | MINUTES | 3 | 0 |

Q. 101A: TYPE OF RESIDENCE

This question is asking the woman where she has lived for the majority of the time since she was 12 years old. If she lived in multiple places, ask for the one where she spent the most time.

Q. 101B: LENGTH OF RESIDENCE

This question asks how long the woman has been living in the locality where she is living at the time of the interview, i.e., her current place of residence. Here, "living continuously" means without having moved away from a locality. For example, if the respondent has been away from her home only on visits, these periods should not count as having lived away. If she has moved from one dwelling to another within the same neighbourhood, it also does not count.

If she has always lived in her current place of residence (that is, she has never lived in any locality), circle '95.' If she is a visitor, circle '96' for VISITOR. If either '95' or '96' is circled, the two code boxes should be left blank.

If she has lived in other places, ask her to count how many years she has been living continuously in her current place of residence (how many years have passed since she last moved to this locality). Record her answer in completed years.

Example: If the answer is "three and half years," write '03.' If the answer is less than one year, write '00.'

Q. 101C: PREVIOUS RESIDENCE

This question is asking the woman if she has lived primarily in a city, town, or the country-side prior moving to the place she currently lives.

Q. 101D: NATIONALITY

Ask the woman for her nationality. Nationality is the same thing as citizenship.

Q. 101E: REASON FOR MIGRATION

Ask why she moved to Kenya. If she gives multiple reasons, ask which one is the primary reason.

Q. 102: MONTH AND YEAR OF BIRTH

Qs. 102 and 103 must be asked independently of the information on the Household Questionnaire. Even if you already asked the respondent her age when you were completing the Household Questionnaire, you must ask again for her date of birth on the Woman's Questionnaire.

If the respondent knows her date of birth, write it in the appropriate boxes for MONTH and YEAR. You will need to convert the month into numbers. For this, January is '01', February is '02', March is '03', and so on. If she does not know her month of birth, circle '98' for DON'T KNOW MONTH and ask her for the year of her birth. If she knows the year, write it in the boxes for YEAR. Try under all circumstances to obtain at least the year of birth.

If the respondent is unable to provide this information, ask whether she has any documentation such as an identification card or a birth or baptismal certificate that might give her date of birth. Circle '9998' for DON'T KNOW YEAR only if the respondent does not know and cannot provide any record showing her birth date.

Q. 103: AGE

This is one of the most important questions in the interview, since almost all analysis of the survey data depends on the respondent's age. You must ask Q. 103 even if the woman provided her birth date in response to Q. 102.

If the woman knows her age, write it in the space provided. If the woman does not know her age, you will need to use one of the following methods to estimate her age.

(a) If the year of birth is reported in Q. 102, compute the woman's age as follows:

- Already celebrated birthday in the current year. If the woman has had her birthday in the current year, subtract the year of birth from the current year 2014.
- Not yet celebrated birthday in the current year. If the woman has not yet had her birthday in the current year, subtract the year of birth from last year 2013.
- Does not know when her birthday is. If the woman does not keep track of the time within a year when her birthday falls, it is sufficient to subtract year of birth from the current year 2014.

(b) If the woman does not know her age, and year of birth is not reported in Q. 102, you will have to probe to try to estimate her age. There are several ways to probe for age:

1) Ask the respondent how old she was when she got married or had her first child, and then try to estimate using information on when she got married or had her first child.

EXAMPLE: If she says she was 19 years old when she had her first child and that the child is now 12 years old, she is probably 31 years old.

2) Relate her age to that of someone else in the household whose age is more reliably known.

3) Try to determine how old she was at the time of an important event such as war, flood, earthquake, change in political regime, etc. and add her age at that time to the number of years that have passed since the event.

(c) The woman does not know her age and probing did not help.

If probing does not help in determining the respondent's age and date of birth was not recorded in Q. 102, you will have to estimate her age. Remember, this is a last resort to be used only when all your efforts at probing have failed.

Checking Consistency of Birth Date and Age Responses

If the woman answers both Qs. 102 and 103, i.e., she gives both her birth date and her age, you must check that her answers are consistent. There are two methods for checking whether the age and year of birth are consistent: the arithmetic method and the chart method. A detailed description of each method follows. You may use either method to check the consistency of birth date and age information.

Arithmetic Method

The arithmetic procedure requires that you first calculate the sum of the year of birth and the age. Use the margin of the questionnaire to do the necessary arithmetic. Then apply one of the following rules to determine if these responses are consistent.

(1) IF BOTH MONTH AND YEAR ARE RECORDED IN QUESTION 102

- If the month of birth is before the month of interview (the respondent has had her birthday this year), then her age plus the year of birth should equal the year of interview (2013).

Example: A respondent that you interview in July 2014 tells you that she was born in January 1965 and is 49 years old. Her responses are consistent, i.e., her month of birth (January) is before the month of interview (July) and the year of birth (1965) and age (49) sum to the year of interview (2014).

Another respondent that you interview in July 2014 says she was born in May 1983 and she is 30 years old. Her responses are inconsistent, i.e., her year of birth (1983) and age (30) sum to 2013 rather than to 2014 as would be expected given that her month of birth (May) is before the month of interview (July). The correct age to record is 31 years old.

- If the month of birth is after the month of interview (she has not had her birthday this year), then her age plus her year of birth should equal the previous year (2013).

Example: A respondent interviewed in July 2014 tells you that she was born in December 1974 and is 39 years old. Her responses are consistent, i.e., her month of birth (December) is after the month of interview (July) and the year of birth (1974) and age (39) sum to the previous year (2013).

Another respondent interviewed in July 2014 says that she was born in September 1970 and is 44 years old. Her responses are inconsistent, i.e., her year of birth (1970) and age (44) sum to 2014 rather than to 2013 as would be expected given that her birth month (September) is after the month of interview (July). The correct age to record is 43 years.

- If the month of birth is the same as the month of interview and the exact date is unknown, then a sum of either 2013 or 2014 is acceptable.

(2) IF ONLY YEAR OF BIRTH IS RECORDED IN Q. 102.

Add the year of birth to the respondent's age. Accept the sum if it is equal to either to the year of interview 2014 or the previous year 2013.

Example: A respondent tells you she was born in 1984 and is 30 years old. Her answers are consistent since the sum of her year of birth (1984) and her age (30) is 2014.

Another respondent tells you she was born in 1983 and her age is 30 years. Her responses are consistent since the sum of the year of birth (1983) and her age (30) is 2013.

A third respondent tells you that she was born in 1984 and is 31 years old. Her responses are inconsistent since the sum of her year of birth and her age (31) is 2015.

Chart Method

You may use the Age/Birth-Date Consistency Chart (Figure 2) to check the consistency of the information the respondent provides. In using the chart, you will choose one of two approaches, depending on the type of information you have recorded in Q.102.

(1) IF BOTH MONTH AND YEAR ARE RECORDED IN Q. 102.

Enter the chart at the age you recorded in Q. 103. If the month of birth is before the month of interview (she has already had her birthday this year), use the right hand column to see what year of birth is consistent with that age. If the month of birth is after the month of interview (she has not yet had her birthday this year), use the left hand column to see what year of birth is consistent with that age.

If the year of birth recorded in Q. 102 is not the same as the year of birth in the chart, then Qs. 102 and 103 are inconsistent and you will have to make a correction.

(2) IF ONLY YEAR OF BIRTH IS RECORDED IN Q. 102.

Enter the chart at the age you recorded in Q. 103. The year of birth listed in either the left or right hand column is consistent with that age.

If the year of birth recorded in Q. 102 is not the same as one of the two years of birth recorded in the chart, then Qs. 102 and 103 are inconsistent and you will have to make a correction.

HOW TO CORRECT INCONSISTENT ANSWERS

If the recorded birth date (Q. 102) does not agree the age in Q. 103, you must correct the inconsistency. Do this by further probing and adjusting the age, the birth date, or both. It is important to understand that either or both of the two pieces of information may be incorrect. Do not always assume that an inconsistency means, for instance, that the date of birth was given correctly and that the age is incorrect. It could be that the date or both the age and the date are incorrect.

Remember, you **MUST** fill in an answer to Q.103.

Finally, before moving on to the next question, verify that the respondent is indeed eligible. If the woman is younger than 15 years or 50 years or older you have to terminate the interview. Do this tactfully by asking two or three more questions and then thank the respondent for her cooperation. Write INELIGIBLE on the cover page of the questionnaire.

When this happens, you must also correct the age and eligibility information for this woman in Columns (7) and (9) on the Household Questionnaire. In addition, you will have to correct the total number of eligible women reported on the cover page of the Household Questionnaire. Finally, you will need to correct your Interviewer's Assignment Sheet; cross out the woman's name on the assignment sheet and note in the observations that the woman was not eligible.

Note that you should correct the information on the woman's age in the Household Questionnaire only when it affects her eligibility status. Otherwise do not change the age response in the household questionnaire.

FIGURE 2. AGE/BIRTH-DATE CONSISTENCY CHART

| Current Age | Year of birth | |
|-------------|------------------------------|----------------------------------|
| | Has not had birthday in 2014 | Has already had birthday in 2014 |
| | Don't know | |
| 0 | 2013 | -- |
| 1 | 2012 | 2013 |
| 2 | 2011 | 2012 |
| 3 | 2010 | 2011 |
| 4 | 2009 | 2010 |
| | | |
| 5 | 2008 | 2009 |
| 6 | 2007 | 2008 |
| 7 | 2006 | 2007 |
| 8 | 2005 | 2006 |
| 9 | 2004 | 2005 |
| | | |
| 10 | 2003 | 2004 |
| 11 | 2002 | 2003 |
| 12 | 2001 | 2002 |
| 13 | 2000 | 2001 |
| 14 | 1999 | 2000 |
| | | |
| 15 | 1998 | 1999 |
| 16 | 1997 | 1998 |
| 17 | 1996 | 1997 |
| 18 | 1995 | 1996 |
| 19 | 1994 | 1995 |
| | | |
| 20 | 1993 | 1994 |
| 21 | 1992 | 1993 |
| 22 | 1991 | 1992 |
| 23 | 1990 | 1991 |
| 24 | 1989 | 1990 |
| | | |
| 25 | 1988 | 1989 |
| 26 | 1987 | 1988 |
| 27 | 1986 | 1987 |
| 28 | 1985 | 1986 |
| 29 | 1984 | 1985 |

| Current Age | Year of birth | |
|-------------|------------------------------|----------------------------------|
| | Has not had birthday in 2014 | Has already had birthday in 2014 |
| | Don't know | |
| 30 | 1983 | 1984 |
| 31 | 1982 | 1983 |
| 32 | 1981 | 1982 |
| 33 | 1980 | 1981 |
| 34 | 1979 | 1980 |
| | | |
| 35 | 1978 | 1979 |
| 36 | 1977 | 1978 |
| 37 | 1976 | 1977 |
| 38 | 1975 | 1976 |
| 39 | 1974 | 1975 |
| | | |
| 40 | 1973 | 1974 |
| 41 | 1972 | 1973 |
| 42 | 1971 | 1972 |
| 43 | 1970 | 1971 |
| 44 | 1969 | 1970 |
| | | |
| 45 | 1968 | 1969 |
| 46 | 1967 | 1968 |
| 47 | 1966 | 1967 |
| 48 | 1965 | 1966 |
| 49 | 1964 | 1965 |
| | | |
| 50 | 1963 | 1964 |
| 51 | 1962 | 1963 |
| 52 | 1961 | 1962 |
| 53 | 1960 | 1961 |
| 54 | 1959 | 1960 |
| | | |
| 55 | 1958 | 1959 |
| 56 | 1957 | 1958 |
| 57 | 1956 | 1957 |
| 58 | 1955 | 1956 |
| 59 | 1954 | 1955 |

Q. 104: EVER ATTENDED SCHOOL

The term “school” means formal schooling, which includes primary, secondary, and post-secondary school, and any other intermediate levels of schooling in the formal school system. It includes technical or vocational training beyond the primary-school level, such as long-term courses in mechanics or secretarial work. However, this definition of school does not include Bible school or Koranic school or short courses like typing or sewing.

Q. 105: HIGHEST LEVEL ATTENDED

Record the highest level the respondent ever attended, regardless of whether or not the year was completed. For example, if she attended secondary school for only two weeks, record SECONDARY.

Q. 106: HIGHEST STANDARD/FORM/YEAR COMPLETED

For this question, record only the highest grade (standard/form/year) that the respondent successfully completed at that level.

Example: if a woman was attending Grade 3 of secondary school and left school before completing that year, record ‘02’. Although Grade 3 was the highest year she attended, she completed two years of secondary school.

Note that you will record the number of years completed at the level that was recorded in Q. 105.

Example: If a woman attended only two weeks of Grade 1 of secondary school, record ‘00’ for completed years.

Q.107: FILTER FOR EDUCATION LEVEL

Q. 108: LITERACY

Based on your knowledge of the respondent, choose the card with the language in which the respondent is likely to be able to read if she is literate. Show the first sentence on the card to the respondent. Give the respondent enough time to read the sentence; do not rush her. Record whether the respondent was not able to read the sentence at all, was able to read only parts of the sentence, or was able to read the whole sentence. If the respondent asks for a sentence in another language and you were provided a card with sentences in that language, show the respondent the appropriate card. If there is no card with sentences in the language required, circle ‘4’ and specify the language.

It is important to avoid the problem of having other respondents in the household overhear the sentence being read. Subsequent respondents in the household might be able to repeat the sentence when they are interviewed, even if they are unable to read. If there is a second eligible respondent in the household, show her the second sentence on the card. Show the third respondent the third sentence on the card, and the fourth respondent the fourth sentence. If there are more than five respondents, start again with the first sentence on the card.

Q.109: FILTER FOR LITERACY LEVEL

Q. 110: NEWSPAPER/MAGAZINE READING

The purpose of this question is to find out whether the respondent is exposed to influences outside her local community by means of reading newspapers or magazines. It does not matter what type of articles she reads, what language she reads in, or who buys the newspapers or magazines she reads. The question is simply about how often she reads them. Make sure that you read the entire question before accepting her answer.

Q. 111: RADIO LISTENING

It does not matter who owns the radio or what program(s) she listens to. The respondent must be listening to programming on the radio (not cassettes or CDs).

Q. 112: TELEVISION WATCHING

As with Qs. 110 and 111, the purpose is to get an idea of how much exposure the respondent has to influences outside her place of residence. It does not matter who owns the television or what program she watches.

Q. 113: RELIGION and Q. 114: ETHNICITY

Ask the respondent what religion they identify with and to which ethnic group / tribe they belong.

C. Section 2: Reproduction

In this section, information is collected about the births that a woman has had during her life, her current pregnancy status, any pregnancies she had during the five-year period before the survey that did not end in a live birth, the timing of the start of her last menstrual period, and her knowledge of the monthly menstrual cycle. This is a particularly important section, and you need to be especially careful to obtain all the required information.

GENERAL NOTES ABOUT Qs. 201-210 AND Qs. 211-221

These two groups of questions collect information about all births that the woman has had (no matter who the father is). It is important that you understand which events to include. We want to record all of the respondent's natural births. You should record all children who were born alive (that is, who showed signs of life by crying, breathing, or moving) even if they survived only for a few minutes. We want to know about all the woman's births even if the child no longer stays in the household or if the child is no longer alive.

It is also important to understand which events should not be recorded. You must not record adopted or foster children or children of relatives who may be living in the households. You also should not include any of her husband's children to whom the respondent did not give birth herself. Finally, you must not record children who were born dead (stillbirths), miscarriages, or abortions.

Q. 201: EVER GIVEN BIRTH

This question serves two purposes: to introduce the section and to learn whether the respondent has ever given birth. Even if the woman tells you that she never gave birth (Q. 201 is NO), you must go on to ask Q. 206 since she may not have told you about children who died very young.

Q. 202: ANY CHILDREN LIVING WITH HER

Read the question slowly. The sons and daughters being considered are her OWN natural (biological) children who live with her in her household (which will usually be the household in which the interview is being held, except for women who are visitors).

Q. 203: NUMBER OF CHILDREN LIVING WITH HER

Fill in the number of sons and daughters who live with the respondent. If she has only sons living with her, write '00' in the boxes for daughters, and vice versa. Remember that we are only interested in the respondent's OWN natural (biological) children and not foster children, children of her husband by another woman, or children of a relative.

Note that it is never correct to record '00' in the boxes for both sons and daughters since women who have no children living at home should not be asked Q. 203.

Qs. 204 and 205: ANY CHILDREN LIVING ELSEWHERE

These questions refer to the respondent's sons and daughters who are alive but not living with her. For example, they may be living with a relative, may be staying in a boarding school, may have been given up for adoption, or may be grown-up children who have left home. If she has only sons living elsewhere, write '00' in the boxes in Q. 205 for daughters, and vice versa. Make sure the respondent is not reporting dead children in this question.

Qs. 206 and 207: CHILDREN WHO DIED

These questions on children who have died are extremely important and are among the most difficult on which to obtain accurate data. Some respondents may fail to mention children who died very young, so if a woman answers NO, it is important to probe by asking, "Any baby who cried or showed signs of life but survived only a few hours or days?" Some respondents may be reluctant to talk about this subject and may become sad or upset that you are asking such questions. Be sympathetic and tactful in such situations. Say that you know the subject is painful but that the information is important.

Q. 208: TOTAL BIRTHS

Add up the numbers in Qs. 203, 205, and 207 and enter the total in Qs. 208 and 209.

Q. 209: CHECKING TOTAL WITH RESPONDENT

Place the answer to Q. 208 in the blank in Q. 209 and then ask the respondent whether the total is correct. If she says NO, check the box NO and then check your addition, and return to Qs. 201-208 to check with the respondent whether you have obtained the information correctly.

Example: Starting with Q. 203, you would ask, "You have two sons and one daughter living with you. Is that correct?" Do the same for Qs. 205 and 207 and then enter the correct sum in Qs. 208 and 209.

Once you have made sure the total number of births is correct, draw two lines through the "NO" box (because it's no longer true), and then mark the "YES" box and proceed with Q. 210.

BIRTH HISTORY TABLE: Qs. 211-221

In the birth history table (Figure 3), we want a complete list of all the births the respondent has had in the order in which they occurred starting with her first birth.

Q. 211: REQUEST FOR BIRTH HISTORY

Begin the section by informing the respondent that we would like to record the names of all of her children, from all marriages and unions, whether or not they are still alive, from the first to the last. The only births we will not include are stillbirths.

If at any time you find that the children are not listed in chronological order, do not erase the information. Instead, correct the birth order Line Numbers and draw arrows to indicate the correct order.

Q. 212: CHILD'S NAME

Record the name of each child that the respondent mentions on a separate line in Q. 212, beginning with the first born and continuing until the last born. If the woman reports that she had a multiple birth (twins, triplets, etc.), record each of the children on a separate line.

Write the name that distinguishes that child from the others—in other words, if there are two children, Harvey Johnson and Matilda Johnson, write “Harvey Johnson” and “Matilda J.,” not “H. Johnson” and “M. Johnson.” If the baby never had a name, either because it is still very young or because it died very young, write “Baby” for the name.

FIGURE 3. BIRTH HISTORY TABLE

| <p>211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS. (IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW).</p> | | | | | | | | | |
|--|---|---|---|---|--|---|---|---|--|
| 212 | 213 | 214 | 215 | 216 | 217 IF ALIVE: | 218 IF ALIVE: | 219 IF ALIVE: | 220 IF DEAD: | 221 |
| What name was given to your (first/next) baby? RECORD NAME. BIRTH HISTORY NUMBER | Is (NAME) a boy or a girl? BOY 1 GIRL 2 | Were any of these births twins? SING 1 MULT 2 | In what month and year was (NAME) born? PROBE: When is his/her birthday? MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Is (NAME) still alive? YES ... 1 NO ... 2 ↓ 220 | How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS. AGE IN YEARS <input type="text"/> <input type="text"/> | Is (NAME) living with you? YES ... 1 NO ... 2 | RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD). HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH) | How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS. DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/> | Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth? YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↙ BIRTH |
| 01 | BOY 1 GIRL 2 | SING 1 MULT 2 | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES ... 1 NO ... 2 ↓ 220 | AGE IN YEARS <input type="text"/> <input type="text"/> | YES ... 1 NO ... 2 | HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH) | DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/> | |
| 02 | BOY 1 GIRL 2 | SING 1 MULT 2 | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES ... 1 NO ... 2 ↓ 220 | AGE IN YEARS <input type="text"/> <input type="text"/> | YES ... 1 NO ... 2 | HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221) | DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/> | YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↙ BIRTH |
| 03 | BOY 1 GIRL 2 | SING 1 MULT 2 | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES ... 1 NO ... 2 ↓ 220 | AGE IN YEARS <input type="text"/> <input type="text"/> | YES ... 1 NO ... 2 | HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221) | DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/> | YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↙ BIRTH |
| 04 | BOY 1 GIRL 2 | SING 1 MULT 2 | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES ... 1 NO ... 2 ↓ 220 | AGE IN YEARS <input type="text"/> <input type="text"/> | YES ... 1 NO ... 2 | HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221) | DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/> | YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↙ BIRTH |
| 05 | BOY 1 GIRL 2 | SING 1 MULT 2 | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES ... 1 NO ... 2 ↓ 220 | AGE IN YEARS <input type="text"/> <input type="text"/> | YES ... 1 NO ... 2 | HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221) | DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/> | YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↙ BIRTH |
| 06 | BOY 1 GIRL 2 | SING 1 MULT 2 | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES ... 1 NO ... 2 ↓ 220 | AGE IN YEARS <input type="text"/> <input type="text"/> | YES ... 1 NO ... 2 | HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221) | DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/> | YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↙ BIRTH |
| 07 | BOY 1 GIRL 2 | SING 1 MULT 2 | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES ... 1 NO ... 2 ↓ 220 | AGE IN YEARS <input type="text"/> <input type="text"/> | YES ... 1 NO ... 2 | HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221) | DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/> | YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↙ BIRTH |

Q. 213: CHILD'S SEX

Circle the code for the sex of the child. Although you can often tell the sex from the name, check with the respondent by saying, for example, "and Joyce is a girl?" Do not assume the sex of the child from the name.

Q. 214: SINGLE OR MULTIPLE BIRTHS

Once you have listed the names and sex of all of the respondent's births, record the status of each birth (SINGLE or MULTIPLE) in Q. 214.

After you have completed Qs. 212-214 for all births, you are ready to proceed with Qs. 215-221. Ask all the questions for one child before going on to the next child.

Q. 215: MONTH AND YEAR OF BIRTH

When collecting information on a child's birth date, always look at any documents you collected for the child at the beginning of the interview (e.g., birth certificate or immunization record) to see whether a date of birth was recorded. Before entering a date from these documents, however, check with the respondent to determine whether she believes the date is accurate. In some cases, the information on the document may be the date when the birth was recorded and not the date when the child was born.

If the respondent gives you a year of birth but does not know the month of birth, probe to try to estimate the month.

Example: If a respondent says her daughter was born in 1991, but she does not know which month, ask her whether she gave birth in the dry or wet season, whether she remembers if she was pregnant at Christmas or Easter time, or during some other significant event/season of the year to try to determine the month of birth. Convert months to numbers, as before. If you cannot even estimate a month, write '98' for MONTH.

If the respondent cannot recall the year when the birth occurred, you need to probe carefully. See if the respondent knows a firm birth date for any other child in the household and relate it to that.

Example: If she knows the second child was born in 1989 and the first child was just a year old at that time, enter '1988'.

You must enter a year for all children, even if it is just your best estimate.

Q. 216: SURVIVAL STATUS

Circle the code for whether the child is still alive or not. If the child is dead, skip to Q. 220.

Q. 217: AGE OF CHILD

The age of all living children should be recorded in completed years.

Example: A child who will become three years old next month should be recorded as '02' years today. A child less than one year old will be recorded as age '00' years.

Sometimes, a mother will not know the current age of her child. In this case, you may rephrase the question to, "How many years ago was John born?" You can also use other available information such as relating John's age to the age of a child she does know.

Example: The mother may know that her youngest child was born one year ago and that John was around two years old at that time, in which case John would be three years old now.

You MUST record an age for all children who are still alive.

CONSISTENCY CHECK: DATE OF BIRTH AND AGE

You are not finished with Q. 217 until you have checked the consistency between Qs. 215 and Q. 217. Check their consistency by using either the arithmetic or chart procedure:

Arithmetic procedure. Add the year of birth and the age. If the child has already had a birthday this year (month of birth is prior to month of interview), the sum should be 2010. If the child has not had a birthday yet this year (month of birth is after month of interview), the sum should be 2009. If the child's month of birth is the same as the month of interview, or if the month of birth is not known, the sum can be either 2009 or 2010.

Age/Birth Date Consistency Chart. Locate the age on the chart. Check that the birth year is consistent with that age in the chart. Use the right hand column if the month of birth is before the month of interview and the left hand column if the month of birth is after the month of interview. If the month of birth is the same as the interview or the month is not known, the year of birth must be the same as one of the two years of birth recorded in the chart.

Both these procedures are explained in more detail after Qs. 102 and 103.

If year of birth date and age are not consistent, probe to get the correct information. Remember when probing, that either or both of the responses—age or birth date—may be wrong.

Q. 218: CHILD LIVING WITH MOTHER

This question is important in determining the extent to which children live away from their natural (biological) mothers. If a child is away at boarding school or lives with other people on a permanent basis, record NO. If the child is away for a short while but usually lives with the mother, record YES.

Q. 219: HOUSEHOLD LINE NUMBER OF CHILD

In Q. 219, record the line number of the child from Column 1 of the household schedule, which is found in the household questionnaire. If the child is not living in the household, enter '00' in the boxes. If the child is not listed in the household schedule, but the mother says that the child is in fact a usual resident or a visitor in the household, add the child to the household schedule.

Be careful in recording the line number from the household schedule since any errors will cause problems during data processing.

After completing Q. 219 for the first-born child, proceed to Question 215 for the next birth. For all other births, you will skip to Q. 221 after filling in the information in Q. 219.

Q. 220: AGE AT DEATH

If you are following the skip pattern correctly, you will be asking this question only for children who have died.

For all children who have died, you must record an age at death in Q. 220, even if it is only a best estimate. Age at death information is recorded in days, months, or years, depending on the child's age at the time of death.

- If the child was less than one month old at death, circle '1' and write the answer in DAYS.
- If the child was at least one month old but less than two years old when he or she died, circle '2' and write the answer in MONTHS.
- If the child was two years old or older when he or she died, circle '3' and write the answer in YEARS.

If the instruction in Q. 220 is followed correctly, you should **never** record **'00' months or '00' or '01' years.**

Here are some examples of how to record age at death:

| | | | | |
|---|--------------|---|---|--|
| "She was 3 years old when she died." | DAYS.....1 | | | |
| | MONTHS.....2 | | | |
| | YEARS.....③ | 0 | 3 | |
| "He was only six months old." | DAYS.....1 | | | |
| | MONTHS.....② | 0 | 6 | |
| | YEARS.....3 | | | |
| "She died when she was 5 days old." | DAYS.....① | 0 | 5 | |
| | MONTHS.....2 | | | |
| | YEARS.....3 | | | |
| "He was 4 and a half months old." | DAYS.....1 | | | |
| | MONTHS.....② | 0 | 4 | |
| | YEARS.....3 | | | |
| "He was 2 weeks old when he passed away." After probing you learn that the baby was actually 12 days old when he died. | DAYS.....① | 1 | 2 | |
| | MONTHS.....2 | | | |
| | YEARS.....3 | | | |
| "She died on the same day she was born." | DAYS.....① | 0 | 0 | |
| | MONTHS.....2 | | | |
| | YEARS.....3 | | | |

Some points to remember in completing Q. 220:

- **Use completed units.** You should give the answer in completed units, i.e., if she says "four and a half months," record MONTHS '04'.
- **Convert answers given in weeks to days or months.**
 - If the answer is **less than four weeks**, probe to find out the **exact age at death in days**. For example, if the answer is "three weeks," probe for the number of days. If the mother says 19 days, record DAYS '19'.

- If the answer is **four weeks or more**, convert the answer to months. An answer of “seven weeks” would be recorded as MONTHS ‘01’.
- **Probe when the answer is “one year”.** We know that often mothers will round off their answer if a child died close to the first birthday, i.e., the mother is likely to respond “one year old” even if the child really was younger (e.g., 10 months or 11 months) or older (e.g., 13 or 14 months) at the time of death. Therefore, anytime a woman responds “one year” or “12 months” to this question, probe by asking, “How many months old was (NAME)?” or by asking the respondent whether the child had reached his first birthday before he died.

| | | | | |
|--|--------------|---|---|--|
| "She died when she was one year old." After probing, you may learn that the child was actually 13 months old. | DAYS.....1 | | | |
| | MONTHS.....② | 1 | 3 | |
| | YEARS3 | | | |

In responding to this question, a respondent may tell you that the baby was not alive when it was born. If she does, probe by saying, “Did the baby cry or show any sign of life when it was born?” If she says the baby was dead when it was born, cross out all entries for this child in the birth history table. Make sure to renumber the birth order numbers in Q. 212 when this occurs. Also correct the information recorded in Qs. 202-210 where necessary.

Q. 221: PROBING THE INTERVAL BETWEEN BIRTHS

The purpose of this question is to make sure that we have not missed any of the respondent’s own births. For all births except the woman’s first born, you must ask the respondent whether there were any live births between the previous birth and the birth of that child. If the woman tells you there was no other birth, record NO in Q. 221. Then proceed with Q. 215 for the next birth (or with Q. 222 if you were asking Q. 221 for the last birth).

If the woman tells you that there was another birth, record YES in Q. 221. Then draw an arrow showing the birth’s proper location in the history, correct the birth order numbers in Q. 212 for that child and for all subsequent births in the history. As appropriate, also correct the information recorded in Qs. 202-210.

Example: Initially a respondent tells you that she has had three births, Michael, David, and Mary. After recording all of the information for Qs. 212-220 for David as appropriate, you ask Q. 221: “Were there any other live births between the birth of Michael and David?” The woman tells you there was a birth after Michael and before David. Record YES in Q. 221 and add that birth to the end of the birth history.

Draw an arrow to show the location of the birth between Michael and David. Correct the birth order number in Q. 212 for all births following Michael, i.e., the birth order number for the baby entered at the end of the table should be changed to ‘02’, the birth order number for David will become ‘03’ and for Mary, ‘04’. You may also have to correct the information in Qs. 202-210 if the woman had not included the baby in her responses to those questions. Finally, before going on to David, ask Qs. 212-221 for the birth between Michael and David.

Q. 222: PROBING THE INTERVAL SINCE LAST BIRTH

This question is similar to Q. 221 but is specifically designed to probe the time that has passed since the last birth.

Example: If Mary is a respondent's last birth, and she was born in 1994, ask, "Have you had any live births since the birth of Mary?"

