

2 Nov/92

NATIONAL COUNCIL FOR POPULATION AND DEVELOPMENT    **CONFIDENTIAL**  
 CENTRAL BUREAU OF STATISTICS  
 KENYA DEMOGRAPHIC AND HEALTH SURVEY 2--MAN'S QUESTIONNAIRE

IDENTIFICATION					
PROVINCE _____				<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; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 5px;"></div> </div>	
DISTRICT _____					
LOCATION/TOWN _____					
SUBLOCATION/WARD _____					
NASSEP CLUSTER NUMBER.....				<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; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 5px;"></div> </div>	
KDHS CLUSTER NUMBER.....					
HOUSEHOLD NUMBER.....					
NAIROBI/MOMBASA=1, SMALL CITY=2, TOWN=3, RURAL=4...					
NAME OF HOUSEHOLD HEAD _____				<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; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 5px;"></div> </div>	
NAME AND LINE NUMBER OF MAN _____					
NAME AND LINE NUMBER OF WIFE _____					
NAME AND LINE NUMBER OF SECOND WIFE _____					
INTERVIEWER VISITS	1	2	3	FINAL VISIT	
DATE				DAY	
				MONTH	
INTERVIEWER'S NAME				YEAR	
RESULT *				NAME	
				RESULT	
NEXT VISIT:    DATE TIME				TOTAL NUMBER OF VISITS	
* RESULT CODES: 1 COMPLETED    4 REFUSED    7 OTHER _____ 2 NOT AT HOME    5 PARTLY COMPLETED 3 POSTPONED    6 INCAPACITATED    (SPECIFY) _____					
LANGUAGE OF QUESTIONNAIRE: ENGLISH				<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; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 5px;"></div> </div>	
LANGUAGE USED IN INTERVIEW**.....					
RESPONDENT'S LOCAL LANGUAGE**.....					
TRANSLATOR USED (NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3).....					
** LANGUAGE: 01 KALENJIN    04 KISII    07 MERU/EMBU    10 ENGLISH 02 KAMBA    05 LUHYA    08 MIJIKENDA    11 OTHER 03 KIKUYU    06 LUO    09 KISWAHILI					
NAME DATE	FIELD EDITED BY _____	OFFICE EDITED BY _____	KEYED BY _____	KEYED BY _____	

## SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
M101	RECORD THE TIME.	HOUR..... MINUTES.....	
M102	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 Nairobi or Mombasa, in another city or town or in the countryside?	NAIROBI/MOMBASA.....1 OTHER CITY/TOWN.....2 COUNTRYSIDE.....3	
M103	How long have you been living continuously in (NAME OF SUBLOCATION, TOWN OR CITY)?	YEARS..... ALWAYS.....95 VISITOR.....96	M105
M104	Just before you moved here, did you live in Nairobi or Mombasa, in another city or town, or in the countryside?	NAIROBI/MOMBASA.....1 OTHER CITY/TOWN.....2 COUNTRYSIDE.....3	
M105	In what month and year were you born?	MONTH..... DOES NOT KNOW MONTH.....98 YEAR..... DOES NOT KNOW YEAR.....98	
M106	How old were you at your last birthday? COMPARE AND CORRECT M105 AND/OR M106 IF INCONSISTENT.	AGE IN COMPLETED YEARS... ..	
M107	Have you ever attended school?	YES.....1 NO.....2	M111
M108	What is the highest level of school you attended: primary, secondary, or university?	PRIMARY.....1 SECONDARY.....2 UNIVERSITY.....3	
M109	What is the highest (standard/form/year) you completed at that level?	STANDARD/FORM/YEAR.....	
M109A	What is the highest certificate you obtained?	NO CERTIFICATE.....00 CEE (Std. 4).....01 CPE/KPE (Std.7).....02 KAPE/KCPE (Std. 8).....03 KJSE (Form 2).....04 O LEVEL.....05 KCSE.....06 A LEVEL.....07 ANY UNIVERSITY DEGREE.....08 OTHER.....09 (SPECIFY)	
M110	CHECK M108: PRIMARY <input type="checkbox"/> SECONDARY OR ABOVE <input type="checkbox"/>		M112
M111	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	M113
M112	Do you usually read a newspaper or magazine at least once a week?	YES.....1 NO.....2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO
M113	Do you usually listen to a radio at least once a week?	YES.....1 NO.....2	
M114	Do you usually watch television at least once a week?	YES.....1 NO.....2	
M115	What kind of work do you mainly do?	<div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 30px;"></div>	
M116	CHECK M115:  WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		M118
M117	Do you work mainly on your own land or family land or do you rent land or work on someone else's land?	HIS/FAMILY LAND.....1 RENTED LAND.....2 SOMEONE ELSE'S LAND.....3	M119
M118	Do you earn a regular wage or salary?	YES.....1 NO.....2 DOES NOT KNOW.....8	
M119	What is your religion?	CATHOLIC.....1 PROTESTANT/OTHER CHRISTIAN.....2 MUSLIM.....3 NO RELIGION.....4 OTHER.....5 (SPECIFY)	
M120	What is your ethnic group/tribe?	KALENJIN.....01 KAMBA.....02 KIKUYU.....03 KISII.....04 LUHYA.....05 LUO.....06 MERU/EMBU.....07 MTIKENDA/SWAHILI.....08 SOMALI.....09 TAITA/TAVETA.....10 OTHER.....11 (SPECIFY)	
M121	CHECK Q.4 IN THE HOUSEHOLD QUESTIONNAIRE  THE MAN INTERVIEWED IS NOT A USUAL RESIDENT <input type="checkbox"/> THE MAN INTERVIEWED IS A USUAL RESIDENT <input type="checkbox"/>		M201
M122	Now I would like to ask about the place in which you usually live.  Do you usually live in Nairobi or Mombasa, in a small city, in a town or in the countryside?	NAIROBI/MOMBASA.....1 SMALL CITY.....2 TOWN.....3 COUNTRYSIDE.....4	
M123	In which district is that located?  WRITE NAME OF DISTRICT CLEARLY.	DISTRICT <div style="border: 1px solid black; width: 100px; height: 30px; display: inline-block;"></div>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO															
M124	Now I would like to ask about the household in which you usually live.  What is the source of water your household uses for handwashing and dishwashing for most of the year?	PIPED WATER PIPED INTO HOUSE/COMPOUND/PLOT.11 PUBLIC TAP.....12 WELL WATER WELL WITH PUMP.....21 WELL WITHOUT PUMP.....22 SURFACE WATER LAKE.....31 RIVER/STREAM.....32 POND.....33 RAINWATER.....41 OTHER.....51 (SPECIFY)	M126															
M125	How long does it take to go there, get water, and come back?	MINUTES..... <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES.....996																
M126	Does your household get drinking water from this same source?	YES.....1 NO.....2	M126															
M127	What is the source of drinking water for members of your household?	PIPED WATER PIPED INTO HOUSE/COMPOUND/PLOT.11 PUBLIC TAP.....12 WELL WATER WELL WITH PUMP.....21 WELL WITHOUT PUMP.....22 SURFACE WATER LAKE.....31 RIVER/STREAM.....32 POND.....33 RAINWATER.....41 OTHER.....51 (SPECIFY)																
M128	What kind of toilet facility does your household have?	FLUSH TOILET OWN FLUSH TOILET.....11 SHARED FLUSH TOILET.....12 PIT TOILET/LATRINE TRADITIONAL PIT TOILET.....21 VENTILATED IMPROVED PIT TOILET.....22 NO FACILITY/BUSH/FIELD.....31 OTHER.....41 (SPECIFY)																
M129	Does your household have:  Electricity? A radio? A television? A refrigerator?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>RADIO.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>REFRIGERATOR.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY.....	1	2	RADIO.....	1	2	TELEVISION.....	1	2	REFRIGERATOR.....	1	2	
	YES	NO																
ELECTRICITY.....	1	2																
RADIO.....	1	2																
TELEVISION.....	1	2																
REFRIGERATOR.....	1	2																
M130	How many rooms in your household are used for sleeping?	ROOMS..... <input type="text"/> <input type="text"/>																
M131	Could you describe the main material of the floor of your home?	NATURAL FLOOR EARTH/DUNG.....11 RUDIMENTARY FLOOR WOOD PLANKS.....21 FINISHED FLOOR PARQUET OR POLISHED WOOD.....31 VINYL/LINOLEUM/ASPHALT STRIPS.....32 CERAMIC TILES.....33 CEMENT.....34 OTHER.....41 (SPECIFY)																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO
M132	Could you describe the main material of the walls of your home?	NATURAL WALLS MUD/DUNG.....11 RUDIMENTARY WALLS WOOD/TIMBER.....21 FINISHED WALLS BRICKS.....31 CEMENT/STONE BLOCKS.....32 OTHER .....41 (SPECIFY)	
M133	Could you describe the main material of the roof of your home?	NATURAL ROOF GRASS/THATCH.....11 RUDIMENTARY ROOF CORRUGATED IRON (MABATI).....21 FINISHED ROOF TILES.....31 OTHER .....41 (SPECIFY)	
M134	Does any member of your household own:		YES NO
	A bicycle?	BICYCLE.....1	2
	A motorcycle?	MOTORCYCLE.....1	2
	A car?	CAR.....1	2
	Land?	LAND.....1	2
	Cattle, goats or sheep?	CATTLE, GOATS, OR SHEEP....1	2
	Cash crops?	CASH CROPS.....1	2

