Ministry of Public Health and Sanitation

Kenya Urban Reproductive Health Initiative (Tupange)

Report of the 2010 Baseline Household Survey

October 2011

TUPANGE imarisha maisha

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MLE Measurement, Learning & Evaluation Project for the Urban Reproductive Health Initiative

This report presents some of the key findings from the Tupange/MLE 2010 baseline household survey, which was designed by the Measurement, Learning & Evaluation (MLE) project of the Urban Reproductive Health Initiative and Tupange, the Kenya Urban Reproductive Health Initiative, and executed by the Kenya National Bureau of Statistics (KNBS). Tupange is being implemented by a consortium led by Jhpiego and including its partners, Center for Communication Programs (CCP), Johns Hopkins University; Marie Stopes International (MSI); National Coordinating Agency for Population and Development (NCAPD); and Pharm Access Africa Limited (PAAL). The MLE project is implemented in Kenya by the Carolina Population Center (CPC) at the University of North Carolina at Chapel Hill (UNC) and the African Population and Health Research Center (APHRC). The opinions expressed in this report are those of the authors and do not necessarily reflect the views of the donor organization, the Bill & Melinda Gates Foundation.

Additional information about this report may be obtained from:

Jean Christophe Fotso, PhD
Principal Investigator
African Population and Health Research Center
P.O. Box 10787-00100
Nairobi, Kenya

Telephone: +254-20-272-0400
E-mail: jcfotso@aphrc.org

Nelson A. Keyonzo
Project Director, Tupange
Jhpiego
P.O. Box 66119 – 00800
Nairobi, Kenya

Telephone: +254-20-375-1882
E-mail: nkeyonzo@tupange.or.ke

Information about the Kenya Urban Reproductive Health Initiative and the MLE project may be obtained at www.urbanreproductivehealth.org.

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List of Abbreviations

APHRC	African Population and Health Research Center
ASFR	Age-Specific Fertility Rate
CBS[1]	Central Bureau of Statistics
CDF	Constituency Development Fund
CHW	Community Health Worker
CPR	Contraceptive Prevalence Rate
DRH	Division of Reproductive Health
EC	Emergency Contraception
FBO	Faith-Based Organization
FP	Family Planning
GDP	Gross Domestic Product
HIV	Human Immunodeficiency Virus
IUCD	Intrauterine Contraceptive Device
Jhpiego	An affiliate of The Johns Hopkins University and the lead Tupange partner
JHU/CCP	Johns Hopkins University Center for Communication Programs
KDHS	Kenya Demographic and Health Survey
KNBS	Kenya National Bureau of Statistics
LAM	Lactational Amenorrhea Method
MCH	Maternal and Child Health
MLE	Measurement, Learning & Evaluation of the Urban Reproductive Health Initiative
MSK	Marie Stopes Kenya
NCAPD	National Coordinating Agency for Population and Development
NGO	Nongovernmental Organization
PAAL	Pharm Access Africa Limited
SDM	Standard Days Method
TBA	Traditional Birth Attendant
TFR	Total Fertility Rate
Tupange	A Kiswahili word roughly translated as “let’s plan,” also the commonly used name for the Kenya Urban Health Initiative
UNC	University of North Carolina
URHI	Urban Reproductive Health Initiative

[1] Since renamed KNBS (Kenya National Bureau of Statistics).

Preface

Over the last decade, Kenya's population grew from about 29 million in 1999 to roughly 39 million in 2009. This rapid growth has contributed to a host of challenges for government and citizens alike. Leaders are increasingly committed to slowing population growth to sustainable levels.

Several key national documents, including Kenya's new constitution, address reproductive health in general and family planning explicitly. In the new constitution, Article 43 on economic and social rights gives specific attention to health rights by declaring that "every person has the right to the highest attainable standard of health, which includes the right to health care services, including reproductive health care." Vision 2030 (a development plan for the economic, social and political pillars of Kenya) aims to transform Kenya into a "middle-income country providing a high quality of life to all its citizens in a clean and secure environment" by 2030. Family planning has been identified as a key strategy if the vision is to be achieved. These documents have sparked a robust national dialogue around family planning. In November 2010, a National Population Leaders' Conference was convened whose theme was Managing Population to Achieve Vision 2030: Healthier Families for a Prosperous Kenya.

In line with these strategies and the Millennium Development Goals, the Government of Kenya has set the goal of increasing the use of family planning to 70 percent of women aged 15–49 by 2015.[2]

In this context, where decision-makers recognize the ever-increasing importance of family planning, it is my pleasure to present the final report of the 2010–2011 Kenya Baseline Survey of the Tupange Urban Reproductive Health Initiative for public use.

Information was collected in five cities (Nairobi, Kisumu, Mombasa, Kakamega and Machakos) from a sample of over 13,000 households. Eligible women and men aged 15–49 in selected households were asked about their background characteristics, sexual activity, fertility levels, desired family size, knowledge and use of family planning methods, maternal and child health practices, spousal communication, and women's empowerment and movement.

Although many surveys have been done in Kenya investigating family planning, this survey has unique characteristics that make it exceptionally useful for decision-makers. For example, it is the first survey to look at urban family planning with a focus on the urban poor. It is the first time that data have been collected at the city level, with large enough sample sizes to be representative. Moreover, the survey created an urban sampling frame that can be used for future urban surveys on any topic. The aggregate result is a set of city-level data that provide actionable insights specific to each of Kenya's major urban areas.