If there was no birth after Mary, record NO in Q. 222. If the woman tells you there was a birth since Mary, record YES in Q. 222 and add that birth to the end of the birth history. Then ask Qs. 212-221 for that birth. You may also have to correct the information in Qs. 202-210.

OTHER POINTS ABOUT THE BIRTH HISTORY TABLE

- 1) Recording of age at death, year of birth, and age of living children. For month of birth in Q. 215, it is permissible to record Code '98' for DON'T KNOW as an answer. However, for year of birth (Q. 215), age of living children (Q. 217), and age at death (Q. 220), you must record an answer. It is very important to obtain information for these questions, so you must probe for this information and, if necessary, make your best estimate on the basis of the woman's answers.
- 2) Recording of information on twins (or triplets, etc.). If there are any twins, record the information about each twin on a separate line. If the twins are the respondent's last birth and if one twin is dead, record the living twin last. By doing this, you will be able to talk about the living twin first when you get to Section 4, which may be more comforting for the respondent.
- 3) Recording information for more than 12 births. There are lines for 12 births in the table. If in an exceptional case you find a respondent with more than 12 births, write at the bottom of the table CONTINUED ON A SEPARATE QUESTIONNAIRE, STARTING WITH THE SECOND ROW. Write the word CONTINUATION and complete the identification information on the cover sheet of the second questionnaire. Then change the number '01' on the birth history in the second questionnaire to a '13' and so on. After you have recorded information in the birth history for the additional birth(s), return to the first questionnaire to complete the interview.
- 4) Correcting of reported sequence of births. If you find that the respondent has reported a birth out of the correct order, draw an arrow indicating the position in the table where it belongs according to the date when it occurred, and correct the Line Numbers printed in Q. 212.
- 5) Checking birth interval. Check the dates of each birth. If any two children are reported born less than seven months apart, e.g., December 1993 and May 1994, probe and correct the dates. Either the December birth occurred earlier or the May birth occurred later, or both.

Q. 223: CONSISTENCY OF TOTAL BIRTHS

Check that the number in Q. 208 is the same as the number of births listed in the table. If the number in Q. 208 is the same as the number of births recorded in the table, mark the box labelled NUMBERS ARE SAME and proceed to Q. 224.

If the number recorded in Q. 208 is not the same as the number of births in the table, mark the box labelled NUMBERS ARE DIFFERENT. Then you must probe to find the cause of the difference and correct it before you continue to Q. 224. Once you have corrected the problem, draw two lines through the NUMBERS ARE DIFFERENT box (because it's no longer true), and then mark the NUMBERS ARE SAME box. When properly completed, your questionnaire must always have the same number of births in the table as the number recorded in Q. 208.

Q. 224: NUMBER OF BIRTHS IN 2009 OR LATER

Check Q. 215 and count how many births occurred in 2009 or later. You must include all births in 2009 or later, even if they later died. If the respondent did not have any births in 2009 or later, record '00' and skip to Q. 226.

Q. 225: BIRTHS ON THE CALENDAR

Each birth in 2009 or later should be entered in the calendar which is included at the end of the Woman's Questionnaire. First place a 'B' in the month of birth and write the child's name to the left of the 'B' code. Then ask how many months the woman had been pregnant when she gave birth. Record 'P' in each of the preceding months according to the duration of the pregnancy. The number of 'P's must be one less than the number of months that the pregnancy lasted.

Example: The respondent gave birth to one child, Marie, in the period since January 2009. She reports that she was in her eighth month of pregnancy when she gave birth to Marie in November 2009. Record a 'B' in the calendar in November 2009 and record 'P's in each of the preceding 7 months, i.e., in the months April through October 2009. Write 'Marie' to the left of the month in which Marie was born, i.e., November 2009.

More detailed instructions on how to complete the calendar are provided in Section M below.

Q. 226: CURRENT PREGNANCY STATUS

Ask if the woman is currently pregnant.

Q. 227: MONTHS OF PREGNANCY

Record the answer in completed months, putting a zero in the first box if she has completed nine or fewer months of pregnancy. You may need to check that the woman is responding in completed months.

Example: If the woman answers that she is 'five months pregnant', ask "Are you in your 5th month of pregnancy, or have you completed your 5th month of pregnancy?" Record '04' if she responds she is in the fifth month of pregnancy and '05' if she has completed the fifth month.

You also must record her pregnancy in the calendar. Write 'P' in the month of interview and for the preceding months of pregnancy. The total number of months recorded with 'P' for the current pregnancy will be the same as the number recorded in Q. 227, i.e., the number of completed months of pregnancy.

If the woman does not know how many months she has been pregnant, probe to get an estimate by asking, for example, about the date of her last menstrual period.

Qs. 228 and 229: DESIRED TIMING OF PREGNANCY

If respondent answers YES for 228, go to Q. 230. Otherwise, proceed to Q. 229.

Q. 230: PREGNANCIES NOT ENDING IN LIVE BIRTH

We want to know whether the respondent had any pregnancies that did not result in a live birth. To ensure that none are missed, the question specifically mentions the three ways a pregnancy can be terminated. If a pregnancy ended early and involuntarily, it was a miscarriage. If a woman voluntarily

ended a pregnancy, it was an abortion. If a woman gave birth to a child that showed no signs of life, it was a stillbirth.

Q. 231: DATE OF LAST PREGNANCY LOSS

If a respondent has had a pregnancy that did not end in a live birth, ask about when the most recent such pregnancy ended and record the month and year in the boxes. If the woman cannot remember the date, use probes similar to those discussed in Q. 215.

Q. 233: DURATION OF LAST LOST PREGNANCY

This question is asked only of women who lost a pregnancy in January 2008 or later.

There are two parts to this question. First record how long the pregnancy lasted in months in the boxes provided in Q. 233. Then record information about the pregnancy in the calendar. The total number of months in which codes are recorded in the calendar should equal the number of months recorded in Q. 233.

Example: A woman had a pregnancy end in a stillbirth in May 2009 in the eighth month of her pregnancy. Record '07' in Q. 233. Then place a 'T' in the calendar next to May 2009 and a 'P' in the calendar in each of the six months preceding May 2009, i.e., in each month in the calendar from November 2009 through April 2009.

If the woman responds in weeks, you will have to convert the answer to months.

Example: A woman tells you that the last pregnancy she lost ended in August 2010 after 14 weeks of pregnancy. Record '03' in Q. 233. Then in the calendar, place a 'T' in August 2010, the month and year in which the pregnancy terminated, and a 'P' in each of the two preceding months that the woman was pregnant (i.e., May through July 2010).

Q. 234: OTHER PREGNANCY LOSSES SINCE JANUARY 2009

The respondent has told you about one pregnancy loss (the most recent) in Qs. 230-233. Now ask her whether she has had any other such pregnancies (miscarriage, abortion, or stillbirth) since January 2009.

Q. 235: ENTER LOST PREGNANCIES ON THE CALENDAR

Ask when the other lost pregnancy/pregnancies ended. Any pregnancy that ended in January 2009 or later and did not result in a live birth should be recorded in the calendar using the same procedure as in Q. 233.

Q. 236: NON-LIVE BIRTH PREGNANCY PRIOR TO JANUARY 2009

This question refers to pregnancies that ended before 2009 that did not result in a live birth.

Example: A respondent had one non-live birth pregnancy that started in November 2008 but terminated three and a half months later in February 2009. In Q. 236, circle '2' for NO because the pregnancy did not end before January 2009.

Check that there is a calendar entry for this pregnancy. The entry should include only the months in which the woman was pregnant in 2009, i.e., a 'T' should have been entered in February 2009 and a 'P' in January 2009.

Q. 237: DATE OF TERMINATION OF LAST LOST PREGNANCY

Record the month and year in which the last pregnancy ending before January 2009 that did not result in a live birth. Follow the same procedure for converting months to a number, for example, '02' for February. If the woman cannot remember the date, use the probes discussed in Q. 215.

Q. 238: START OF LAST MENSTRUAL PERIOD

The answers to this question will help to determine whether any of the respondents are actually menopausal or infecund because they have not had their periods in a long time. This is important in any study of fertility since menstruation is directly linked to pregnancy.

Record the respondent's answer in the units that she uses.

Example: if she says "three weeks ago," circle '2' and record WEEKS AGO '03'. If she says "Four days ago," circle '1' and record DAYS AGO '04'.

If the respondent appears to be rounding off her answer, probe for an exact answer. For example, if she says "About a week ago," say, "Do you remember which day? Was it before or after the weekend?"

If she tells you she is in menopause or she has had a hysterectomy, record IN MENOPAUSE/HAS HAD HYSTERECTOMY. A woman who is too old to menstruate or become pregnant is described as being in menopause. A hysterectomy is an operation to remove the uterus. If she has not menstruated since the birth of her last child, record BEFORE LAST BIRTH. If she has never menstruated, record NEVER MENSTRUATED.

In some cases, the respondent may give you the date that her last menstrual period began. If that happens, write the date in the space provided on the questionnaire. Then calculate the length of time since that date, and record it in the appropriate units. Note that it is not necessary to obtain a date. The space is provided only for cases in which the respondent gives you a date.

Qs. 239 and 240: KNOWLEDGE OF MONTHLY CYCLE

First, ask Q. 239 to see whether the woman thinks there are times during a woman's monthly cycle when she is more likely to become pregnant. If she says there is no time that is more likely than another or she does not know, record the response and skip to Q. 301. If she says there is a time when a woman is more likely to become pregnant, record YES and ask Q. 240. Make sure to read the entire question mentioning each of the four possible times before recording her response.

D. Section 3: Contraception

This section collects information relating to the knowledge and use of various contraceptive methods which a couple can use to avoid or delay pregnancy. The topic of contraception and family planning may be considered a personal matter by a respondent, and she may feel embarrassed to talk about it. To overcome her embarrassment, you must show that you do not feel embarrassed or uncomfortable in any way. Ask these questions as if they were no different from any other questions in the questionnaire. If she is hesitant to answer any of these questions, reassure her that everything she says will be treated confidentially and that the same questions are being asked of women all over the country.

Q. 301: Contraceptive Table

The contraceptive table (Figure 4) is used to record the information that the respondent provides about her knowledge and use of specific contraceptive methods in response to Q. 301. This is how you should work through this table:

- 1) Read the introductory sentence at the top of the table.

Then, starting at the top of the list, ask “Have you ever heard of _____?” Circle Code ‘1’ if she knows the method and ‘2’ if she does not know the method.

The respondent may not always understand what you are talking about when you describe a particular method. In such cases, repeat the description. If she still does not understand, you may need to explain the method in different words or in slightly greater detail.

Description of Contraceptive Methods

In order to complete the contraceptive table accurately and completely, it is important that you have some knowledge of contraceptive methods yourself and that you are familiar with the names that people use to refer to each method. The following provides additional information on selected methods that are included in the contraceptive table that may be useful in completing the table:

FEMALE STERILIZATION. There are several types of operations a woman can have that will make her sterile, including a “tube tie” or the removal of the uterus (i.e., a hysterectomy) or ovaries. Operations to remove the womb or uterus may be performed for reasons other than to provide contraceptive protection, e.g., because the woman experienced a problem during delivery, the woman had recurrent spells of heavy bleeding, or cancer was found. Only when the operation was performed to enable the woman to stop having children should you record it as a sterilization.

MALE STERILIZATION. This is a comparatively minor operation done on men for contraceptive purposes. It is also called vasectomy.

IUD. Women can have a plastic, T-shaped device placed inside them by a doctor or a nurse. There are two types of IUDs: hormone IUDs and copper IUDs. Both types are effective in preventing pregnancy. The IUD is a reversible form of contraception and can be used for up to 5-10 years (depending on type) before needing to be replaced.

FIGURE 4 CONTRACEPTIVE TABLE

| | | |
|-----|--|---|
| 301 | Now I would like to talk about family planning – the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you heard of (METHOD)? | |
| 01 | Female Sterilization. PROBE: Women can have an operation to avoid having any more children. | YES1 NO2 |
| 02 | Male Sterilization. PROBE: Men can have an operation to avoid having any more children. | YES1 NO2 |
| 03 | IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse. | YES1 NO2 |
| 04 | Injectables. PROBE: Women can have an injection by a health provide that stops them from becoming pregnant for one or more months. | YES1 NO2 |
| 05 | Implants. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or a nurse which can prevent pregnancy for one or more years. | YES1 NO2 |
| 06 | Pill. PROBE: Women can take a pill every day to avoid becoming pregnant. | YES1 NO2 |
| 07 | Male Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse. | YES1 NO2 |
| 08 | Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse. | YES1 NO2 |
| 09 | Lactational Amenorrhea Method (LAM). | YES1 NO2 |
| 10 | Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant. | YES1 NO2 |
| 11 | Withdrawal. PROBE: Men can be careful and pull out before climax. | YES1 NO2 |
| 12 | Emergency Contraception. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy. | YES1 NO2 |
| 13 | Have you heard of any other ways or methods that women or men can use to avoid pregnancy? | YES1 _____ (SPECIFY) _____ (SPECIFY) NO2 |

INJECTABLES. An injection of hormone that is released slowly into the bloodstream can be given regularly to women to prevent pregnancy. The most common type of injectable contraceptive is given every three months. This is known as *depomedroxyprogesterone acetate* (DMPA), Depo Provera, Depo, or *Megestron*[®]. Another injectable contraceptive, NET EN (also called *Noristerat*[®]) is given every two months.

IMPLANTS. Also called Norplant, these are small rods surgically implanted in a woman's upper arm. They usually protect a woman against pregnancy for five or more years.

PILL. Women can take a pill every day to avoid becoming pregnant.

MALE CONDOM. Men can put a thin, rubber sheath on their penis before sexual intercourse.

FEMALE CONDOM. A thin, transparent rubber can be placed in the vagina before sex to avoid pregnancy.

LACTATIONAL AMENORRHEA METHOD (LAM). Women can postpone the return of menstruation after a birth (and therefore remain unlikely to become pregnant) by breastfeeding frequently. A specially taught method that makes use of this principle is the lactational amenorrhea method (known as LAM). This method requires a woman to breastfeed frequently (without feeding the child anything else except water) and to know that the method can be used for up to six months after a birth as long as menstruation has not returned. The method also teaches women that if menstruation returns, the child becomes six months old, or the mother starts feeding her child anything other than breast milk or plain water, they should begin using another method of contraception if they want to avoid becoming pregnant.

RHYTHM METHOD. This is also called the safe period, periodic abstinence, or the calendar method. This method is based on the principle that by not having sexual relations on certain days of her monthly cycle, a woman can avoid becoming pregnant. Note that this is not the same as prolonged abstinence where the couple stops having sexual relations for months at a time to avoid pregnancy without regard to the woman's monthly cycle. To ensure that the respondent understands, stress the phrase "on the days of the month she is most likely to get pregnant." Also, if a woman does not feel like having sex on particular days of her cycle, that does not mean that she is using the rhythm method.

EMERGENCY CONTRACEPTION. Women can take pills up to three days after having sex to avoid getting pregnant. These pills are also called "morning-after pills."

ANY OTHER METHOD(S). Women may mention methods that are not described in the table. These may include modern methods such as spermicides including foam, cream, jelly, foaming tablets, or suppositories that are used to kill sperm or make sperm unable to move toward the egg. They may also mention the diaphragm or cervical cap. Diaphragms and cervical caps are soft rubber cups that can be placed in the vagina to cover the cervix to block sperm from entering the uterus and tubes where sperm could meet an egg. Diaphragms and cervical caps should be used with spermicidal jelly or cream.

Women may also mention traditional or folk methods such as prolonged abstinence, breastfeeding, or herbs.

Q. 302: FILTERS FOR PREGNANCY STATUS

Qs. 303 and 304: CURRENT USE OF CONTRACEPTION

These questions are some of the most important in the questionnaire. Depending on the method a respondent mentions, you may need to probe to determine that the method is being used currently. For example, coitus-related methods such as condoms, vaginal methods and withdrawal are used with each act of intercourse, so current users of these methods should have used them during the most recent acts of intercourse. Current users of the pill should be taking pills daily.

Other methods provide on-going protection without daily or regular action by the woman. Contraceptive injections may have been administered two to six months earlier and still provide protection, while implants provide protection for up to five years, or until removed. An IUD, once inserted, protects against pregnancy until it is removed or expelled.

Female and male sterilization provide permanent protection against pregnancy. If the woman's current partner has been sterilized, you will record MALE STERILIZATION as the current method. If, however, she is no longer married to (or living with) a partner who had a vasectomy, this should **not** be noted as the current method.

If the woman mentions more than one method, circle the code for all methods that are currently being used. If more than one method is circled, follow the skip instruction for the highest method on the list and ask the subsequent questions about that method.

Note: delaying first sex is not a contraceptive method. If, for example, a young woman answers YES to Q. 303 and then, in response to Q. 304, says the current method she is using is abstinence, this will not be counted as a method of contraception, and the respondent will be considered the same as a person who is not using a method of contraception. Instead, circle NO in Q. 303 and skip to Q. 311.

Check to be sure that the response to Q. 304 is consistent with the responses to Q. 301. For example, the respondent may say that she is using the pill but reported in Q. 301 that she did not know the pill. If this happens, probe further and correct the responses in Q. 301 to Q. 304 as necessary.

Qs. 305 and 306: PILL AND CONDOM BRAND

If the pill or condom is reported as the current method in Q. 304, we are interested in the brand of pills (condoms) that is being used. Knowing the brand of pill (condom) can help to assess the popularity of certain brands that may be offered in special 'social marketing' that the government is sponsoring. In addition, there are special types of the pill that are appropriate for use by breastfeeding mothers; the information on pill brand can be used to look at the coverage of these types of pills among users who are still breastfeeding.

For users of the pill, ask Q. 305 to determine if the user is able to identify the brand. If the respondent doesn't know the brand, ask to see the package. If the user doesn't remember the brand and the package is unavailable, ask the user to describe the packaging. It is important that you probe and write in the margin as many details as she is able to provide since it may be possible to determine the brand from her description.

For a woman who uses condoms with her partner, ask Q. 306 to determine if she knows the brand name of the condoms she and her partner use. As with Q. 305, if the user doesn't recall the condom brand, ask to see the package or, if unavailable, ask for a detailed description of the packaging.

Finally, in probing to obtain information on the pill or condom brand, you may find out that the method is not being used currently. For example, a pill user may tell you that she has not obtained a packet of pills for several months. If it is determined while inquiring about the brand of pills or condoms that the woman is not currently using the method, Q. 304 should be corrected.

Q. 307: WHERE STERILIZATION WAS OBTAINED

This question applies to either the respondent's or her partner's sterilization. Circle the code that indicates the type of facility where the sterilization took place.

When choosing a code, you need to know whether the place is in the public sector (run by the government) or in the private sector. If the place is run by a nongovernmental organization, it should be considered private.

If you cannot determine whether the facility is public or private, write the name of the facility in the space provided, and inform your supervisor after you complete the interview. Since you have recorded the name of the facility, your supervisor will be able to find out whether it is public or private and will circle the appropriate code.

This question applies to either the respondent's or her partner's sterilization. Circle the code that indicates the type of facility where the sterilization took place.

Q. 307A: COST OF CONTRACEPTION

For women currently using pills or condoms, Q. 307A records the amount of money the woman spent to obtain the pills or condoms the last time. These costs include the cost of the method and any consultations she might have paid for.

Q. 308/308A: DATE OF STERILIZATION OPERATION/START OF CURRENT METHOD

If the respondent does not remember the date of her (her partner's) sterilization operation, probe to help her remember. Relating the date to the age and date of birth of her youngest child may help. You must get a date, even if it is just your best estimate.

For users of other family planning methods, ask when she started using the method most recently without stopping.

Example: A woman started using the pill in June 2005. A few months later, she stopped taking the pill because she wanted to become pregnant. She gave birth to a child in January 2008 and started using the pill again in March 2009. When interviewed, she is still using the pill. In this case, record '03' for MONTH and '2009' for YEAR.

Q. 309: CHECK CONSISTENCY OF DATE CURRENT USE STARTED

Check to see whether the date is AFTER the date of birth of the last child or last pregnancy termination. If not, ask the question again and make it clear to the respondent that we mean the date that she started using the current method WITHOUT STOPPING for any reason including a pregnancy. For example, a woman cannot have used the pill continuously for three years if she had a baby last year.

Q. 310: ENTER CURRENT USE ON CALENDAR

If the year in Q. 308/308A is 2008 or later, mark the box on the left and enter the code for the method currently used in the calendar in the month of interview and in each month back to the date she started using the method or was sterilized. If she has been using her current method for a long time, write the code in the current month and the beginning month, and join them with a squiggly line. Do not draw the squiggly line through months she did not use the method.

If the woman started using her current method in 2008 or earlier, mark the box on the right, and enter the code for the method currently used in the calendar in the month of interview and in each month back to January 2009. Then skip to Q. 322.

Make sure that you use the method codes shown to the left of the calendar and not the codes shown in Q. 304, since the codes are different for most contraceptive methods.

Q. 311: CONTRACEPTIVE HISTORY

Question 311 asks both current and past users of contraception about their history of contraceptive use since January 2009. Begin by reading the introductory sentence, so that the respondent understands what information you are asking for.

The events that are already recorded in the calendar (birth dates, names, pregnancies, and pregnancy losses) are helpful reference points for yourself and the respondent. For each period of time in the calendar that is still empty (no 'B', 'P', or 'T' or contraceptive method code), you need to enter a code that reflects the respondent's contraceptive story.

To do this, you need to find out several pieces of information:

- 1) Was the respondent using a method of contraception in a period of time, and if so, what method was she using?
- 2) When did she start using that method?
- 3) For how long did she use that method continuously, and when did she stop using that method?
- 4) Why did she stop using the method?
- 5) What happened when she stopped using that method: did she not use any method, did she start using a different method, or did she become pregnant?

Example: The respondent has two births, Mary and John. To fill in the respondent's contraceptive history in the period of time between the births of Mary and John, the first question you could ask would be: **"Between the births of Mary and John, did you use any contraceptive method or not?"** The respondent tells you that she used condoms.

You would then ask, **"How long after the birth of Mary did you begin using condoms?"** She tells you she began using in the third month after the birth of Mary. This gives you the starting month in which she began using condoms.

You also need to know for how long she used condoms continuously and when she stopped using them. So you could ask, **"For how long did you use condoms continuously?"** She tells you ten months. Now you know when she started using condoms and when she stopped. You then need to ask her for the reason she stopped using condoms. You could ask, **"Why did you stop using condoms?"** The respondent tells you that she wanted to become pregnant.

This accounts for 12 out of the 15 months between Mary's birth and the time when the respondent became pregnant with John. You now need to find out what the respondent was doing between the time she stopped using the condom and became pregnant with John. Ask a question such as, **"After you stopped using the condom, and before you became pregnant with John, did you use any contraceptive method?"** She tells you she did not use any method.

Now you know the respondent's complete contraceptive history between the births of Mary and John:

- 1) Whether she used a contraceptive method between Mary and John and which method she used
- 2) At what point she began using that method after the birth of Mary
- 3) For how long she used that method continuously and when she stopped using that method

- 4) The reason she stopped using that method
- 5) Whether she used another method after she stopped using the condom and before the birth of John.

You would continue in a similar way until you filled in each month of the first column of the Calendar with a code. Enter the codes of the methods the respondent used in each month of use and '0' in the months where she did not use a method. After you have recorded periods of use and nonuse, every row in the first column of the calendar up to the month of interview should be completely filled. You will have accounted for every month from January 2009 to the month of interview by recording the appropriate codes for births, current pregnancies, lost pregnancies, use of contraception, or nonuse of contraception. The second column of the calendar will have codes entered next to the last month of use in column 1. If the respondent tells you she stopped using the method in September, then a discontinuation code should be entered in column 2 for September.

Q. 312: FILTER FOR USE OF ANY METHOD IN PAST FIVE YEARS

Q. 313: PROBE FOR EVER USE

The purpose of this question is to be certain that neither the respondent nor her husband (or partner) has ever used anything to delay or avoid getting pregnant, since contraception is one of the most important features of the survey.

Q. 314: FILTER FOR CURRENT METHOD

Look back to Q. 304 and circle the same method here; this is the method currently being used. If more than one method code is circled in Q. 304, circle the code for the highest method in the list. If Q. 304 was left blank because it was skipped, circle '00' for NO CODE CIRCLED.

Q. 315/315A: SOURCE OF CURRENT METHOD

The question asks from what source the woman obtained her method at the time she started the current segment of use, or where she obtained advice about how to use the method in the case of the lactational amenorrhea or rhythm methods. For methods that require the user to obtain resupplies, the user may first obtain the method from one source and then rely on a different provider for resupply. For example, a woman using the pill may have first obtained the pill from a family planning clinic but then gone to a pharmacy for resupply. You can guide the user to tell you about the first source by referring to the date she told you that she began the current segment of use.

If the respondent is using condoms with her husband, ask, "Where did you obtain the condoms when you began using them this time?" If she says her husband or someone else got the method for her, ask whether she knows where that person got it, and record the source. If the method required a prescription, this question pertains to where the prescription was filled.

When choosing a code, you need to know the type of place the method was obtained from, i.e., if the place is in the public sector (run by the government) or in the private sector. If it is run by a nongovernmental organization, it should be considered private. Record PRIVATE DOCTOR only if the doctor has his own practice that is not located within a larger facility.

If the respondent does not know whether the place is public or private, record the name of the place, and inform your supervisor. Your supervisor will find out and record the type of source the facility is.

Q. 316: FILTER FOR CURRENT METHOD

Qs. 317-319: TOLD ABOUT SIDE EFFECTS

Qs. 317-319 ask what information a current user has received about the side effects or problems associated with her current method. Q. 317 asks whether the user was told about potential side effects or problems at the time she obtained her current method. Q. 317A asks the same question, but of women who have been sterilized. If there has been more than one episode of use of the method, make sure that the respondent knows that you are asking about the time that she started using the method during the **current** episode of use.

Q. 318 asks current users who report they were not told about side effects or problems associated with using the current method whether they were told by a health or family planning worker about these side effects or problems at any time, either during or prior to the current segment of use. Note that you would record “NO” if the respondent indicates she was told about side effects or problems by a friend or relative but not by a health care provider.

Record YES for Q. 319 if a current user who was informed about the side effects or problems she might experience in using her current method was ever advised about what to do if she experienced any side effects or problems in using the method.

Qs. 320-321: TOLD ABOUT OTHER METHODS

In these questions, a current user is asked whether she was told by a health or family planning provider about other methods of family planning either at the time she obtained her current method or at some other time.

Example: If a pill user says that a health worker told her about the injection, the pill, and the IUD at the time when she started to use the method, record ‘1’ in Q. 320.

Users who were not told about any other method at the time they started using their current method should be asked Q. 321 to find out if they ever received information about other family planning methods from a health care provider or family planning worker.

Q. 322: FILTER FOR CURRENT METHOD

Q. 323: LAST SOURCE OF CURRENT METHOD

Question 323 asks about where the respondent obtained the method the last time. For methods like the pill for which the respondent regularly needs resupply, the source recorded in Q. 323 may be different from the source where the woman (or her husband or partner) obtained the method the first time.

As in Q. 315, if the respondent does not know whether the place is public or private, record the name of the place, and inform your supervisor. Your supervisor will find out and record the type of source the facility is.

Qs. 324-325: KNOWS SOURCE FOR FAMILY PLANNING METHOD

Q. 324 is asked of women who are not currently using contraception in order to find out if they know of a place where they can obtain a family planning method. Nonusers who report they are aware of place where they can get family planning are asked in Q. 325 to name the place or places that they know. It is important to find out all of the sources that a woman may know. So be sure you use the probe (“Any other place?”) after recording any source the woman mentions spontaneously.

Q. 326: VISITED BY FIELDWORKER

This question is asked to ascertain whether any fieldworker visited the respondent in the last 12 months and talked to the respondent about family planning. It does not matter whether it was a family planning worker, a health worker, or some other type of fieldworker, as long as family planning was discussed during the visit. It also does not matter whether the principal purpose of the visit was to give

family planning advice or services. If any fieldworker talked to her about family planning in the last 12 months, circle '1' for YES.

Q. 327: VISITED HEALTH FACILITY IN PAST YEAR

This question refers specifically to the respondent and whether she went to a health facility for care for herself or her children in the past 12 months. The visit did not have to be specifically for family planning.

Q. 328: FAMILY PLANNING INFORMATION AT THE HEALTH FACILITY

The respondent need not have gone to the health facility for the purpose of discussing family planning for the answer to be YES. Staff persons may take the opportunity to discuss family planning even if a client comes to the facility for another purpose. If any staff member at the health facility talked to her about family planning during any of her visits, circle '1' for YES.

E. Section 4: Pregnancy and Postnatal Care

The objective of this section is to obtain information about health care related to childbearing including antenatal care, delivery care, and postnatal care for the woman and her newborn. The section includes questions about births that occurred in January 2009 or later. Thus, if a woman did not have a birth in this period, you will go on to the next section.

Q. 401: FILTER FOR BIRTHS IN JANUARY 2009 OR LATER

Qs. 402-404: COLUMN HEADINGS FOR BIRTHS IN THE LAST FIVE YEARS

All births since January 1, 2009, will be entered in the table. You will need to check the date of births (found in Q. 215) for each child listed in the birth history to identify births the woman may have had during this period.

For each birth since January 2009, beginning with the last birth (which will be found in the last row that is filled in the birth history unless you had to renumber births), record the birth history number and the child's name (found in Q. 212) in Qs. 403 and 404. Also mark in Q. 404 whether the child is alive or dead after checking for this in Q. 216. Then fill in the child's name at the top of the subsequent pages in Section 4.

Consider twins as separate births and list them in separate columns, taking care to keep their positions in this table consistent with their order in the birth history. Recall that if the last children in Q. 212 are twins and one twin is dead, the living twin should be recorded as the last birth.

Example: A woman has had eight live births and the last births were twins Judy and Jeffrey. Judy has died. Judy would be recorded as birth history number 07 in Q. 212 and Jeffrey would be recorded as birth history number 08 in Q.212. Now in Qs. 402-404, Jeffrey should be recorded as the LAST BIRTH and Judy as the NEXT-TO-LAST birth.

If the respondent has had more than three births in January 2009 or later, write SEE CONTINUATION SHEET at the top of Section 4. Take a fresh Woman's Questionnaire, fill in all the information on the cover page and write CONTINUATION on the top. Go to Section 4 in the second Woman's Questionnaire. Leave the first column of the second questionnaire blank. Change the heading of the second and third columns to 'THIRD-FROM-LAST BIRTH' and 'FOURTH-FROM-LAST BIRTH', and record the name(s) and birth history number(s) of the additional birth(s). Then return to the original questionnaire to begin asking the questions for the last born child.

Ask all the relevant questions in Section 4 for the last-born child before asking question for the next-to-last birth, etc. When asking questions, be sure to insert the name of the child where indicated so there is no confusion about which child you are referring to.

