

NATIONAL COUNCIL FOR POPULATION AND DEVELOPMENT  
MINISTRY OF HOME AFFAIRS AND NATIONAL HERITAGE  
KENYA DEMOGRAPHIC AND HEALTH SURVEY  
HUSBAND'S QUESTIONNAIRE

CONFIDENTIAL  
Data used  
for research  
purposes only

IDENTIFICATION	
PROVINCE _____	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
DISTRICT _____	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
LOCATION/TOWN _____	
SUBLOCATION/WARD _____	
CLUSTER NUMBER.....	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
HOUSEHOLD NUMBER.....	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
STRUCTURE NUMBER.....	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
URBAN/RURAL (urban=1, rural=2).....	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
NAME OF HOUSEHOLD HEAD _____	
LINE NUMBER OF HUSBAND.....	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
LINE NUMBER OF WIFE INTERVIEWED.....	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
LINE NUMBER OF WIFE INTERVIEWED.....	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
LINE NUMBER OF WIFE INTERVIEWED.....	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>

INTERVIEWER VISITS	1	2	3	FINAL VISIT
DATE	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">MONTH  <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div> <div style="text-align: center;">YEAR  <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div> </div>
INTERVIEWER'S NAME	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">INTER- VIEWER NO.  <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div> <div style="text-align: center;">FINAL RESULT  <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div> </div>
NEXT VISIT:      DATE TIME	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">TOTAL NUMBER OF VISITS  <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div> </div>
<p>*RESULT CODES:    1 COMPLETED                      4 REFUSED</p> <p>                         2 NOT AT HOME                      5 PARTLY COMPLETED</p> <p>                         3 POSTPONED                      6 OTHER (SPECIFY) _____</p>				
<p>LANGUAGE OF QUESTIONNAIRE**      ENGLISH</p> <p>LANGUAGE USED IN INTERVIEW**.....</p> <p>RESPONDENT'S LOCAL LANGUAGE**.....</p> <p>TRANSLATOR USED (1=NOT AT ALL; 2=SOMETIME; 3=ALL THE TIME)...</p>				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
<p>**LANGUAGE CODES:    01 KALENJIN                      05 LUHYA                      09 KISWAHILI</p> <p>                         02 KAMBA                      06 LUO                      10 ENGLISH</p> <p>                         03 KIKUYU                      07 MERU/EMBU                      11 OTHER</p> <p>                         04 KISII                      08 MIJIKENDA</p>				
NAME DATE	FIELD EDITED BY _____	OFFICE EDITED BY _____	KEYED BY _____	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>

SECTION H1 RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
H100	RECORD THE TIME.	HOUR..... MINUTES.....	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>
H101	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in the countryside, in Nairobi or Mombasa, or in another town?	COUNTRYSIDE.....1 NAIROBI/MOMBASA.....2 OTHER TOWN.....3	
H102	How long have you been living continuously in _____ (NAME OF SUBLOCATION, TOWN, CITY)?	ALWAYS.....95 VISITOR.....96 YEARS.....	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>
H103	It is important to know your exact age. In what month and year were you born?	MONTH..... DK MONTH.....98 YEAR..... DK YEAR.....98	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>
H104	How old were you at your last birthday?  INTERVIEWER: COMPARE AND CORRECT H103 AND/OR H104 IF INCONSISTENT.	AGE IN COMPLETED YEARS...	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>
H105	What is your religion?	CATHOLIC.....1 PROTESTANT/OTHER CHRISTIAN.....2 MUSLIM.....3 OTHER (SPECIFY).....4 NO RELIGION.....5	
H106	What is your ethnic group or tribe?	KALENJIN.....01 KAMBA.....02 KIKUYU.....03 KISII.....04 LUHYA.....05 LUO.....06 MERU/EMBU.....07 MIJIKENDA/SWAHILI.....08 SOMALI.....09 OTHER.....10 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO												
H107	Now we come to matters of marriage. Have you been married only once or more than once?	ONCE.....1 MORE THAN ONCE.....2	H109												
H108	How many wives or partners do you currently have?	NUMBER..... <input type="text"/> <input type="text"/>													
H109	How many wives or partners did your father have?	NUMBER..... <input type="text"/> <input type="text"/>													
H110	Would you like to have an additional wife in the future?	YES.....1 NO.....2 DON'T KNOW.....8													
H111	Have you ever lost a wife or partner: Through death? Through divorce? (She is not coming back) Through separation? (She might come back)	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>DEATH.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>DIVORCE.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>SEPARATION.....1</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	DEATH.....1	1	2	DIVORCE.....1	1	2	SEPARATION.....1	1	2	
	YES	NO													
DEATH.....1	1	2													
DIVORCE.....1	1	2													
SEPARATION.....1	1	2													
H112	In what month and year did you start living with your (first) wife or partner?	MONTH..... <input type="text"/> <input type="text"/> DK.....98 YEAR..... <input type="text"/> <input type="text"/> DK YEAR.....98	H114												
H113	How old were you when you started living with her?	AGE..... <input type="text"/> <input type="text"/>													
H114	Do you approve or disapprove of divorce?	APPROVE.....1 DISAPPROVE.....2 DON'T MIND.....3													
H115	Generally, do you approve or disapprove of polygamy?	APPROVE.....1 DISAPPROVE.....2 DON'T MIND.....3													

