Interviewer: Thank you for taking time to answer the following questions. I ask that you provide accurate answers to the best of your ability. You are free not to answer any question that may be uncomfortable to you.

| Na | ame of village: | Interviewer: |
|-----|--|----------------------------|
| 1. | In what month and year were you born? | |
| | Month Don't know month | |
| | Year Don't know year | |
| 2. | How old were you at your last birthday? | Completed years Don't know |
| 3. | Have you ever attended school? Yes No | , skip to question 5 |
| 4. | How many years did you attend school? | ompleted years |
| | Have you ever given birth? Yes No, <i>skip</i> a Do you have any sons/daughters to whom you have | |
| | Yes No, skip to question 9 | |
| 7. | How many sons live with you? | at home |
| | How many daughters live with you? Daugh Do you have any sons/daughters to whom you have | - |
| | Yes No, skip to question 12 | |
| 10. |). How many sons are alive but do not live with you? | Sons living elsewhere |

| 11. How many daughters are alive but do not live with you? Daughters living elsewhere |
|--|
| 12. Have you ever given birth to a boy or girl who was born alive but later died? |
| Yes No, skip to question 15 |
| 13. How many boys dead? Number of boys dead |
| 14. How many girls dead? |
| 15. Are you pregnant now? Yes No, skip to question 17 Not sure, skip to question 17 |
| 16. How many months pregnant are you? Number of completed pregnancy months 17. Have you ever had a pregnancy that miscarried, was aborted or ended in a stillbirth? |
| Yes No, <i>skip to question 20</i> 18. When did the last such pregnancy end? |
| Month Don't know month |
| 19. How many months pregnant were you when the last such pregnancy ended? |
| 20. When did your last menstrual period start? |
| Day Month Year |
| Days ago Weeks ago Months ago Years ago |

| | OR | |
|-----|------|---|
| | Шм | enopausal/has had hysterectomy Before last birth Never menstruated |
| 21. | | ne menstrual period to the next, are there certain days when a woman is more likely to e pregnant? |
| | ΠYe | es No, skip to question 23 Don't know, skip to question 23 |
| 22. | | ime just before her period begins, during her period, right after her period has ended or y between two periods? <i>(Tick all that apply)</i> |
| | □ Ju | st before During Right after Halfway Other, specify |
| 23. | | would like to ask you about the various ways that a couple can use to delay or avoid a ncy. Have you ever heard of the following family planning methods? |
| | • | Female sterilization (women can have an operation to avoid having any more children) |
| | | Yes No |
| | • | Male sterilization (men can have an operation to avoid having any more children) |
| | | Yes No |
| | • | IUCD (women can have a loop or coil placed inside them to avoid having any more children) |
| | | Yes No |
| | • | Injectable (women can have an injection that stops them from becoming pregnant) |
| | | Yes No |
| | • | Implants (women can have one or more small rods placed under the skin in their upper arm which can prevent them from becoming pregnant) |
| | | Yes No |
| | • | Pills (women can take a pill everyday to avoid becoming pregnant) |
| | | Yes No |
| | • | Male condom (men can put a rubber sheath over their penis before sexual intercourse) |
| | | Yes No |

• Female condom (women can place a sheath in their vagina before sexual intercourse)



 Lactational amenorrhea method (women who are breastfeeding exclusively can avoid getting pregnant)



 Rhythm method (women do not have sexual intercourse on the days of the month they think they can get pregnant)



Withdrawal method (men can be careful and pull out before climax)



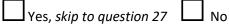
 Emergency contraception (within 3 days after having unprotected intercourse, women can take special pills to prevent pregnancy as an emergency measure)



Have you heard of any other ways or methods that women or men can use to avoid pregnancy?

| Yes, specify | No |
|--------------|----|
| | |

24. Now I want to ask you questions about your current or last complete pregnancy. *For women who have never gotten pregnant, skip to question 62*. When you got pregnant, did you want to get pregnant at that time?



25. If no, did you want to get a baby later on or did you not want any (more) children?

| | | Later |
|--|--|-------|
|--|--|-------|

No more, skip to Q27

26. If you wanted to have your baby later, how much longer did you want to wait?

| | | Months | | | Years | | l don't know |
|--|--|--------|--|--|-------|--|--------------|
|--|--|--------|--|--|-------|--|--------------|

27. Did you see/have you seen anyone for antenatal care of this pregnancy?

| Yes No, skip to question 39 |
|--|
| 28. If you did/have, whom did you see? |
| Health worker TBA CHW Other, specify 29. How many months pregnant were you when you first received antenatal care during this pregnancy? |
| Months I don't know 30. How many times did you receive/have you received antenatal care during this pregnancy? |
| Number of times I don't know 31. As part of your antenatal care during this pregnancy, were any of the following done at least once? Was your blood pressure measured? |
| Yes No I don't know Did you give a urine sample? |
| Yes No I don't know Did you give a blood sample? Yes No I don't know |
| 32. During this pregnancy, were you told about the things to look out for that might suggest problems with the pregnancy? |
| Yes No I don't know 33. During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth? |
| Yes No, <i>skip to Q35</i> I don't know, <i>skip to Q35</i> 34. If you received the tetanus injection, how many times during the pregnancy did you get it? |
| |