You will notice that the set of questions on prior births is more limited than the questions for the last birth. It is very important that you ask all of the appropriate questions for these births so you will need to follow the skip instructions carefully. You should not proceed to Section 5 until you have asked the appropriate questions for all births the woman had since January 2009, including any births you may have had to record in a second questionnaire.

Qs. 405 and 406: DESIRED TIMING OF PREGNANCY

These questions are asked to ascertain whether the respondent's children were wanted or unwanted and, if wanted, whether they were born sooner than preferred.

Q. 407: HOW LONG TO WAIT

Note that this question asks how long the respondent wanted to wait before becoming pregnant, not before giving birth. Record the answer in either months or years, and circle the corresponding code. If the respondent gives a general answer such as "I would have liked to have waited until I was ready," ask her how many months or years she wanted to wait. Record the extra time that she said she would have preferred to wait before becoming pregnant.

Example: A woman became pregnant 18 months after her previous birth but she tells you she would have preferred a two-year (24-month) interval before becoming pregnant again. You would circle 1 for MONTHS and record '06' in the adjacent boxes (24-18 = 6).

Qs. 408-409: ANTENATAL CARE PROVIDER(S)

This question refers to any antenatal care given by a health care provider during her pregnancy. The care should have been specifically to check her pregnancy and not for other reasons. If the respondent did not receive antenatal care, ask for the reason why in Q. 408A. If the respondent answers YES, then skip to Q. 409 and ask her whom she saw. Since we are interested in all of the persons the woman saw, you must use the prompt (e.g., "Anyone else?") to make sure the woman informs you about all the persons from whom she received care for the pregnancy.

Q. 410: PLACE(S) WHERE ANTENATAL CARE RECEIVED

This question seeks information on where the woman received care for her pregnancy. Antenatal care is usually given at a health care facility but is sometimes provided in the pregnant woman's home.

Similar to Q. 409, we are interested in all of the places where the woman received antenatal care. Be sure to use the prompt (e.g., "Anywhere else?") and record all the places where she was seen for care.

As is the case with earlier questions about family planning sources, when choosing a code in Q. 410, you need to know whether the place is in the public sector (run by the government) or in the private sector (e.g., a hospital or clinic run by a nongovernmental organization or a private doctor's office). If you cannot determine the type(s) of source(s), write the name(s) in the space provided and your supervisor will find out if it is public or private.

Q. 411: MONTHS PREGNANT AT FIRST ANTENATAL VISIT

Ask the respondent how many months into her pregnancy she was when she received her first antenatal care. If she does not remember, ask her how many periods she had missed at the time.

Assume each missed period corresponds to a month and enter the number in the space provided. For example, if the respondent doesn't recall how many months pregnant she was when she first received antenatal care, but knows that she had missed three periods, record '03'.

Q. 412: FREQUENCY OF ANTENATAL CHECK-UPS

Then ask her how many times in total she saw someone for antenatal care during her pregnancy. This refers to care related to her pregnancy and should not include seeing a doctor or nurse for other reasons.

Q. 413: TESTS PERFORMED DURING ANTENATAL CHECK-UPS

We want to know whether each of the tests listed was ever performed on the respondent during any of the antenatal checkups she had for the last pregnancy. It does not matter if they were performed only once or more than once, or performed in the same visit or spread over several visits. Ask about each test and record the response before asking about the next test.

Blood pressure is measured with a blood pressure gauge or unit. A rubber cuff is wrapped around the woman's upper arm and inflated. As the air filling the cuff is slowly released, the health care provider uses a stethoscope to listen to the blood pulsing of through the blood vessels while simultaneously examining the gauge to determine the blood pressure.

A blood sample may be taken from the woman's fingertip or from a vein (usually from a vein in the wrist or in the forearm near the fold of the elbow). The blood sample is used to test for various diseases, such as anaemia or malaria.

Q. 413A: BREASTFEEDING COUNSELLING

Ask if she received any information or counselling about breastfeeding during any ANC visit.

Q. 413B: IRON TABLETS/SYRUP AND IRON/FOLIC ACID

Ask if she received any information or counselling about iron tablets / syrup or iron and folic acid supplementation during any ANC visit.

Q. 414: PREGNANCY COMPLICATIONS

Ask if she was told during any ANC visit about any signs that might indicate a problem with the pregnancy.

Q. 414A: FUTURE FAMILY PLANNING NEEDS

Ask if she was asked during any ANC visit about her need for family planning methods after the birth.

Qs. 415-420: TETANUS TOXOID INJECTIONS

Neonatal tetanus is a disease that kills many babies. Another name for tetanus is lockjaw. If a woman receives at least two tetanus vaccinations during any pregnancy, she is considered to be adequately immunized to protect her baby against neonatal tetanus. A child also is considered to be adequately protected if the mother received at least five injections with tetanus vaccine during her lifetime and the last booster was received within a ten-year period prior to the pregnancy.

Qs. 415-416 ask about whether the respondent received any tetanus injections during that pregnancy and, if so, how many times she was given the tetanus injection. The tetanus vaccine is usually given to the pregnant woman as an injection in the arm or the shoulder.

A respondent who does not report receiving at least two injections with tetanus vaccine during the pregnancy must be asked several additional questions to assess whether she was adequately immunized at the time of her pregnancy. Qs. 418-419 inquire about whether she received any tetanus injections prior to the pregnancy (e.g., during an earlier pregnancy or during childhood) and, if so, the total number of tetanus injections she was given before the pregnancy. She will also be asked how many years ago the most recent tetanus injection was received (Q. 420). For a woman who received a single tetanus injection during the pregnancy of her last birth, we are asking about the most recent tetanus injection that she received prior to the pregnancy of her last birth.

Example: Ana was interviewed in September, 2014. She has two children, Marie and Jose. Jose is her last birth. She says that she had one tetanus injection when she was pregnant with Jose and two injections when she was pregnant with Marie who was born in May 2011. She also is sure that she had all of the required childhood immunizations before entering school although she is not sure how many tetanus injections she had.

For this respondent, you should record YES in Q. 415, record '1' in Q. 416, and check 'OTHER' in Q. 417. You should record YES in Q. 418 since she had tetanus injections prior to the pregnancy.

Since the respondent is sure she had all required immunizations before entering school, you may assume that she had three immunizations during early childhood. Including the two injections when she was pregnant with Marie, this means she had a total of five tetanus injections before she became pregnant with Jose. Thus, you should record '5' in Q. 419. Prior to her pregnancy with Jose, her most recent tetanus injection was in 2011, the year of Marie's birth. Thus, in Q. 420, record '03' since the tetanus injection was given three years ago.

Qs. 421 and 422: IRON TABLETS/SYRUP AND IRON/FOLIC ACID

Anaemia is a common problem during pregnancy that can be overcome by additional intake of iron. Folic acid supplements during pregnancy can prevent birth defects. Q. 421 asks whether the woman was given or bought any iron tablets, iron syrup, or iron and folic acid supplementation during her pregnancy. Since some women may not know that they were given these supplements, show the woman the samples as you ask this question. Note that we are not asking whether or not she consumed the tablets/syrup/supplement she was given or bought; rather, we want to know whether she had the tablets/syrup/supplement in her possession during the pregnancy. We also are asking if she was given or bought the supplements, not if she already had them at home, so record NO in that instance and skip to Q. 423.

If the respondent was given or bought iron tablets/syrup/supplement (YES in Q. 421), ask her for how many days during her pregnancy she took the tablets/syrup/supplement. Record the response in the boxes. Remember to put a leading zero in front; 30 days would be '030'. If she was given or bought iron tablets but never took one, record '000'.

If she does not remember, probe for the approximate number of days, e.g., by asking how many months pregnant she was when she began taking the tablets and whether she took the tablets every day after that.

Q. 423: DRUG FOR INTESTINAL WORMS

Treatment of intestinal parasitic infections has an impact on the anaemia status of women during pregnancy. To see if the woman took any drug for intestinal worms during her pregnancy, we ask Q. 423.

Q. 424: PREVENTIVE TREATMENT FOR MALARIA DURING PREGNANCY

In certain areas, malaria is endemic and accounts for a significant proportion of illness/disease and mortality. In such areas, pregnant women are recommended to take malaria prophylaxis throughout their pregnancy. To see if the respondent followed these precautions, we ask in Q. 424 if she took any drugs to prevent her from getting malaria during her pregnancy.

If the respondent says that she had malaria or a fever during the pregnancy and was given drugs to treat the malaria or fever that would not be considered preventive treatment. Drugs to prevent malaria are only drugs that she takes during pregnancy when she does not have malaria already. Record YES only for women who took malaria drugs when they did not already have malaria.

Q. 425: SPECIFIC DRUGS TAKEN FOR MALARIA PREVENTION

If the respondent took an antimalarial to prevent malaria during pregnancy, record the drug(s) that she was given or bought in Q. 425.

If she does not know which drug it was or cannot remember the name, ask her to show you the package that the drug came in. If she doesn't have the package, show her typical antimalarial drugs and ask if she took any of them. If she mentions that she was given three tablets to take all at the same time in order to prevent malaria, circle 'A' on the assumption that she took SP/Fansidar.

Note that you should circle more than one code if the respondent says that she took more than one type of drug to prevent malaria. To record the use of antimalarial drugs other than the ones listed, circle 'X' and write the name of the drug in the space provided. If she still cannot identify a drug, circle 'Z' for DON'T KNOW.

Q. 426: FILTER FOR TYPE OF DRUG TAKEN FOR MALARIA PREVENTION

Q. 427: NUMBER OF TIMES SP/FANSIDAR WAS TAKEN

Here we are asking about preventive doses of SP/Fansidar, not curative doses given if the respondent had a fever. Thus you should count only the "doses" taken when the woman was taking SP/Fansidar during her pregnancy to prevent malaria. If the woman was given SP/Fansidar because she was sick with fever during the pregnancy, do not count the doses she received to treat her fever.

Remember that we are not interested in the total number of times the respondent may have taken an antimalarial drug during her pregnancy but only in the number of times she took SP/Fansidar.

We are also interested in the number of times the woman took SP/Fansidar and not the number of tablets she took. Thus if she says she took 3 tablets at one time, record '01' for the dose in Q. 427.

Q. 428: FILTER FOR ANTENATAL CARE FROM HEALTH PERSONNEL

Q. 429: SOURCE OF SP/FANSIDAR

The purpose of this question is to find out whether the respondent received SP/Fansidar as an integrated component of her antenatal care or separate from her antenatal care. For example, she could have gotten the drug during a non-ANC facility visit, or she could have bought it on her own from a shop or pharmacy. Only one response code can be circled in this question. If the respondent got SP/Fansidar from two or more of the sources, circle the source that appears highest on the list.

Q. 430: SIZE OF BABY

Read the entire question before accepting an answer. This is the woman's own opinion about the size of her baby. Some respondents may give you the baby's birth weight instead of a size. Insist that you

want to know whether she thinks the baby was VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, or VERY SMALL. If the respondent herself is unable to tell you the baby's size at birth, do not record an answer based on the birth weight information; simply circle '8' for DON'T KNOW.

Qs. 431-432A: WEIGHT AT BIRTH

These questions seek information on whether the baby was weighed at birth and, if so, the baby's weight. Notice that in Q. 432 there are two sets of boxes for recording the birth weight; the first is KILOGRAMS FROM CARD, and the second is KILOGRAMS FROM RECALL. KILOGRAMS FROM CARD refers to a written record of the birth weight on a document, such as the vaccination card, the antenatal card, or the birth certificate. KILOGRAMS FROM RECALL refers to the mother's verbal report of her child's birth weight, which she is reporting from memory.

When recording the birth weight, first circle the appropriate code in front of the boxes; '1' for KILOGRAMS FROM CARD and '2' for KILOGRAMS FROM RECALL, and then fill in the birth weight. Always record the birth weight from the card when possible. When recording information from the card, check the date on the card or ask the mother to be sure that the weight recorded on the card was the child's weight at birth.

You will fill in the boxes for KILOGRAMS FROM RECALL only if there is no card or no birth weight was recorded on the card. If there is no weight available from a card and the respondent says she cannot remember the exact birth weight, ask her to give you her best estimate. Only record DON'T KNOW if she absolutely cannot remember even an approximate weight.

If the child was not weighed at birth, NO in Q. 431, skip to 432A and ask if the child was weighed within two weeks of birth.

Q. 433: ASSISTANCE AT DELIVERY

Again, when asking the question, be sure to insert the name of the child you are referring to, so that there is no confusion. If the respondent is not sure of the status of the person who assisted with the delivery, for example, if she does not know whether the person was a midwife or a traditional birth attendant, probe. The codes are letters of the alphabet to remind you to circle codes for all the people she says assisted with the delivery.

Q. 433A: ASSISTANCE AT DELIVERY BY TBA OR RELATIVE

For woman who were assisted at delivery by a traditional birth attendant (TBA) or relative/friend, ask why they made this decision.

Q. 434: PLACE OF BIRTH

The intent of this question is to identify births delivered in a health facility. If the woman gave birth in a health facility, ask whether the place is in the public (run by the government) or private sector. Write the name of the facility in the space provided if the respondent does not know whether the place is run by the government or is private. Inform your supervisor about the problem. The supervisor will identify the type of facility.

Q. 434A: STAY IN HEALTH FACILITY FOLLOWING DELIVERY

This question is intended to find out the length of a woman's stay in a health facility following a delivery. Note that we are not concerned with the total time she spent at the facility but the time she remained in the facility after giving birth.

In recording her response, first circle the appropriate code for the unit of time the respondent mentions (i.e. '1' for HOURS, '2' for DAYS, or '3' for WEEKS) and then record the time she remained in the facility in the boxes next to that code.

Q. 435: CAESAREAN SECTION

A caesarean section is a delivery of a baby through an incision in the woman's abdomen and womb, rather than through the birth canal. Such a delivery is necessary for some women due to pregnancy complications. Find out whether the baby was delivered by an operation and not through the birth canal.

Qs. 436-440A: POSTPARTUM CHECK FOR MOTHERS

Getting a postpartum check soon after the baby is born is crucial for the health of the mother. We are interested in knowing whether the respondent saw anyone for a postpartum check and, if so, who performed the check and how many hours, days or weeks after the birth the first check took place. In this set of questions, we are asking only about a health check for the mother. If someone checked on the health of the baby, but not the mother, that check would not be included here. Postnatal checks for the baby are covered in Q442-445.

Q. 436 is directed to women who delivered in a health facility and inquires whether anyone checked on the woman's health before she was discharged. If YES, skip to Q. 439 to obtain more information on the check. If NO, the respondent is asked Q. 437, which seeks information on whether the woman had a postpartum check from anyone after she was discharged from the health facility. You should mark YES to Q.437 only if the check was related to her delivery and not if the care was for some other problem she had.

Q. 438 is asked to women who delivered outside a health facility. The question asks if the woman was seen by anyone for a check of her health relating to the delivery within two months following the birth. Record NO if the woman saw a provider but the care was unrelated to the delivery.

Qs. 439 and 440 seek information on who conducted the first postpartum check and when after the delivery it took place. All mothers who received postpartum care (those who answered YES to Q. 436, Q. 437, or Q. 438) are asked Q. 439 and Q. 440 regardless of where the care was received.

Qs. 439 and 440 refer to the first check after birth, so multiple answers are not allowed. If the woman reports that more than one person conducted the first postpartum check in Q. 439, circle the code for the person that appears highest in the list. In completing Q. 440, remember that you must first circle a code for the unit of time the respondent mentions (i.e. HOURS, DAYS, or WEEKS) and fill in a number in the boxes to the right of the code you circle. If the woman is uncertain about the exact time, probe to get the best estimate as to how long after delivery the first check took place.

Q. 440A asks if the person checking on the woman after delivery discussed family planning.

Qs. 442-445: CHECK OF BABIES AFTER BIRTH

Q. 442 asks about whether the baby received a check from a health provider or traditional birth attendant in the two months after the baby was born. The term health provider includes health professionals such as doctors, nurses, midwives, as well as community health workers. Checks for the newborn include actions such as checking the baby's cord, assessing the baby's temperature, weighing the baby, observing breastfeeding, and counselling danger signs. For those babies who did have a check, additional questions are asked about the first check the baby had including: when this check took place (Q. 443), the person who did the check (Q. 444), and where the check took place (Q.445).

Q. 445 inquires about the place where the first check on the baby took place. Such care can be given at a health care facility or provided in the woman's home or another home. Again if you cannot identify the type of source (public or private), write the name of the place and inform your supervisor who will assist in identifying the source.

Q. 446: VITAMIN A

Show the vitamin A ampoule, capsule, or syrup and ask the respondent whether she received vitamin A within two months after delivery.

Qs. 447-449: MENSTRUAL PERIOD AFTER BIRTH

After a woman has given birth, there is a length of time when she will not have her monthly menstrual periods. Q. 447 asks about whether a woman's period has resumed following the last birth while Q. 448 inquires about the return of the woman's period for all other births.

Q. 449 is asked of women who say their period returned following the birth. Record the woman's answer in completed months. Remember to put a zero in the first box for responses of less than ten months.

Q. 450: FILTER (LAST BIRTH ONLY) FOR CURRENT PREGNANCY STATUS

Qs. 451 and 452: POSTPARTUM ABSTINENCE

Couples may decide to wait a certain length of time after the birth of a child before resuming sexual relations (postpartum abstinence). Qs. 451 and 452 are asked to determine for how long the woman abstained from sexual intercourse after the birth of her child. Again record the woman's answer in completed months.

Q. 453: CHILD EVER BREASTFED

Breastfeeding is important for fertility and child health. For this question, it does not matter how long the respondent breastfed the child, only whether or not she ever gave the child the breast, even if the baby died very young.

Q. 454: FILTER FOR LIVING CHILD

Q. 455: WHEN BREASTFEEDING BEGAN

If the mother reports that the baby was put to the breast immediately after birth, circle '000.' Otherwise, record the time in completed hours or days.

Example: The woman said she began breastfeeding within an hour of the birth. Circle '1' and record '00' hours.

Example: The woman said she began breastfeeding 30 hours after the birth. Circle '2' (DAYS) and record '01'.

Qs. 456-457A: PRELACTEAL FEEDING

These questions are asked to find out whether the baby was given any fluid other than breast milk before the mother's breast milk began to flow regularly. In Qs. 457 and 457A, circle all applicable codes.

Q. 458: FILTER FOR LIVING CHILD

Qs. 459 and 459A: STILL BREASTFEEDING

Q. 459 is only asked if the child is still alive (Q.458). Note that for Q. 459, it does not matter whether she is giving the child other liquids or foods as well; we are interested in knowing whether the child is being breastfed at all. Whether the child is currently being breastfed or not, ask the mother how many months she breastfed the child.

Q. 460: BOTTLE WITH NIPPLE

The use of bottles with nipples can be unsanitary and can indicate early or inappropriate weaning. You should record 'YES' if the child was given anything in a bottle during the day or night before the interview.

Q. 461: FILTER FOR NEXT CHILD

At this point, go back to Q. 405 to ask questions in Section 4 for the child in the next column. If you have finished these questions for all births in the last five years, proceed to Q. 501.

F. Section 5: Child Immunization, Health and Nutrition

Qs. 501-503: TABLE HEADING

There is an important difference between Sections 4 and 5. Section 4 obtains information for both living and dead children, while Section 5 obtains information only for living children. However, you will still need to complete the table headings for both living and dead children in Section 5.

Complete the table heading, following the same procedure as you did for Section 4. Check Qs. 212 and 216 and fill in the Birth History Number (Q. 502), child's name, and survival status (Q. 503) at the top of this page and the child's name at the top of each of the subsequent pages in the Child Health table. Make sure to start with the last birth, then the next to last, etc.

If there are more than three births since January 2009, you will need to use the continuation questionnaire that you prepared earlier. Write SEE CONTINUATION SHEET at the top of Section 5. Check the cover page to make sure that you have the correct continuation questionnaire. Go to Section 5 in the continuation questionnaire. Leave the first column of the questionnaire blank. Change the heading of the second and third columns to 'THIRD-FROM-LAST BIRTH' and 'FOURTH-FROM-LAST BIRTH', and record the name, birth history number, and survival status of the additional birth(s). Then return to the original questionnaire to begin asking the questions for the last born child.

After completing Q. 503 for all births since January 2009, start with the LAST BIRTH in the first column and do one of three things: 1) if the child is alive, ask Q. 504; 2) if the child is dead, go to the next column for the birth recorded there; or 3) if there are no more births, go to Q. 553.

Q. 504: VACCINATION CARD/CHILD HEALTH BOOK

You should have obtained documentation (birth certificates and vaccination cards/child health book) for eligible children at the beginning of the interview. If you have not already collected the vaccination card(s), ask the respondent to look for the card(s). In some cases, the respondent may hesitate to take time to look for the card(s), thinking that you are in a hurry. Since it is critical to obtain written documentation of the immunization history for all eligible children, be patient if the respondent needs to search for the card(s).

If the respondent shows you the card for a child, record YES, SEEN. If the respondent says the child has a vaccination card/child health book, but she is unable to show it to you because she has lost it, someone else has it, or it is not accessible to her during the interview, record YES, NOT SEEN for that child. If the respondent says she does not have a card for her child, record NO CARD. Each response has a different skip instruction, so be careful to follow the correct skip pattern.

Q. 505: EVER HAD VACCINATION CARD/CHILD HEALTH BOOK

If, in Q. 504 the woman tells you she does not have a vaccination card/child health book for her child, ask her in this question whether she ever had a card for that child. It is possible that she at one time did have a card, but no longer has it. Circle the appropriate code and skip to Q. 509.

Q. 506: RECORDING VACCINATIONS

If you have a vaccination card/child health book for the child, fill in the responses to Q. 506, taking the information directly from the card. When there is more than one eligible child, be certain to match the correct card with the child you are asking about.

Before copying dates from the card to Q. 506, examine the card carefully. The card may list the vaccinations in a different order than the questionnaire. Also Q. 506 requires dates to be recorded with the day first, then the month and then the year. Check the card carefully to see which way the dates are written because sometimes the month might come first, followed by the day and year. Be very careful to record dates correctly.

Besides recording vaccination dates on the card, some health facilities may also record the dates (appointments) on which the mother should bring her child for the next immunizations. Be very careful not to record a scheduled appointment date as a vaccination date. It is possible that an appointment date was given, but the child never received the vaccination. Only record dates that vaccinations were actually given, and not dates of appointments. Be patient and read the card thoroughly.

If the card shows only part of the date, record '98' for DON'T KNOW in the column for which the information is not given.

Example: If the date given was July 2010, you would record '98' for DAY, '07' for MONTH, and '2010' for YEAR.

If the card shows that a vaccination was given, but there is no date recorded, record '44' in the DAY column next to the vaccine and leave the month and year blank. Again, be careful to examine the card closely. For example, if a date is given for a Pentavalent vaccination (DPT, Hepatitis, HIB) vaccination and there is simply a check to show that a Polio vaccine was also given, record the date of the Pentavalent injection on the polio line since the check probably indicates that the vaccinations were given on the same day. Some immunization cards have only a single line for DPT, Hepatitis, HIB 1 and Polio1; DPT, Hepatitis, HIB 2 and Polio2; etc. If there is a date on just one of these lines, record the same date for both the DPT, Hepatitis, HIB and Polio injections.

Example:

Mary's health card shows the following immunizations:

| | | | LAST BIRTH | | | | | | | |
|-----------------------|--------------------|--------------------------------|------------|---|-------|---|------|---|---|---|
| | | | DAY | | MONTH | | YEAR | | | |
| BCG | May 20, 2010 | BCG | 2 | 0 | 0 | 5 | 2 | 0 | 1 | 0 |
| Polio 0 | May 20, 2010 | POLIO 0 (POLIO GIVEN AT BIRTH) | 2 | 0 | 0 | 5 | 2 | 0 | 1 | 0 |
| Oral Polio 1 | August 25, 2010 | OPV 1 | 2 | 5 | 0 | 8 | 2 | 0 | 1 | 0 |
| Oral Polio 2 | October, 2010 | OPV 2 | 9 | 8 | 1 | 0 | 2 | 0 | 1 | 0 |
| Oral Polio 3 | No date, not given | OPV 3 | | | | | | | | |
| DPT, Hepatitis, HIB 1 | August 25, 2010 | DPT, HEPATITIS, HIB, 1st DOSE | 2 | 5 | 0 | 8 | 2 | 0 | 1 | 0 |
| DPT, Hepatitis, HIB 2 | October, 2010 | DPT, HEPATITIS, HIB, 2nd DOSE | 9 | 8 | 1 | 0 | 2 | 0 | 1 | 0 |
| DPT, HEPATITIS, HIB 3 | No date, not given | DPT, HEPATITIS, HIB, 3rd DOSE | | | | | | | | |
| Pneumococcal 1 | July 14, 2010 | PNEUMOCOCCAL VACCINE 1 | 1 | 4 | 0 | 7 | 2 | 0 | 1 | 0 |
| Pneumococcal 2 | September 22, 2010 | PNEUMOCOCCAL VACCINE 2 | 2 | 2 | 0 | 9 | 2 | 0 | 1 | 0 |
| Pneumococcal 3 | November 18, 2010 | PNEUMOCOCCAL VACCINE 3 | 1 | 8 | 1 | 1 | 2 | 0 | 1 | 0 |
| Rota Virus 1 | July 14, 2010 | ROTA VIRUS VACCINE 1 | 1 | 4 | 0 | 7 | 2 | 0 | 1 | 0 |
| Rota Virus 2 | September 22, 2010 | ROTA VIRUS VACCINE 2 | 2 | 2 | 0 | 9 | 2 | 0 | 1 | 0 |
| Measles | Given, no date | MEASLES | 4 | 4 | | | | | | |
| Yellow Fever | December, 2011 | YELLOW FEVER | 9 | 8 | 1 | 2 | 2 | 0 | 1 | 1 |
| Vitamin A | October, 2010 | VITAMIN A (MOST RECENT) | 9 | 8 | 1 | 0 | 2 | 0 | 1 | 0 |
| Vitamin A | No date, not given | VITAMIN A (2nd MOST RECENT) | | | | | | | | |
| Al/Mebendazole | Given, no date | AL/MEBENDAZOLE (MOST RECENT) | 4 | 4 | | | | | | |

Q. 507: FILTER FOR COMPLETE IMMUNIZATION

Q. 508: ANY VACCINES GIVEN BUT NOT RECORDED

Sometimes a child receives a vaccine but no record is made on the vaccination card/child health book. After copying the card, ask the respondent whether the child received any vaccinations that are not recorded on the card. This includes vaccinations given in national immunization campaigns.

If the mother reports that the child did receive a vaccination for which no date was recorded on the card, record YES in Q. 508. Then, go back to Q. 506, record '66' in the DAY column next to the vaccine received, and leave the month and year blank. In Q. 508, only record YES if the respondent lists one (or more than one) of the vaccinations that are listed in Q. 506, but are not recorded on the card as having been given.

The mother may tell you that the child did not receive any immunizations other than those recorded on the card. In this case, circle '2' for NO in Q. 508. At the end of this question, skip to Q. 511 no matter what answer was recorded.

Q. 509: EVER HAD A VACCINATION (BUT NO CARD)

You will ask this question only if you did not see a vaccination card/child health book for this child. In that case, all of the information about vaccination of children will be collected from the mother, based on her memory about those vaccinations.

Qs. 510-510H: VACCINATIONS FOR CHILDREN WITH NO CARD

If you did not see a child's vaccination card/child health book and the respondent tells you that the child did receive at least one vaccination, you will ask about whether the child received each of the following vaccinations: BCG, Polio, Pentavalent (also known as DPT/Hepatitis/HIB), Pneumococcal, Rota virus, measles, and yellow fever.

Read the introductory question (Q. 510) and then ask Qs. 510A-H, following the appropriate skip patterns. Because there are many types of vaccines, we specify how each one is given so the mother will know which vaccine we are asking about. Read the whole sentence before accepting the woman's response.

Notice that there are follow-up questions for the Polio, Pentavalent, Pneumococcal, and Rota virus vaccinations. For the Polio vaccine, we ask whether the child received it, when the child first received it, and how many times the child received it. For the Pentavalent, Pneumococcal, and Rota virus vaccinations, we ask whether the child received the vaccination and how many times.

Q. 511 and 511A: VITAMIN A SUPPLEMENTATION

Q. 511 asks if the child received a vitamin A dose within the six-month period before the survey. As a visual aid, show the woman common types of vitamin A ampoules, capsules, or syrups. Do not record 'YES' if the child received the last dose more than six months ago. Q511A asks the number of times the child was given a Vitamin A dose in the past six months.

Q. 512: IRON DEFICIENCY SUPPLEMENTATION

Iron supplementation is believed to be one of the most effective methods of alleviating anaemia. Iron supplements for infants and young children are commonly given in the forms of tablets or pills, or liquids (syrups or drops). A packet containing tiny iron particles that may be sprinkled on a child's food is also available. When asking Q. 512, show the woman the iron supplement samples and be sure to include the time reference. Since iron supplementation of children may occur in weekly or daily form, Q. 512 asks if the child received iron supplementation in the past 7 days (1 week).

Q. 513: INTESTINAL WORMS

Worm control improves the nutritional status of children. It is possible with cheap and effective drugs that are safe in pre-school children. Q. 513 asks if the child took any drug for worms in the past six months.

Q. 514: DIARRHOEA IN LAST 2 WEEKS

Diarrhoea is a major cause of illness and death among young children in developing countries. If a respondent is not sure what we mean by diarrhoea, tell her it means "more than three runny stools per day." While reading this question, emphasize "in the last two weeks."

Q. 515: BLOODY DIARRHOEA

Record whether there was any blood in the stools. Blood in the stools is a symptom of dysentery, an infection caused by certain bacteria, parasites, and intestinal worms.

Qs. 516 and 517: DRINKING AND EATING DURING DIARRHOEA

The amount of fluids or food given while a child has diarrhoea may be different than normal. Read the entire question before accepting a response. We are interested in knowing the amount of fluids and/or food the child ate or drank. If a respondent says “less” probe to determine more specifically if she meant “much less” than usual or “somewhat less”.

Qs. 518 and 519: ADVICE OR TREATMENT SOUGHT FOR DIARRHOEA

These questions ask whether advice was sought from someone else on how to treat this episode of diarrhoea, for example, advice from a health centre, a health worker, or a traditional healer. Record YES if anyone sought advice or treatment for the child’s diarrhoea (not just the mother).

If advice or treatment was sought (Q. 518 is YES), ask Q. 519 and probe for all sources. Circle the code for each facility or person contacted.

If the respondent does not know whether a facility is public or private, write the name of the facility in the space provided, and inform your supervisor after you complete the interview.