ENG MAN 5

## SECTION 2. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
M201	Have you ever been married or lived with a woman?	YES.....1 NO.....2	M301
M202	Are you now married or living with a woman, or are you widowed, divorced, or no longer living together?	MARRIED.....1 LIVING TOGETHER.....2 WIDOWED.....3 DIVORCED.....4 NO LONGER LIVING TOGETHER.....5	M205
M203	How many wives do you have?	NUMBER.....	
M204	Do you stay together with your wife (any of your wives)?	YES.....1 NO, WITH NONE.....2	
M205	Have you been married or lived with a woman only once, or more than once?	ONCE.....1 MORE THAN ONCE.....2	
M206	In what month and year did you start living with your (first) wife/partner?	MONTH..... DOES NOT KNOW MONTH.....98 YEAR..... DOES NOT KNOW YEAR.....98	
M207	How old were you when you started living with her?	AGE..... DOES NOT KNOW AGE.....98	
M208	CHECK M206 AND M207: YEAR AND AGE GIVEN?	YES <input type="checkbox"/> NO <input type="checkbox"/>	M301
M209	CHECK CONSISTENCY OF M206 AND M207:	<div> <p>YEAR OF BIRTH (M105) <input type="text"/> <input type="text"/></p> <p>PLUS +</p> <p>AGE AT MARRIAGE (M207) <input type="text"/> <input type="text"/></p> <p>=</p> <p>CALCULATED YEAR OF MARRIAGE <input type="text"/> <input type="text"/></p> </div> <div> <p>IF NECESSARY, CALCULATE YEAR OF BIRTH</p> <p>CURRENT YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>MINUS -</p> <p>CURRENT AGE (106) <input type="text"/> <input type="text"/></p> <p>=</p> <p>CALCULATED YEAR OF BIRTH <input type="text"/> <input type="text"/></p> </div> <p>IS THE CALCULATED YEAR OF MARRIAGE WITHIN ONE YEAR OF THE REPORTED YEAR OF MARRIAGE (M206)?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT M206 AND M207.</p>	

ENG MAN 6

## SECTION 3. CONTRACEPTION

**M301** 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. Which ways or methods have you heard about?

CIRCLE CODE 1 IN M302 FOR EACH METHOD MENTIONED SPONTANEOUSLY.  
THEN MOVE 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 M302, ASK M303-M304 BEFORE PROCEEDING TO THE NEXT METHOD