35. During this pregnancy, were you given or did you buy any tablets or syrup to increase your blood levels?

36. During this pregnancy, were you given or did you buy any drugs for intestinal worms?

| Yes | No | I don't know |
|-----|----|--------------|
| | | |

- 37. During this pregnancy, were you given or did you buy any drugs to keep you from getting malaria?
 - No, skip to Q39 II don't know, skip to Q39 Yes
- 38. How many times during this pregnancy did you take the drugs to prevent malaria?



- Number of times 🔲 I don't know
- 39. Where did you give birth during your last pregnancy? If no previous pregnancy, skip to Q62



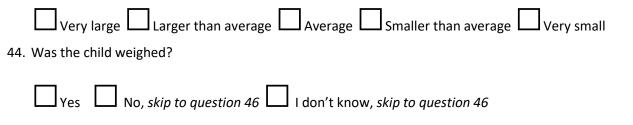
- My home U Other home Health facility U Other, specify
- 40. Who assisted with the delivery?

| | | No one assisted | | Health worker | | тва | | CHW | | Other, specify | |
|--|--|-----------------|--|---------------|--|-----|--|-----|--|----------------|--|
|--|--|-----------------|--|---------------|--|-----|--|-----|--|----------------|--|

- 41. How long after delivery did you stay there?
 - Days 🔲 🔲 Weeks 🔲 I don't know Hours
- 42. Regarding your last delivery, was your child delivered by caesarean section, that is, did they cut your belly open to take out the baby?



43. Regarding your last delivery, was your child very large, larger than average, average, smaller than average or very small?



45. If the child was weighed, what was their weight?

| 46. I would now like to ask you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth? |
|---|
| Yes No, skip to question 50 47. Who checked on your health at that time? |
| Health worker TBA CHW Other, specify 48. How long after giving birth did the first check take place? |
| 49. Where did this check occur? |
| My home Other home Health facility Other, specify 50. I would like to ask you about checks on your baby's health after delivery, for example, someone asking you questions about their health or examining them. Did anyone check on the health of your baby after giving birth? |
| Yes No, skip to question 54 51. Who checked on the health of your baby at the time? |
| Health worker TBA CHW Other, specify 52. How long after delivery did the first check take place? |
| Minutes Hours Days Weeks I don't know 53. Where did this check occur? |
| My home Other home Health facility Other, specify |
| Yes No, skip to question 58 |

| 55. | How long after delivery did you put your baby to the breast? |
|-----|--|
| 56. | Minutes Hours Days Weeks In the first three days after delivery, was the child given anything else to drink apart from breast milk? |
| 57. | Yes No, skip to question 58 If yes, what else was the child given to drink? |
| 58. | Water Cow's milk Other, specify Has your baby ever been given childhood vaccinations? |
| 59. | Yes No, skip to question 62 Do you have a card/booklet where your baby's vaccinations are written down? If yes, can I see it? |
| 60. | Yes (seen) Yes (not seen), <i>skip to question 61</i> No, <i>skip to question 61</i> Verify dates for all vaccinations received? |
| 61. | All vaccinations received on schedule Vaccinations not received on schedule Has your child received any vaccinations that are not recorded on this card/booklet, including those given during a national immunization campaign? |
| 62. | Yes No I would now like to ask you questions regarding your marital status. Are you currently married or living together with a man as if married? |
| 63. | Yes, currently married Yes, living with a man Not in a union, <i>skip to question 68</i> Is your husband/partner living with you now or is he staying elsewhere? |
| 64. | Living with me Staying elsewhere Does your husband have other wives or does he live with other women as if married? |
| | Yes No, skip to question 67 I don't know, skip to question 67 |

| 65. If yes, in total including yourself, how many wives or live-in partners does your husband have? |
|---|
| Total number I don't know |
| 66. Are you the first, secondwife? |
| 67. How old were you when you started living with your husband/partner? |
| Completed years I don't know |
| 68. If not currently married, have you ever been married or lived together with a man as if married? |
| Yes, formerly married Yes, lived with a man Never, skip to question 70 |
| 69. If yes, what is your current marital status? |
| Widowed Divorced Separated |
| 70. Now I would like to ask you questions about sexual activity so as to get a better understanding of some important life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. How old were you when you had sexual intercourse for the very first time? |
| Completed years I don't know Not yet, skip to question 78 |
| 71. I would like to ask you some questions about your recent sexual activity. When was the last time you had sexual intercourse? |
| Minutes ago Hours ago Days ago Weeks ago |
| Months ago Years ago |
| 72. What was your relationship to this person with whom you last had sexual intercourse? |
| Husband/Partner Boyfriend not live-in Casual acquaintance Other, specify |
| 73. Did you use a condom the last time you had sexual intercourse? |
| Yes No |

74. How old was the person with whom you last had sexual intercourse?

| | - | |
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| | L | |
| | L | |
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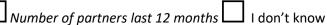
Completed years 🛄 I don't know

75. Apart from this person, have you had sexual intercourse with any other person in the past 12 months?

Yes No, skip to question 77

76. In total, how many different people have you had sexual intercourse with in the last 12 months?





77. In total, how many different people have you had sexual intercourse with in your lifetime?



- _____Number of lifetime partners ______ I don't know
- 78. Have you ever been forced to have sexual intercourse against your will?