Q. 520: FILTER FOR NUMBER OF PLACES ADVICE/TREATMENT FOR DIARRHOEA SOUGHT

Q. 521: FIRST PLACE ADVICE/TREATMENT FOR DIARRHOEA SOUGHT

For women citing more than one source in Q. 519, probe in Q. 521 for the first place where advice/treatment for diarrhoea was sought. If the woman mentions a source that is not recorded in Q. 519, first probe to be sure that advice was sought from the source and then add that source in Q. 519.

Qs. 521A-521C: TIME TREATMENT SOUGHT AND CURRENT DIARRHOEA STATUS

Ask how soon after the diarrhoea began that treatment was sought (Q. 521A), why treatment was not sought (Q. 521B), and if the child still has diarrhoea (Q. 521C).

Q. 522: SPECIAL FLUIDS

Women are asked if they gave a child with diarrhoea fluid made from a packet of oral rehydration salts (ORS) such as Oralite, a home-made sugar-salt solution, or another home-made liquid such as porridge, soup, etc. Read out each item and circle the answer given after each item. Be sure to circle a code for each item. Do not leave any item blank.

Qs. 523 and 524: TREATMENT FOR DIARRHOEA OTHER THAN SPECIAL FLUIDS

These questions ask the mother whether the child received any treatment for diarrhoea other than those mentioned in Q. 522 for this episode of diarrhoea. If in Q. 522 you learned that the child was given fluid from an ORS packet, then phrase Q. 523 by saying, “Was anything else given to treat the diarrhoea?” If none of the liquids was given, ask Q. 523 by saying, “Was anything given to treat the diarrhoea?”

If you learn in Q. 523 that the child was given something to treat the episode of diarrhoea, ask Q. 524 to identify what the mother or anyone else may have given the child. After recording a treatment, ask the woman whether “anything else” was given, but do so without implying that something else should have been given.

Qs. 524A and 524B: TREATMENT FOR DIARRHOEA WITH ZINC

If zinc was report in Q. 524, ask how many times the child received zinc in Q. 524B.

Qs. 525 and 526: FEVER IN LAST 2 WEEKS

Fever is a symptom of both malaria and pneumonia, which are two of the principal causes of death for young children in many countries. Often children with fever receive treatment for malaria regardless of whether they have malaria or pneumonia. As a result, anti-malarial drug resistance has become a major problem. To stop it, health personnel must diagnose malaria in children, and provide treatment for malaria only to those children who are infected with the malaria parasite. Malaria is diagnosed by taking a few drops of blood from the patient and examining them for the presence of malaria parasites or malaria-specific proteins.

For Q. 525 record YES only if the fever occurred in the two weeks prior to the date of interview and then go on to Q. 526. If the response to Q. 525 is NO or Don't Know, skip to Q. 527.

Q. 527: COUGH IN LAST 2 WEEKS

Record YES only if the cough occurred in the two weeks prior to the date of interview.

Q. 528: CHILD BREATHED FASTER THAN USUAL/HAD DIFFICULTY BREATHING

This question is asked only if the child had a cough in the past two weeks. Short, rapid breathing or difficulty breathing are signs of pneumonia or other acute respiratory infections, which are a principal cause of death among children.

Q. 529: FAST/DIFFICULT BREATHING DUE TO CHEST PROBLEM/BLOCKED NOSE

The purpose of this question is to better distinguish between respiratory illness which is life threatening and an ordinary runny nose which is less serious.

Q. 530: FILTER FOR FEVER

Qs. 531 and 532: DRINKING AND EATING DURING FEVER/COUGH

The amount of fluids or food given while a child has fever/cough may be different from normal. If the child had a fever or a cough but not both, read the question with the appropriate illness at the end of the sentence. For example, if the child had both a fever and a cough, read the statement preceding Q. 531 as follows: "Now I would like to know how much (NAME) was given to drink (including breast milk) during the illness with a fever and a cough." Read the entire question before accepting a response. We are interested in knowing the amount of fluids and/or food the child ate or drank. If a respondent says 'less', probe to determine if it was "much less" than usual or "somewhat less".

Qs. 533 and 534: ADVICE OR TREATMENT FOR COUGH/FEVER SOUGHT

Record YES in Q. 533 if anyone sought advice or treatment for the child's fever or cough (e.g., the grandmother). If advice or treatment was sought, go on to ask Q. 534. Probe to determine whether more than one person or more than one place was consulted, and record all places mentioned.

If the respondent does not know whether the facility is public or private, write the name of the facility in the space provided. At the end of the interview, inform the team supervisor about the problem in classifying the source.

Q. 535: FILTER FOR NUMBER OF PLACES ADVICE OR TREATMENT FOR FEVER/COUGH SOUGHT

Q. 536: FIRST PLACE ADVICE OR TREATMENT FOR FEVER/COUGH SOUGHT

For respondents naming more than one source in Q. 534, probe in Q. 536 for the first place where advice/treatment for fever/cough was sought. If the woman mentions a source that is not recorded in Q. 534, first probe to be sure that advice or treatment was sought from the source and then add that source in Q. 534.

Qs. 536A and 536B: TIME TREATMENT SOUGHT AND CURRENT FEVER/COUGH STATUS

Ask how soon after the fever/cough began that treatment was sought (Q. 536A) and if the child still has the fever/cough (Q. 536B).

Qs. 537 and 538: TREATMENT OF THE FEVER/COUGH

Ask the respondent whether the child who had fever/cough in the past two weeks has taken any drugs for the fever and, if so, what drugs the child received. Note that more than one drug may have been administered to the child during the illness.

If the child did not receive any drugs for the fever/cough, or if the respondent doesn't know, go back to Q. 503 in the next column, or if there are no more births, continue to Q. 553.

If the child received treatment, in Q. 538, mark all the drugs mentioned by the woman. If the woman does not know the name of the drug, ask her to show you the drugs. Record DON'T KNOW only if she cannot show you the drug or you cannot determine the type of drug given to the child.

Q. 539: FILTER FOR ANTIMALARIAL DRUGS GIVEN TO TREAT FEVER

Q. 539A: DRUGS AT HOME

Ask separately if each of the drugs circled in Q. 539 were already at the house when the child became ill. If the mother says yes to any of the drugs, circle the corresponding code.

Q. 540: FILTER FOR SP/FANSIDAR GIVEN

Qs. 541 and 541A: LENGTH OF TIME CHILD HAD FEVER BEFORE BEING TREATED WITH SP/FANSIDAR AND LENGTH OF TREATMENT

This question asks about the time interval between the beginning of the child's fever and when he/she took the first dose of SP/Fansidar to treat the fever. If he/she started taking SP/Fansidar the same day the fever started, circle '0' for SAME DAY. If SP/Fansidar was first given the next day (the day after the fever began), circle '1' for NEXT DAY and so on. In Q. 541A, record the number of days the child took SP/Fansidar.

Qs. 542-551: INFORMATION ABOUT OTHER DRUGS TAKEN FOR FEVER

Qs. 542 through 551 are identical to Qs. 540 and 541 except that they ask about other drugs taken for the fever (chloroquine, amodiaquine, quinine, etc.).

Qs. 551A and 551B: ANYTHING ELSE DONE FOR FEVER

Ask if anything else was done for the child's fever. If YES, ask for all things done.

Q. 552: INSTRUCTION TO ASK QUESTIONS FOR NEXT CHILD

At this point, go back to Q. 503 and ask the series of questions for the birth in the next column. If there are no other births, proceed with Q. 553.

Q. 553: FILTER FOR NUMBER OF CHILDREN BORN IN 2009 OR LATER LIVING WITH HER

Check Qs. 215 and 218 to find out how many children the respondent has who were born in 2009 or later and who are living with her. If there are no children born during this period who are living with the respondent, mark the box on the right and go to Q. 556. If she has one or more children born during this period who are living with her, mark the box on the left and record the name. Then proceed to ask Q. 554 for the youngest child born since January 2009 and living with the respondent.

Q. 554: DISPOSAL OF STOOLS

Correct disposal of stools is linked with lower risks of spreading diarrheal illnesses. Mothers are asked about what was done the last time their youngest child passed stools.

Q. 554A: SIGNS OF ILLNESS

Record all symptoms the mother reports that would indicate to her that she should take the child to a health facility or to a health worker.

Q. 555: FILTER FOR CHILD OR CHILDREN HAVING RECEIVED ORS PACKETS

Q. 556 and 556A: KNOWLEDGE OF ORS PACKETS

These questions will be asked to determine whether respondents have heard of a special ORS packet or a pre-packaged ORS liquid to treat diarrhoea. Q. 556 is asked of all women interviewed with the exception of women with children born in 2009 or later who were given an ORS packet or pre-packaged ORS liquid to treat a recent case of diarrhoea. When asking Q. 556, be sure to use any local name that is used for these packets. Q. 556A asks the respondent where they received the information about ORS.

Q. 556B: FILTER FOR CHILD OR CHILDREN HAVING RECEIVED ZINC TABLETS

Qs. 556C and 556D: KNOWLEDGE OF ZINC PACKETS

Similar to the previous questions about ORS, Q. 556C and Q. 556D questions will be asked to determine whether respondents have heard of zinc tablets to treat diarrhoea. Q. 556C is asked of all women interviewed with the exception of women with children born in 2009 or later who were given zinc tablets to treat a recent case of diarrhoea. Q. 556D asks the respondent where they received the information about zinc tablets.

Q. 557: FILTER FOR CHILD BORN IN 2010 OR LATER AND LIVING WITH RESPONDENT

If the respondent has at least one child born in 2012 or later and living with her, be sure to record the name of the youngest such child in the space provided.

Q. 558: LIQUIDS AND FOODS GIVEN YESTERDAY

The purpose of this series of questions is to obtain a better picture of the diversity of the child's diet. Only women who have had at least one child born in 2012 or later and living with her are eligible for the questions. If the respondent has more than one child born in 2012 or later living with her, the questions relating to the child's diet will be asked for the youngest child.

Help the respondent to recall what the child ate the day before, as follows:

- Begin by reading the introductory portion of the question slowly, emphasizing that the question concerns what the child drank or ate **yesterday** during both the day and night. Then ask about each of the items in the order they appear in the question. Be careful to record the response (“YES,” “NO” OR “DON’T KNOW”) for an item before asking about the next item.
- For categories that have more than one item of food or drink, circle ‘1’ for “YES” if any item in that category was given. For questions regarding consumption of milk (Q. 558d), infant formula (Q. 558e), and yogurt (Q. 558g), follow up by asking how many times the child consumed the item.
- As you are asking about the initial items in Q. 558, the mother may interrupt and list the foods and liquids that her child consumed. Begin with the foods or liquids she mentions that the child received and circle a ‘1’ for each item in Q. 558. You may need to ask the woman to repeat the items to make sure that you have recorded all the food types correctly.
- Sometimes the mother may tell you that her child had “soup,” “porridge” or “stew”. Since these typically include a variety of food types, it is important that you probe to find out the ingredients included in the soup, porridge or stew. For example, if the mother tells you her child had soup, ask what was in the soup and record all the ingredients. If the soup contained carrots, white potatoes, and beef, record YES in the category of “Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside” to record the carrots, YES in the category of “White potatoes, white yams, manioc, cassava, or any other foods made from roots” to record the white potatoes, and YES in the category of “Any meat, such as beef, pork, lamb, goat, chicken, or duck” to record the beef.
- The category “clear broth” refers only to clear water-based broths.” Soups that include foods should not be included here, but should be handled as described above.
- Once you have entered all of the foods or liquids that the child consumed, you must go back and ask about any categories which the woman did not mention. If the woman now mentions a food item the child ate yesterday (or had mentioned it before) which is not listed in any of the existing food groups, write the name of the food next to the Q.558u “Any other solid, semi-solid, or soft food?” Ask your team supervisor or editor for help in coding the response into the correct food group.

If the respondent tells you that her child was given only the items she has already mentioned (e.g., infant formula and juice), confirm that the child was not given anything else (e.g., by asking “Did (NAME) drink any other liquid at all?” and “Was (NAME) given any other solid or semi-solid food?”). If the mother confirms that the child was not given any other liquid or food, mark NO for all the other items in the list. Note that if the woman mentions breast milk, it is not necessary to record this information in Q. 558 because if the child had breast milk yesterday, the mother would have already told us back in Q.459 that she is still breastfeeding. Note also that Q. 558a (“Plain water?”) refers to water by itself with nothing added to it.

If the mother was not with the child on the day before you conduct the interview, she may not be able to answer these questions. If this situation occurs, ask if you can talk to the person who was responsible for the child’s care while the mother was away about what the child ate. It is also possible that the mother will consult other household members about what the child ate even if she was at home since the mother may not be the only one who fed the child yesterday. If at any time when you are asking Q. 558 you obtain information on liquids or foods the child was given from other household members, you should write down the names of these individuals and a description of the

circumstances on the same page as the relevant question. Also put a note in the OBSERVATION section at the end of the interview.

Before going on to the next question, check that there is a response circled for each item in Q. 558.

Note: in some parts of the world, use of infant formula and commercially fortified baby cereal is widespread. In other areas, these products may be uncommon, and respondents may not recognize the terms. Definitions of each are provided below:

- Infant formula. Infant formula is a commercial product that can be used to provide all or part of the nutrients that infants need for growth and development. Formula may be a powder or a liquid concentrate, either of which must be mixed with water before it is given to an infant. Alternatively, formula can be packaged in a ready-to-use container that can be fed to an infant without adding water.

Most formula is milk-based and Q. 558e refers exclusively to formula of this type. In some regions of the world, however, soy-based formula is also found. In the DHS, soy-based formula is classified as an “other liquid.” Therefore, if the mother reports the child had soy-based formula and not milk-based, record NO in Q. 558e (infant formula) and YES in Q. 558f (other liquids).

- Commercially fortified baby cereal. Commercially produced cereals specifically produced for feeding to infants or young children. Common infant cereal products available in Kenya include Cerelac.

Q. 559: FILTER FOR CHILD ATE ANY FOOD

Q. 560: SOLID, SEMI-SOLID, OR SOFT FOOD

This question is only asked if none of the food groups in Q. 558 are reported by the respondent during the food group recall of the child. This question verifies whether or not the child really had no solid, semi-solid or soft food the previous day. If the respondent says YES to Q. 560, go back to Q. 558 and record the food(s) eaten.

- Solid, semi-solid, or soft foods include both dishes prepared for the entire family and special dishes prepared exclusively for infants and young children. Thick soups, stews, and porridges are considered semi-solid foods.
- Very thin, watery soups and gruels are classified as liquids not as solid, semi-solid, or soft foods.

Q. 561: NUMBER OF TIMES CHILD GIVEN SOLID, SEMI-SOLID, OR SOFT FOODS

In this question, we try to find out the total number of times that the child was given solid, semi-solid, or soft foods the day before the interview. Count snacks given to the child between regular meals separately. If the number is 7 or more, record ‘7’ in the box.

Example: The respondent reports her child was breastfed 8 times the previous day and fed porridge in the morning and evening. The child also ate a smashed banana during the afternoon. Record ‘3’ in Q. 561 since the child ate solid/semi-solid/soft foods 3 times the day before the interview. The number of times the child breastfed is not counted in response to Q. 561 because breast milk is not a solid, semi-solid or soft food.

G. Section 6: Marriage and Sexual Activity

Q. 601: CURRENTLY MARRIED OR LIVING WITH A MAN

Q. 601 asks if the respondent is currently married, living with a man in an informal union, or not in union. Remember that there are two different categories of YES responses: (1) “YES” woman is married and (2) “YES” lives with a man. Be sure, therefore, that you distinguish between these two categories. If the woman just responds YES, then ask her, if she is currently *married* or currently just *living* with a man. An informal union is one in which the man and woman live together for some time, intending to have a lasting relationship, but do not have a formal civil or religious ceremony. Casual sexual encounters are not included here.

Example: If a woman went to live with her boyfriend and his family and has stayed for several years, they would be considered as “living together,” whether or not they have any children. On the other hand, if a woman has a boyfriend but has never lived with him, she would not be considered in a union.

Q. 602: EVER BEEN MARRIED OR LIVED WITH A MAN

For women who are not currently married or living with a man (Response to Q. 601 is NO, NOT IN UNION), ask whether they have ever been married or lived with a man. Probe if necessary to make the correct distinction between YES, FORMERLY MARRIED and YES, LIVED WITH A MAN.

Q. 603: CURRENT MARITAL STATUS

This question is asked of a woman who was formerly in a union but is not married or living with a man at the time of the interview. Since she was in a union at one time, but is not on the day you are interviewing her, she will be widowed, divorced, or separated.

Q. 604: WHERE HUSBAND/PARTNER LIVES

When asking this question and subsequent questions, choose the appropriate term for the woman’s relationship (husband or partner).

For a woman who is either currently married or living with a man, ask whether her partner actually lives with her or lives elsewhere. If the woman’s partner usually lives with her but is away only temporarily, record LIVING WITH HER.

Q. 605: HUSBAND’S/PARTNER’S NAME AND LINE NUMBER

Write the name and line number of her husband/partner based on the information in Columns 1 and 2 of the Household Schedule. If the husband/partner is not listed as a household member, enter ‘00’ in the boxes.

Q. 606: OTHER CO-WIVES/PARTNERS

We are interested to know whether or not the respondent’s husband has other wives or cohabitating partners – that is, other women with whom he is living as if married. This does not include ‘girlfriends’ unless the husband is living together with the girlfriend as if married.

Q. 607: NUMBER OF CO-WIVES

The total number of wives/partners in Q. 607 should include the respondent as well as any other wives or cohabiting partners. Since the number has been assigned two boxes, remember to fill the first box with '0' for numbers less than 10.

Q. 608: RANK

In this question, we want to know the respondent's rank among her husband's wives: 01 if the woman is the first wife, 02 if she is the second, etc.

Q. 609: MULTIPLE MARRIAGES

As with Q. 601, we are interested in formal marriages as well as informal arrangements. If a woman was married or lived with a man and then was widowed, divorced, or separated from her partner and is now either married to or living with someone else, record MORE THAN ONCE. If a woman is not currently married but she was previously married two or more times, record MORE THAN ONCE. If she has married or lived together only once, circle Code 1.

Q. 610: DATE FIRST LIVED WITH A PARTNER

You need to do two things in this question. First, check back to the answer to Q. 609 and mark the appropriate box above the question. Then read the question under the box you marked and record the response as given by the woman.

We want to know the month and year when the respondent started living with her (first) husband or partner. If she can't remember the date, you will need to probe. The dates recorded in the birth history may help you in probing. For example, check the date of birth of her first child and ask her how many months or years before (or after) the birth she started living with her (first) husband or partner.

Note that we are interested in the starting date of her first union (marriage or living together), not the date of first sex or first birth. Do not assume that the starting date of first union comes before date of the first birth; it may be that she had her first birth before her first union. If she answers in terms of the number of years ago (for example, "two years ago"), probe to find the month and year.

Notice that in recording the date in Q. 610, you will record both the month and year and if one of these items is not known, you will circle the code DON'T KNOW for that item ('98' for don't know MONTH and '9998' for don't know YEAR).

Q. 611: AGE FIRST LIVED WITH HUSBAND/PARTNER

If, after asking the date the woman started living with her first partner (Q. 610), you were unable to record a year, ask how old she was when she started living with him. As with other age questions, if she doesn't know, probe. Use information on events for which you already have information, e.g., ask how old she was when her first child was born, and then ask how long before or after giving birth she began living with her first husband or partner.

Notice that circling '9998' for DON'T KNOW is allowed as a valid response for Q. 610. However, if you were unable to obtain a numerical response to YEAR in Q. 610, you will have to provide the AGE in Q. 611.

Q. 611A: ARRANGED MARRIAGE

If the woman's marriage was arranged by someone else, record ARRANGED. If she made a free decision, record OWN CHOICE.

Q. 611B: PARTNER'S AGE DIFFERENCE

Ask if her partner was older, younger or about the same age when she first was married or started living with a man.

Q. 612: PRIVACY

The questions that follow require a high level of confidentiality. Make sure you have privacy with the respondent before you begin asking them.

Qs. 613-627: GENERAL INSTRUCTIONS

The purpose of these questions about sexual intercourse is to determine the respondent's exposure to pregnancy, since fertility levels are directly related to the frequency of intercourse. Condom use also is of interest because it can help reduce the risk of transmission of HIV/AIDS and other sexually transmitted infections. These questions may be embarrassing for some respondents; therefore, ask them in a matter of fact voice. A common reaction for people who are embarrassed is to giggle or laugh. If you laugh in return or act as if you are embarrassed too, the respondent may think that the questions are not serious. Make sure you maintain a serious attitude.

Q. 613: AGE AT FIRST INTERCOURSE

If the respondent says she does not know how old she was when she first had intercourse, probe by relating it to how old she was when she first got married or had her first child. However, when doing this probing, be certain not to assume that the first time she had sex was at the time of her first marriage. If she says her first time was when she started living with her (first) husband/partner, record it as such by circling '95.'

Check to make sure that the age at first intercourse and the age at first birth (calculated by subtracting the woman's year of birth from the year of birth of the woman's first child) are consistent. The age at first intercourse should not be later than her age at first birth. If her reported age at intercourse (Q. 613) is older than her age at first birth, then either the year of birth of her first child is wrong or her age at first intercourse is wrong. Check to see which date is wrong and correct it.

If she has never had intercourse, circle Code '00'.

Q. 613A: FILTER FOR WOMEN AGE 15 – 24

Qs. 613B and 613C: QUESTIONS RELATING TO FIRST SEXUAL INTERCOURSE FOR YOUTH

The objective of these questions is to find out some information for women age 15-24 about the circumstances at the time the woman first had sex.

Q. 613B is of interest because if used correctly, condoms can reduce the risk of transmission of AIDS and other sexually transmitted infections as well as prevent a pregnancy.

Qs. 613C is used to obtain information on the extent of the age gap between young women and their partners. Note that Q. 613C is concerned with the partner's age at the time the couple first had intercourse and not his age at the time of the DHS interview. Record this age in completed years. If the respondent does not know how old her partner was when they first had sex, then record 'don't know' by circling Code '98'.

Q. 614: INSTRUCTIONS

Emphasize confidentiality.

Q. 615: LAST TIME HAD SEXUAL INTERCOURSE

Q. 615 applies to the respondent's last, or most recent, sexual partner. Fill in the respondent's answer in the space according to the units that she uses. The YEARS AGO row should be used only if the last intercourse was at least one year ago. In other words, there should never be a response '00' YEARS.

Example: If she says "three weeks ago," circle '2' and write '03' in the boxes next to WEEKS AGO. If she says "four days ago," circle '1' and write '04' next to DAYS AGO.

If the respondent appears to be rounding off her answer, probe for an exact answer. For example, if she says "about a week ago," ask, "Do you remember which day? Was it before or after the weekend?"

In some cases, you may have to convert a respondent's answer.

Example: If the respondent says, "last night," circle '1' and write '00' for DAYS AGO. If she has not yet resumed intercourse since she had her last child, check Q. 215 for the month and year of birth of her last child, and ask how long before the birth of that child she had sex the last time.

If the respondent had sex within the past year, continue with Q. 616. If the last time she had sex was 12 months or longer ago, skip to Q. 627.

Qs. 616-626: GENERAL INSTRUCTIONS

Where appropriate, these questions will be asked in turn about the respondent's three most recent sexual partners in the 12 months before the survey interview. Complete all of the relevant questions for the most recent partner before asking the questions for the second-to-last partner and then third-to-last partner, if any.

Q. 616: LAST TIME HAD SEXUAL INTERCOURSE

Q. 616 is completed the same way as Q. 615, only it applies to the respondent's second-to-last and third-to-last sexual partners.

Qs. 617 and 617A: CONDOM USED AT LAST INTERCOURSE & REASON

When asking about the last sexual partner, ask the question as follows: "The last time you had sexual intercourse ...". When asking about the second-to-last sexual partner, ask the question like this: "The last time you had sexual intercourse with this second person ...". For Q. 617A, record only the main or primary reason a condom was used the last time.

Q. 618: USE OF A CONDOM EACH TIME ONE HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS

Ask the respondent whether she used a condom each time she had sexual intercourse with her partner. Make sure that she understands that you are talking about the times she had intercourse with the last (second-to-last, etc.) partner and not about whether she used a condom at any time she had intercourse during the last 12 months.

Qs. 619-624: RELATIONSHIP WITH LAST SEX PARTNER

In these questions, we want to know the relationship of the respondent with the person she last had sex with (Q. 619), the duration (Q. 622) and frequency (Q. 623) of the sexual relationship, and the age

of the person (Q. 624). Note that the response categories in Q. 619 are stated in terms of her relationship to the man, not his relationship to her. It also refers to the relationship at the time they last had intercourse. If the woman responds “BOYFRIEND,” probe to see if the boyfriend was living with her and then circle the appropriate code.

Example: A divorced woman indicates her last sex partner was her former husband. If they were married at the time they had intercourse, record ‘HUSBAND’. If they were already divorced and not living together at the time, record ‘OTHER’ and enter former husband in the space provided for specifying the relationship.

If the woman is the wife or cohabiting partner of this man, continue on to Q. 620 and 621, being sure to follow skip instructions. Otherwise skip directly to Q. 622, which asks about the length of time the woman had a sexual relationship with her partner. Again make sure the woman is clear about the partner for which the question is being asked.

For recording the duration of the relationship in Q. 622, first circle the code according to the unit the respondent used, and then fill in the answer in the space provided. If the duration is less than 10, write ‘0’ in the first box. For Qs. 623 and 624 fill in the answer in the space provided.

Q. 625: SEX WITH ANYONE ELSE

This question finds out if the respondent had sex with anyone else in the past 12 months. Be sure to include the time reference in the question. If she did not have sex with a second person during the 12 months then continue to Q. 627. If the respondent indicates that she had sex with a person other than her last partner, go back and ask Qs. 616-624 and record her responses in the second column in the table. In Q. 625, ask the respondent if she has had sex with anyone apart from these two people. If there is not a third person with whom she had sex in the last 12 months, then continue to Q. 627.

If there is a third person, go back and complete Qs. 617-624 by recording her responses in the third column. After finishing questions for the third person she had sex with, continue to Q. 626.

Q. 626: NUMBER OF SEXUAL PARTNERS IN THE LAST 12 MONTHS

Q. 626 is asked of women who report having at least three sexual partners in the past 12 months. The question is concerned with the total number of different men the respondent has had sex with in the last 12 months, including the three men already mentioned in response to Qs. 616-625. Since the respondent is asked this question only if she has had sexual intercourse with at least three men in the last 12 months, the answer should never be ‘00,’ ‘01’ or ‘02.’

Q. 626A: EXCHANGE SEX

Q.626A asks the respondent if she has ever given or received money, gifts, or favors in return for sex.

Q. 627: NUMBER OF LIFETIME SEXUAL PARTNERS

Q. 627 asks about total number of lifetime sexual partners, including partners in the last 12 months. If the number of partners is greater than 95, record ‘95.’

Q. 627A: SEX WORK

Q. 627A asks if the woman ever exchanged money or gifts for sex in the last 12 months.

Q. 628: PRESENCE OF OTHERS DURING INTERVIEW

Observe and record whether others are present during this section of the interview.

Qs. 629 and 630: KNOWLEDGE OF SOURCE FOR MALE CONDOMS

Q. 629 asks about the respondent's knowledge of a source for male condoms. You will be asking this question of both women who have used condoms and women who have not used condoms. If a respondent insists she has never used condoms and therefore cannot answer this question, explain that we simply want to know whether she is aware of a source for condoms. For example, if someone asked her for advice on where to obtain condoms, could she tell them where to go?

We are interested in knowing if the respondent knows more than one place to obtain a condom so be sure to ask, after recording the first source she names, about other places she may know about where the male condom is available.

Record all response(s) to Q. 630. Write the name of hospitals, health centres and clinics if the respondent does not know if they are public or private.

Q. 631: ABILITY TO GET MALE CONDOMS

We want to know whether the respondent thinks she could get a condom herself if she wanted to. It is important again to make sure the respondent knows that the question is hypothetical; we are not asking if she plans to get a condom but whether, if she wanted to, she could herself go and get a condom.

Qs. 632-634: KNOWLEDGE OF SOURCE FOR FEMALE CONDOMS

These questions are similar to Qs. 629-631 except that you are assessing the woman's knowledge of a source for the female condom and her ability to obtain a female condom if she wanted to use one.

H. Section 7: Fertility Preferences

This section gathers information on desires for additional children, preferred birth intervals, attitudes toward family planning and family size, and unwanted pregnancies.

Q. 701: FILTER CONCERNING STERILIZATION STATUS OF RESPONDENT/PARTNER

Q. 702: FILTER FOR PREGNANCY STATUS

Qs. 703 and 704: PREFERENCE FOR ADDITIONAL CHILDREN

If the respondent is currently pregnant, ask Q. 703. Note that we want to make sure that pregnant women do not think that we are asking them whether they want the child they are pregnant with now. For this reason, we begin this question by stating "Now I have some questions about the future..."

If she is not pregnant or is unsure if she is pregnant, ask Q. 704. Note that the wording of the question depends on whether or not she already has children. If the respondent is not pregnant and has no living children (check Q. 216), ask the question as follows: "Would you like to have a child or would you prefer not to have any children?" If she has one or more children, you ask instead, "Would you like to have another child or would you prefer not to have any more children?"

Q. 705: TIME TO WAIT

Q. 705 is to be asked of all women who say that they want to have another child. First check Q. 226 to see whether the respondent is pregnant and mark the appropriate box. If she is not pregnant or unsure,

ask “How long would you like to wait from now before the birth of (a/another) child?” If she is pregnant, word the question differently by asking “After the birth of the child you are expecting now, how long would you like to wait before the birth of another child.” Note that the answer can be given in months or years. Circle ‘1’ if the response is in months or ‘2’ if in years, and record the answer in the appropriate boxes. If she says she would like to have a baby right away, record SOON/NOW. If the woman says she cannot get pregnant, circle ‘994.’ If the woman tells you she would like to wait until after she is married to have a child, record AFTER MARRIAGE. If the woman gives a different answer, circle ‘996’ and write her response in the OTHER category.

Q. 706: FILTER FOR PREGNANCY STATUS

Q. 707: FILTER FOR USING A METHOD

Check Q. 303. If a YES is recorded in Q. 303, you will mark the box on the right in Q. 707 for CURRENTLY USING. If a NO is recorded, you will mark the box in the left for NOT CURRENTLY USING.

Q. 708: FILTER FOR TIME TO WAIT

Q. 709: REASON FOR NOT USING A METHOD TO PREVENT PREGNANCY

Check the woman’s response in Q. 703 or 704, as appropriate. If she says that she wants to have a/another child (Code ‘1’ is circled), mark the box on the left and ask the question under that box. If she wants no (more) children (Code ‘2’ circled), mark the box on the right and ask the question under that box.

There are many reasons that a person may not be using contraception, so listen to your respondent carefully. Record as many reasons as the woman mentions. The following are some guides to use in deciding which code(s) to mark:

Code INFREQUENT SEX if the respondent says she is not sexually active enough to be using a method. NOT HAVING SEX would be the appropriate code if she says she is not sexually active at all.