	M302 Have you ever heard of (METHOD)? READ DESCRIPTION OF EACH METHOD.	M303 Have you ever used (METHOD)?	M304 Do you know where a person could go to get (METHOD)?
01 PILL Women can take a pill every day.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
02 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	YES.....1 NO.....2	YES.....1 NO.....2
03 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	YES.....1 NO.....2	YES.....1 NO.....2
04 FOAM TABLETS/JELLY/NEO-SANPOON Women can place foam tablets, a diaphragm, sponge, jelly or cream inside them before intercourse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
05 CONDOM Men can use a rubber sheath during sexual intercourse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
06 FEMALE STERILISATION Women can have an operation to avoid having any more children.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	Has your wife/woman ever had an operation to avoid having any more children? YES.....1 NO.....2	YES.....1 NO.....2
07 MALE STERILISATION Men can have an operation to avoid having any more children.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	Have you ever had this operation? YES.....1 NO.....2	YES.....1 NO.....2
08 NORPLANT Women can have some small rods put under their skin in their arm.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
09 RHYTHM, COUNTING DAYS A woman can count the days of her cycle and avoid having sexual intercourse on the days when she is more likely to become pregnant.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	Do you know where a person can obtain advice on how to use this method? YES.....1 NO.....2
10 NATURAL FAMILY PLANNING A woman can take her temperature every day or check her vaginal mucus to tell which days to avoid having sexual intercourse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	Do you know where a person can obtain advice on how to use natural family planning? YES.....1 NO.....2
11 WITHDRAWAL Men can be careful and pull out before climax.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	
12 Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES/SPONT.....1 NO.....3		
1 _____ (SPECIFY)		YES.....1 NO.....2	
2 _____ (SPECIFY)		YES.....1 NO.....2	
3 _____ (SPECIFY)		YES.....1 NO.....2	

M305 CHECK M303: NOT A SINGLE "YES" (NEVER USED)

AT LEAST ONE "YES" (EVER USED)

SKIP TO M308

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	Skip TO
M306	Have you or your wife or partner ever used anything or tried in any way to delay or avoid having a baby?	YES..... <input type="checkbox"/> NO..... <input type="checkbox"/>	M318
M307	What have you used or done? CORRECT M303-M305 (AND M302 IF NECESSARY).		
M308	Now I would like to ask you about the time when you first did something or used a method to avoid pregnancy.  How many living children did you have at that time, if any?  IF NONE, RECORD '00'.	NUMBER OF CHILDREN..... <input type="text"/> <input type="text"/>	
M309	Are you doing something now or using any method with any partner to delay or avoid pregnancy?	YES.....1 NO.....2	M316
M310	Which method are you using?  IF USING MORE THAN ONE METHOD, CIRCLE CODE FOR METHOD THAT COMES FIRST ON THE LIST (WITH LOWEST CODE NUMBER), AND WRITE NAME OF OTHER METHOD HERE:  _____	PILL.....01 IUD.....02 INJECTIONS.....03 FOAM TABLETS, JELLY, DIAPHRAGM.....04 CONDOM.....05 FEMALE STERILISATION.....06 MALE STERILISATION.....07 NORPLANT.....08 RHYTHM, COUNTING DAYS.....09 NATURAL FP, MUCUS, TEMPERATURE.....10 WITHDRAWAL.....11 OTHER.....12 (SPECIFY)	M315
M311	CHECK M310:  SHE/HE STERILISED <input type="checkbox"/> USING ANOTHER METHOD <input type="checkbox"/>  v Where did the sterilisation take place? _____ (NAME OF PLACE)  v Where did you (or your wife/partner) obtain (METHOD) the last time? _____	PUBLIC SECTOR GOVERNMENT HOSPITAL.....11 GOVERNMENT HEALTH CENTRE.....12 GOVERNMENT DISPENSARY.....13 MEDICAL PRIVATE SECTOR MISSION, CHURCH HOSPITAL/CLINIC.....21 FPAK HEALTH CENTRE/CLINIC.....22 OTHER NON-GOVERNMENTAL SERVICE.....23 PRIVATE HOSPITAL OR CLINIC.....24 PHARMACY.....25 PRIVATE DOCTOR.....26 MOBILE CLINIC.....31 COMMUNITY BASED DISTRIBUTOR/ COMMUNITY HEALTH WORKER.....41 SHOP.....51 FRIENDS/RELATIVES.....61 OTHER.....71 (SPECIFY) DOES NOT KNOW.....98	M313
M312	How long does it take to travel from your home to this place?  IF LESS THAN 2 HOURS, RECORD MINUTES. OTHERWISE, RECORD HOURS.	MINUTES.....1 <input type="text"/> <input type="text"/> <input type="text"/> HOURS.....2 <input type="text"/> <input type="text"/> <input type="text"/> DOES NOT KNOW.....9998	
M313	CHECK M310:  SHE/HE STERILISED <input type="checkbox"/> USING ANOTHER METHOD <input type="checkbox"/> v		M315
M314	In what month and year was the sterilisation operation performed?	MONTH..... <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	M316