The report will be essential not only for the Tupange project intervention, for which it was specifically designed, but also for the greater community of public and private actors working toward achieving the national health goals described above. My hope is that this study will be widely used to inform policies, programs, projects and future research, as we all work together to make family planning a social norm and reach our ambitious national goals.

[2] Ministry of Health, The Second National Health Sector Strategic Plan of Kenya (NHSSP II-2005-2010).

On behalf of the Government of Kenya, I wish to acknowledge the generous support of the Bill & Melinda Gates Foundation to the success of this survey. I also wish to thank the institutions and individuals who provided technical support to the survey process, including MLE, The University of North Carolina, the African Population Health Research Center, The Tupange team led by Jhpiego-Kenya, and Susan Rich of the Bill & Melinda Gates Foundation. We look forward to collaborating further throughout the implementation phase of the Tupange project.

Dr. S.K. Sharif, *MBS, MBChB, M.Med, DLSHTM, MSc*
Director, Public Health and Sanitation
Ministry of Public Health and Sanitation

Foreword

The Bill & Melinda Gates Foundation launched the Urban Reproductive Health Initiative (URHI) as part of its Family Planning/Reproductive Health (FP/RH) Strategy, with the goal of significantly increasing modern contraceptive prevalence rates in selected urban areas of Kenya, Nigeria, Senegal and Uttar Pradesh-India. The Measurement, Learning & Evaluation (MLE) project is serving as the main source of support to implementing country consortia and the Bill & Melinda Gates Foundation in the collection, analysis, use and communication of evidence of URHI. Since its inception in early 2009, MLE has been providing technical assistance to country consortia and taking the lead in planning and executing the comprehensive baseline surveys in the target countries.

We are delighted to present the baseline household survey report for Kenya, which was designed and written by the MLE project constituents—the Carolina Population Center at the University of North Carolina at Chapel Hill (CPC-UNC) and the African Population and Health Research Center (APHRC)—in collaboration with and with inputs from the Kenya Urban Reproductive Health Initiative (Tupange).

The baseline household survey was executed in the five target cities and urban centers (Nairobi, Mombasa, Kisumu, Kakamega and Machakos) by the Kenya National Bureau of Statistics (KNBS) with oversight from MLE and Tupange. We would like to acknowledge the leadership, leveraging of resources and dedication of KNBS staff at various levels, in particular Dr. Collins Opiyo, Director of Population and Social Statistics; and the late Christopher N. Omolo, Senior Manager, Population and Social Statistics; Macdonald G. Obudho, Acting Director, Population and Social Statistics; Robert Buluma, Manager, Population and Social Statistics; and the KNBS teams from the survey sites. We are grateful to Dr. Boniface K'oyugi, Director General, National Coordinating Agency for Population and Development (NCAPD), Ministry of State for Planning and Vision 2030, for his leadership and technical advice. We wish to acknowledge Dr. Issak Bashir, Head, Division of Reproductive Health, Ministry of Public Health and Sanitation; and his team including Dr. Shiphrah Kuria, Deputy Head; Anne Njeru, Program Officer; Diana Kamar, Program Officer; and John Mwangi, Program Officer, for their valuable input during the survey.

We would also like to acknowledge the untiring effort by the entire MLE team at CPC-UNC and APHRC, namely, Prof. David Guilkey, Project Director; Dr. Ilene Speizer, Deputy Director; Mrs. Beverly Tucker, Deputy Director; Dr. Gwendolyn Morgan, Technical Lead; Mr. Paul Kuria, Kenya Country Manager; Mr. Joshua Davis, Technical Officer; Mr. Michael Mutua, Data Analyst; and Mrs. Mercy Ndwiga, Program Assistant. We are also grateful to Ms. Caroline Blair and Ms. Manya Dotson, consultants who finalized this report, working with dedication on the drafts prepared by MLE.

The baseline survey and its report benefited greatly from the contributions of the Tupange team, namely, Dr. Linda Archer, Jhpiego Kenya Director M&E; Mr. John Mark Udalang, M&E Advisor; Debbie Gachuhi, Senior Demand Creation Advisor; Walter S. Odhiambo, Senior Private Sector Advisor; George Kichamu, Senior Advocacy and Policy Advisor; Parmindar S. Lotay, Senior Logistics Advisor; and Alan Johnston, Consultant, Advocacy. We are grateful for the leadership and management support provided by the Jhpiego team, Dr. Isaac Malonza, Kenya Country Director; Dr. Ronald H. Magarick, Director, Global Programs; Ronald Geary, Chief Financial Officer; Dr. Pamela Lynam, Senior Technical Director; Rajshree Haria, Director, Finance and Administration; Stuart Merkel, Senior Program Advisor; and Titus Wambua, Internal Auditor.

It is our sincere hope that this report, along with the Kenya Technical Working Paper (which describes trends and differential in key family planning and reproductive health indicators in urban Kenya over the last 15 years), will help Tupange fine-tune its program of intervention geared toward significantly increasing the contraceptive prevalence rate in the intervention sites.

Jean Christophe Fotso, PhD
African Population and Health Research Center

Nelson A. Keyonzo
Tupange/Jhpiego

Anthony K. M. Kilele, MBS
Kenya National Bureau of Statistics

Map of Kenya Showing the Provinces and Five Urban Areas in the Tupange

Executive Summary

Background

This report summarizes the findings of a household survey undertaken between September and November 2010 as part of the impact evaluation of Tupange, the Kenya Urban Reproductive Health Initiative. By providing time-series data on key indicators, the survey, carried out by Measurement, Learning & Evaluation (MLE) of the Urban Reproductive Health Initiative project, provides an evidence base for the outcomes and impact of both demand side interventions (those that increase the uptake of contraception) and supply side interventions (those that increase the quality of and access to family planning [FP] services). This survey is the first of three that are planned and provides a baseline for follow-on assessments and information that will inform program design.