MENOPAUSAL means she is no longer menstruating and therefore cannot get pregnant, and HYSTERECTOMY is an operation to remove her uterus.

Code CAN’T GET PREGNANT, if the respondent says she thinks she cannot get pregnant for reasons other than she is menopausal or has had a hysterectomy.

Code NOT MENSTRUATED SINCE LAST BIRTH if the respondent says her period has not returned since her last birth.

UP TO GOD/FATALISTIC means that the respondent feels that the pregnancy is predetermined by fate and she has no control over pregnancy.

RESPONDENT OPPOSED means that the respondent herself does not approve of family planning. If her husband or partner is opposed to family planning, circle the code for HUSBAND/PARTNER OPPOSED. If she says she is not using because someone other than her husband or partner tells her they are opposed to her using family planning, code OTHERS OPPOSED.

RELIGIOUS PROHIBITION means that she feels her religion does not allow the use of family planning.

SIDE EFFECTS/HEALTH CONCERNS: Side effects are undesirable consequences of using a method that do not adversely affect the health of the user. For example, side effects may be spotting or bleeding with the pill. Health concerns include consequences of using a method the respondent thinks may affect her health. For example, the respondent may say she heard the pill may be linked to breast cancer.

INCONVENIENT TO USE would be if she considers the contraceptive methods to be too troublesome to use, such as being messy. This is inconvenient to use, but not inconvenient to get the method, since **LACK OF ACCESS/TOO FAR** is a separate category.

If the woman's main reason is not listed as a response, write her response on the **OTHER** line and circle 'X.' If the woman does not know at all why she is not using contraception, record **DON'T KNOW**.

Q. 710: FILTER FOR USING A CONTRACEPTIVE METHOD

Qs. 711-711B: INTENT TO USE CONTRACEPTION IN THE FUTURE

These questions are for women who are currently not using a method of contraception and women who were not asked about current contraceptive use because they were pregnant at the time of the interview. The purpose of these questions is to see whether the respondent has any intention of using a method of family planning at any time in the future and if so, which method she prefers. If she does not intend to use any contraceptive method, ask Q. 711B for the reason.

Q. 712: PREFERRED NUMBER OF CHILDREN

Check Q. 216 to see whether the woman has any children who are alive. Mark the box on the right if she has no living children, or mark the box on the left if she has at least one living child. Ask the question under the marked box.

If she already has living children, we ask her to imagine the time when she had no children and could choose exactly how many to have. We are not asking how many she would like to have by her current age (now), but rather, how many she would like over her entire life (including the future).

If she tells you a number, record it in the boxes by **NUMBER**, then proceed with Q. 713. If she gives an answer that is not a number, for example, "It's up to God," probe for a numeric response. If after probing, the woman will not state a number, write down her exact words in the **OTHER** category, and skip to Q. 714.

Q. 713: DESIRED SEX COMPOSITION OF CHILDREN

This question is asked of all women who gave a numerical response to Q. 712. Record the number of boys and girls preferred by the woman in the boxes provided under **BOYS** and **GIRLS**, respectively. If the woman says she does not mind what sex the child is, write the number of such children in the boxes under **EITHER**. If she gives some other answer, circle '96' for **OTHER** and record her exact words in the space provided.

Example: If in Q. 712, a respondent says she would like to have six children, and in Q. 713 she would like to have two boys, two girls, and two more of either sex, you would record '02,' '02,' '02.'

If a respondent would like to have two children ('02' in Q. 712) and she wants two boys, you would record '02,' '00,' '00' in Q. 713.

If she would like to have three children and at least one of them should be a boy, record '01,' '00,' '02,' since she would be satisfied with either sex for the other two children

Finally, note that, if the woman gives a numeric response to this question, the sum of the numbers you record in the three sets of boxes must equal the total number in Q. 712. You must probe further if the numbers do not match.

Q. 714: HEARD FAMILY PLANNING MESSAGE?

We are interested in any information about family planning, whether it is a program concerned with giving information about family planning, an advertisement about family planning, or a speech in which family planning is mentioned. Read the introductory question and then each line; wait for her response and code it before moving on to the next line. There must be an answer coded for each line; do not leave any blank.

Q. 715A: FAMILY PLANNING MESSAGES

Ask each question and record the response. Every coding category should have either a '1' YES or a '2' NO circled.

Q. 716: FILTER FOR MARITAL (UNION) STATUS

Q. 716A: HUSBAND/PARTNER'S VIEWS ON CONTRACEPTIVE USE

Q. 716A ask if the woman thinks her husband/partner approves of contraceptive use.

Q. 716B: DISCUSSION WITH HUSBAND/PARTNER ON CONTRACEPTIVE USE

Q. 716B ask how often the woman talked to her husband/partner about family planning in the past year.

Q. 717: FILTER FOR USING CONTRACEPTIVE METHOD

Q. 717A: FILTER FOR CURRENTLY (FEMALE-CONTROLLED) CONTRACEPTIVE METHOD

Q. 717B: HUSBAND'S KNOWLEDGE OF WIFE'S CONTRACEPTIVE USE

For female-controlled contraceptive methods, that is contraceptive methods that do not involve a woman's husband/partner (e.g. male sterilization, male condom, withdrawal), we ask the woman if her husband/partner is aware that she is using a method.

Q. 718: DECISION TO USE CONTRACEPTION & HUSBAND'S INVOLVEMENT

In this question, we want to know whether the woman participated in the decision to use contraception, which would indicate that she exercised her right to control and monitor her reproductive health. Read the entire question before accepting a response. Q. 718 is asked only of women in union who are currently using contraception. If the respondent says that someone other than her husband or partner or she made the decision, such as a doctor or a nurse, circle '6' and write her answer in the space provided. Ask about her husband/partner's views on family planning in Q. 718A and the frequency of their discussions regarding family planning in Q. 718B.

Q. 719: FILTER FOR STERILIZATION

Q. 720: HUSBAND'S AND WIFE'S PREFERENCE FOR CHILDREN

This question asks for the woman's opinion of her husband's preference compared with her own. Read the entire question before accepting a response.

I. Section 8: Husband's Background and Woman's Work

Q. 801: FILTER FOR MARITAL (UNION) STATUS

This filter requires you to check Qs. 601 and 602 and mark the respondent's marital (union) status. For women who have ever married or lived together with a partner, you will need to word subsequent questions in the present or past tense according to the woman's current marital (union) status. For women who have had more than one husband (partner), you will ask about the current or most recent husband (partner).

Q. 802: HUSBAND'S AGE

If you have difficulty obtaining the husband's age, use the same methods to probe for his age as described in Qs. 102-103 for obtaining the respondent's age.

Qs. 803-805: HUSBAND'S EDUCATION

These questions are identical to Qs. 104-106, which were asked of the respondent. Again, note that in Q. 804, you record the highest level attended, and in Q. 805, you record the highest grade/standard/form/year completed at that level.

Q. 806: HUSBAND'S CURRENT (OR MOST RECENT) TYPE OF WORK

First, check Q. 801. If a woman is currently married or living with a man, mark the box on the left and ask the husband's/partner's occupation. If she is not currently married but was formerly married or lived with a man, mark the box on the right and ask about the most recent (last) husband's/partner's occupation.

Examples of occupations are clerk, secretary, barber, taxi driver, nurse, teacher, lawyer, salesman, rubber tapper, fisherman, rice farmer, carpenter, etc. We are not interested in the industry that he works in (e.g., agriculture, mining, or sales) or where he works (in a bank, a retail clothing store, or a government office), but we need to know what his job is.

Example: If the respondent says her husband works in the Ministry of Planning, ask what he does there.

Write the answer in the respondent's own words. If you are not sure how to write the occupation, it is better to give more detail than less.

"Not currently working" is not an acceptable response. If he is unemployed, get a description of his most recent job. If he does more than one job, write down what he does most of the time. If he is not working because he is in school, write "student." Do not fill in the two code boxes for this question, since numerical codes will be assigned afterwards in the office.

Qs. 807-811: EMPLOYMENT AND OCCUPATION

These questions are concerned with any work other than housework that the respondent herself does. The time reference for Qs. 807-809 is the seven days before the survey interview.

Q. 808 is included because it often happens that women who sell things, or work on the family farm, will not consider what they do work, especially if they do not get paid for the work. Read the introductory sentences of Q. 808 so the respondent understands what we mean by “work.”

Q. 809 checks to determine if a woman normally works but was temporarily absent from work, i.e., she was on leave or was not working for some other reason during the seven-day period before the survey.

Q. 810 is directed to women who indicate they currently are not employed in a job or business and seeks information about whether the woman had done any work in the 12 months before the survey.

As in Q. 806, write the respondent’s occupation in her own words in Q. 811. Again, it is better to give more detail than less.

Q. 811A: FILTER FOR AGRICULTURAL WORK

Q. 811B: TYPE OF LAND WORKED

This question is asking about the land the woman work for agricultural purposes. Ensure that the respondent understands that you are asking about who owns the land where they farm.

Q. 812: NATURE OF EMPLOYMENT

There are three categories here. Consider a woman who works in a shop as an example. If she works in a shop owned and operated by a nonfamily member, she works FOR SOMEONE ELSE. If her husband or father operates the shop and she works for him, she is working FOR FAMILY MEMBER. If she runs the shop with her husband or runs it on her own, she is SELF-EMPLOYED.

Q. 813: WORK ALL OR PART OF THE YEAR

Of interest here is the regularity with which a respondent is working. If she is working all year long, record THROUGHOUT THE YEAR even if she works only part-time. If her work is seasonal, record SEASONALLY/PART OF THE YEAR. If she works occasionally, record ONCE IN A WHILE.

Q. 814: TYPE OF PAYMENT

This question asks for the type of payment that the respondent receives for her work. Payment can come in two forms: in “cash” and in “kind.” For example, a woman who sells fruit in the market to people who pay money for it earns cash for her work. If the woman receives a portion of the fruit she takes to the market as payment, she receives “kind” for her work.

To answer Q. 814, you will need to determine if the woman receives payment in cash only, in kind only, both in cash and in kind, or whether she is not paid. If a respondent is a clerk and gets paid a regular salary, she earns CASH ONLY. If she is a domestic servant and she gets food and some cash, she is paid in CASH AND KIND. If she works as a domestic servant and she is not paid a salary but instead gets lodging and food only, she is paid IN KIND ONLY. If she is working on a farm owned by the family and receives no payment of money or other goods, then she is NOT PAID.

Qs. 815 and 816: FILTERS FOR MARITAL STATUS AND CASH EARNINGS

Qs. 817-824: WOMAN’S CONTROL OVER AND USE OF CASH INCOME AND PARTICIPATION IN HOUSEHOLD DECISIONS

Q. 817 is a single response question that asks who usually decides how the money the respondent earns will be used. The word ‘jointly’ refers to the respondent’s making the decisions jointly with her husband or partner (Code ‘3’). If the husband decides by himself, circle ‘2.’ If someone other than the

respondent and her husband (e.g., another relative) makes the decision, circle '6' for OTHER and ask the respondent to specify.

Q. 818 asks the respondent for her perception of the amount of money she earns in relation to her husband/partner's earnings. If the respondent's husband/partner does not bring in any money at all, circle Code '4' and skip to Q. 820.

Q. 819 is similar to Q. 817 except that it is concerned with whether the respondent is involved in decisions about how her husband or partner's earnings will be used. Again the question allows for only a single response with regard to who usually decides how the husband or partner's earnings will be used. The response codes are identical to those described in Q. 817 except that there is an additional code corresponding to HUSBAND/PARTNER HAS NO EARNINGS. .

Qs. 820-822A address the roles of the woman and her husband or partner in making various household decisions. Decision-making can be a complex process so the emphasis is again on who usually makes a specific decision. Choose the response code most appropriate after you hear the respondent's answer to each type of decision. Use Code '1' for RESPONDENT only if the woman says that she alone mainly makes the decision. When her husband or partner alone usually makes the decision, circle '2.' If she and her husband usually consult about decisions, circle '3.' If, for example, she says that her in-laws usually make the decisions about the item in question (e.g., what food to purchase), then circle '4' for SOMEONE ELSE.

Qs. 823 and 824: OWNERSHIP OF HOME(S) AND/OR LAND

There is increasing evidence that ownership of property by women has positive consequences for women's empowerment, nutritional and health outcomes, and children's schooling. For questions 823 and 824, 'ownership' implies that the house or land is legally registered in the woman's name or, since official property records do not always exist or are not maintained, the house or land is recognized as hers and cannot be sold without her signature or equivalent.

Q. 823 concerns whether the respondent owns a house either by herself or jointly with someone else. For this question, 'house' includes all dwelling types including apartments, duplexes, and houses that are semi-detached or detached, etc., as well as other types of dwellings that are specific to Kenya. If she owns a house (either the one you are in at the time of the interview or any other house), and she is the only owner of the house (she does not share ownership with anyone), record ALONE ONLY. If she doesn't own a house on her own, but instead jointly owns one with someone else, record JOINTLY ONLY. If she owns a house alone and another house jointly with someone else, record BOTH ALONE AND JOINTLY. If she does not own a house either alone or jointly, record DOES NOT OWN.

Note: It does not matter if the house was bought with a loan and the loan is still being paid for; what matters is whether the respondent's name is on the ownership document or, in the case where there is no paperwork, the respondent believes she has exclusive or part ownership of the house, record as outlined above.

Q. 824 concerns whether the respondent owns land either by herself or jointly with someone else. The size, quality or purpose of the land is not relevant to this question; we are only asking about her ownership of any type or size of land. The system of coding the responses is identical to Q. 823.

Note: communally owned land is not owned by her, even if she is part of the community.

Q. 825: PRESENCE OF OTHERS

This is not a question to ask the respondent, but something that you answer yourself. Just look around and see who else is within listening distance while you are interviewing. If a supervisor observes the

interview, be sure to include her or him as another female or male present. Do not leave any row blank.

Q. 826: ATTITUDES TOWARD BEATINGS

Read the opening question and then read each item separately. Wait for her answer before going on to the next item. If the respondent does not understand the question, you should read it out again. Be sure to read each item clearly. Sometimes respondents misunderstand the question and think you are asking about their personal experience. This question is about the respondent's opinion and not about what is happening in her relationship with her husband or partner. Be sure that the respondent has understood the question before accepting an answer.

J. Section 9: HIV/AIDS AND OTHER STIs

AIDS is an illness caused by HIV, a virus that weakens the immune system and leads to death through secondary infections, such as pneumonia. It is transmitted through sex or through contact with contaminated blood. This section asks questions concerning knowledge and behaviour related to HIV/AIDS and other diseases that are transmitted through sexual contact. Note: many of the questions in this section use the term “the AIDS virus” rather than HIV. Questions are intentionally phrased this way because in some parts of the world, respondents may have heard of AIDS, but not HIV. Alternatively, some respondents may not be aware of, or may not fully understand, the relationship between HIV and AIDS. Interviewers, however, are taught during training to understand the difference between HIV and AIDS. Therefore, in this manual, we will use the terms AIDS and HIV as appropriate.

Q. 901: HEARD OF AIDS

This question allows us to verify whether a respondent has heard of AIDS. If there is a local term for AIDS, use the local term in addition to the word “AIDS”.

Qs. 902-907: KNOWLEDGE OF WAYS TO AVOID/REDUCE CHANCES OF GETTING HIV AND LOCAL MISCONCEPTIONS ABOUT HIV

There are two types of questions in Qs. 902-906. Qs. 902 and 904 are asked to determine whether people know about behaviours advocated by public health programs to reduce the chance of becoming infected with HIV: being faithful to one partner and using condoms.

The remaining questions are asked to measure how many people hold (in)correct beliefs about the way HIV is transmitted.

Q. 907A: KNOW A PERSON WITH HIV

We are asking specifically about someone the respondent knows personally, that is, anyone (a sibling, friend, acquaintance, relative, or neighbor) the respondent knows who has the AIDS virus or who has died of AIDS. It does not matter when the person died, as long as the person was known to the respondent.

Q. 908: TRANSMISSION FROM MOTHER-TO-CHILD

This question asks whether a mother who is infected with HIV can pass on the virus to her baby in any of three ways: while she is pregnant with the baby, during delivery of the baby, or while breastfeeding her baby. Ask each item one at a time, and take care to mark the response next to the item about which you are asking.

Q. 909: FILTER FOR KNOWLEDGE OF ROUTE OF TRANSMISSION

Q. 910: DRUG REDUCING RISK OF MOTHER-TO-CHILD TRANSMISSION

This question is asked to respondents who know at least one way by which HIV can be passed on from a mother to her child. Ask the respondent if she knows of any “special drugs” that can reduce the risk of transmitting HIV from a mother to her baby. In many instances, respondents will know that drugs are available, but will not know their names. Hence, in this question special refers to Western or modern medicines.

Qs. 911 and 912: FILTERS FOR LAST BIRTH SINCE JANUARY 2011 AND RECEIPT OF ANTENATAL CARE

Q.913: PRIVACY

The questions that follow require a high level of confidentiality. Make sure you have privacy with the respondent before you begin asking them.

Q. 914: COMPONENTS OF ANTENATAL CARE

We want to know if the respondent was given information about each of the listed topics during any of her antenatal care visits. It does not matter whether the topic was discussed only once or more than once, or discussed in only one visit or more frequently. Ask about each topic and record the response before asking about the next one. In the third item we are asking whether a health provider gave her information about getting tested for HIV; we are not asking whether or not she actually got tested. We will ask that in a later question.

Qs. 915 and 916: TESTING FOR HIV DURING ANTENATAL CARE

First in Q. 915 we ask whether the respondent was ever offered an HIV test during her antenatal care visits, in other words, whether someone asked her if she wanted to be tested. This may have been at any of her antenatal visits during her last pregnancy. Then in Q. 916 we ask her if she was tested for the AIDS virus during an antenatal care visit for this pregnancy. We do not need to know the result of the test, simply whether or not she was tested. Notice that you are to ask Q. 916 even if the response to Q. 915 is NO.

Q. 917: WHERE TEST WAS DONE

Ask the respondent where she was tested for HIV. Record her response. Again, write the name of the source in the space provided if the respondent does not know if it is a private or public sector. Advise the team supervisor who will try to identify the type of source.

Q. 918: TOLD THE RESULTS OF THE TEST

Ask the respondent if she was told the results of her HIV test. Sometimes people are tested for HIV but are not told the results of the test, or do not go to get the result. Be clear to the respondent that you are not asking to know the results of the test, only whether she knows the result of the test.

Q. 919: COUNSELLING AFTER TESTING

Counselling is an integral component of the HIV test. Counselling should be provided no matter whether the test is positive or negative. Be clear to the respondent we are not asking for the result of the test. This question is asked to determine whether or not the respondent received counselling following testing.

Q. 920: FILTER FOR LAST BIRTH

Qs. 921-923: TESTING FOR THE HIV PRIOR TO DELIVERY

For Q. 921, stress that we are interested in knowing whether she was offered a test between the time she went for delivery but before the baby was born.

For Q. 922 and Q. 923, be clear to the respondent that we do not want to know the result of the test, only whether or not she has ever been tested and whether or not she got the results of the test.

Q. 924: TESTED SINCE THE TEST DURING ANTENATAL CARE

For women who received an HIV test during antenatal care, we ask whether they have had another HIV test since the test they had during their pregnancy.

Q. 925: HOW MANY MONTHS AGO THE MOST RECENT HIV TEST WAS DONE

If the respondent knows she was tested, but is not sure when it took place, probe to obtain an estimate of how many months ago it was.

Q. 926: EVER BEEN TESTED FOR HIV

Be clear to the respondent that we do not want to know the result of the test, only whether or not she has ever been tested.

Q. 927: TIMING OF MOST RECENT HIV TEST

Ask the respondent when she was last tested for HIV. If the respondent knows she was tested, but is not sure when it took place, probe to obtain an estimate of how many months ago it was.

Q. 928: RESULTS OF TEST

Ask the respondent if she was told the results of the test. Sometimes people are tested for the HIV but are not told whether or not they are infected, or do not go to get the result. Be clear to the respondent that you are not asking to know the results of the test (whether or not she has the virus), only whether the respondent knows the result of her test. If the respondent has been tested more than once, we are asking whether the respondent knows the result from the last time she was tested.

Q. 929: WHERE TEST WAS DONE

Ask the respondent where the test was done and follow the same procedure as in Q. 917 in recording the source.

Qs. 930 and 931: KNOW WHERE TO GO TO GET TESTED

For those respondents who have never been tested for HIV we ask if they know of a place they can go to get tested. In this question, you need to probe and record all the places respondents know about for testing. Follow the procedures described in Q. 917 in recording the source.

Q. 931A: DISCUSSED HIV PREVENTION WITH HUSBAND/PARTNER

In Q. 931A, ask the respondent whether she has discussed ways to prevent getting the AIDS virus with her husband or partner. It does not matter who initiated the discussion, and it does not matter whether the respondent and her husband/partner approved or disapproved of the ways.

Qs. 932-935: ATTITUDES TOWARDS PEOPLE WITH HIV/AIDS

These four questions are to ascertain the respondents' own personal opinions and attitudes towards people infected with HIV or with people who are sick with AIDS. To obtain this data, we present four hypothetical (imaginary) situations to respondents and ask them to tell us how they would react to the situation. The questions address the following situations:

- Willingness to buy vegetables from a vendor with the AIDS virus: Would the respondent buy vegetables from someone in the market if she knew the seller was infected with the AIDS virus?
- Concern about keeping the status of a family member infected with HIV a secret or not: Would the respondent be willing to have other people in the community know if a member of her family was infected with the AIDS virus?
- Willingness to care for a family member ill with AIDS in their own household: Would the respondent be willing to care for a relative who had AIDS in her household? If the respondent says she would be willing but her husband would not let her, record YES because it is her attitude you are concerned with not her husband's.
- Attitude about a female teacher infected with the AIDS virus continuing to teach: What is the respondent's opinion about how such a case should be handled?

Q. 936: TEACHING CHILDREN AGE 12-14

This question asks about teaching children age 12-14 to avoid AIDS by using condoms.

Example: A respondent may answer that it is appropriate to teach children 14 and older about these things but children ages 12 and 13 are too young. In this case, record NO for Q. 936.

Q. 937: KNOWLEDGE OF OTHER SEXUALLY TRANSMITTED INFECTIONS

Ask the respondent whether she knows other infections that can be transmitted through sexual contact. She is not being asked to actually tell you what specific sexually transmitted infections (STIs) she knows about, but only that she has heard about infections other than AIDS that are transmitted through sexual contact.

Qs. 937A and 937B: SYMPTOMS OF STIs

Ask what symptoms would indicate a man (937A) or a woman (937B) might have that would indicate he or she has a sexually transmitted disease. Probe for all symptoms and record each by circling the appropriate code(s).

Q. 938: FILTER FOR EVER HAD SEXUAL INTERCOURSE

Q. 939: FILTER FOR KNOWLEDGE OF STIs

Qs. 940-942: SEXUALLY TRANSMITTED INFECTIONS

We want to know if the respondent has had an STI (Q. 940) or symptoms of an STI in the past 12 months. Symptoms of an STI include discharge from the vagina (Q. 941) or sores or ulcers around the vagina (Q. 942).

Q. 943: FILTER FOR HAD INFECTION

This filter requires you to check Qs. 940-942 to determine if the respondent has had an STI or symptoms associated with such infections in the past 12 months.

Qs. 944-945: ADVICE OR TREATMENT SOUGHT FOR STI

Ask the respondent whether she sought advice or treatment the last time she had an infection and/or experienced one of the symptoms (Q. 944). If the respondent sought treatment, ask about the place or places where treatment or advice was sought using the same approach as Q. 917. We are interested in all of the places from which she may have gotten assistance so be sure to probe to make sure the respondent has mentioned all of the sources from which she received advice or treatment.

Qs. 945A-945C: INFORMING PARTNER OF STI & AVOIDING INFECTING PARTNER

Ask if the respondent informed their sexual partner(s) that they had the STI mentioned in Qs. 904, 941, or 942. If they indicate that they had a partner, even if they didn't inform them, ask if they did anything to prevent the transmission of the STI in Q. 945B. If they did do something, ask about each item in Q. 945C.

Qs. 946 and 947: A WIFE CAN REFUSE SEX AND INSIST ON CONDOM

Both questions are asked of all respondents, regardless of whether or not they themselves are married. The questions ask for the respondent's opinion as to what married women should do in various hypothetical situations.

For Q. 946, the respondent is asked to imagine a situation in which a wife knows her husband has a disease that can be transmitted through sexual contact. Q. 946 tries to find out whether, in the respondent's opinion, it is justified for a wife to insist that her husband wear a condom when she knows he has an infection that could be transmitted through sexual intercourse.

Q. 947 asks the respondent to say whether or not she thinks the wife has a right to refuse to have sex with her husband in another imaginary situation: if a husband has sex with other women.

Q. 948: FILTER FOR CURRENT MARITAL STATUS

Qs. 949 and 950: PERSONAL ABILITY TO NEGOTIATE SEX WITH HUSBAND

The previous questions (Qs. 946 and 947) were about women in general. Now we are asking married women about their own personal situations with their own husbands. In Q. 949 we are asking the respondent to imagine a situation in which her husband would like to engage in sexual intercourse, but she would prefer not to at that time. If she does not want to have sex with him at that time, can she communicate that to her husband, and will he accept her request and agree not to have sex at that time.

In Q. 950 we are asking the respondent to imagine a situation in which she would want her husband to use a condom. This question is asked to determine whether the respondent believes that she can ask her partner to wear a condom if she wants him to.

K. Section 10: Other Health Issues

Q. 1001: NUMBER OF INJECTIONS HAD DURING THE 12 MONTHS PRIOR TO THE DAY OF THE INTERVIEW

Ask the respondent if she had an injection for any reason during the 12 months prior to the day of the interview. If yes, ask the follow-up question to find out how many injections she had. If the number of

injections is higher than “90” or she had daily injections for three months and above, record “90”. In case the response is not numeric, probe to get an estimate. Follow the skip pattern correctly.

Q. 1002: NUMBER OF INJECTIONS GIVEN BY A HEALTH WORKER

Find out from the respondent how many of the injections she has had were given by medical personnel (doctor, nurse, pharmacist, dentist or any other medical personnel). If the number of injections is “90” or higher, or she had daily injections for three months and above, record “90”. In case the response is not numeric, probe to get an estimate. Again, be sure to follow the skip pattern correctly.

Q. 1003: NEW SYRINGE AND NEEDLE USED

Qs. 1003A and 1003B: HYPERTENSION AND DIABETES

Ask if the respondent was ever informed by a doctor or health worker that she had elevated blood pressure (hypertension) or diabetes.

Qs. 1003C-1003E: ACCIDENTS

Ask if the respondent was involved in a road traffic accident (Q. 1003C) and any accident not related to road traffic (Q. 1003D). If the respondent was involved in a non-traffic related accident, ask how they were injured (Q. 1003E).

Qs. 1003F and 1003G: TUBERCULOSIS

If the respondent has heard of tuberculosis (TB), ask for all ways that the respondent believes TB can be spread.

Qs. 1004-1005: SMOKING CIGARETTES OR TOBACCO

In Q. 1004, ask the respondent whether she currently smokes cigarettes. In Q. 1005, record the number of cigarettes she smoked in the 24 hours prior to the interview. Remember to fill in the first box with ‘0’ for numbers less than 10.

Qs. 1006 and 1007: TYPE OF TOBACCO

These two questions are designed to find out about the use of other types of tobacco besides cigarettes (e.g. chewing tobacco).

Qs. 1007A and 1007B: ALCOHOL USE

These two questions are designed to find out about the use of and frequency of use of alcohol.

Q. 1007B: EXERCISE

First ask the respondent if they are involved in exercise for at least 10 minutes continuously at work. Then ask if they are involved in exercise of this type during other physical activities. Read out each item and circle the answer given before asking about the next item. Do not leave any blank.

Q. 1008: PROBLEM IN GETTING MEDICAL TREATMENT

In this question, we are trying to understand the hurdles women generally face in accessing health care for themselves. Make sure that the woman understands that this question refers to medical care for the respondent herself, since previous questions asked about treatment for her children.

Read out each item and circle the answer given before asking about the next item. Do not leave any blank. The phrase “When you are sick” in this question does not refer to any one specific episode of illness but to the typical scenario given the respondent’s present circumstances. Consequently, if a woman says she cannot answer the question because she has not been sick, you must help her understand the question is hypothetical and relates to the type of problems she might experience if she were to be sick.

“Getting permission to go” means someone’s permission is necessary for her to go and get the care. It does not matter who this person is (e.g. father, husband, mother-in-law). Circle ‘2’ for NOT A BIG PROBLEM in the case where she does not need anyone’s permission, as well as the case where she says, for example, she needs her mother-in-law’s permission but that this is never a problem. “Getting money needed for treatment” includes money for actual treatment and/or for medicines. “Not wanting to go alone” refers to a situation where the woman will not go to get treatment alone because she herself does not want to or does not like to go alone.

Qs. 1008A-1008E: CERVICAL AND BREAST CANCER

These questions ask women about specific health risks they may face as women. Read each question as it is written and follow the skips.

Qs. 1009-1010: HEALTH INSURANCE

Q. 1009 seeks information about whether the respondent has any health insurance that helps to cover the cost of health care when she needs it. The health insurance may be through a mutual or community-based program, a national public insurance scheme (e.g., social security), a plan offered by an employer (either that of the respondent or of another family member) or a private policy purchased from a commercial provider. Record YES in Q. 1009 if the respondent participates in any health insurance scheme and, in Q. 1010, identify all of the types of insurance plans by which she is covered.

L. Section 11: Maternal Mortality

Q. 1101: INTRODUCTORY QUESTION

Read the question slowly so that the respondent understands that you are asking her questions on ALL her brothers and sisters, that is, all children born of her biological mother. This includes brothers and sisters of the respondent who may have died. The response recorded in Q. 1101 must include the respondent herself.

NOTE: The interviewer should probe as much as possible from the respondent in order to get the responses and where the respondent is not sure, the interviewer should try as much as possible to get the closest estimate.

Q. 1102: FILTER FOR NO SIBLINGS

If the respondent is the only child, go to the next section.

Q. 1103: NUMBER OF PREVIOUS BIRTHS

Record how many brothers and sisters from her biological mother that are older than the respondent herself. By comparing the age of the respondent with that of her brothers and sisters we can verify that the table for brothers and sisters is complete.

Q. 1104: NAME OF BROTHERS AND SISTERS

Ask and record at the top of the columns the name of each brother or sister of the respondent beginning with the eldest or first-born. Do not include the respondent in a column. When the list is complete, you will ask the questions in this section for one sibling before asking about the brother or sister in the next column. In the following questions, reference the brother or sister by mentioning his/her name.