79. Do you know of a place where a person can get male condoms?

Yes No, skip to question 81

80. If you wanted to, could you yourself get a male condom?

| LΥ |
|----|
|----|

No I don't know/Not sure

81. Do you know of a place where a person can get female condoms?

| | ſ |
|--|---|
|--|---|

No, skip to question 83

82. If you wanted to, could you yourself get a female condom?

lon't know/Not sure

83. For women who are menopausal, sterilized or unable to bear children, skip to Q88. I have some questions about the future, would you like to have a child/another child or would you prefer not to have any more children?

| P | refer a child/another child | | No more, skip to Q85 | |] I don't know/Not sure, <i>skip to Q85</i> |
|---|-----------------------------|--|----------------------|--|--|
|---|-----------------------------|--|----------------------|--|--|

| 84. | How long would you like to wait from now before giving birth to a child/another child? |
|-----|---|
| | Months Years Soon/Now I don't know |
| 85. | Are you currently using a family planning method? |
| | Yes, skip to question 88 No |
| 86. | You have said you do not want another child soon/do not want any more children, can you tell me why you are not using a method to prevent pregnancy? (<i>Tick all that apply</i>) |
| | Fertility-related reasons |
| | Not married Not having sex Infrequent sex Menopausal/Hysterectomy |
| | Can't get pregnant Currently pregnant/breastfeeding Not menstruated since last delivery |
| | It's up to God/Fatalistic |
| | Opposition to use |
| | Respondent opposed Husband/partner opposed Others opposed |
| | Religious prohibition |
| | Lack of knowledge |
| | Knows no contraceptive method Knows no source of contraceptive method |
| | Method-related reasons |
| | Side effects/health concerns Lack of access/Too far Costs too much |
| | Preferred method not available No method available Inconvenient to use |
| | Interferes with body's normal processes Other, specify |

87. If not currently using a contraceptive method, do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?

| Yes, skip to Q89 No, skip to Q89 |
|---|
| 88. Which family planning method are you currently using? (Tick all that apply) |
| Female sterilization Male sterilization IUCD Injectable Implant |
| Pills Male condom Female condom Lactational amenorrhea |
| Rhythm method Withdrawal method Emergency contraception |
| 89. If you could choose exactly the number of children to have in your whole life or 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? |
| None Number of children |
| 90. If currently without husband/partner, skip to Q96. Would you say that using a family planning method is mainly your decision, mainly your husband's decision or you both decide together? |
| Respondent's Husband/partner's Joint decision Other, specify |
| 91. Does your husband/partner want the same number of children that you want, or does he want more or fewer than you want? |
| Same number More Fewer Don't know |
| 92. How old was your husband/partner on his last birthday? |
| Completed years I don't know |
| 93. Did your husband/partner ever attend school? |
| Yes No, skip to question 95 I don't know, skip to question 95 |
| 94. How many years of school did he attend? |
| Completed years I don't know |
| |

95. What kind of work does your husband/partner currently do?

| Self-employed Employed I don't know 96. As you know, some women take up jobs for which they are paid in cash or in kind. Others sell things, have a small business or work on the family shamba or family business. In the last seven days, aside from your own housework, have you done any of these things? Yes, skip to question 98 No |
|---|
| 97. If no, have you done any work in the last 12 months? Yes No, skip to question 99 |
| 98. If currently without husband/partner, skip to Q101. Who usually decides how your earnings will be used? You, your husband/partner or you and your husband/partner decide together? |
| Respondent Husband/partner Joint decision Other, specify 99. If currently without husband/partner, skip to Q101. Who usually makes decisions about healthcare for yourself? You, your husband/partner or you and your husband/partner decide together? |
| Respondent Husband/partner Joint decision Other, specify 100. If currently without husband/partner, skip to Q101. Who usually makes decisions about visits to your family or relatives? You, your husband/partner or you and your husband/partner decide together? |
| Respondent Husband/partner Joint decision Other, specify 101. In your opinion, is a husband justified in hitting or beating his wife in the following situations? |
| If she neglects the children? Yes No Don't know |
| If she argues with him? Yes No Don't know |
| If she refuses to have sex with him? Yes No Don't know |

We have come to the end of this questionnaire. I would like to thank you very much for your participation and assure you that all the answers you provided will be treated with confidentiality. No response you provided today will be linked directly to your name.