Methodology

A total of 13,140 households were selected for interviewing, ensuring that the sample was sufficient to allow analysis of the findings by each of the five intervention sites. With the exception of Machakos and Kakamega, the sample in each urban area was apportioned equally between formal and informal localities. All women aged 15–49 years who were either usual residents or visitors present in the sampled households on the night prior to the survey were eligible for a detailed interview. In addition, in half of the sampled households in Nairobi, Mombasa, and Kisumu, all men aged 15–59 years were asked to participate in a detailed interview. Response rates were high, at over 84 percent.

Summary of Findings

Overall, the survey found that there is significant unmet need for family planning in all cities, with the need being slightly higher in Mombasa. Unmet need was much greater for unmarried, sexually active women. For this group, unmet need ranged from a low of 22 percent in the middle quintile in Nairobi to a high of 68 percent in the poorest quintile in Mombasa. Knowledge of contraceptive methods was found to be universally high among both women and men surveyed, although there is some variability in knowledge of specific methods. In Nairobi, Mombasa and Kisumu, use was slightly higher among women in higher (richer) wealth quintiles. For example, while 40 percent of the poorest in Nairobi used family planning, 45 percent of the richest were users.

Sources of Family Planning. Public health facilities were the most important source of contraceptive methods regardless of urban area, although family planning users in Nairobi and Mombasa reported using private sources more frequently. In each of the cities, the percentage of women offered information on other methods ranged from 68 to 83 percent for those choosing the injectable, 69 to 86 percent for the pill, 82 to 92 percent for implants, and 72 to 97 percent for the IUCD.

Misinformation about Family Planning. The results show high levels of misinformation around family planning use in all cities. A majority of female respondents in all five cities believed seven out of eight myths presented. For example, in Kakamega 57 percent of women surveyed believe that use of a contraceptive injection could make a woman permanently infertile. Regarding the association between contraception and female promiscuity (the belief that women who use contraception may become promiscuous), between 18 percent (Kisumu) and 41 percent (Machakos) of women believed the statement to be true.

Reasons for Not Using Family Planning. The most commonly mentioned reason for not using family planning was infrequent or no sex, which was stated by between 39 and 60 percent of women in all cities. A much lower percentage of women (9 to 13 percent) were non-users because they were trying to get pregnant. Reasons for non-use given by male respondents were similar to those given by women, with infrequent/no sex being the most popular. Within this sample of non-using women, fear of side effects was mentioned among 10 to 16 percent of women. Very few women reported non-use due to partner or religious opposition or because of lack of knowledge of methods or method sources.

Attitude toward Family Planning Service Delivery. Taken as a proxy for satisfaction (among ever users) and perceptions of quality (among never users), the data suggest that quality service delivery appears to be high (i.e., few respondents agreed with the statements that service was poor) in all cities regardless of a woman's socioeconomic status. The largest variation came in response to the statement "women don't like the way they are treated in family planning clinics around here," where only 9 percent of women in Kisumu agreed compared with 25 percent in Nairobi.

Sexual Behavior. For all cities and wealth quintiles, a majority of women had engaged in sex by 20 years of age. Sexual debut occurred earlier in the poorer wealth quintile regardless of urban area of origin. In Kisumu, 75 percent of women in the poorest wealth quintile had engaged in intercourse by age 17, compared with only 35 percent in the richest wealth quintile. Nairobi saw a similar disparity, with 49 percent of women in the poorest wealth quintile experiencing sexual debut by the age of 17 compared with 21 percent of the richest. In Mombasa, while only 6.8 percent of women in the richest quintile reported having had sex by age 17, over 23 percent of the poorest had sex.

Unmet Need. On average, among all women who reported an unmet need for a family planning method, more women felt a need to space than limit future births. With few exceptions, among currently married women, the unmet need for a spacing method is greater across all cities and wealth quintiles than the unmet need for limiting births. Among the five cities, unmet need for currently married women ranged from a low of 18 percent in the richest quintile in Nairobi to a high of 41 percent in the poorest quintile in Mombasa. Analysis of the data on total unmet need among currently married women by wealth quintiles showed that unmet need tended to fall as income rose in Nairobi, Mombasa and Kisumu. The poorest quintile tended to have the largest proportion of women reporting an unmet need for family planning and this proportion declined as wealth increased. In the remaining two cities, however, this pattern was not observed. Regardless, meeting the unmet need of the poorest segment of the population appears to be a critical need.

Integration of Family Planning Counseling. In all cities, women were more likely to get FP counseling after delivery (varying from 37 percent in Mombasa to 56 percent in Machakos) than before delivery (between 4 and 12 percent). Women who received information both before and after delivery ranged between 4 and 8 percent. The pattern that emerged across all five cities was that child health services were more likely to be integrated with FP services than maternal health services.

Access to Skilled Delivery. Across the five study sites, the majority of births were assisted by skilled health workers (composed of doctor/clinical officer and nurse/midwife teams), ranging from about 75 percent in Mombasa, Kisumu and Kakamega to 90 percent in Nairobi. Noticeably the proportion of births delivered by traditional birth attendants remains high in Kisumu, at nearly 15 percent, and in Mombasa, almost 11 percent of respondents reported being delivered by a friend or relative.

Fertility Knowledge. Knowledge of the fertile period among both men and women and between cities was found to be low, ranging from 13.5 to 33 percent, showing that basic knowledge of reproductive physiology also remains low.