Indicate the respondent's position in the table by marking an "X" in the right place which is on the line between the two siblings (between older and younger). The number of columns preceding this position must be equal to the number recorded in Q. 1103.

If the respondent has more than 12 brothers or sisters born of the same mother, take a second Woman's Questionnaire, fill in the information on the cover page, and write CONTINUATION on the top. In this second questionnaire, re-number the column numbers in Q. 1104 to (13), (14), etc. and record the additional information about the other siblings.

Q. 1105: SEX OF BROTHER OR SISTER

Follow standard procedures.

Q. 1106: SURVIVAL STATUS OF BROTHER OR SISTER

If a brother or sister died (Q. 1106 is NO) go to Q. 1108. If the respondent does not know if the brother or sister is still alive, circle '8' and go to the next column (if there are other brothers and sisters).

Q. 1107: AGE OF BROTHER OR SISTER

If the brother or sister is alive, you must record their age at their last birthday. If the respondent doesn't know, ask how many years older or younger the brother or sister is in relation to the respondent.

The ages of sisters who are still alive are used for calculating the years of exposure for estimating maternal mortality rates. After recording the response, go to the next column (if there are other brothers or sisters).

Q. 1108: NUMBER OF YEARS THAT HAVE PASSED SINCE THE DEATH

This question and others that follow refer only to brothers and sisters who have died. Ask how many years ago the brother/sister died. If the respondent does not know, ask her the year of death and calculate the number of years ago. You must at least get an estimate.

Q. 1109: AGE AT DEATH

Age at the time of death is very important information. Make a maximum effort to obtain the response. This information is more important for sisters than for brothers because the age will determine which skip instruction you follow; whether to ask Qs. 1110-1113 or whether to go to the next column.

Qs. 1110-1112: DIED WHILE PREGNANT, GIVING BIRTH OR AFTER GIVING BIRTH

These questions are asked only for sisters who died at the age of 12 or older. The objective of these questions is to detect cases of maternal mortality. Maternal mortality may happen during pregnancy,

during delivery, or during the end of a pregnancy (abortion or still birth) or even during the two months after the end of a pregnancy.

Q. 1113: SISTER'S LIFETIME NUMBER OF BIRTHS

Ask the total number of births the sister had in her lifetime. Include all children who were born alive. Then proceed to ask questions for the sibling in the next column.

Notes for the Maternal Mortality Section

1. The number of columns filled must be equal to the number recorded in Q. 1101 minus 1 (that is the total number of brothers and sisters born to the respondent's mother, minus the respondent herself).
2. If you add Q. 1108 (number of years passed since the death) and Q. 1109 (age at death), this gives the age the brother or sister would have today if he/she were still alive. This calculation can be made to check that the brothers and sisters were recorded in the right order.
3. If in Q. 1109 (age at death), the respondent tells you she doesn't know, persist to obtain an estimate. It is preferable to obtain an approximate age than no age at all. However, if the brother or sister died when he/she was still very young, record '00' for age.
4. Compare the age of the brothers/sisters. Suppose a woman has a first child at the age of 15 and the last at the age of 47, which is an extreme case, the range between the age of the youngest brother or sister and the eldest brother/sister cannot exceed $47-15 = 32$ years.
5. Cross check to see if the interval between brothers/sisters is not very long (5 years and above). If there is a long interval between births, be sure that the respondent has not forgotten to mention a brother or sister.

M. Section 12: Fistula

Obstetric fistula is a condition where a hole is formed between a woman's vagina and bladder or the vagina and rectum. As a result, the woman leaks urine and/or faeces, sometimes uncontrollably. She may also have pain during sexual activity in the vagina or surrounding areas. Due to the leaking, she could have repeated vaginal or urinary tract infections. The leaking could also cause foul-smelling vaginal discharge. The leaking is caused by injury that can result from long and difficult childbirth or other event such as sexual assault or pelvic surgery. This condition never goes away unless treated by a health care professional.

Q. 1201: EXPERIENCE OF FISTULA

Q. 1201 asks whether the woman has ever experienced any leakage of urine or stool (fistula). Because of the shame associated with this condition, a woman may be reluctant to admit if she has had obstetric fistula. The question must be asked with care.

Q. 1202: KNOWLEDGE OF FISTULA

If she has not experienced constant leakage, continue with Q. 1202 asking if she has ever heard of this problem.

Qs. 1203-1206: CAUSE OF FISTULA

If she has experienced constant leakage as reported in Q. 1201, skip to Q. 1203 and ask whether the problem occurred after she gave birth to a child. If the condition was a result of delivery, ask to Q. 1204 to establish if it was a normal delivery or a very difficult delivery.

If the condition was not associated with delivery or stillbirth, skip to Q. 1205 and ask what the respondent thinks caused this problem.

Q. 1206 seeks to establish the length of time between the event causing the fistula and when the leaking started. Ask for the number of days between either delivery or the cause recorded in Q. 1205.

Qs. 1207-1211: TREATMENT FOR FISTULA

Ask Q. 1207 to determine if the woman sought treatment for the leakage. If YES, skip to Q. 1209 and ask who provided the treatment. Then, ask if the woman had an operation to fix the problem (Q. 1210). Finally, ask Q. 1211 - if the treatment (including the operation if obtained) stopped the leakage.

If she has not sought treatment for her fistula (NO in Q. 1207), ask Q. 1208 as to why she did not seek treatment. Record all the reasons why treatment was not sought and then skip to Q. 1401.

N. Section 13: Female Genital Cutting

In this section we will collect data on knowledge and prevalence of and attitudes toward female genital cutting (FGC), also known as female circumcision. Not all women are comfortable talking about FGC. Thus it is important to ask the questions in a neutral tone of voice, without being critical or judgmental. If the respondent appears reluctant to answer these questions, remind her that the same questions are being asked of women all over the country and that her answers are completely confidential and will not be shared with anyone.

Qs. 1301-1303: KNOWLEDGE OF FEMALE CIRCUMCISION

Questions on FGC are to be asked from women who have heard about FGC. Hence Qs. 1301 and 1302 are very important because they help determine which women know about FGC. Women who know what female circumcision is, or have heard of it will answer YES to Q. 1301. In this case, circle code 1 and skip to Q. 1303. If women answer NO then circle code 2 and ask Q. 1302. Q. 1302 is needed because sometimes women may know what FGC is but know it by some other name. Thus Q. 1302 explains to the respondent what FGC is. Remember to read the question exactly as it is written. If the respondent answers YES, circle the appropriate code and continue with question Q. 1303. If she says NO, skip the remaining questions on FGC and go directly to the Q. 1318 to record the time the interview ended.

THE FOLLOWING QUESTIONS, BEGINNING WITH Q. 1303, ARE ONLY FOR WOMEN WHO KNOW ABOUT FEMALE CIRCUMCISION.

Q. 1303 asks women who know about FGC whether they themselves have been circumcised. Again look for signs of hesitation. Remind the respondent about the confidentiality of her answers. If the woman says that she has not been circumcised, skip to Q. 1309; otherwise, proceed to Q. 1304.

Qs. 1304-1306: TYPE OF GENITAL CUTTING

There are various types of genital cutting that a woman can undergo. These types differ by areas, cultures and by the person who does it. In its most radical form, the clitoris and the labia minor are

totally removed and the genital opening is sewn up. The less radical moderate form consists of removing only some of the skin from the genital area. The important issue here is to know which form of genital cutting the respondent has experienced. Accordingly, Q. 1304 tries to determine whether flesh was removed from the genital area. If no flesh was removed (Q. 1304 coded 2), Q. 1305 asks if the genital area was only nicked (only a cut was made) without removing any flesh. Q. 1306 concerns all women who have been circumcised irrespective of how they answered Qs. 1304 and 1305. Its purpose is to provide additional information on the form of genital cutting that the woman has undergone; whether any flesh was removed from the genital area or not, we want to know if the genital area was sewn closed.

Note that on all three questions, it is possible for women to say that they do not know what was done to them even though they know they are circumcised. Hence a DON'T KNOW answer is possible but before accepting it, be sure that the respondent has understood the question.

Q. 1307: AGE AT FEMALE CIRCUMCISION

As in other places in the questionnaire, the answer to Q. 1307 on age at circumcision must be recorded in completed years. Remember that a completed year in this context means her age on her last birthday before her circumcision. Since the respondent may not be sure of her age at circumcision, try to help the respondent narrow down the period in which the circumcision could have occurred. Get the closest estimate by probing using life markers such as the start of school, the start of menstruation, or the time of marriage. You can also compare the respondent's circumcision to that of one of her sisters if she knows a much more exact approximation of the age of her sister at circumcision.

If the respondent says that the circumcision took place when she was just baby, then circle code 95. It is only in cases where the respondent is not able to provide you with the any information at all about her age at circumcision that you are allowed to circle code 98 for DON'T KNOW.

Q. 1308: THE PERSON WHO PERFORMED THE CIRCUMCISION

The goal of this question is to obtain information on the qualifications of the person who performed the circumcision. This information helps to increase understanding of the medical and social context within which the circumcision is being performed. Code only the answer provided by the respondent. The circumcision may have been performed in a traditional manner, by a traditional circumciser or a traditional midwife/birth attendant or other local traditional provider, OR by a health professional (doctor or nurse/midwife or other health professional). This is not a multiple response question—only one code should be circled.

Q. 1309: FILTER/DOES RESPONDENT HAVE A LIVING DAUGHTER?

Check Qs. 213, 215 and 216 in the birth history table to determine whether the respondent has one or more living daughters born in 1999 or later, i.e. daughters who are 15 years or younger. If she has at least one living daughter born in 1999 or later, proceed to 1310; if not then skip to 1316.

Qs. 1310-1315: GENERAL INSTRUCTIONS

Qs. 1311-1314 collect information on all the respondent's daughters age 15 or less. The questions must be asked for only one daughter at a time, starting with the youngest daughter. However, before questions can be asked about daughters, you must first complete 1310. To do this, use information from Qs. 213, 215 and 216 of the respondent's birth history and fill out the birth history number and name of each living daughter born in 1998 or later at the head of each column. Start with the youngest daughter in the first column. In the case where a woman has more than three living daughters, take an additional copy of the questionnaire to complete the information for the fourth or fifth daughter.

Remember that you must go down each column for one daughter at a time. This means that you must fill out all the information for one daughter before starting with the next daughter. To ensure that the respondent knows which daughter you are talking about, be sure to insert the correct daughter's name when asking each question.

Once the information is filled for each daughter, Q. 1315 provides instructions on what to do next. For example, if the woman has only one daughter, then once you have completed the first column, Q. 1315 tells you to go to Q. 1316. If the woman has two daughters, then Q. 1315 in the first column tells you to go back to Q. 1311 and ask the questions about the next daughter and fill out the second column. If the respondent has more than three daughters, Q. 1315 instructs you to go to a new questionnaire and ask Q. 1311 for the next daughter.

Q. 1311: WHETHER DAUGHTER IS CIRCUMCISED

Since all questions so far have been about the respondent's own experience with circumcision, it is important that you introduce this next set of questions to the respondent by reading clearly the introductory sentence in the box above Q. 1310: "Now I would like to ask you some questions about your (daughter/daughters)." Remember to use 'daughter' if she has only one daughter below the age of 15 and 'daughters' only if she has more than one daughter in this age group.

Q. 1311 asks whether the daughter being discussed has been circumcised. Ask the question mentioning the daughter by name. Then, go down the column to the next question for the same daughter according to the answer given. If the daughter has been circumcised, ask Q. 1312; if she has not been circumcised, go to Q. 1311 in the next column. If no more daughters, go to Q. 1316.

Q. 1312: AGE OF DAUGHTER AT THE TIME OF HER CIRCUMCISION

This question concerns the age of the daughter at the time of her circumcision. Record the age in completed years. Again, as in Q. 1307, if the mother does not know the age, probe by asking additional questions to get an approximate age. If the mother still says that she does not know, circle code 98 for DON'T KNOW.

Q. 1313-1314: TYPE OF CIRCUMCISION AND PERSON PERFORMING THE CIRCUMCISION

These questions are similar to Qs. 1306 and 1307 and are concerned with the type of circumcision undergone by the daughter and who the circumciser for the daughter was. Fill each out as per the instructions for Qs. 1306 and 1307, respectively.

Q. 1315: CHECK FOR ANOTHER ELIGIBLE DAUGHTER

Qs. 1315A and 1316: PRESSURES FOR FEMALE CIRCUMCISION

All women who have heard of FGC receive these questions. The goal of these questions is to ascertain whether the respondent believes that the practice of female genital cutting is required in her community (Q. 1315) and by her religion (Q. 1316). For Q. 1316, it does not matter what her religion is or whether it is in reality required by the religion or not. We are only interested in the respondent's own opinion on this question.

Q. 1317: CONTINUATION OF THE PRACTICE OF FEMALE CIRCUMCISION

Like Q. 1316, this question is also trying to get the respondent's opinion—do not in any way indicate whether you do or do not agree with the respondent's opinion. This question is not saying anything about ways in which the practice should be stopped, or whether it is possible for it to be stopped. We only want to know if the respondent thinks that the practice should be stopped or not.

O. Section 14: Domestic Violence

This section asks a series of questions on household relationships and the treatment of women in the household. Due to the extremely sensitive nature of the questions in this section, it is very important that you do everything possible to ensure privacy and the ethical implementation of these questions as you have been trained to do. Note that this section is different from other sections since, even if there is more than one eligible woman in the household, **ONLY** the **ONE** woman selected for this section must be asked this set of questions.

Q. 1401: FILTER FOR WOMAN'S ELIGIBILITY FOR INTERVIEW

Q. 1401 is a filter that requires you to check the cover page of the questionnaire to determine if the respondent you are interviewing has been pre-selected for this questionnaire section. Accordingly, turn to the cover page of the questionnaire that you are filling out and examine the box below the woman's name and line number. If the box has a '2' recorded, skip this section. If the box has a '1' recorded, continue to Q. 1401.

Q. 1401A: FILTER FOR PRIVACY

Q. 1401A is a very important instruction for you. Check your physical surroundings for the presence of others. Check both the area you are sitting in and all areas within hearing distance. Be sure that there is privacy in the sense that there are no persons anywhere near you who will be able to hear and understand your questions. If there are children within hearing distance old enough to understand your questions, ask them politely to leave. Only small infants not capable of understanding can remain. Do not proceed with the interview until you have ensured privacy. The importance of these data cannot be overemphasized, and you must do everything you can to obtain privacy before the interview can continue. If you are unable to ensure privacy you will be forced to skip the section and miss out some very important information.

If, despite your best efforts, you are unable to obtain privacy, you must circle code 2 and skip to Q. 1432. Fill out an explanation of what happened.

If privacy has been obtained, circle code 1 and proceed with the interview. Speak clearly and be very considerate of the feelings of the respondent. Keep your voice low throughout the interview.

When asking the questions in this section, you should avoid showing curiosity, surprise, or any other emotion, whether favourable or unfavourable. Be aware that these topics can be difficult for the respondent to address. She may be embarrassed or fearful of her husband/partner or others, or she may just feel that these matters are too private to discuss. It is your job to win her trust so that she feels comfortable reporting such personal information to you.

INTRODUCTORY STATEMENT

The introductory sentences after Q. 1401A and before Q. 1402 should be treated like an additional informed consent. The respondent should be reassured about the confidentiality of the information. If there is more than one eligible woman in the household, you should informally explain to this respondent that no one else in the household is being asked these questions and that no one else will know what has been discussed. After reading the introductory statement, answer any questions the respondent may have. Once the respondent has no more questions and/or does not object to your asking the questions, you should proceed with the interview.

Q. 1402: FILTER FOR MARITAL STATUS

Check Qs. 601 and 602 for the respondent's marital status. If she is currently married or living with a man, mark the box on the left and continue to Q. 1403. If she is not currently married but has ever been married or lived with a man, mark the box in the centre and continue to Q. 1403. In this case ask all questions in the past tense and referring to her last husband.

If she has never been married and never lived with a man, mark the box on the right and skip to Q. 1416.

Q. 1403: QUESTION ON MARITAL CONTROL BY THE HUSBAND

Q. 1403 focuses on different aspects of marital control. For each item, read the item and then pause, giving the respondent enough time to give her answer. Do not force her to respond if she is unwilling. Record her response before asking the next item. Remember to keep your voice calm and low.

Note that you have to phrase the questions according to the actual marital status of the respondent. For example, if a woman is formerly married, ask Q. 1403 like this: "...Please tell me if these apply to your relationship with your last husband. He was jealous or angry if you talked to other men?" If the respondent is currently married ask: "...Please tell me if these apply to your relationship with your husband? He is jealous or angry if you talk to other men?" Read each item, circle the response and then go to the next item.

Qs. 1404 and 1405: EMOTIONAL AND PHYSICAL TREATMENT OF WOMEN BY THEIR HUSBAND OR PARTNER

Again, it is necessary to ask the questions according to the actual marital status of the respondent. The questions have several different parts. Each part should be read out slowly and clearly so that the respondent hears the entire question before responding. After each question, pause and give the respondent sufficient time to answer. Answering these questions could be particularly difficult for the respondent so be patient.

Qs. 1404A and 1404B: In these questions we are interested in knowing whether the respondent has suffered any form of emotional abuse by her current husband/partner if she is currently married or her last husband/partner if she is formerly married. As in earlier questions, first read the introductory statement then ask each item slowly and clearly. If the answer to an item is YES circle code 1 and then ask question Q. 1404B to determine how often each type of incident occurred in the preceding 12 months.

The answer codes for Q. 1404B are OFTEN, SOMETIMES, and NOT IN THE LAST 12 MONTHS. Respondents may not always give you an answer in these terms. For example, a respondent may ask "What do you mean by 'often'?" In this case you should respond with "Whatever you yourself consider to be often." If she gives you a quantitative answer such as "It happened once or twice last year," then use the following general rule of thumb: If it occurred 5 or more times, code it as OFTEN. If it occurred 1-4 times, code it as SOMETIMES.

In Q. 1404A(a), we are trying to determine whether or not the respondent has felt humiliated because of something her husband said or did in front of others. The focus is on her feeling humiliated, not on what the husband said or did to humiliate her. For example if a respondent says "He likes to scold me in front of guests and I feel really embarrassed and ashamed," circle code 1.

In Q. 1404A(b) we want to know whether or not the husband has done something that made the respondent feel afraid for either herself or someone she cares about (such as her children, her mother, her friends, etc.). The type of harm threatened is not important here; rather the respondent's own perception that there was a threat is important. If the respondent says YES, circle code 1 and ask question Q. 1404B.

In Q. 1404A(c), we want to know whether her husband makes her feel bad about herself by insulting her or by any other means. Examples include making her feel that she is no good at anything she does, she does not know how to behave, etc. Again, we are not interested in what he does or says, but whether the end result is that the respondent feels that she herself is just not good enough. If the respondent says YES, circle code 1 and ask question Q. 1404B.

Qs. 1405A and 1405B: Q. 1405 addresses physical and sexual violence perpetrated by the husband. Respondents may find these questions painful, and some respondents may get emotional or upset. If a respondent does lose her composure, be sympathetic and kind. Give the respondent a chance to recover before proceeding. Do not force the respondent to answer; at the same time, keep in mind that, no matter how painful, most respondents are willing to share this information if you are patient, non-judgmental, and empathetic. As in Q. 1404, circle code 1 for an affirmative response to an item and ask Q. 1405B to determine frequency in the past 12 months, before proceeding to the next item.

Most items in Q. 1405A are self-explanatory. Respondents might not see the distinction between items (h), (i), and (j). Item (h) asks about the use of physical force to have sexual intercourse, whereas, items (i) and (j) ask about the use of physical force (item i) and other non-physical means (item j) to force her to perform sexual acts she did not want to. We are not trying to find out what the sexual acts are: just whether the respondent was forced to do something sexual that she did not want to do. Remember that if a respondent says YES to an item on Q. 1405A, she is asked Q. 1405B.

Q. 1406: FILTER

Check Q. 1405. If the respondent answered YES to at least one of the questions, mark the box on the left and proceed to the next question. If there was not a single answer to Q. 1405 (a – j) that was YES, mark the box on the right and skip to Q. 1409.

Q. 1407: THE TIME OF FIRST OCCURRENCE

This question allows us to determine when the physical and/or sexual violence by the husband/partner first began in relation to the start of the relationship. Note that we want to know the timing of the first occurrence of abuse. If one or more items in Q. 1405A have been coded 1, then we want information on the first time that any of the items coded YES happened. For example, if the respondent has said yes to being slapped (Q. 1405A(b)) and to being attacked with a knife (Q. 1405(g)), then we want to know when it was that she was first slapped or attacked, whichever type of abuse happened first. If the response given is less than one year after they started living together, record '00', otherwise, record the answer in completed number of years. For example, if the respondent says "One and a half years after marriage," record '01' in the boxes. If the first act of violence occurred before the couple got married/began living together, circle code 95.

Q. 1408: INJURIES

We are interested in knowing whether the respondent has been physically hurt as a result of some deliberate act by her husband/partner. Anything that was a clear accident is not being counted. In Q. 1408(a), cuts refer to injuries in which the skin is broken and bruises and aches to injuries in which the skin has not been broken. Q. 1408(b) refers to more serious injuries to the eyes, actual sprains, bones dislocated but not completely broken, and burns. Finally Q. 1408(c) refers to wounds which are not just small cuts but which are much more serious or broken bones and other more serious injuries.

Qs. 1409 and 1410: WOMAN'S BEHAVIOUR TOWARD HUSBAND/PARTNER

Question Q. 1409 seeks to determine whether or not the respondent herself is ever an instigator of domestic violence. Read the question slowly so that the respondent hears all parts. This question is referring to any act by the respondent that would physically hurt the husband/partner. However, it is asking about physical abuse by the respondent that took place when the husband/partner was not

already in the process of abusing her. All acts such as those asked about specifically in Q. 1405 are included even though we are not listing them again separately. If the respondent says that she has never hit her husband/partner, circle code 2 for NO and skip to Q. 1411. Also circle code 2 if the respondent says that she hit her husband/partner but only after he had begun to beat her. If the respondent says “I hit him in self-defence,” probe to find out whether he was already beating her when she hit him or whether she hit him first. If she has never ever hit him first, circle code 2; if she has hit him first whether in self-defence or not, circle code 1.

Q. 1410 is only for women who have said that they have tried to physically hurt their husband when he was not hitting them (code 1 in Q. 1409). In Q. 1410 we are interested in knowing the frequency with which the respondent has done these things to her husband/partner during the last year. The response should NOT include any time that the wife hit or beat the husband/partner when he was already beating or physically hurting her. Also see instructions for Q. 1404B for what to code as OFTEN and SOMETIMES.

Qs. 1411 and 1412: HUSBAND’S/PARTNER’S DRINKING

In Q. 1411, we are interested in knowing whether or not the husband/partner drinks alcoholic beverages. If the husband drinks alcohol, the response should be YES regardless of the type of alcoholic beverage or the frequency of consumption. If the response is YES, circle code 1 and proceed to Q. 1412. If the response is NO, circle code 2 and skip to Q. 1413.

Question Q. 1412 is only asked from respondents whose husband/partner drinks alcoholic beverages. In this question we are interested not in the frequency of drinking but of getting drunk—whatever it is that the respondent understands by ‘drunk’. If she asks you what you mean by being ‘drunk’, explain that a person is considered ‘drunk’ if he has had so much alcohol that he is not in complete control of himself.

Q. 1413: FEAR OF PARTNER

This question is asked of all ever-married women, whether or not they have reported abuse or drinking by their current or last husband/partner. It is again referring to the current husband/partner for women who are currently married and the last (most recent) husband/partner for formerly married women. The question is self-explanatory and the respondent will have to choose between the three answer codes: MOST OF THE TIME AFRAID, SOMETIMES AFRAID or NEVER AFRAID. Again we are not interested in why she is/was afraid, but only whether she is/was afraid of her husband/partner.

Qs. 1414 and 1415: PHYSICAL ABUSE BY PREVIOUS PARTNER

Q. 1415 is only asked of women that have been married more than once. For filter Q. 1414, check Q. 609 to determine if a woman has been married more than once. For those that have only been married once, skip to Q. 1416.

Q. 1415A asks the respondent if she has undergone physical or sexual abuse from a previous husband/partner, and covers the same forms of abuse asked in Q. 1405A. For currently married women the previous husband/partner is any husband/partner other than her current one. For formerly married women, the previous husband/partner is any husband/partner other than her last (most recent) husband/partner.

If the respondent reports abuse, circle code 1 and proceed to Q. 1415B. If she does not report abuse, circle code 2. Q. 1415B asks the respondent how long ago the abuse occurred. Circle the appropriate code. Remember that these questions only refer to a previous husband

Q. 1416: HISTORY OF ABUSE

This question is asked of all women, whether or not they have reported abuse by their current or last husband/partner and whether or not they have ever been married. Check Qs. 601 and 602 for marital status. Ask the question corresponding to the respondent's marital status.

Ever-married women: Ask the version of Q. 1416 which is on the left. All ever-married women have already been asked about husband/partner abuse in earlier questions. In this question, they are being asked about their experience of physical abuse since they were age 15 by any person other than their current or any previous husband/partner. If the woman has been married only once, read the question like this "From the time you were 15 years old, has anyone other than your husband..." and if she is formerly married or has been married more than once, read the question like this: "From the time you were 15 years old, has anyone other than any husband..." For example, an ever-married woman could have been abused by one of her parents or her in-laws or a teacher.

Women who have never been married or lived with a man: Ask the version of Q. 1416 which is on the right. Note that this is the first time that these women are being asked about any type of abuse. Be sure that the respondent understands the question and give her sufficient time to answer.

For both sets of women, read the question slowly, pausing briefly after each type of violent act mentioned. Be sure that married women understand that the question excludes violence by a husband/partner. If the respondent answers NO, skip to Q. 1419. If the respondent answers YES, then proceed to the next question.

Q. 1417: ABUSER INFORMATION

This question seeks to find out who, other than the respondent's current/last husband/partner, has physically hurt the respondent. Circle all those persons the respondent mentions. If she mentions someone who has not been listed, circle code X and specify who it is. Note that more than one answer is acceptable.

Q. 1418: RECENT ABUSE

This question seeks to find out how often the person whose code is circled in Q. 1417 has physically hurt, slapped, or kicked the respondent in the last year. If more than one code is circled in Q. 1417, then you must find out the frequency with which this occurred in the past year, irrespective of which of the persons mentioned in Q. 1417 was doing it. So if a respondent said that both her step-mother and step-father beat her, find out whether, in total, she was beaten often, sometimes, or never in the past year. Circle the appropriate code.

Qs. 1419-1421: ABUSE DURING PREGNANCY

Check Qs. 201, 226, and 230 to see if the respondent has ever been pregnant. Skip to Q. 1422 if she has never been pregnant.

Q. 1420 is asked only of women who have ever been pregnant or are currently pregnant. Even if women have already reported violence by a husband/partner or by anyone else, we want to know if any violence has occurred during any pregnancy, current or past. For women who have been pregnant more than once, it does not matter whether violence occurred in only one or more than one pregnancy. Code 1 in Q. 1420 should be circled if violence occurred even in one pregnancy.

Q. 1421 asks about the perpetrators of the violence during pregnancy. Multiple responses may be circled since more than one person may have abused the respondent during one or more pregnancies. Make sure to probe for additional responses. Also, note that unlike in question Q. 1417, in this question a current or former husband/partner could be the perpetrator.

Qs. 1422-1425: HISTORY OF FORCED SEX AND SEXUAL ACTS

This section starts with a filter (Q. 1422) and asks you to check Qs. 601 and 602 for marital status. This filter allows you to determine which version of the next question (Qs. 1422A or 1422B) is the right one for this respondent.

Qs. 1422A and 1425 are trying to find out whether the respondent has a history of forced sexual intercourse or sexual acts. No definition of force is being given here—force can include physical force, emotional force or anything else that the respondent considers as force, such as threats to her or her children, etc. What is important is that the respondent believes that she was being forced to have sex or perform sexual acts when she did not want to.

Qs. 1422A and 1422B are essentially the same question but are worded somewhat differently by marital status of the respondent. Q. 1422A is asked if the respondent is ever-married or has ever lived with a partner and Q. 1422B is asked if the respondent has never been married or lived with a man. These questions are very important but difficult. There are three different things that you have to keep in mind when asking either of these questions:

The questions are asking not only about sexual intercourse, but also about being forced to do anything sexual. Sexual violence does not always take the form of sexual intercourse. Thus, a woman who has said she has never had sexual intercourse may have been forced to perform other sexual acts against her will which would also be considered sexual violence.

The questions are also trying to capture sexual violence that may have occurred when the respondent was a child and not just in the recent past. Childhood sexual abuse is very difficult to capture and respondents sometimes find it difficult to talk about.

The term ‘forced in any way’ is included with the idea that, especially in childhood abuse, the force can take many different forms. For example, it may be in the form of emotional blackmail where the abusing adult may be using the threat of withdrawing their love from the child.

Finally, if the respondent seems nervous or looks worried, you must assure her again about the confidentiality of the information she is giving you. Tell her again that anything she says will not be told to anyone and no one will know that she was asked these questions.

When asking Qs. 1422A and 1422B, remember to word the question correctly for ever-married women as shown in the instruction for Q. 1416.

Q. 1422A is for ever-married women: Ever-married women have already been asked about spousal/partner sexual abuse in earlier questions. In this question, they are being asked about sexual abuse by any person other than their current or previous husband/partner. They are being asked to report their experience of any kind of sexual abuse ever in their lifetime, including both childhood and adulthood. Q. 1422B is for women who have never been married or lived with a man.

Given the complexity of what Qs. 1422A and 1422B are asking and the extreme delicacy of these questions, be careful to word them exactly as is given for both sets of women. Read the questions slowly with the right phrases emphasized. Let the respondent take her time to answer. For Q. 1422A, if the respondent answers YES, skip to Q. 1423. If the respondent answers NO or refuses to answer, then proceed to the filter Q. 1424A. For Q. 1422B, too, if the never-married respondent says NO or refuses to answer, skip to Q. 1424A, otherwise ask Q. 1423.

In Q. 1423, all respondents who say YES to Qs. 1422A or 1422B are asked who the person was who was forcing them at the time that the sexual violence first occurred. That is why Q. 1423 does not allow multiple answers. Even if the respondent has been sexually abused by more than one person, we are asking her about the first time this happened and who the person was who was abusing her that first time. For ever-married women, remember that the question is asking women about sexual abuse by men who are not their current husband/partner or former husband/partner. Note that current husband/partner and former husband/partner are permitted as answer codes because some women may

say that the person who first abused them became their husband/partner after the abuse, but was not their husband/partner at the time of the abuse. However, before you circle either '01' or '02', be sure to remind the respondent that you are asking about the relationship at the time of the first abuse. If she still says that the person became her husband/partner later then circle '01' if the person is her current husband/partner and '02' if the person was a former husband/partner.