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
H116	Have you ever attended school?	YES.....1 NO.....2	H120
H117	What was the highest level of school you attended: primary, secondary, higher or university?	PRIMARY.....1 SECONDARY.....2 HIGHER.....3 UNIVERSITY.....4 OTHER.....5 (SPECIFY)	
H118	What was the highest (standard, form, year) you completed at that level?	STANDARD/FORM/YEAR..... <input type="text"/>	
H119	INTERVIEWER: CHECK 117: PRIMARY <input type="checkbox"/> SECONDARY OR ABOVE <input type="checkbox"/>		H122
H120	Have you ever attended an adult literacy class?	YES.....1 NO.....2	
H121	Can you read a letter or newspaper in any language easily, with difficulty, or not at all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	
H122	Do you usually listen to a radio at least once a week?	YES.....1 NO.....2	
H123	What kind of work do you mainly do ?	<input type="text"/> <input type="text"/> <input type="text"/> NEVER WORKED.....96	H201
H124	CHECK H123: DOES NOT WORK IN AGRI- CULTURE <input type="checkbox"/> WORKS IN AGRICULTURE <input type="checkbox"/>		H127
H125	Do you work for someone else or for yourself?	FOR SOMEONE ELSE.....1 FOR HIMSELF.....2	H201
H126	Do you earn a regular wage or salary?	YES.....1 NO.....2	H201
H127	Do you work mainly on your own or family land, or on someone else's land?	HIS/FAMILY LAND.....1 SOMEONE ELSE'S LAND.....2	H201
H128	Do you lease the land or do you work for wages?	LEASES THE LAND.....1 WORKS FOR WAGES.....2	

SECTION H2: CONTRACEPTION

H201 Now I would like to talk about a different topic. There are various ways or methods that a couple can use to delay or avoid a pregnancy. Which of these ways or methods have you heard about? CIRCLE CODE 1 IN H202 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN THE COLUMN, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED. THEN FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN H202 ASK H202A-H204 BEFORE PROCEEDING TO THE NEXT METHOD.