Spousal Communication and Women's Empowerment. Communication between spouses about family planning was found to be high, with at least 60 percent of women in a union reporting that they discussed using family planning or the number of children that they would like to have with their spouse. Among those who did discuss family planning, the majority (at least 60 percent across all five cities) had this discussion at least once in the preceding six months. All women surveyed were asked: "If you wanted to use a method of family planning, would you need anyone else's permission?" The responses varied greatly across cities, with 23 percent of women in Kakamega and 26 percent of women in Nairobi responding yes to the question, compared to 51 percent in Machakos. When asked how the decision on FP method type was made (among ever users), between 31 percent (Mombasa) and 54 percent (Kakamega) said the decision was largely made mainly by the woman alone.

Men reported even higher levels of discussion of family planning than did women, with approximately 75 percent of men in a union reporting discussing FP with their partners. Among those who reported having discussed FP, at least 85 percent in every urban area reported having the conversation at least once in the last six months. In addition, about 90 percent of the men in each urban area said that talking about family planning with their partner was "easy." In Nairobi and Mombasa, about 40 percent of men report that both partners initiated the discussion about family planning.

Key Recommendations Based on Survey Results

In addition to serving as an evaluation tool, this survey is meant to guide programmatic activities. Insights gleaned from the research lead to the conclusion that Tupange's focus on the urban poor is addressing a key gap in unmet need. In addition, the research leads to several strategic recommendations for project implementation. In summary, Tupange should:

- Focus on youth
- Focus on increasing knowledge about long-acting and permanent methods
- Dispel myths and reassure clients about the safety and effectiveness of all FP methods
- Encourage health providers to provide more counseling on coping with side effects
- Use alternative media, such as SMS and mobile phones to address youth with demand-creation activities
- Strengthen private sector services
- Develop stronger linkages between public and private clinics to manage access and referrals
- Design messages to reinforce spousal communication around FP
- Encourage male involvement in decision-making on family size and planning
- Maximize integration of FP in other health services and particularly postpartum care
- Expand community health worker capacity to do demand creation for FP and offer FP services, where possible
- Strengthen linkages between community health workers and health facilities through improved referral systems, access to commodities and supportive supervision

Chapter 1. Introduction

1.1. Background

Kenya is situated in the eastern region of the African continent and is bordered by the nations of Ethiopia, Somalia, Tanzania, Uganda and South Sudan and by the Indian Ocean. Kenya occupies a total area of 582,646 square kilometers with a population density of about 68 people per square kilometer, significantly higher than the world average of 49. Kenya is divided into three agro-ecological zones: the coastal lowlands, the highlands, and the arid and semi-arid lands. The country has a diverse terrain ranging from the lake and coastal basins to the rugged Rift Valley and mountainous highlands. It has over 40 different ethnic groups resulting in diverse cultural traditions. Religion in Kenya is dominated by Christianity (90 percent) and Islam (7.4 percent) (Kenya National Bureau of Statistics [KNBS] and ICF Macro, 2010).

Kenya gained independence from British rule in 1963 and established a multiparty state in 1991. In 2010, a new constitution was voted on and accepted, although at the time of this survey it had not been fully implemented. Under the new administration, there will be two levels of government: national and county. At the national level, there will be an upper house (senate) and a lower house (the national assembly). The structure of the county governance includes county assemblies, executive committees and public service. Each county is to be headed by a Governor (Constitution of Kenya, 2010).

The new constitution, promulgated in 2010, recognizes that every person has the right to the highest attainable standard of health, including reproductive health (National Council for Law Reporting, 2010). Recent information and policy development suggest that the national government will be responsible only for the health policy, training and national referral health facilities, while the county governments, under the leadership of an elected Governor, will be responsible for health facilities within their county and primary health care (Human Resources for Health Task Force, 2011). Hiring of health care providers will remain the responsibility of the central government based on analysis and projections to be undertaken at the county level,[3] while hiring and management of support staff will be devolved to the counties. The City of Nairobi and other county councils will no longer be responsible for providing or managing health services (Nyanchoga, 2011). If experience from the existing Community Development Funds (CDF)[4] continues, health and education are likely to be the top demands in the policy debate.

The Government of Kenya, generally perceived as investment-friendly, has enacted several regulatory reforms to simplify both foreign and local investment after several years of consistent decline between 1970 and 2000. As a result of the strong growth performance recorded since 2002, real per-capita income increased at an annual average rate of about 3 percent while poverty declined from 56.8 percent in 2000 to 46 percent in 2006 (IMF Country Report No. 10/224, July 2010).

Kenya's economy is currently market-based, with some state-owned infrastructure enterprises, and maintains a liberalized external trade system. The country has a fast growing social and physical infrastructure and is generally perceived as Eastern and Central Africa's hub for financial, telecommunications and transportation services. An increasingly significant portion of Kenya's foreign income is from remittances by non-resident Kenyans who work abroad. Though the country suffered a slow real GDP growth rate in 2008 of 1.7 percent (due to several factors,

[3] Implementation has not taken place yet but cabinet memos have been drafted and preparatory work is at an advanced stage.
[4] This is an allocation of funds from tax revenue that was put under the management of the Members of Parliament, each with a specific amount.

one of the most significant being the 2007 post-election violence), more favorable growth was recorded in 2009 and 2010, with rates of 2.6 and 5.6 percent, respectively (KNBS Economic Survey, 2011). The recent increased growth rates are attributable to expansion in many sectors, most notably tourism, construction and agriculture.