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	TO
M315	For how many months have you been using (CURRENT METHOD) continuously? IF LESS THAN 1 MONTH, RECORD '00'.	MONTHS..... 8 YEARS OR LONGER.....96	
M316	Have you used a condom in the last four weeks?	YES.....1 NO.....2	M317A
M317	How much did the condom you last used cost?	COST IN SHILLINGS..... PARTNER OBTAINED.....95 FREE.....96 DOES NOT KNOW.....98	
M317A	CHECK M309: NOT CURRENTLY USING METHOD OR BLANK <input type="checkbox"/> USING A METHOD <input type="checkbox"/>		M323
M318	Do you intend to use a method to delay or avoid pregnancy at any time in the future?	YES.....1 NO.....2 DOES NOT KNOW/NOT SURE.....8	M320 M324
M319	What is the main reason you do not intend to use a method?  IF HE SAYS HE IS TOO YOUNG, ASK WHAT HE WILL DO WHEN HE IS OLDER.	WANTS CHILDREN.....01 LACK OF KNOWLEDGE.....02 HUSBAND OPPOSED TO USING.....03 COST TOO MUCH.....04 SIDE EFFECTS.....05 FEARS IT WILL MAKE HER STERILE.....06 OTHER HEALTH CONCERNS.....07 HARD TO GET METHODS.....08 RELIGION.....09 OPPOSED TO FAMILY PLANNING.....10 FATALISTIC.....11 OTHER PEOPLE OPPOSED.....12 INFREQUENT SEX.....13 DIFFICULT TO GET PREGNANT.....14 MENOPAUSAL/HAD HYSTERECTOMY.....15 INCONVENIENT.....16 OTHER.....17 (SPECIFY) DOES NOT KNOW.....98	M324
M320	Do you intend to use a method within the next 12 months?	YES.....1 NO.....2 DOES NOT KNOW.....8	
M321	When you use a method, which method would you prefer to use?	PILL.....01 IUD.....02 INJECTIONS.....03 FOAM TABLETS, JELLY, DIAPHRAGM.....04 CONDOM.....05 FEMALE STERILISATION.....06 MALE STERILISATION.....07 NORPLANT.....08 RHYTHM, COUNTING DAYS.....09 NATURAL FP, MUCUS, TEMPERATURE.....10 WITHDRAWAL.....11 OTHER.....12 (SPECIFY) UNSURE.....98	M324
M322	Where can you get (METHOD MENTIONED IN M321)?  (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL.....11 GOVERNMENT HEALTH CENTRE.....12 GOVERNMENT DISPENSARY.....13 MEDICAL PRIVATE SECTOR MISSION, CHURCH HOSPITAL/CLINIC.....21 FPAK HEALTH CENTRE/CLINIC.....22 OTHER NON-GOVERNMENTAL SERVICE.....23 PRIVATE HOSPITAL OR CLINIC.....24 PHARMACY.....25 PRIVATE DOCTOR.....26 MOBILE CLINIC.....31 COMMUNITY BASED DISTRIBUTOR/ COMMUNITY HEALTH WORKER.....41 SHOP.....51 FRIENDS/RELATIVES.....61 OTHER.....71 (SPECIFY) DOES NOT KNOW.....98	M326 M327 M327 M327