In Q. 1424, check Qs. 601 and 602 for respondent's marital status. Ask the appropriate version of the question in Q. 1424 according to whether the respondent has ever been married or lived with a man or not. Again, remember to ask the question correctly for ever-married women as shown in the instruction for Q. 1416. Note that both the answers for Q. 1424 skip to Q. 1425.

Filter Q. 1424A is for ever-married women who said NO or refused to answer Q. 1422A. For these women, the filter asks you to check back to Q. 1405A items (h), (i), and (j) and Q. 1415A item (b). If any of these items is a YES, then ask Q. 1425. If every one of them is a NO, then skip to Q. 1426.

Q. 1425 has two different forms depending on marital status. Hence first check Qs. 601 and 602 for the respondent's marital status. If the respondent has ever been married or lived with a man, then ask the question on the left; if the respondent has never been married or lived with a man, then ask the one on the right. Question Q. 1425 asks all respondents who report any sexual abuse in Qs. 1422A or 1422B, or in the earlier spousal sexual abuse questions (Qs. 1405A(h-j) 1415A(b)), the age at which sexual abuse first occurred. This question is asking about the respondent's age at the time of the first occurrence of sexual abuse, who-so-ever the first abuser was. Remember to record the age in completed years.

Qs. 1426- 1429: HELP SEEKING

In Q. 1426 check Qs. 1405A(a-j), 1415, 1416, 1420, 1422A, and 1422B. Only women who have reported any kind of physical or sexual abuse are asked these questions. If the respondent has not experienced any kind of abuse, that is, there is not even one YES in any of the relevant questions, then skip to Q. 1430. If there is at least one question that is coded YES, then ask Q. 1427.

Q. 1427 refers to any kind of help that the respondent may have sought for the abuse. She could have asked her own family or gone to the police, for example. The nature of the help being sought is not important, but only whether she ever sought help and from whom (Q. 1428). If she did seek help, code all the persons/types of people or organizations she sought help from in Q. 1428.

If the respondent has never sought help from anyone (NO to Q. 1427) skip to Q. 1429.

Note that in Q. 1428 multiple responses may be circled. Make sure to probe for more responses. All women who are asked Q. 1428 are skipped to Q. 1430.

Q. 1429 should be asked only of women who reported that they did not seek help for the abuse from anyone. With this question, we want to know if they have at least told someone about the abuse.

Q. 1430: RESPONDENT'S FATHER AND MOTHER

In this question we are interested in knowing whether the respondent's mother ever experienced spousal violence. All women are asked this question even if they have not experienced violence themselves. Circle code 8 if the respondent really does not know if her father beat her mother.

Q. 1431: OBSERVATIONS

Q. 1431 provides information on the extent of privacy maintained during the interview. This is not a question for the respondent, but something you answer yourself. Circle a code in each line of Q. 1431 to indicate whether or not the interview was interrupted by the respondent's husband/partner, another

male adult, or a female adult. We are interested here in knowing which persons interrupted the interview and how frequently. If the husband walked through the room once and later came in to ask the respondent a question, circle code 2 for YES, MORE THAN ONCE. Such interruptions may influence the respondent's answers. Remember, in no circumstances should you have continued the interview unless there was no one who could have heard.

Q. 1432: COMMENTS/EXPLANATION

If the interview could not be completed use this space to give a complete explanation. You must explain why you were unable to obtain privacy. If you were able to complete the interview, give any information in this space that might help to interpret the results. Also note any factors that may have influenced the respondent's answers.

Remember to thank the respondent for her cooperation and reassure her of the confidentiality of her responses. At this point, check your questionnaire carefully. Before leaving the house, make sure you have followed the skip patterns correctly and that your marks are legible.

If the respondent has asked about sources of help or referrals, this is the time when you should provide this information to her as you have been trained to do.

Q. 1433: TIME INTERVIEW ENDED

Do not forget to write the time when you finished the interview, using the 24-hour system. If there was an extended break during the interview time; for example, the respondent excused herself to care for a sick child and returned to complete the interview 45 minutes later, make a note to report how long a break was taken.

Be sure to thank the respondent for her cooperation. At this point, check your questionnaire carefully. Before leaving the house, make sure you have followed the skip patterns correctly and that your marks are legible. Also, inform the respondent that a health technician will be coming to her household to weigh and measure the height of the respondent (and her young children) and conduct a test for anaemia and HIV. If she has any simple, general questions about the measurements, you can answer them, but tell her that the health technician will explain the measurements in more detail and will answer her questions.

P. Interviewer's Observations

After you have checked over your questionnaire and thanked the respondent, note any comments on the last page. You may make comments about the woman you interviewed, about specific questions on the questionnaire, or about any other aspects of the interview. If anything about the interview was unusual or should be brought to the attention of the editor or supervisor, note it here. Even if the interview was straightforward, a few comments on each interview will be helpful in editing and processing the questionnaires. For example, if a respondent attended school in a different country, one with a different system for dividing grades into primary and secondary, note that here. If you were unable to complete the interview for any reason, or if answers that were not precoded require further explanation, use this space. If you had to stop the interview for an extended period of time, for example so that the woman could cook dinner, record that information here. All these comments are helpful to the editor, supervisor, and data processing staff in interpreting the information in the questionnaire.

Q. Calendar

GENERAL DESCRIPTION OF THE CALENDAR

The calendar is located at the end of the Woman's Questionnaire. It is called a "calendar" because it is where you will record information about the timing of recent events in the respondent's life. The calendar is "recent" in that only events occurring in the year of the survey plus the five full calendar years preceding the current year are included.

From the top of the page to the bottom, the calendar includes 72 boxes (each box representing one month of time) divided into six sections (each representing one year or 12 months of time) in which to record information about the woman's experiences with childbearing and contraceptive use. From left to right, there are two columns:

- Column (1): Live births, pregnancies, and contraceptive use
- Column (2): Reason for discontinuing contraceptive use

Earlier in the manual, procedures for completing the calendar were described briefly. In this section, we discuss in much more detail the methods by which you are going to fill in the calendar. But before we proceed, a couple of points need to be understood:

1) You may at this point ask, "What and where are the questions that I am supposed to ask that will allow me to complete the calendar?" First, the calendar is completed at the same time that the Woman's Questionnaire is completed. Much of the information you need to complete the calendar is drawn directly from the responses to questions in Sections 2 (Reproduction) and 3 (Contraception). These questions have a large 'C' in them to help you identify questions related to the calendar.

Second, the calendar will give you a visual "snapshot" of the woman's last five or six years of life that will help you to ask probing questions as necessary to improve the accuracy of the information. The calendar is built in a series of steps. At each step, you can and should determine whether or not a woman's response is consistent with previous responses and where to place the event in relation to other events. For example, if there have been 12 months between the birth of Baby A and the beginning of the pregnancy resulting in Baby B, you can easily see in the calendar that these 12 months need to be accounted for in terms of use or non-use of a contraceptive method.

There are many ways to get this information, and the calendar allows you to be innovative in obtaining the responses you need to completely fill in the calendar with the correct codes. Simply bear in mind that there may well be more than one correct way to "build" the calendar.

2) Whereas interviewing procedures may be flexible, the method of recording information on the calendar is not. Only certain codes (shown to the left of the calendar) are acceptable for use in the calendar. You need to translate the woman's responses to codes. Only one code may appear in each box.

Column (1): LIVE BIRTHS, PREGNANCIES, AND CONTRACEPTIVE USE

The calendar provides a record of the timing of all live births, pregnancies and periods of contraceptive use. **Every month in column (1) of the calendar up to the month of interview must be accounted for, i.e., filled in with a code.**

The following describes the codes used in recording information in the calendar:

Q. 225: Pregnancies ending in live births. The first entry in the calendar will be made after you have completed and checked the responses in the birth history (Qs. 211-221). As Q. 225 instructs, for each live birth in January 2009 or later (Q. 215), you will place a 'B' in the month of birth and

a 'P' in each of the preceding months according to the duration of the pregnancy. The number of months in which 'P's are recorded prior to the month 'B' must be one less than the total number of months the woman reports she was pregnant.

Example: A respondent gave birth in September 2009. She reported that the baby was full-term. For this birth, enter a 'B' in September 2009 and 'P's in the eight months prior to September, i.e., in the months January through August 2009.

Q. 226 and 227: **Current pregnancy.** For women who are currently pregnant, place a 'P' in the month of interview and in each preceding month of pregnancy. The number of 'P's in the calendar should equal the number of completed months of pregnancy given in Q. 227.

Qs. 229-234: **Pregnancies ending in a non-live birth.** For all pregnancies that ended in a non-live birth (Qs. 229-234), place a 'T' in the month of pregnancy termination and a 'P' in each month of pregnancy.

Example: A respondent reports she had a miscarriage in the fourth month of pregnancy (i.e., after three completed months) in June 2011. Place one 'T' in June 2011 and one 'P' in each of the two preceding months.

Qs. 321-322: **Contraceptive use.** For contraceptive use in January 2009 or later, write the code for each method used in the months it was used. If more than one method is used at the same time, record the method that appears highest on the list of method codes. If a method was used for an extensive period (at least four months), enter the code in the first and last months of use and connect them with a squiggly line. As a last step, months without any method use (and no pregnancy or pregnancy termination) should be coded '0' indicating that no method was used.

If a respondent tells you that she switched from one contraceptive method to another in the middle of a month, record the method that she used in the beginning of the month in the cell for that month. Record the new method in the following month.

Example: A respondent said she used the pill until the middle of May, 2012 when she had an IUD inserted. Record '6' for pill in May 2012 and '3' for IUD in June 2012.

If a respondent used a method at the beginning of a month, and stopped so she was not using any method at the end of the month, record the code for the method she was using in the box corresponding to the month she stopped. Record '0' for "no method" in the following month.

In general, when a respondent has switched or discontinued contraceptive use within a month, in the calendar you will record what she was using at the beginning of that month. One exception to this rule is in the month of the interview. Before getting to Q. 311 on history of contraceptive use, you will already have filled in the calendar in Q. 304 for current contraceptive use. For the month of interview, you will have recorded what the respondent is using as of the day of the interview, even if it is different from what she was using at the beginning of the month of interview.

Column (2): REASON FOR DISCONTINUING CONTRACEPTIVE USE

For every discontinuation of a method, the reason for discontinuation is recorded in Column (2) in the last month the method was used. For example, if Column (1) indicates discontinuation of pill use in April 2010, then you should identify and record the reason for the discontinuation in Column (2) in the same month, April 2010.

Points to Remember

- Only one code is entered in any one box (month) of the calendar.
- In column (1), all months should be filled in.
- Column (2) records a reason for each interruption of method use that occurs in Column (1). The code is entered in the last month of use.
- Each squiggly line must have both endpoints defined by the same code.
- To label the births, write the child's name to the left of the 'B.' This will make your work easier and more accurate because birth dates serve as your best reference points.

ILLUSTRATIVE CASES

In this section, we provide several examples that illustrate how to complete the calendar. Up to six steps may be necessary:

- 1) Transfer the dates of live births from the birth history to the calendar
- 2) Record the months of pregnancy (P) for any pregnancies terminating in live births (B) and non-live births (T)
- 3) Record the months of contraceptive use and non-use.
- 4) Record the reason for discontinuation of contraceptive use.

For each example, we assume that the respondent knows the dates of birth of her children and also the dates during which she used contraception. During actual fieldwork, you may need to probe to correct errors in the reporting of this information.

CASE #1

Scenario: The respondent was interviewed in June 2014. She had two births since January 2009. The first was Alfredo, born full term in September 2011, and the second was Bernardo, born one month early in February 2013. The dates of birth of the children are obtained from Q.215 in the birth history. The woman did not have any other pregnancies and has never used contraception.

STEP 1

The first step is to record the birth dates for Alfredo and Bernardo. A 'B' is recorded in the month of birth of each of the children and the child's name is written to the left of the 'B' in Column (1) in the month corresponding to the child's birth date.

| WOMAN'S RESPONSE | | NUMBER OF MONTHS | ENTRY IN COLUMN (1) IN CALENDAR | |
|------------------|-------------------|------------------|---------------------------------|----------|
| EVENT | DATE | | MONTHS | CODE |
| Alfredo | 18 September 2011 | 1 | SEP 2011 | B |
| Bernardo | 25 February 2013 | 1 | FEB 2013 | B |

STEP 2

The second step involves entering a 'P' in each of the months of pregnancy prior to the month in which each live birth occurred. For Alfredo, 'P's would be entered January 2011 to August 2011 (8 months), while for Bernardo it is 7 months from July 2012 to January 2013 (before the month of birth).

| WOMAN'S RESPONSE | | NUMBER OF MONTHS | ENTRY IN COLUMN (1) IN CALENDAR | |
|------------------|-------------------------|------------------|---------------------------------|----------|
| EVENT | DATE | | MONTHS | CODE |
| Pregnant | January-September 2011 | 8 | JAN-AUG 2011 | P |
| Alfredo | 18 September 2011 | 1 | SEP 2011 | B |
| Pregnant | July 2012-February 2013 | 7 | JUL 2012-JAN 2013 | P |
| Bernardo | 25 February 2013 | 1 | FEB 2013 | B |

STEP 3

The respondent did not use contraception during the calendar period. Thus, in the calendar, you will fill in the rest of the boxes with '0's to show the periods of non-use.

| WOMAN'S RESPONSE | | NUMBER OF MONTHS | ENTRY IN COLUMN (1) IN CALENDAR | |
|------------------|----------------------------|------------------|---------------------------------|----------|
| EVENT | DATE | | MONTHS | CODE |
| Non-use | January 2009-December 2010 | 24 | JAN 2009-DEC 2010 | 0 |
| Pregnant | January-September 2011 | 8 | JAN-AUG 2011 | P |
| Alfredo | 18 September 2011 | 1 | SEP 2011 | B |
| Non-use | October 2011-June 2012 | 9 | OCT 2011-JUN 2012 | 0 |
| Pregnant | July 2012-February 2013 | 7 | JUL 2012-JAN 2013 | P |
| Bernardo | 25 February 2013 | 1 | FEB 2013 | B |
| Non-use | March 2013-June 2014 | 15 | MAR 2013-JUN 2014 | 0 |

Calendar Entries for CASE #1

INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
COLUMN 1 REQUIRES A CODE IN EVERY MONTH.

INFORMATION TO BE CODED FOR EACH COLUMN

COL. 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
P PREGNANCIES
T TERMINATIONS
- 0 NO METHOD
1 FEMALE STERILIZATION
2 MALE STERILIZATION
3 IUD
4 INJECTABLES
5 IMPLANTS
6 PILL
7 CONDOM
8 FEMALE CONDOM
9 DIAPHRAGM
J FOAM OR JELLY
K STANDARD DAYS
L LACTATIONAL AMENORRHEA METHOD
M RHYTHM METHOD
N WITHDRAWAL
X OTHER MODERN METHOD
Y OTHER TRADITIONAL METHOD

COL. 2: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
1 BECAME PREGNANT WHILE USING
2 WANTED TO BECOME PREGNANT
3 HUSBAND PARTNER DISAPPROVED
4 WANTED MORE EFFECTIVE METHOD
5 SIDE EFFECTS/HEALTH CONCERNS
6 LACK OF ACCESS/TOO FAR
7 COSTS TOO MUCH
8 INCONVENIENT TO USE
F UP TO GOD/FATALISTIC
A DIFFICULT TO GET PREGNANT/MENOPAUSAL
D MARITAL DISSOLUTION/SEPARATION
X OTHER _____
(SPECIFY)
- Z DON'T KNOW

Bernardo

Alfredo

| | | COL. 1 | COL. 2 | |
|----------|----|--------|--------|---|
| 12 DEC | 01 | | | |
| 11 NOV | 02 | | | |
| 10 OCT | 03 | | | |
| 09 SEP | 04 | | | |
| 2 08 AUG | 05 | | | 2 |
| 0 07 JUL | 06 | | | 0 |
| 1 06 JUN | 07 | O | | 1 |
| 4 05 MAY | 08 | | | 4 |
| 04 APR | 09 | | | |
| 03 MAR | 10 | | | |
| 02 FEB | 11 | | | |
| 01 JAN | 12 | | | |
| | | | | |
| 12 DEC | 13 | | | |
| 11 NOV | 14 | | | |
| 10 OCT | 15 | | | |
| 09 SEP | 16 | | | |
| 2 08 AUG | 17 | | | 2 |
| 0 07 JUL | 18 | | | 0 |
| 1 06 JUN | 19 | | | 1 |
| 3 05 MAY | 20 | | | 3 |
| 04 APR | 21 | | | |
| 03 MAR | 22 | O | | |
| 02 FEB | 23 | B | | |
| 01 JAN | 24 | P | | |
| | | | | |
| 12 DEC | 25 | P | | |
| 11 NOV | 26 | P | | |
| 10 OCT | 27 | P | | |
| 09 SEP | 28 | P | | |
| 2 08 AUG | 29 | P | | 2 |
| 0 07 JUL | 30 | P | | 0 |
| 1 06 JUN | 31 | O | | 1 |
| 2 05 MAY | 32 | | | 2 |
| 04 APR | 33 | | | |
| 03 MAR | 34 | | | |
| 02 FEB | 35 | | | |
| 01 JAN | 36 | | | |
| | | | | |
| 12 DEC | 37 | | | |
| 11 NOV | 38 | | | |
| 10 OCT | 39 | O | | |
| 09 SEP | 40 | B | | |
| 2 08 AUG | 41 | P | | 2 |
| 0 07 JUL | 42 | P | | 0 |
| 1 06 JUN | 43 | P | | 1 |
| 1 05 MAY | 44 | P | | 1 |
| 04 APR | 45 | P | | |
| 03 MAR | 46 | P | | |
| 02 FEB | 47 | P | | |
| 01 JAN | 48 | P | | |
| | | | | |
| 12 DEC | 49 | O | | |
| 11 NOV | 50 | | | |
| 10 OCT | 51 | | | |
| 09 SEP | 52 | | | |
| 2 08 AUG | 53 | | | 2 |
| 0 07 JUL | 54 | | | 0 |
| 1 06 JUN | 55 | | | 1 |
| 0 05 MAY | 56 | | | 0 |
| 04 APR | 57 | | | |
| 03 MAR | 58 | | | |
| 02 FEB | 59 | | | |
| 01 JAN | 60 | | | |
| | | | | |
| 12 DEC | 61 | | | |
| 11 NOV | 62 | | | |
| 10 OCT | 63 | | | |
| 09 SEP | 64 | | | |
| 2 08 AUG | 65 | | | 2 |
| 0 07 JUL | 66 | | | 0 |
| 0 06 JUN | 67 | | | 0 |
| 9 05 MAY | 68 | | | 9 |
| 04 APR | 69 | | | |
| 03 MAR | 70 | | | |
| 02 FEB | 71 | | | |
| 01 JAN | 72 | O | | |

CASE #2

Scenario: The respondent was interviewed in October 2014. During the period covered by the calendar, she had one birth (Carlos), occurring in September 2012 in the 9th month of pregnancy, and one other pregnancy that miscarried after three months of her pregnancy in July 2010. That pregnancy occurred accidentally while her partner and she were using the condom. They used the condom from the time they married in November 2005 until she became pregnant.

Immediately after the pregnancy, she began using the pill. She deliberately interrupted use of the pill because she wanted a child. She became pregnant with Carlos after five months of trying. She is currently using the pill, which she began using five months after the birth of Carlos.

Calendar Entries for CASE #2

INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
COLUMN 1 REQUIRES A CODE IN EVERY MONTH.

INFORMATION TO BE CODED FOR EACH COLUMN

COL. 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
 P PREGNANCIES
 T TERMINATIONS

 0 NO METHOD
 1 FEMALE STERILIZATION
 2 MALE STERILIZATION
 3 IUD
 4 INJECTABLES
 5 IMPLANTS
 6 PILL
 7 CONDOM
 8 FEMALE CONDOM
 9 DIAPHRAGM
 J FOAM OR JELLY
 K STANDARD DAYS
 L LACTATIONAL AMENORRHEA METHOD
 M RHYTHM METHOD
 N WITHDRAWAL
 X OTHER MODERN METHOD
 Y OTHER TRADITIONAL METHOD

 0 INFREQUENT SEX/HUSBAND AWAY
 1 BECAME PREGNANT WHILE USING
 2 WANTED TO BECOME PREGNANT
 3 HUSBAND PARTNER DISAPPROVED
 4 WANTED MORE EFFECTIVE METHOD
 5 SIDE EFFECTS/HEALTH CONCERNS
 6 LACK OF ACCESS/TOO FAR
 7 COSTS TOO MUCH
 8 INCONVENIENT TO USE
 F UP TO GOD/FATALISTIC
 A DIFFICULT TO GET PREGNANT/MENOPAUSAL
 D MARITAL DISSOLUTION/SEPARATION
 X OTHER _____
 (SPECIFY)

 Z DON'T KNOW

Carlos

| | | COL. 1 | COL. 2 | |
|----------|----|--------|--------|---|
| 12 DEC | 01 | | | |
| 11 NOV | 02 | | | |
| 10 OCT | 03 | 6 | | |
| 09 SEP | 04 | | | |
| 2 08 AUG | 05 | | | 2 |
| 0 07 JUL | 06 | | | 0 |
| 1 06 JUN | 07 | | | 1 |
| 4 05 MAY | 08 | | | 4 |
| 04 APR | 09 | | | |
| 03 MAR | 10 | | | |
| 02 FEB | 11 | | | |
| 01 JAN | 12 | | | |
| | | | | |
| 12 DEC | 13 | | | |
| 11 NOV | 14 | | | |
| 10 OCT | 15 | | | |
| 09 SEP | 16 | | | |
| 2 08 AUG | 17 | | | 2 |
| 0 07 JUL | 18 | | | 0 |
| 1 06 JUN | 19 | | | 1 |
| 3 05 MAY | 20 | | | 3 |
| 04 APR | 21 | | | |
| 03 MAR | 22 | 6 | | |
| 02 FEB | 23 | Q | | |
| 01 JAN | 24 | | | |
| | | | | |
| 12 DEC | 25 | | | |
| 11 NOV | 26 | | | |
| 10 OCT | 27 | Q | | |
| 09 SEP | 28 | B | | |
| 2 08 AUG | 29 | P | | 2 |
| 0 07 JUL | 30 | P | | 0 |
| 1 06 JUN | 31 | P | | 1 |
| 2 05 MAY | 32 | P | | 2 |
| 04 APR | 33 | P | | |
| 03 MAR | 34 | P | | |
| 02 FEB | 35 | P | | |
| 01 JAN | 36 | P | | |
| | | | | |
| 12 DEC | 37 | Q | | |
| 11 NOV | 38 | | | |
| 10 OCT | 39 | | | |
| 09 SEP | 40 | | | |
| 2 08 AUG | 41 | Q | | 2 |
| 0 07 JUL | 42 | 6 | 2 | 0 |
| 1 06 JUN | 43 | | | 1 |
| 1 05 MAY | 44 | | | 1 |
| 04 APR | 45 | | | |
| 03 MAR | 46 | | | |
| 02 FEB | 47 | | | |
| 01 JAN | 48 | | | |
| | | | | |
| 12 DEC | 49 | | | |
| 11 NOV | 50 | | | |
| 10 OCT | 51 | | | |
| 09 SEP | 52 | | | |
| 2 08 AUG | 53 | 6 | | 2 |
| 0 07 JUL | 54 | T | | 0 |
| 1 06 JUN | 55 | P | | 1 |
| 0 05 MAY | 56 | P | | 0 |
| 04 APR | 57 | 7 | 1 | |
| 03 MAR | 58 | | | |
| 02 FEB | 59 | | | |
| 01 JAN | 60 | | | |
| | | | | |
| 12 DEC | 61 | | | |
| 11 NOV | 62 | | | |
| 10 OCT | 63 | | | |
| 09 SEP | 64 | | | |
| 2 08 AUG | 65 | | | 2 |
| 0 07 JUL | 66 | | | 0 |
| 0 06 JUN | 67 | | | 0 |
| 9 05 MAY | 68 | | | 9 |
| 04 APR | 69 | | | |
| 03 MAR | 70 | | | |
| 02 FEB | 71 | | | |
| 01 JAN | 72 | 7 | | |

CASE #3

Scenario: The respondent was interviewed in October 2014. The woman's only birth in the last five year period (Mary) occurred in March 2013 after an accidental pregnancy while using withdrawal, a method she had been using for one year. The pregnancy lasted nine months. She is currently pregnant, having failed with the use of withdrawal two months earlier. She and her husband had been using withdrawal since Mary was born. She also had a miscarriage in December 2010 after four completed months of pregnancy. That pregnancy began several months after her marriage, while no method was being used. After that miscarriage, she did not use any method for six months before beginning to use withdrawal.

Calendar Entries for CASE#3

INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
COLUMN 1 REQUIRES A CODE IN EVERY MONTH.

INFORMATION TO BE CODED FOR EACH COLUMN

COL. 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
P PREGNANCIES
T TERMINATIONS
- 0 NO METHOD
1 FEMALE STERILIZATION
2 MALE STERILIZATION
3 IUD
4 INJECTABLES
5 IMPLANTS
6 PILL
7 CONDOM
8 FEMALE CONDOM
9 DIAPHRAGM
J FOAM OR JELLY
K STANDARD DAYS
L LACTATIONAL AMENORRHEA METHOD
M RHYTHM METHOD
N WITHDRAWAL
X OTHER MODERN METHOD
Y OTHER TRADITIONAL METHOD

- 0 INFREQUENT SEX/HUSBAND AWAY
1 BECAME PREGNANT WHILE USING
2 WANTED TO BECOME PREGNANT
3 HUSBAND PARTNER DISAPPROVED
4 WANTED MORE EFFECTIVE METHOD
5 SIDE EFFECTS/HEALTH CONCERNS
6 LACK OF ACCESS/TOO FAR
7 COSTS TOO MUCH
8 INCONVENIENT TO USE
F UP TO GOD/FATALISTIC
A DIFFICULT TO GET PREGNANT/MENOPAUSAL
D MARITAL DISSOLUTION/SEPARATION
X OTHER _____
(SPECIFY)
- Z DON'T KNOW

Mary

| | | COL. 1 | COL. 2 | |
|----------|----|--------|--------|---|
| 12 DEC | 01 | | | |
| 11 NOV | 02 | | | |
| 10 OCT | 03 | P | | |
| 09 SEP | 04 | P | | |
| 2 08 AUG | 05 | N | 1 | 2 |
| 0 07 JUL | 06 | | | 0 |
| 1 06 JUN | 07 | | | 1 |
| 4 05 MAY | 08 | | | 4 |
| 04 APR | 09 | | | |
| 03 MAR | 10 | | | |
| 02 FEB | 11 | | | |
| 01 JAN | 12 | | | |
| | | | | |
| 12 DEC | 13 | | | |
| 11 NOV | 14 | | | |
| 10 OCT | 15 | | | |
| 09 SEP | 16 | | | |
| 2 08 AUG | 17 | | | 2 |
| 0 07 JUL | 18 | | | 0 |
| 1 06 JUN | 19 | | | 1 |
| 3 05 MAY | 20 | | | 3 |
| 14 APR | 21 | N | | |
| 13 MAR | 22 | B | | |
| 02 FEB | 23 | P | | |
| 01 JAN | 24 | P | | |
| | | | | |
| 12 DEC | 25 | P | | |
| 11 NOV | 26 | P | | |
| 10 OCT | 27 | P | | |
| 09 SEP | 28 | P | | |
| 2 08 AUG | 29 | P | | 2 |
| 0 07 JUL | 30 | P | | 0 |
| 1 06 JUN | 31 | N | 1 | 1 |
| 2 05 MAY | 32 | | | 2 |
| 04 APR | 33 | | | |
| 03 MAR | 34 | | | |
| 02 FEB | 35 | | | |
| 01 JAN | 36 | | | |
| | | | | |
| 12 DEC | 37 | | | |
| 11 NOV | 38 | | | |
| 10 OCT | 39 | | | |
| 09 SEP | 40 | | | |
| 2 08 AUG | 41 | | | 2 |
| 0 07 JUL | 42 | N | | 0 |
| 1 06 JUN | 43 | Q | | 1 |
| 1 05 MAY | 44 | | | 1 |
| 04 APR | 45 | | | |
| 03 MAR | 46 | | | |
| 02 FEB | 47 | | | |
| 01 JAN | 48 | O | | |
| | | | | |
| 12 DEC | 49 | T | | |
| 11 NOV | 50 | P | | |
| 10 OCT | 51 | P | | |
| 09 SEP | 52 | P | | |
| 2 08 AUG | 53 | O | | 2 |
| 0 07 JUL | 54 | | | 0 |
| 1 06 JUN | 55 | | | 1 |
| 0 05 MAY | 56 | | | 0 |
| 04 APR | 57 | | | |
| 03 MAR | 58 | | | |
| 02 FEB | 59 | | | |
| 01 JAN | 60 | | | |
| | | | | |
| 12 DEC | 61 | | | |
| 11 NOV | 62 | | | |
| 10 OCT | 63 | | | |
| 09 SEP | 64 | | | |
| 2 08 AUG | 65 | | | 2 |
| 0 07 JUL | 66 | | | 0 |
| 0 06 JUN | 67 | | | 0 |
| 9 05 MAY | 68 | | | 9 |
| 04 APR | 69 | | | |
| 03 MAR | 70 | | | |
| 02 FEB | 71 | | | |
| 01 JAN | 72 | O | | |

CASE #4

Scenario: The respondent was interviewed in October 2014. She reported two births in the reference period, Christina in July 2012 and Armando in November 2009. The pregnancy with Christina lasted nine months, and the pregnancy with Armando lasted eight months. At the time of Christina's birth, the respondent was surgically sterilized in a government hospital. Christina was conceived after four months of trying to become pregnant. Before this she had used the pill, which she had started using three months after the birth of Armando. Before becoming pregnant with Armando, she neither had a nonlive birth nor used a contraceptive method.

Calendar Entries for CASE #4

INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
COLUMN 1 REQUIRES A CODE IN EVERY MONTH.