In 2009, Kenya's population was estimated at 38.6 million people, up from 28.7 million in 1999, 21.4 million in 1989 and 15.3 million 1979 (CBS,1979, 1989, 1999; KNBS, 2010). This is an increase by a factor of 2.5 over 30 years, or an average growth of more than 3 percent per year. The population growth rates have been on a downward trend since 1989 from 3.4 percent to about 3.0 percent in 2009 (KNBS, 2010), resulting in a total population estimated at 41 million in 2011. Declines in fertility rates over recent decades reflect Kenyans' desire for smaller families and increased use of contraception, indicating some success in the implementation of the efforts of the National Population Policy for Sustainable Development (NCPD, 2000).

Kenya is characterized by a youthful population with about 42 percent of Kenyans under 15 years of age and roughly 21 percent aged between 15 and 24 years. Only 3 percent of Kenyans are aged 65 and older. One-third of Kenyans (32 percent) currently live in urban areas, marking a significant rate of urbanization. Between 1960 and 1990, the percentage of Kenyans living in urban areas rose from about 7 percent to about 18 percent. Depending on the urban area, 60 to 80 percent of Kenya's urban population live in informal settlements that are characterized by lack of access to water and sanitation, insecure land tenure, lack of adequate housing, poor environmental conditions and high crime rates. For instance, in Nairobi, 60 percent of the population lives in informal settlements that occupy only 5 percent of the total land area. UN-HABITAT estimates that the population living in Nairobi informal settlements is expected to double within the next 15 years. Furthermore, only 22 percent of these households in Nairobi have water connections and 75 percent have access to water through water vendors (UN-HABITAT, Nairobi Urban Sector Profile, 2006; UN-HABITAT, 2008; Oxfam GB, Kenya Program, 2009).

Kenya's total fertility rate (TFR) has declined substantially in the last 40 years, in large part due to a growing acceptance of family planning (FP) and increased contraceptive availability. From a TFR of more than eight children per woman in the 1970s, fertility rates dropped to 4.6 by 2008. Unlike the well documented successes of increased contraceptive prevalence rates (CPR) and declining TFR, mortality rates increased in the 1980s due in large part to increased deaths from the HIV/AIDS epidemic, an overall deterioration in health services and widespread poverty (National Council for Population and Development, 2000). Since the early 1990s, Kenya has been grappling with the AIDS epidemic, which eroded hard-won progress in health and mortality rate indicators. These factors have led to substantial declines in the average life expectancy. Of note is that Kenya, unlike other countries in sub-Saharan Africa, has in the past 10 years recorded an increase in the maternal mortality ratio from 414 maternal deaths per 100,000 live births in 2003 to 488 in the decade preceding 2009 (KNBS, 2010), suggesting inadequate maternal care.

1.2. Objectives of Tupange, the Kenya Urban Reproductive Initiative

The Bill & Melinda Gates Foundation's reproductive health strategy aims to reduce maternal and infant mortality and unintended pregnancy in the developing world by increasing access to high-quality, voluntary FP services. The reproductive health strategy is being implemented at the country level through the Urban Reproductive Health Initiative (URHI) being implemented in Kenya, Nigeria, India and Senegal.

In Kenya, the URHI, hereinafter referred to as Tupange, is composed of lead partner Jhpiego, Pharm Access Africa Limited (PAAL), Marie Stopes Kenya (MSK), the Johns Hopkins Center

for Communication Programs (JHU/CCP) and Kenya's National Coordinating Agency for Population and Development (NCAPD). The partnership works in close collaboration with the Ministry of Health and local city councils. The main objective of the project is to increase modern contraceptive use in Nairobi, Mombasa and Kisumu by 20 percentage points over the five-year life of the project. The urban centers of Machakos and Kakamega are additional "delayed" interventions sites that are included in the baseline data collection presented here although data in these delayed sites were collected only from women.

Key elements of the Tupange include:

- Integrating high-quality FP services with maternal and newborn health services, especially post-abortion, postpartum, antenatal care and HIV/AIDS services;
- Improving the overall quality of FP services, particularly in high-volume settings;
- Increasing access to FP services for the urban poor through public-private partnerships and other private sector approaches;
- Creating sustained demand for FP services among the urban poor; and
- Creating a supportive policy environment for ensuring access to FP supplies and services, particularly for the urban poor.

By reaching urban women with the greatest need, this comprehensive strategy is expected to increase contraceptive use among women in urban and peri-urban areas and potentially diffuse to rural areas to which urban women are linked (Cleland et al. 2006).

The Measurement, Learning & Evaluation (MLE) Project is the evaluation component of the URHI. The goal of the MLE project is to promote evidence-based decision-making in the design of integrated family planning and reproductive health (FP/RH) interventions for the Initiative. The MLE project was initiated prior to any of the interventions so that baseline conditions could be accurately measured.

A baseline survey with a representative sample of women in selected cities was conducted prior to the implementation of the program. This report presents the key survey findings. A mid-term survey with the same women will be conducted two years following the baseline, and a final survey will be done with the same women at end line (four years after baseline data collection). This approach will permit rigorous assessment of the impact of program interventions on women's fertility and contraceptive use outcomes. In addition, data collected from a representative sample of men at baseline, mid-term and end line will determine the extent of change in men's knowledge of, attitudes toward and practices relating to contraception in the intervention cities. In addition to providing data for program evaluation, the baseline data will also be used by the Tupange project to inform program design.

This report presents descriptive findings from baseline data collected in five cities in Kenya (Nairobi, Mombasa, Kisumu, Machakos, and Kakamega). All tables in this report present data disaggregated by urban area.