	H202 Have you ever heard of (METHOD)? READ DESCRIPTION.	H202A Do you know how to use (METHOD)?	H203 Have you ever used (METHOD) with any partner?	H204 Where would you go to obtain (METHOD) if you wanted to use it? (CODES BELOW)
PILL Women can take a pill every day.	YES/SPONT.....1 YES/PROBED.....2 NO.....3 v		YES.....1 NO.....2	OTHER <input type="text"/> <input type="text"/>
IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3 v		YES.....1 NO.....2	OTHER <input type="text"/> <input type="text"/>
INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	YES/SPONT.....1 YES/PROBED.....2 NO.....3 v		YES.....1 NO.....2	OTHER <input type="text"/> <input type="text"/>
DIAPHRAGM/FOAM/JELLY Women can place a diaphragm, tampon, sponge, foam tablets, jelly or cream in themselves before sex.	YES/SPONT.....1 YES/PROBED.....2 NO.....3 v		YES.....1 NO.....2	OTHER <input type="text"/> <input type="text"/>
CONDOM Men can use a rubber sheath during sexual intercourse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3 v	YES.....1 NO.....2	YES.....1 NO.....2	OTHER <input type="text"/> <input type="text"/>
FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES/SPONT.....1 YES/PROBED.....2 NO.....3 v		YES.....1 NO.....2	OTHER <input type="text"/> <input type="text"/>
MALE STERILIZATION Men can have an operation to avoid having any more children.	YES/SPONT.....1 YES/PROBED.....2 NO.....3 v		YES.....1 NO.....2	OTHER <input type="text"/> <input type="text"/>
PERIODIC ABSTINENCE Couples can avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant.	YES/SPONT.....1 YES/PROBED.....2 NO.....3 v	YES.....1 NO.....2	YES.....1 NO.....2	Where would you go to obtain advice on periodic abstinence? OTHER <input type="text"/> <input type="text"/>
WITHDRAWAL Men can be careful and pull out before climax.	YES/SPONT.....1 YES/PROBED.....2 NO.....3 v	YES.....1 NO.....2	YES.....1 NO.....2	
ANY OTHER METHODS? Have you heard of any other ways or methods that women or men can use to avoid pregnancy?  (SPECIFY) _____	YES/SPONT.....1 NO.....3 v	YES.....1 NO.....2	YES.....1 NO.....2	CODES FOR H204 01 GOVERNMENT HOSPITAL 02 GOVERNMENT HEALTH CENTER 03 FPAK 04 MOBILE CLINIC 05 FIELD EDUCATOR 06 PHARMACY/SHOP 07 PRIVATE HOSPITAL 08 MISSION HOSPITAL/DISPENSARY 09 EMPLOYER'S CLINIC 10 PRIVATE DOCTOR 11 TRADITIONAL HEALER 12 WIFE/PARTNER WOULD GO 13 FRIENDS/RELATIVES 14 OTHER (SPECIFY) 15 NOWHERE 98 DK