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO						
M323	CHECK M310:  <div style="display: flex; justify-content: space-between;"> <div>           USING RHYTHM, COUNTING DAYS, WITHDRAWAL OR OTHER TRADITIONAL METHOD           <div style="border: 1px solid black; width: 20px; height: 15px; margin-left: 10px;"></div> </div> <div>           USING A MODERN METHOD           <div style="border: 1px solid black; width: 20px; height: 15px; margin-left: 10px;"></div> </div> </div>		M327						
M324	Do you know of a place where you can obtain a method of family planning?	YES.....1 NO.....2	M327						
M325	Where is that?  <div style="border: 1px solid black; width: 100%; height: 30px; margin-top: 10px;"></div> (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL.....11 GOVERNMENT HEALTH CENTRE.....12 GOVERNMENT DISPENSARY.....13 MEDICAL PRIVATE SECTOR MISSION, CHURCH HOSPITAL/CLINIC.....21 FPAK HEALTH CENTRE/CLINIC.....22 OTHER NON-GOVERNMENTAL SERVICE.....23 PRIVATE HOSPITAL OR CLINIC.....24 PHARMACY.....25 PRIVATE DOCTOR.....26 MOBILE CLINIC.....31 COMMUNITY BASED DISTRIBUTOR/ COMMUNITY HEALTH WORKER.....41 SHOP.....51 FRIENDS/RELATIVES.....61 OTHER.....71 (SPECIFY)	M327						
M326	How long does it take to travel from your home to this place?  IF LESS THAN 2 HOURS, RECORD MINUTES. OTHERWISE, RECORD HOURS.	MINUTES.....1 HOURS.....2 DK.....9998 <div style="display: flex; align-items: center; margin-top: 10px;"> <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> </tr> <tr> <td style="text-align: center;">0</td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> </tr> </table> </div>				0			
0									
M327	How did you first hear about family planning?	RADIO.....01 TELEVISION.....02 NEWSPAPERS.....03 POSTERS.....04 WIFE.....05 FRIENDS/RELATIVES.....06 HEALTH WORKER/CLINIC.....07 CBD/CHW.....08 BARAZAS.....09 OTHER.....10 (SPECIFY) CAN'T REMEMBER/DOES NOT KNOW...98							
M328	From which place or person did you get the most information?	RADIO.....01 TELEVISION.....02 NEWSPAPERS.....03 POSTERS.....04 WIFE.....05 FRIENDS/RELATIVES.....06 HEALTH WORKER/CLINIC.....07 CBD/CHW.....08 BARAZAS.....09 OTHER.....10 (SPECIFY) CAN'T REMEMBER/DOES NOT KNOW...98							
M329	In the last 6 months, have you heard a radio program about family planning?	YES.....1 NO.....2 DOES NOT KNOW.....8	M331						

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO
M330	<p>Which program have you heard?</p> <p>Any others?</p> <p>DO NOT READ CODES TO RESPONDENT.</p> <p>CIRCLE ALL MENTIONED.</p>	<p>MWENDA POLE.....A</p> <p>PANGA UZAZI.....B</p> <p>MAISHA YA JAMII YAKO.....C</p> <p>JIFUNZE NA UENDELEA.....D</p> <p>MAISHA BORA.....E</p> <p>AFYA YAKO.....F</p> <p>DAKTARI AKUSHAURI.....G</p> <p>KUELEWANA NI KUZUNGUMZA.....H</p> <p>OTHER.....I</p> <p>(SPECIFY)</p> <p>DOES NOT KNOW/CANNOT REMEMBER....J</p>	
M331	<p>Do you think that information about family planning should be available to young people?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>OTHER.....3</p> <p>(SPECIFY)</p> <p>DOES NOT KNOW.....8</p>	
M332	<p>Do you think that family planning services should be available for young people?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>OTHER.....3</p> <p>(SPECIFY)</p> <p>DOES NOT KNOW.....8</p>	
M333	<p>In some communities there is a woman or man who is trained to talk to families in that area about family planning. Sometimes they visit each house and talk about family planning and give out supplies. Other times they have supplies in their houses. Is there any woman or man like that in your area?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DOESN'T KNOW.....8</p>	<p>→ M335</p> <p>→ M335</p>
M334	<p>How many times has this person visited your home in the last six months?</p>	<p>TIMES.....</p>	
M335	<p>During which times of the monthly cycle does a woman have the greatest chance of 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>OTHER.....5</p> <p>(SPECIFY)</p> <p>DOES NOT KNOW.....8</p>	