1.3. Methodology

A key objective of the MLE project is to undertake a rigorous impact evaluation of the Urban RH Initiative country programs (this initiative is called Tupange in Kenya). By providing time-series data on key indicators, the MLE project will provide an evidence base for the outcomes and impact of demand-side interventions (those that increase the uptake of contraception, and supply-side interventions).

1.3.1. Organization of the Survey

The survey sampling frame was developed by the Kenya National Bureau of Statistics (KNBS) which also planned and conducted the training for the survey field workers, collected the data and entered the data from the survey questionnaires (which can be seen in Attachment 2). The African Population and Health Research Centre (APHRC) provided in-country technical assistance to KNBS to ensure that data were gathered according to a standard, scientific protocol and participated in data analysis. Jhpiego, an international non-profit health organization affiliated with The Johns Hopkins University (and the lead partner in the country-level project consortium), provided administrative assistance and managed and carried out the dissemination of the survey results. Other partners and stakeholders of Tupange are Marie Stopes Kenya (MSK), the National Coordinating Agency for Population and Development (NCAPD), the Johns Hopkins University Center for Communications Programs (JHU/CCP), the Division of Reproductive Health (DRH) in the Ministry of Public Health and Sanitation, and Pharm Access Africa Limited (PAAL). The Tupange partners jointly provided technical inputs during the development of the survey instruments and NCAPD conducted community sensitization to help maximize response rates. The Carolina Population Center, University of North Carolina, Chapel Hill (UNC), provided the overall study design and execution for this survey and led the data analysis.

1.3.2. Sample Design

The household survey sample was drawn from the population residing in the five cities/urban centers. The most recent Population and Housing Census (2009) was used to identify clusters from which a representative sample of households for each city/urban center was drawn. A total of 13,140 households were selected for interviewing, ensuring that the sample was sufficient to allow analysis of the findings by each of the five intervention sites. Nairobi was intentionally oversampled (4,260 vs. 2,220 households) due its significantly larger size. With the exception of Machakos and Kakamega, the sample in each urban area was apportioned equally between formal and informal localities.

A two-stage cluster sampling design was used for each urban area. Stage one involved selecting a random sample of clusters in each urban area. In Nairobi, 71 clusters were randomly selected in each of the formal and informal areas (domains), for a total of 142. In Mombasa and Kisumu, 37 clusters were randomly drawn from each domain, for a total 74 per urban area. In Machakos and Kakamega, 74 clusters were randomly selected per urban area. In the second stage, a random sample of 30 households was selected within each selected cluster. Interviews with women took place in all households selected. In Nairobi, Mombasa and Kisumu, half of the households (15) in each of the selected clusters were also selected to interview men.

For each household selected, an interview with the head of the household (or his or her representative) was conducted. Each interview assessed household assets and environmental circumstances such as sanitation and housing materials, obtained a listing of usual residents of the household and asked about demographic characteristics of the head of the household.

All women aged 15–49 years who were either usual residents or visitors present in the sampled households on the night prior to the survey were eligible for a detailed interview. In addition, in half of the sampled households in Nairobi, Mombasa and Kisumu, all men aged 15–59 years were asked to participate in a detailed interview.

Interviews took place in a location where the respondent could be assured some level of privacy and were conducted by a same-sex interviewer using a paper-and-pencil questionnaire following the receipt of informed consent.

Respondents were asked about demographic characteristics, for information on current and past FP method use, fertility desires and intentions, health-seeking behaviors for themselves and their children, how they pay for health care services, exposure to FP messages, and migration patterns, using a structured questionnaire. At mid-term and end line, the objective will be to find the same female respondents, so contact information was requested to permit extensive tracking procedures at each follow-up round of data collection. Repeated cross-sections of men (not necessarily the same ones) will be interviewed at mid and end line. (Table 1.1 provides full details, including response rates, of the interviews conducted.)

Table 1.1: Number of Interviews, by type and urban area, Tupange/MLE, Kenya, 2010

Urban area	Household Survey		Individual Interviews			
			Women		Men	
	Selected	Completion rate	Selected	Completion rate	Selected	Completion rate
	n	Percentage	n	Percentage	n	Percentage
Nairobi	4,230	83.8	3,284	82.4	1,817	70.0
Mombasa	2,220	84.4	1,726	84.9	967	70.1
Kisumu	2,190	85.5	1,944	82.5	1,031	53.7
Machakos	2,220	90.9	1,965	93.3	N/A	-
Kakamega	2,220	75.9	1,583	83.6	N/A	-
Total	13,080	84.0	10,502	85.1	3,815	65.6

1.3.3. Questionnaires

Three questionnaires were used to collect baseline information—one for each of the households, one for women and one for men. In Machakos and Kakamega, only women were interviewed. Questionnaires were based on the questionnaires used by the Demographic and Health Survey program in Kenya but were modified and expanded by all in-country partners to reflect MLE and Tupange objectives.

Questionnaires were translated from English into Kiswahili, Luhya, Kamba and Dholuo—the four most commonly spoken languages in the five cities. Final revisions were made to the questionnaires following extensive pre-testing and training of field staff.

The household questionnaire was administered prior to the women's and men's questionnaires to facilitate the identification of eligible household members. The methodology and questionnaires were tested in Kisumu and Nairobi August 5–8, 2010, in clusters outside the planned intervention areas to minimize chances of contamination. Survey instruments were finalized based on feedback from and lessons learned during the pre-test.