INFORMATION TO BE CODED FOR EACH COLUMN

COL. 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
P PREGNANCIES
T TERMINATIONS
- 0 NO METHOD
1 FEMALE STERILIZATION
2 MALE STERILIZATION
3 IUD
4 INJECTABLES
5 IMPLANTS
6 PILL
7 CONDOM
8 FEMALE CONDOM
9 DIAPHRAGM
J FOAM OR JELLY
K STANDARD DAYS
L LACTATIONAL AMENORRHEA METHOD
M RHYTHM METHOD
N WITHDRAWAL
X OTHER MODERN METHOD
Y OTHER TRADITIONAL METHOD
- 0 INFREQUENT SEX/HUSBAND AWAY
1 BECAME PREGNANT WHILE USING
2 WANTED TO BECOME PREGNANT
3 HUSBAND PARTNER DISAPPROVED
4 WANTED MORE EFFECTIVE METHOD
5 SIDE EFFECTS/HEALTH CONCERNS
6 LACK OF ACCESS/TOO FAR
7 COSTS TOO MUCH
8 INCONVENIENT TO USE
F UP TO GOD/FATALISTIC
A DIFFICULT TO GET PREGNANT/MENOPAUSAL
D MARITAL DISSOLUTION/SEPARATION
X OTHER _____
(SPECIFY)
- Z DON'T KNOW

Christina

Armando

| | | COL. 1 | COL. 2 |
|----------|----|--------|--------|
| 12 DEC | 01 | | |
| 11 NOV | 02 | | |
| 10 OCT | 03 | 1 | |
| 09 SEP | 04 | | |
| 2 08 AUG | 05 | | 2 |
| 0 07 JUL | 06 | | 0 |
| 1 06 JUN | 07 | | 1 |
| 4 05 MAY | 08 | | 4 |
| 04 APR | 09 | | |
| 03 MAR | 10 | | |
| 02 FEB | 11 | | |
| 01 JAN | 12 | | |
| | | | |
| 12 DEC | 13 | | |
| 11 NOV | 14 | | |
| 10 OCT | 15 | | |
| 09 SEP | 16 | | |
| 2 08 AUG | 17 | | 2 |
| 0 07 JUL | 18 | | 0 |
| 1 06 JUN | 19 | | 1 |
| 3 05 MAY | 20 | | 3 |
| 04 APR | 21 | | |
| 03 MAR | 22 | | |
| 02 FEB | 23 | | |
| 01 JAN | 24 | | |
| | | | |
| 12 DEC | 25 | | |
| 11 NOV | 26 | | |
| 10 OCT | 27 | | |
| 09 SEP | 28 | | |
| 2 08 AUG | 29 | 1 | 2 |
| 0 07 JUL | 30 | B | 0 |
| 1 06 JUN | 31 | P | 1 |
| 2 05 MAY | 32 | P | 2 |
| 04 APR | 33 | P | |
| 03 MAR | 34 | P | |
| 02 FEB | 35 | P | |
| 01 JAN | 36 | P | |
| | | | |
| 12 DEC | 37 | P | |
| 11 NOV | 38 | P | |
| 10 OCT | 39 | O | |
| 09 SEP | 40 | O | |
| 2 08 AUG | 41 | O | 2 |
| 0 07 JUL | 42 | O | 0 |
| 1 06 JUN | 43 | 6 | 2 |
| 1 05 MAY | 44 | | 1 |
| 04 APR | 45 | | |
| 03 MAR | 46 | | |
| 02 FEB | 47 | | |
| 01 JAN | 48 | | |
| | | | |
| 12 DEC | 49 | | |
| 11 NOV | 50 | | |
| 10 OCT | 51 | | |
| 09 SEP | 52 | | |
| 2 08 AUG | 53 | | 2 |
| 0 07 JUL | 54 | | 0 |
| 1 06 JUN | 55 | | 1 |
| 0 05 MAY | 56 | | 0 |
| 04 APR | 57 | | |
| 03 MAR | 58 | 6 | |
| 02 FEB | 59 | O | |
| 01 JAN | 60 | O | |
| | | | |
| 12 DEC | 61 | O | |
| 11 NOV | 62 | B | |
| 10 OCT | 63 | P | |
| 09 SEP | 64 | P | |
| 2 08 AUG | 65 | P | 2 |
| 0 07 JUL | 66 | P | 0 |
| 0 06 JUN | 67 | P | 0 |
| 9 05 MAY | 68 | P | 9 |
| 04 APR | 69 | P | |
| 03 MAR | 70 | O | |
| 02 FEB | 71 | O | |
| 01 JAN | 72 | O | |

CASE #5

Scenario: This respondent was interviewed in October 2014. She had two births since January 2009; the first resulted in twins but only one was born alive (Jane), while the other was a stillbirth. Jane was born in June 2009. Her younger brother, John, was born in February 2011 in the eighth month of pregnancy. Note that since the first of these pregnancies began before January 2009, only five P's are indicated in the calendar. Also note that the stillbirth is not recorded as a pregnancy termination, because it involved a pregnancy that resulted in a live birth (Jane), and you may place only one code in a box.

Her first contraceptive use during the period (the pill) began nine months after the last birth. She used the pill for six months and then switched to IUD the next month because she wanted a more effective method. She used the IUD until September 2013, when she separated from her husband. She has not used any contraception since.

Calendar Entries for CASE #5

INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
COLUMN 1 REQUIRES A CODE IN EVERY MONTH.

INFORMATION TO BE CODED FOR EACH COLUMN

COL. 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
P PREGNANCIES
T TERMINATIONS
- 0 NO METHOD
1 FEMALE STERILIZATION
2 MALE STERILIZATION
3 IUD
4 INJECTABLES
5 IMPLANTS
6 PILL
7 CONDOM
8 FEMALE CONDOM
9 DIAPHRAGM
J FOAM OR JELLY
K STANDARD DAYS
L LACTATIONAL AMENORRHEA METHOD
M RHYTHM METHOD
N WITHDRAWAL
X OTHER MODERN METHOD
Y OTHER TRADITIONAL METHOD
- 0 INFREQUENT SEX/HUSBAND AWAY
1 BECAME PREGNANT WHILE USING
2 WANTED TO BECOME PREGNANT
3 HUSBAND PARTNER DISAPPROVED
4 WANTED MORE EFFECTIVE METHOD
5 SIDE EFFECTS/HEALTH CONCERNS
6 LACK OF ACCESS/TOO FAR
7 COSTS TOO MUCH
8 INCONVENIENT TO USE
F UP TO GOD/FATALISTIC
A DIFFICULT TO GET PREGNANT/MENOPAUSAL
D MARITAL DISSOLUTION/SEPARATION
X OTHER _____
(SPECIFY)
- Z DON'T KNOW

John

Jane

| | | COL. 1 | COL. 2 | |
|----------|----|--------|--------|---|
| 12 DEC | 01 | | | |
| 11 NOV | 02 | | | |
| 10 OCT | 03 | O | | |
| 09 SEP | 04 | | | |
| 2 08 AUG | 05 | | | 2 |
| 0 07 JUL | 06 | | | 0 |
| 1 06 JUN | 07 | | | 1 |
| 4 05 MAY | 08 | | | 4 |
| 04 APR | 09 | | | |
| 03 MAR | 10 | | | |
| 02 FEB | 11 | | | |
| 01 JAN | 12 | | | |
| | | | | |
| 12 DEC | 13 | | | |
| 11 NOV | 14 | | | |
| 10 OCT | 15 | O | | |
| 09 SEP | 16 | 3 | 8 | |
| 2 08 AUG | 17 | | | 2 |
| 0 07 JUL | 18 | | | 0 |
| 1 06 JUN | 19 | | | 1 |
| 3 05 MAY | 20 | | | 3 |
| 04 APR | 21 | | | |
| 03 MAR | 22 | | | |
| 02 FEB | 23 | | | |
| 01 JAN | 24 | | | |
| | | | | |
| 12 DEC | 25 | | | |
| 11 NOV | 26 | | | |
| 10 OCT | 27 | | | |
| 09 SEP | 28 | | | |
| 2 08 AUG | 29 | | | 2 |
| 0 07 JUL | 30 | | | 0 |
| 1 06 JUN | 31 | 3 | | 1 |
| 2 05 MAY | 32 | 6 | 4 | 2 |
| 04 APR | 33 | | | |
| 03 MAR | 34 | | | |
| 02 FEB | 35 | | | |
| 01 JAN | 36 | | | |
| | | | | |
| 12 DEC | 37 | 6 | | |
| 11 NOV | 38 | Q | | |
| 10 OCT | 39 | | | |
| 09 SEP | 40 | | | |
| 2 08 AUG | 41 | | | 2 |
| 0 07 JUL | 42 | | | 0 |
| 1 06 JUN | 43 | | | 1 |
| 1 05 MAY | 44 | | | 1 |
| 04 APR | 45 | | | |
| 03 MAR | 46 | O | | |
| 02 FEB | 47 | B | | |
| 01 JAN | 48 | P | | |
| | | | | |
| 12 DEC | 49 | P | | |
| 11 NOV | 50 | P | | |
| 10 OCT | 51 | P | | |
| 09 SEP | 52 | P | | |
| 2 08 AUG | 53 | P | | 2 |
| 0 07 JUL | 54 | P | | 0 |
| 1 06 JUN | 55 | Q | | 1 |
| 0 05 MAY | 56 | | | 0 |
| 04 APR | 57 | | | |
| 03 MAR | 58 | | | |
| 02 FEB | 59 | | | |
| 01 JAN | 60 | | | |
| | | | | |
| 12 DEC | 61 | | | |
| 11 NOV | 62 | | | |
| 10 OCT | 63 | | | |
| 09 SEP | 64 | | | |
| 2 08 AUG | 65 | I | | 2 |
| 0 07 JUL | 66 | O | | 0 |
| 0 06 JUN | 67 | B | | 0 |
| 9 05 MAY | 68 | P | | 9 |
| 04 APR | 69 | P | | |
| 03 MAR | 70 | P | | |
| 02 FEB | 71 | P | | |
| 01 JAN | 72 | P | | |

CASE #6

Scenario: The respondent was interviewed in October 2014 and was in her fourth month of pregnancy at the time of the interview (had completed three months of pregnancy). Her most recent birth occurred in November 2012 (Linda) after nine months of pregnancy, and she had no other pregnancy prior to this. She first began using the jelly the month after Linda was born. She stopped using the jelly after she became pregnant while using this method.

Calendar entries for CASE #6

INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
COLUMN 1 REQUIRES A CODE IN EVERY MONTH.

INFORMATION TO BE CODED FOR EACH COLUMN

COL. 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
P PREGNANCIES
T TERMINATIONS
- 0 NO METHOD
1 FEMALE STERILIZATION
2 MALE STERILIZATION
3 IUD
4 INJECTABLES
5 IMPLANTS
6 PILL
7 CONDOM
8 FEMALE CONDOM
9 DIAPHRAGM
J FOAM OR JELLY
K STANDARD DAYS
L LACTATIONAL AMENORRHEA METHOD
M RHYTHM METHOD
N WITHDRAWAL
X OTHER MODERN METHOD
Y OTHER TRADITIONAL METHOD
- 0 INFREQUENT SEX/HUSBAND AWAY
1 BECAME PREGNANT WHILE USING
2 WANTED TO BECOME PREGNANT
3 HUSBAND PARTNER DISAPPROVED
4 WANTED MORE EFFECTIVE METHOD
5 SIDE EFFECTS/HEALTH CONCERNS
6 LACK OF ACCESS/TOO FAR
7 COSTS TOO MUCH
8 INCONVENIENT TO USE
F UP TO GOD/FATALISTIC
A DIFFICULT TO GET PREGNANT/MENOPAUSAL
D MARITAL DISSOLUTION/SEPARATION
X OTHER _____
(SPECIFY)
- Z DON'T KNOW

Linda

| | | COL.1 | COL.2 | |
|----------|----|-------|-------|---|
| 12 DEC | 01 | | | |
| 11 NOV | 02 | | | |
| 10 OCT | 03 | P | | |
| 09 SEP | 04 | P | | |
| 2 08 AUG | 05 | P | | 2 |
| 0 07 JUL | 06 | 9 | 1 | 0 |
| 1 06 JUN | 07 | | | 1 |
| 4 05 MAY | 08 | | | 4 |
| 04 APR | 09 | | | |
| 03 MAR | 10 | | | |
| 02 FEB | 11 | | | |
| 01 JAN | 12 | | | |
| | | | | |
| 12 DEC | 13 | | | |
| 11 NOV | 14 | | | |
| 10 OCT | 15 | | | |
| 09 SEP | 16 | | | |
| 2 08 AUG | 17 | | | 2 |
| 0 07 JUL | 18 | | | 0 |
| 1 06 JUN | 19 | | | 1 |
| 3 05 MAY | 20 | | | 3 |
| 04 APR | 21 | | | |
| 03 MAR | 22 | | | |
| 02 FEB | 23 | | | |
| 01 JAN | 24 | | | |
| | | | | |
| 12 DEC | 25 | 9 | | |
| 11 NOV | 26 | B | | |
| 10 OCT | 27 | P | | |
| 09 SEP | 28 | P | | |
| 2 08 AUG | 29 | P | | 2 |
| 0 07 JUL | 30 | P | | 0 |
| 1 06 JUN | 31 | P | | 1 |
| 2 05 MAY | 32 | P | | 2 |
| 04 APR | 33 | P | | |
| 03 MAR | 34 | P | | |
| 02 FEB | 35 | O | | |
| 01 JAN | 36 | | | |
| | | | | |
| 12 DEC | 37 | | | |
| 11 NOV | 38 | | | |
| 10 OCT | 39 | | | |
| 09 SEP | 40 | | | |
| 2 08 AUG | 41 | | | 2 |
| 0 07 JUL | 42 | | | 0 |
| 1 06 JUN | 43 | | | 1 |
| 1 05 MAY | 44 | | | 1 |
| 04 APR | 45 | | | |
| 03 MAR | 46 | | | |
| 02 FEB | 47 | | | |
| 01 JAN | 48 | | | |
| | | | | |
| 12 DEC | 49 | | | |
| 11 NOV | 50 | | | |
| 10 OCT | 51 | | | |
| 09 SEP | 52 | | | |
| 2 08 AUG | 53 | | | 2 |
| 0 07 JUL | 54 | | | 0 |
| 1 06 JUN | 55 | | | 1 |
| 0 05 MAY | 56 | | | 0 |
| 04 APR | 57 | | | |
| 03 MAR | 58 | | | |
| 02 FEB | 59 | | | |
| 01 JAN | 60 | | | |
| | | | | |
| 12 DEC | 61 | | | |
| 11 NOV | 62 | | | |
| 10 OCT | 63 | | | |
| 09 SEP | 64 | | | |
| 2 08 AUG | 65 | | | 2 |
| 0 07 JUL | 66 | | | 0 |
| 0 06 JUN | 67 | | | 0 |
| 9 05 MAY | 68 | | | 9 |
| 04 APR | 69 | | | |
| 03 MAR | 70 | | | |
| 02 FEB | 71 | | | |
| 01 JAN | 72 | O | | |

CASE #7

Scenario: The respondent was interviewed in October 2014. She has had only one pregnancy (and no births) since January 2009. The pregnancy lasted for three completed months between November 2012 and January 2013 and ended in a miscarriage.

The respondent first used contraception at the start of her first marriage in March 2010. She and her husband used the condom for a couple of years except for the six-month period beginning August 2011, when her husband was temporarily away. She and her husband resumed using the condom after he returned and continued use until she accidentally became pregnant in November 2012. The respondent got sterilized in a government hospital immediately after the pregnancy.

Calendar entries for CASE #7

INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
COLUMN 1 REQUIRES A CODE IN EVERY MONTH.

INFORMATION TO BE CODED FOR EACH COLUMN

COL. 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
 P PREGNANCIES
 T TERMINATIONS

 0 NO METHOD
 1 FEMALE STERILIZATION
 2 MALE STERILIZATION
 3 IUD
 4 INJECTABLES
 5 IMPLANTS
 6 PILL
 7 CONDOM
 8 FEMALE CONDOM
 9 DIAPHRAGM
 J FOAM OR JELLY
 K STANDARD DAYS
 L LACTATIONAL AMENORRHEA METHOD
 M RHYTHM METHOD
 N WITHDRAWAL
 X OTHER MODERN METHOD
 Y OTHER TRADITIONAL METHOD

 0 INFREQUENT SEX/HUSBAND AWAY
 1 BECAME PREGNANT WHILE USING
 2 WANTED TO BECOME PREGNANT
 3 HUSBAND PARTNER DISAPPROVED
 4 WANTED MORE EFFECTIVE METHOD
 5 SIDE EFFECTS/HEALTH CONCERNS
 6 LACK OF ACCESS/TOO FAR
 7 COSTS TOO MUCH
 8 INCONVENIENT TO USE
 F UP TO GOD/FATALISTIC
 A DIFFICULT TO GET PREGNANT/MENOPAUSAL
 D MARITAL DISSOLUTION/SEPARATION
 X OTHER _____
 (SPECIFY)

 Z DON'T KNOW

| | | COL. 1 | COL. 2 | |
|----------|----|--------|--------|---|
| 12 DEC | 01 | | | |
| 11 NOV | 02 | | | |
| 10 OCT | 03 | 1 | | |
| 09 SEP | 04 | | | |
| 2 08 AUG | 05 | | | 2 |
| 0 07 JUL | 06 | | | 0 |
| 1 06 JUN | 07 | | | 1 |
| 4 05 MAY | 08 | | | 4 |
| 04 APR | 09 | | | |
| 03 MAR | 10 | | | |
| 02 FEB | 11 | | | |
| 01 JAN | 12 | | | |
| | | | | |
| 12 DEC | 13 | | | |
| 11 NOV | 14 | | | |
| 10 OCT | 15 | | | |
| 09 SEP | 16 | | | |
| 2 08 AUG | 17 | | | 2 |
| 0 07 JUL | 18 | | | 0 |
| 1 06 JUN | 19 | | | 1 |
| 3 05 MAY | 20 | | | 3 |
| 04 APR | 21 | | | |
| 03 MAR | 22 | | | |
| 02 FEB | 23 | 1 | | |
| 01 JAN | 24 | T | | |
| | | | | |
| 12 DEC | 25 | P | | |
| 11 NOV | 26 | P | | |
| 10 OCT | 27 | 7 | 1 | |
| 09 SEP | 28 | | | |
| 2 08 AUG | 29 | | | 2 |
| 0 07 JUL | 30 | | | 0 |
| 1 06 JUN | 31 | | | 1 |
| 2 05 MAY | 32 | | | 2 |
| 04 APR | 33 | | | |
| 03 MAR | 34 | | | |
| 02 FEB | 35 | 7 | | |
| 01 JAN | 36 | O | | |
| | | | | |
| 12 DEC | 37 | | | |
| 11 NOV | 38 | | | |
| 10 OCT | 39 | | | |
| 09 SEP | 40 | | | |
| 2 08 AUG | 41 | O | | 2 |
| 0 07 JUL | 42 | 7 | 0 | 0 |
| 1 06 JUN | 43 | | | 1 |
| 1 05 MAY | 44 | | | 1 |
| 04 APR | 45 | | | |
| 03 MAR | 46 | | | |
| 02 FEB | 47 | | | |
| 01 JAN | 48 | | | |
| | | | | |
| 12 DEC | 49 | | | |
| 11 NOV | 50 | | | |
| 10 OCT | 51 | | | |
| 09 SEP | 52 | | | |
| 2 08 AUG | 53 | | | 2 |
| 0 07 JUL | 54 | | | 0 |
| 1 06 JUN | 55 | | | 1 |
| 0 05 MAY | 56 | | | 0 |
| 04 APR | 57 | | | |
| 03 MAR | 58 | 7 | | |
| 02 FEB | 59 | O | | |
| 01 JAN | 60 | | | |
| | | | | |
| 12 DEC | 61 | | | |
| 11 NOV | 62 | | | |
| 10 OCT | 63 | | | |
| 09 SEP | 64 | | | |
| 2 08 AUG | 65 | | | 2 |
| 0 07 JUL | 66 | | | 0 |
| 0 06 JUN | 67 | | | 0 |
| 9 05 MAY | 68 | | | 9 |
| 04 APR | 69 | | | |
| 03 MAR | 70 | | | |
| 02 FEB | 71 | | | |
| 01 JAN | 72 | O | | |

VII. MAN'S QUESTIONNAIRE

The Man's Questionnaire consists of a cover page and ten sections as follows:

| | |
|-------------|------------------------------|
| Section 1: | Respondent's Background |
| Section 2: | Reproduction |
| Section 3: | Contraception |
| Section 4: | Marriage and Sexual Activity |
| Section 5: | Fertility Preferences |
| Section 6: | Employment and Gender Roles |
| Section 7: | HIV/AIDS |
| Section 8: | Other Health Issues |
| Section 9: | Female Genital Cutting |
| Section 10: | Domestic Violence |

Most of the questions in the Man's Questionnaire are similar to those we have already discussed in the Woman's Questionnaire, but are written to reflect that the respondent is male. However, in most cases, the question numbers are different and often the questions appear in a different order. For example, although the HIV/AIDS questions are almost identical, they are in Section 9 in the Woman's Questionnaire and Section 7 in the Man's Questionnaire.

Figure 5 lists question numbers from the Man's Questionnaire and the corresponding question numbers from the Woman's questionnaire.

- This manual does not repeat instructions for questions in the Man's Questionnaire that have already been covered in Section VI on the Woman's Questionnaire. Using this table, you can refer to the instructions in that section for the corresponding questions.
- Occasionally, a question in the Man's Questionnaire will be similar to, but not exactly the same as a question in the Woman's Questionnaire. In these cases, the table shows the question number from the Woman's Questionnaire in parentheses.
- The table does not include the question numbers of questions that are unique to the Man's Questionnaire. Instructions on administering these questions can be found in the proceeding sections.

FIGURE 5. QUESTION NUMBERS FOR CORRESPONDING QUESTIONS IN THE WOMAN'S AND MAN'S QUESTIONNAIRES

| Question number | | Question number | |
|---------------------|-----------------------|---------------------|-----------------------|
| Man's questionnaire | Woman's questionnaire | Man's questionnaire | Woman's questionnaire |
| 101-116 | 101-116 | 601 | (807-808) |
| 201-208 | (201)-208 | 602-604B | 809-811B |
| 301 | 301 | 605-609 | 813-(817) |
| | | 610-611 | 820-821 |
| 302 | 714 | 612-613 | 823-824 |
| 304-305 | (239)-240 | 614 | 826 |
| 308-310 | 629-631 | 701-710 | 901-910 |
| 312-314 | 632-634 | 711 | 913 |
| 401-(406) | 601-(607) | 712-723B | 926-937B |
| 410-414 | 609-613 | 726-733 | 940-947 |
| 415-427 | 614-626 | 805-811C | 1001-1007C |
| 430 | (626A) | 811I | 1201 |
| 434 | 627 | 812-813 | 1009-1010 |
| 502 | (701) | 901-902 | 1301-1302 |
| 503 | (226) | 902A-904 | 1315A-1317 |
| 504-505 | 703-704 | 1000-1018 | 1400-1418 |
| 507 | 705 | 1022A-1032 | 1422A-1432 |
| 509-510 | 712-713 | 1033 | 1418 |
| | | | |
| | | | |

A. Section 1: Respondent's Background

All of Section 1 is the same for male and female respondents. As a reminder, accurate recording of the respondent's age is important. Refer to Section VI.B of this manual for detailed instructions about Questions 102 and 103 on the age of the respondent.

B. Section 2: Reproduction

Qs. 201-208: CHILDREN

Q. 201 is phrased slightly differently for men. As with women, we are interested in the biological children a man has had. Because many children live away from their fathers, the question prompts men to think about children who are their biological children but may not be legally theirs or have their last name. Qs. 202-208 are the same for men and women.

Q. 209: FILTER FOR ANY CHILDREN

For Q. 209, check Q. 208 to see if the man has ever fathered any children. If he has had more than one child, including any children who may have died, tick the box on the left and continue with Q. 210. If the man has had only one child, including a child who may have died, tick the centre box and skip to Q. 212. If the man has never fathered a child, even one that lived for a very short time, tick the box on the right and skip to Q. 301.

Qs. 210 and 211: NUMBER OF WOMEN WITH WHOM RESPONDENT FATHERED CHILDREN

In Q. 210, you will ask the respondent whether or not all of the children he has fathered have the same biological mother. If he has fathered children with more than one woman, ask Q. 211 to find out the number of women with whom he has fathered children.

Q. 212: AGE AT FIRST FATHERHOOD

Q. 212 asks the respondent to give his age when his first child was born. If he doesn't know, probe. You could ask how old he was when he got married or first started living with a woman, and then ask how long before or after getting married his first child was born.

Qs. 213-219: ANTENATAL AND CHILDBIRTH CARE

Qs. 213 to 215 are asked to determine if the respondent has a living child age 0 to 2 years. If he does, write the name of his youngest child on the line provided in Q. 216. Qs. 217 through 219 ask about the antenatal and childbirth care received by that child and his or her mother. In Q. 217, ask the respondent if the mother of his youngest child received antenatal care during her pregnancy. The care should have been specifically to check her pregnancy and not for other reasons. If the mother received antenatal care during the pregnancy of an older child, but not during the pregnancy of the youngest child, record '2', NO.

Q. 220: KNOWLEDGE OF CARE FOR CHILDREN WITH DIARRHOEA

Q. 220 asks the respondent about the amount of liquid that should be given to a child with diarrhoea. Note that this question is asking for the respondent's opinion, not what he and/or his wife/partner actually give their children when their children have diarrhoea.

C. Section 3: Contraception

Q. 301: Contraceptive Table

The format of Q. 301 and the order of administering the questions are the same in both the Woman's and Man's Questionnaires.

Q. 303: DISCUSSION OF FAMILY PLANNING WITH A HEALTH CARE PROVIDER

In Q. 303, ask the respondent if he has discussed family planning with a health worker or health professional in the last few months. This question focuses specifically on communication with health professionals, so discussion of family planning with friends, neighbours, etc., does not apply.

Q. 306: ATTITUDES TOWARDS CONTRACEPTION

This question includes two statements that assess the respondent's attitudes towards taking responsibility for contraception and about the effect of contraception on women's behaviour. Be sure to circle a response for each of the two questions. The word "promiscuous" in Q. 306(b) means that someone has sexual relations with many people.

D. Section 4: Marriage and Sexual Activity

Q. 405: OTHER WIVES/PARTNERS

In this question, we are interested whether the respondent has other wives or partners with whom he is living as if married. This does not include 'girlfriends' unless the husband is living together with the girlfriend as if married.

Q. 406: NUMBER OF WIVES

We are interested in the total number of wives or co-habiting partners the respondent has. Since the number has been assigned two boxes, remember to fill the first box with '0' for numbers less than 10.

Qs. 407 and 408: IDENTIFYING THE WIFE/WIVES OF THE RESPONDENT

Write down the name of the respondent's wife/partner (or names of the wives/partners) and record the line number from the Household Schedule in the boxes provided. The number of names in Q. 407 should be equal to the number of wives in Q. 406. If a wife/partner is not listed in the Household Schedule, record '00' in the boxes next to her name. This can happen if you are interviewing a man who is visiting a household, but his wife stayed at home or if he is interviewed at his home but his wife lives in a different household. For Q. 408, take the age of the woman from the man's report, not from the Household Schedule.

Qs. 428-433: QUESTIONS ABOUT COMMERCIAL SEX

These questions ask specifically about commercial sex and condom use during commercial sex in the past 12 months. Qs. 428 and 429 are checks to identify those respondents who reported that at least one of their last three sexual partners in the last 12 months was a prostitute. Check Q. 420 to identify the sexual partner or partners who were prostitutes, then check Q. 418 in the same column to see if the respondent used a condom the last time he had sex with that partner. If the respondent used a condom at last sex with every sexual partner who was a prostitute, check the box on the right and skip to Q. 433. If the respondent did not use a condom at last sex with every partner who was a prostitute, place a tick in the box next to 'OTHER' and skip to Q. 434.

Example: A man's last sexual partner (column 1) was a prostitute. He used a condom the last time he had sex with her. His second-to-last sexual partner was his wife. His third-to-last sexual partner was another prostitute. He did not use a condom the last time he had sex with her. Tick the box for 'OTHER' and skip to Q. 434.

Qs. 430 and 431 are asked of respondents who did not report that any of their last three sexual partners in the last 12 months was a prostitute. Some men may omit prostitutes from their sexual history due to shame or embarrassment. In addition, a man may have used a prostitute in the last 12 months, but she was not one of his most recent three sexual partners and was therefore not reported in Qs. 417-426 or a man may have used a prostitute but not in the past 12 months.

Qs. 432 and 433 both ask about condom use with prostitutes. Paid sex is considered a high-risk sexual behaviour. Individuals who pay for sex may be at greater risk of becoming infected with HIV or another STI. Using a condom every time one pays for sex reduces the chances of infection. Q. 432 asks about use of a condom the last time the respondent paid for sex while Q. 433 seeks to find out if the respondent used a condom every time he paid for sex in the last 12 months.

Q. 437: SOURCE OF CONDOMS

Q. 437 asks the respondent to say where he got the condoms the last time he got them. Follow the instructions for Q. 323 in the Woman's Questionnaire on how to record the source.

Qs. 438 and 439: USE OF A CONTRACEPTIVE AT LAST SEX

For the last time that the respondent had sex, we want to know whether any method was used to avoid pregnancy. These questions are similar to the questions about current contraceptive use asked to women. However, for men they refer to contraceptive use at last sex only. The respondent is asked in Q. 438 whether or not he or his partner used anything to avoid pregnancy the last time he had sex. Insert the phrase “other than a male condom” for those respondents who reported condom use at last sex. In Q. 439, probe to get all the methods used.

E. Section 5: Fertility Preferences

Almost all of the questions in this section are the same as those in Section 7 of the Woman’s Questionnaire. However, for men we have to first determine whether they have one wife or more than one wife (Q. 501) in order to know how to ask Q. 504 or 505 on preference for additional children.

F. Section 6: Employment and Gender Roles

All of the questions in Section 6 are the same as those in Section 8 of the Woman’s Questionnaire.

G. Section 7: HIV/AIDS AND OTHER STIs

This section asks a group of questions on knowledge of and behaviour related to AIDS and other diseases that are transmitted through sexual contact. This series of questions is almost identical to Section 9 of the Woman’s Questionnaire. The Woman’s Questionnaire includes questions on antenatal care, which are omitted for men. In addition, Qs. 727 and 728 on symptoms of STIs use different wording to apply to men rather than women.

H. Section 8: Other Health Issues

Qs. 801-804: CIRCUMCISION

Circumcision involves the surgical removal of the foreskin of the penis. Circumcision may be performed for religious, medical, or cultural reasons and can be carried out at birth, during adolescence, or at other times during a man’s life. If a respondent was not circumcised or does not know what circumcision is or says that he does not know whether or not he is circumcised, use the DON’T KNOW code in Q. 801 and skip to 805. Otherwise, ask Qs. 802-804.

Qs. 811D-811H: PROSTATE EXAMS/TREATMENT

These questions ask about prostate exams. Read each question as it is written, and follow the skip patterns.

I. Section 9: Female Genital Cutting

All of the questions in Section 9 are the same as those in Section 14 of the Woman’s Questionnaire except that men are not asked about their daughters’ experience with FGC.

J. Section 10: Domestic Violence

All of the questions in Section 10 are the same as those in Section 12 of the Woman's Questionnaire except men are not asked about their experience of violence during pregnancy.

END OF INTERVIEWER'S MANUAL