H205 CHECK H203: NOT A SINGLE "YES" (NEVER USED) ☐

AT LEAST ONE "YES" (EVER USED) ☐

→ SKIP TO H208

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
H206	Have you ever used anything with any partner or tried to delay or avoid having a child?  MARK APPROPRIATE BOX WITH AN 'X'.	YES..... <input type="checkbox"/> NO..... <input type="checkbox"/>	H211
H207	What have you used or done? CORRECT H202-H204 AS NECESSARY.		
H208	How many living children, if any, did you already have when you first did something or used a method to avoid having a child? IF NONE ENTER '00'.	NUMBER OF CHILDREN..... <input type="text"/> <input type="text"/>	
H209	Are you currently doing something or using any method with any partner to avoid having a child?	YES.....1 NO.....2	H211
H210	Which method(s) are you using?  CIRCLE ALL MENTIONED	PILL.....1 IUD.....1 INJECTIONS.....1 DIAPHRAGM/JELLY/FOAM.....1 CONDOM.....1 FEMALE STERILIZATION.....1 MALE STERILIZATION.....1 PERIODIC ABSTINENCE.....1 WITHDRAWAL.....1 OTHER.....1 (SPECIFY)	H215
H211	Do you intend to use a method to avoid pregnancy at any time in the future?	YES.....1 NO.....2 DK.....8	H213 H215
H212	Why not?	LACK OF KNOWLEDGE.....01 OPPOSED TO FAMILY PLANNING.....02 PARTNER DISAPPROVES.....03 OTHERS DISAPPROVE.....04 HEALTH CONCERNS.....05 ACCESS/AVAILABILITY.....06 COSTS TOO MUCH.....07 INCONVENIENT TO USE.....08 INFREQUENT SEX.....09 FATALISTIC.....10 RELIGION.....11 WANTS CHILDREN.....12 OTHER.....13 (SPECIFY) DK.....98	H215
H213	Which method would you prefer to use?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/JELLY/FOAM.....04 CONDOM.....05 FEMALE STERILIZATION.....06 MALE STERILIZATION.....07 PERIODIC ABSTINENCE.....08 WITHDRAWAL.....09 OTHER.....10 (SPECIFY) UNSURE.....98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
H214	Do you intend to use (PREFERRED METHOD) in the next 12 months?	YES.....1 NO.....2 DK.....8	
H215	Is it acceptable to you that family planning information is provided on radio or television?	ACCEPTABLE.....1 NOT ACCEPTABLE.....2 DK.....8	
H216	How often have you talked to your wife(s)/partner(s) about family planning in the past year?	NEVER.....1 ONCE OR TWICE.....2 THREE OR MORE.....3	
H217	Do you think that your wife(s)/partner(s) approves or disapproves of couples using a method to prevent or delay pregnancy?	APPROVES.....1 DISAPPROVES.....2 DK.....8	
H218	In general, do you approve or disapprove of couples using a method to prevent or delay pregnancy?	APPROVE.....1 DISAPPROVE.....2	
H219	If couples wish to avoid pregnancy, do you approve or disapprove of their using:  The condom?  Male sterilisation?  Withdrawal?	<div>APPR DISAPPR DK</div> <div>CONDOM.....1 2 8</div> <div>MALE STERILIZATION..1 2 8</div> <div>WITHDRAWAL.....1 2 8</div>	
H220	In your opinion, what is the main problem, if any, with using: The condom?  Male sterilisation?  Withdrawal?  ENTER CODE FOR EACH METHOD FROM LIST BELOW. 01 NONE 02 NOT EFFECTIVE 03 WIFE/PARTNER DISAPPROVES 04 COMMUNITY DISAPPROVES 05 RELIGION DISAPPROVES 06 HEALTH CONCERN 07 ACCESS/AVAILABILITY 08 COSTS TOO MUCH 09 INCONVENIENT TO USE 10 OTHER (SPECIFY) 98 DK	<div>CONDOM..... <input type="text"/></div> <div>(OTHER - SPECIFY) _____</div> <div>MALE STERILIZATION..... <input type="text"/></div> <div>(OTHER - SPECIFY) _____</div> <div>WITHDRAWAL..... <input type="text"/></div> <div>(OTHER - SPECIFY) _____</div>	
H221	How many own sons do you have? And how many own daughters do you have?  IF NONE ENTER '00'.	<div>SONS..... <input type="text"/></div> <div>DAUGHTERS..... <input type="text"/></div>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
H222	<p>Now I have some questions about the future.</p> <p>Would you like to have a (another) child or would you prefer not to have any (more) children?</p>	<p>HAVE ANOTHER.....1</p> <p>NO MORE.....2</p> <p>UNDECIDED OR DK.....3</p>	H224
H223	<p>How long would you want to wait from now before the birth of a (another) child?</p>	<p>TIME TO WAIT:</p> <p>MONTHS.....1</p> <p>YEARS.....2</p> <p>DK.....998</p>	
H224	<p>For how long should a couple wait before starting sexual intercourse after the birth of a baby?</p>	<p>DURATION</p> <p>MONTHS.....1</p> <p>YEARS.....2</p> <p>OTHER.....996</p> <p>(SPECIFY)</p>	
H225	<p>Should a mother wait until she has completely stopped breastfeeding before starting to have sexual relations again, or doesn't it matter?</p>	<p>WAIT.....1</p> <p>DOESN'T MATTER.....2</p>	
H226	<p>From the time a woman gets her period until the time she gets her next period, when do you think she has the greatest chance of becoming pregnant?</p> <p>PROBE: What are the days during the month when a woman has to be careful to avoid becoming pregnant?</p>	<p>DURING HER PERIOD.....1</p> <p>RIGHT AFTER HER PERIOD HAS ENDED.....2</p> <p>IN THE MIDDLE OF THE CYCLE.....3</p> <p>JUST BEFORE HER PERIOD BEGINS.....4</p> <p>AT ANY TIME.....5</p> <p>OTHER.....6</p> <p>(SPECIFY)</p> <p>DK.....8</p>	
H227	<p>CHECK H221:</p> <p>NO OWN CHILDREN <input type="checkbox"/></p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>HAS OWN CHILDREN <input type="checkbox"/></p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>RECORD SINGLE NUMBER OR OTHER ANSWER.</p>	<p>NUMBER.....</p> <p>OTHER ANSWER.....</p> <p>(SPECIFY)</p>	
H228	<p>How many boys?</p> <p>How many girls?</p>	<p>NUMBER OF BOYS.....</p> <p>NUMBER OF GIRLS.....</p> <p>OTHER.....996</p> <p>(SPECIFY)</p>	
H229	<p>RECORD THE TIME.</p>	<p>HOUR.....</p> <p>MINUTES.....</p>	



**INTERVIEWER'S OBSERVATIONS:**

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Name of Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

**SUPERVISOR'S OBSERVATIONS:**

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Name of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**EDITOR'S OBSERVATIONS:**

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Name of Editor: \_\_\_\_\_ Date: \_\_\_\_\_