1.3.4. Training

The KNBS recruited research assistants and supervisors based on a set of defined criteria, including experience with large-scale, national-level, population-based surveys.

The final team included 31 supervisors, 93 female research assistants, 27 male research assistants, 31 field editors and 12 reserves. APHRC hired six quality assurance personnel.

Training of the research team was undertaken from September 4 to September 15, 2010. Technical and program staff from KNBS, NCAPD, MOH, MLE and APHRC served as trainers and divided participants into four groups to train them on questionnaire administration, logistics and Tupange objectives using manuals to ensure that the team was fully briefed on survey contents and procedures. A mix of training techniques including class presentations, mock interviews and practice interviews in the field was used.

Supervisors were given supplementary training on the identification of clusters and households for the survey, distribution of assignments to the research assistants, accounting for the completed questionnaires, and what to look out for when carrying out the initial editing of the questionnaires while in the field. All trainees were taken for practice interviews in households in selected clusters in the town of Nakuru. Each trainee was tasked with collecting data for two of each of the questionnaires depending on the availability of the eligible respondents at the household level. During the last day of the training, the final field teams were formed and supervisors, research assistants and field editors were identified.

The quality assurance staff received a three-day training prior to participating in the main survey training for field workers. The team was trained on various techniques of monitoring data quality and how to give feedback to the field teams on common errors found on the questionnaires.

1.3.5. Fieldwork

Staff from APHRC, MOH, NCAPD, Jhpiego and KNBS participated in the fieldwork supervision. In order to ensure that the selected communities were receptive to fieldwork staff, NCAPD and KNBS district statistical officers organized and implemented a series of social mobilization activities in the clusters sampled for the survey before sampling began. Community *barazas* (gatherings held to raise awareness and share collective wisdom) were held with community members, the local administration and management bodies of the residential areas, and village elders were used to inform the target communities about the survey plans. Due to the short time between the social mobilization activities and the beginning of data collection, many community members did not receive information about the survey. This may have affected overall response rates (see Table 1.1).

1.3.6. Response Rates

Of the 13,140 households selected for inclusion in the sample, 12,565 were occupied and eligible for interviews. Of these, 10,992 households were interviewed successfully (197 declined), a response rate of 84 percent. There were a total of 10,502 eligible women, of whom 8,932 consented and participated in an interview, yielding a response rate of 85.1 percent. There were 3,815 eligible men, of whom 2,503 consented and participated in an interview, a response rate of 65.6 percent.

For the household survey, non-response was primarily due to the absence of a suitable member of the household during each of three visits (37 percent; not displayed). Non-responses during the male and female interviews were due mainly to the subject's absence at the time of the household interview (76 percent and 78 percent respectively) or at any of the three follow-up visits.

1.3.7. Data Processing

A data processing team was selected and trained at the KNBS offices in Nairobi. Most of the data processing staff were selected from the reserve members from the field survey teams. Staff from MLE and APHRC conducted the five-day training between October 26 and November 1, followed by on-the-job training for an additional four days. Fifteen data entry clerks, four office editors, one system administrator, one supervisor and one manager participated in the training. Data processing began in November 2010 and was finalized in March 2011.

To ensure that all questionnaires were processed, a "data audit" was conducted and completed at the end of March 2011. The tabulation of the survey results, particularly the program tables, was done in May 2011. Data analysts from the University of North Carolina and APHRC produced the tables and preliminary results that were shared with program teams on June 2–3, 2011. Further analysis of the data that allowed inclusion of results regarding additional indicators was completed by July 2011 and an initial draft baseline report was prepared by mid-September 2011.

Chapter 2. Characteristics of Household Population and Respondents

This chapter presents demographic and socioeconomic information captured by the household questionnaire, including the age and sex composition of sampled households for all five cities, and presents sex ratios for the overall population and for children aged six years and younger. This chapter also summarizes household characteristics, including whether or not there was electricity, source of water supply, materials from which sampled houses are constructed, and the presence or absence of flush toilets. Also included is the distribution of household wealth within the sampled population for each urban area.

2.1. Household Population by Age and Sex

Table 2.1 displays the distribution of households from the five cities surveyed. The total household population for the survey is 37,120 persons, the female-to-male ratio being almost equal at 50.4 women to 49.6 men. Data on age distribution indicate that the cities contain a largely young population, with the proportion of the total population aged 15 years or younger ranging from 31.7 percent (Nairobi) to 40 percent (Kisumu). Between 52 percent (Kakamega) and 64 percent (Nairobi) of the female population are within reproductive age (15–49 year old). A low proportion between 1.9 percent (Kisumu) and 5 percent (Machakos) of the population in each urban area is over age 60. As expected, within these major urban areas, there is a large proportion of people (between 58 percent 66 percent) of working age (15–59 years).