ENG MAN 11

SECTION 4. SEXUAL ACTIVITY AND AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO
M401	CHECK M201:  NEVER MARRIED OR LIVED TOGETHER WITH A WOMAN <input type="checkbox"/>	EVER MARRIED OR LIVED WITH A WOMAN <input type="checkbox"/>	M403
M402	Have you ever had sexual intercourse?	YES.....1 NO.....2	M410
M403	Now we need some details about your sexual activity in order to get a better understanding of family planning and fertility. How old were you when you first had sexual intercourse?	AGE..... <input type="text"/> <input type="text"/> FIRST TIME WHEN MARRIED.....96	
M404	In the last four weeks, on how many days did you have sexual intercourse?  IF NONE, WRITE '00'.	DAYS..... <input type="text"/> <input type="text"/>	
M406	How many different women have you had sexual intercourse within the last 6 months? IF 00, SKIP TO M408.	NUMBER OF WOMEN..... <input type="text"/> <input type="text"/>	
M407	Did you use a condom with any of these women?	YES.....1 NO.....2	
M408	How many different women have you had sexual intercourse with in your whole life?	NUMBER OF WOMEN..... <input type="text"/> <input type="text"/>	
M409	When was the last time you had sexual intercourse?	DAYS AGO.....1 <input type="text"/> <input type="text"/> WEEKS AGO.....2 <input type="text"/> <input type="text"/> MONTHS AGO.....3 <input type="text"/> <input type="text"/> YEARS AGO.....4 <input type="text"/> <input type="text"/> BEFORE LAST BIRTH.....996	
M410	Now I have a few questions about a very important topic. Have you heard of a disease called AIDS?	YES.....1 NO.....2	M421
M411	From which sources of information or persons have you heard about AIDS in the last month?  Any others?  CIRCLE ALL MENTIONED.	RADIO.....A TV.....B NEWSPAPERS.....C HEALTH WORKERS.....D PRIESTS/PREACHERS/KADHIS.....E WIFE.....F FRIENDS/RELATIVES.....G SCHOOLS.....H BOOKLETS/PAMPHLETS/POSTERS.....I BARAZAS.....J OTHER.....K (SPECIFY) NONE.....L	
M412	How is AIDS transmitted?  Any other ways?  DO NOT READ CODES. CIRCLE ALL MENTIONED.	SEXUAL INTERCOURSE.....A SHAVING/RAZORS.....B INJECTIONS.....C CIRCUMCISION, TATTOOS.....D MOTHER TO CHILD.....E TRANSFUSION OF INFECTED BLOOD.....F OTHER.....G (SPECIFY) DOES NOT KNOW.....H	

ENG MAN 12

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
M413	Do you think that you can get AIDS from shaking hands with someone who has AIDS? kissing someone who has AIDS? wearing the clothes of someone who has AIDS? sharing eating utensils with someone who has AIDS? touching someone who has died from AIDS? mosquito, flea or bedbug bites?	YES NO DK HANDSHAKING.....1 2 8 KISSING.....1 2 8 SHARING CLOTHES.....1 2 8 SHARING EATING UTENSILS....1 2 8 TOUCHING SOMEONE WHO DIED..1 2 8 MOSQUITO/FLEA/BEDBUG BITES.1 2 8	
M414	Is it possible for a healthy looking person to be infected with the AIDS virus?	YES.....1 NO.....2 DOES NOT KNOW.....8	
M415	Is it possible for a woman who has the AIDS virus to give birth to a child with the AIDS virus?	YES.....1 NO.....2 DOES NOT KNOW.....8	
M416	Can people protect themselves from getting AIDS or is there nothing that people can do?	CAN PROTECT THEMSELVES.....1 NOTHING THEY CAN DO.....2 DOES NOT KNOW.....8	M418 M418
M417	How can people protect themselves from getting AIDS? DO NOT READ CODES TO RESPONDENT. Any other ways? CIRCLE ALL MENTIONED.	DO NOT HAVE SEX AT ALL.....A LIMIT NUMBER OF SEXUAL PARTNERS..B USE CONDOMS DURING SEX.....C STERILIZE SYRINGES/NEEDLES.....D AVOID PROSTITUTES.....E OTHER.....F (SPECIFY)	
M418	Do you know anyone who has AIDS or anyone who has died from AIDS?	YES.....1 NO.....2	
M419	Do you think that you yourself can catch AIDS?	YES.....1 NO.....2 DOES NOT KNOW.....8	M421 M421
M420	How do you think you might catch AIDS?	FROM WIFE/PARTNER.....1 FROM NEEDLES/INJECTIONS.....2 FROM BLOOD TRANSFUSIONS.....3 OTHER.....4 (SPECIFY) NOT SURE/DOES NOT KNOW.....8	
M421	In the last 12 months, have you noticed any discharge from your penis?	YES.....1 NO.....2 NOT SURE/DOES NOT KNOW.....8	
M422	PRESENCE OF OTHERS AT THIS POINT.	YES NO CHILDREN UNDER 10.....1 2 WIFE.....1 2 OTHER MALES.....1 2 OTHER FEMALES.....1 2	

## SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
M501	How many sons do you have who are your own? IF NONE, WRITE '00'.	NUMBER OF SONS.....	
M502	How many daughters do you have who are your own? IF NONE, WRITE '00'.	NUMBER OF DAUGHTERS.....	
M503	CHECK M310:  NEITHER STERILISED <input type="checkbox"/> HE OR SHE STERILISED <input type="checkbox"/>		M507
M504	CHECK M202:  CURRENTLY MARRIED OR LIVING TOGETHER <input type="checkbox"/> NOT MARRIED/ NOT LIVING TOGETHER <input type="checkbox"/>		M515
M505	Now I have some questions about the future.  Would you like to have another (a) child or would you prefer not to have any (more) children?	HAVE A (ANOTHER) CHILD.....1 NO MORE/NONE.....2 SAYS SHE CAN'T GET PREGNANT.....3 UNDECIDED, DOES NOT KNOW.....8	M509
M506	How long would you like to wait before the birth of another (a) child?	MONTHS.....1 YEARS.....2 SOON/NOW.....994 SAYS WIFE CAN'T GET PREGNANT..995 OTHER.....996 (SPECIFY) DOES NOT KNOW.....998	M509
M507	Would you recommend to a friend or relative in your circumstances to have an operation not to have any more children?	YES.....1 NO.....2	M509
M508	Why not?		
M509	Do you think that your wife/partner approves or disapproves of couplee using a method to avoid pregnancy?	APPROVES.....1 DISAPPROVES.....2 DOES NOT KNOW.....8	
M510	Have you ever talked to your wife/partner about household finances and economic matters such as the costs of children?	YES.....1 NO.....2	
M511	Have you ever talked to your wife/partner about family planning?	YES.....1 NO.....2	M513

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO								
M512	How often have you talked to your wife/partner about family planning in the past year?	NEVER.....1 ONCE OR TWICE.....2 MORE OFTEN.....3									
M513	Have you and your wife/partner ever discussed the number of children you would like to have?	YES.....1 NO.....2									
M514	Do you think your wife/partner wants the <u>same</u> number of children that you want, or does she want <u>more</u> or <u>fewer</u> than you want?	SAME NUMBER.....1 MORE CHILDREN.....2 FEWER CHILDREN.....3 DOES NOT KNOW.....8									
M515	How long should a couple wait before starting sexual intercourse after the birth of a baby?	MONTHS.....1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS.....2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> OTHER.....996 (SPECIFY)									
M516	Should a mother wait until she has completely stopped breastfeeding before starting to have sexual relations again, or doesn't it matter?	WAIT.....1 DOESN'T MATTER.....2									
M517	In general, do you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE.....1 DISAPPROVE.....2									
M518	CHECK M501 AND M502:  HAS LIVING CHILD(REM) <input type="checkbox"/> ↓ 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?  NO LIVING CHILDREN <input type="checkbox"/> ↓ If you could choose exactly the number of children to have in your whole life, how many would that be?  RECORD SINGLE NUMBER OR OTHER ANSWER.	NUMBER..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>  OTHER ANSWER.....96 (SPECIFY)					M520				
M519	How many boys?  How many girls?	NUMBER OF BOYS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> NUMBER OF GIRLS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> OTHER.....96 (SPECIFY)									
M520	What do you think is the best number of months or years between the birth of one child and the birth of the next child?	MONTHS.....1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS.....2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> OTHER.....996 (SPECIFY)									
M521	RECORD THE TIME	HOUR..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									

ENG MAN 15

INTERVIEWER'S OBSERVATIONS  
(To be filled in after completing interview)

Comments About Respondent:

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Comments on Specific Questions:

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Any Other Comments:

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SUPERVISOR'S OBSERVATIONS

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

EDITOR'S OBSERVATIONS

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ENG MAN 16