Table 2.1: Distribution of household members by age groups and sex, with household sex ratio, by urban area, Tupange/MLE, Kenya, 2010															
Age	Nairobi			Mombasa			Kisumu			Machakos			Kakamega		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
0 – 4	14.1	14.3	14.2	13.4	14.3	13.9	15.9	17.1	16.5	11.4	11.0	11.2	15.8	15.0	15.4
5 – 9	9.6	9.5	9.5	11.3	11.5	11.4	12.3	13.5	12.9	10.8	9.6	10.2	10.9	11.2	11.0
10–14	8.2	7.8	8.0	9.9	9.1	9.5	10.6	10.4	10.5	11.1	10.0	10.6	10.3	12.2	11.3
15–19	5.9	7.8	6.9	7.4	10.8	9.1	7.8	10.6	9.2	9.2	9.7	9.5	9.3	8.6	8.9
20–24	12.0	18.9	15.4	10.4	14.4	12.4	12.6	15.6	14.1	11.1	13.1	12.1	12.3	13.5	12.9
25–29	14.2	15.7	14.9	10.3	12.4	11.4	13.1	11.9	12.5	9.6	10.4	10.0	10.4	11.7	11.0
30–34	12.5	9.1	10.8	10.6	8.6	9.6	9.5	7.0	8.2	9.1	9.1	9.1	8.8	6.4	7.6
35–39	8.8	6.6	7.7	7.5	5.3	6.4	5.9	4.5	5.2	7.4	5.8	6.6	6.0	4.9	5.4
40–44	5.7	3.5	4.6	5.8	4.3	5.1	3.4	3.1	3.2	4.4	4.4	4.4	4.4	4.3	4.3
45–49	3.8	2.4	3.1	4.9	2.7	3.8	3.5	1.9	2.7	4.6	4.2	4.4	3.3	2.9	3.1
50–54	2.2	1.5	1.8	3.4	2.7	3.1	2.1	1.8	1.9	3.7	4.3	4.0	3.0	4.0	3.5
55–59	1.0	1.1	1.0	1.9	1.5	1.7	1.6	0.7	1.1	2.7	2.9	2.8	1.8	1.7	1.7
60–64	1.0	0.9	1.0	1.6	0.8	1.2	1.0	0.6	0.8	1.9	1.7	1.8	1.4	1.3	1.4
65–69	0.7	0.4	0.6	0.6	0.9	0.7	0.5	0.5	0.5	0.9	0.9	0.9	1.0	0.9	1.0
70 +	0.5	0.5	0.5	0.9	0.6	0.8	0.4	0.7	0.6	1.9	2.7	2.3	1.4	1.5	1.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number 0–4 years	760	765	1,525	432	465	897	550	612	1,163	378	385	763	481	452	933
Number all	5,387	5,349	10,736	3,223	3,250	6,472	3,462	3,580	7,042	3,316	3,499	6,815	3,042	3,013	6,055
Sex ratio, age 0–4 years*			99			93			90			98			106
Sex ratio, all ages*			101			99			97			95			101

The overall sex ratio for Nairobi and Kakamega is 101 males to 100 females, while the ratios for Mombasa, Kisumu and Machakos (99, 97, and 95 males, respectively to every 100 women) are slightly skewed in favor of females.

2.2. Household Environment and Characteristics

The presence or absence of electricity and drinking water and the materials used in home construction were used as proxies for income. Table 2.2 A presents housing characteristics of the study population. Since socioeconomic status can influence household members' health-seeking behavior and status, heads of household were also asked a series of questions about their dwellings and possessions. Water sources were classified as piped and non-piped, with the former referring to water piped into the dwelling, yard/plot, or a public tap. Since flush toilets are more hygienic than other systems of human waste disposal, information was also collected on their presence or absence.

Table 2.2A: Household characteristics by urban area, Tupange/MLE, Kenya, 2010

Characteristic	Nairobi	Mombasa	Kisumu	Machakos	Kakamega
Electricity					
Yes	77.0	62.1	44.9	52.7	39.1
No	23.1	37.9	55.1	47.3	60.9
Source of drinking water					
Piped water	90.7	83.4	73.7	30.2	41.7
Non-piped water	9.3	16.7	26.3	69.8	58.3
Flooring material					
Finished floor	93.3	84.4	83.2	83.9	63.9
Unfinished floor	6.7	15.6	16.8	16.1	36.1
Main material of exterior walls					
Finished walls	93.9	81.6	73.8	90.1	55.8
Unfinished walls	6.1	18.4	26.2	9.9	44.2
Main material of roof					
Improved roof	98.4	94.2	99.3	100.0	94.8
Non-improved roof	1.6	5.8	0.7	0.0	5.2
Toilet					
Flush or pour flush toilet	60.0	36.9	18.6	27.8	18.5
Non-flush toilet	40.0	63.1	81.5	72.2	81.6

2.2.1. Household Wealth Index

The wealth index used in this report is based on data from the households' ownership of consumer goods, dwelling characteristics, sources of drinking water, toilet facilities and other characteristics that are related to a household's socioeconomic status. To construct the index, each of these characteristics was assigned a weight generated through principal components analysis. Each household was then assigned a score for each characteristic that equaled the weight assigned by the principal components analysis (e.g., owned the particular asset, had that particular source of drinking water, etc.) and zero otherwise. The sum of these characteristic scores formed the household's overall score. Households were then sorted into quintiles, with the first being the lowest quintile and the fifth being the highest. Quintiles were computed in each urban area independently and therefore the quintiles provide relative wealth within each urban area independently but not across the urban areas.

Table 2.2B: Household Distribution by wealth index and urban area, Tupange/MLE, 2010, Kenya 2010					
Wealth Index	Nairobi	Mombasa	Kisumu	Machakos	Kakamega
Poorest	24.7	25.9	25.3	21.8	23.9
Poor	21.4	21.0	20.2	20.8	20.5
Middle	19.5	20.5	19.0	18.7	20.2
Rich	18.8	18.2	18.2	19.9	18.7
Richest	15.6	14.5	17.4	18.7	16.6

As shown in Table 2.2B, the distribution of households by wealth quintiles indicates that regardless of urban area, wealth is not evenly distributed.

2.3. Background Characteristics of Respondents

This section describes a number of key characteristics of respondents, including educational attainment, social background and wealth index, all of which are important determinants of fertility preferences and contraceptive use. This chapter presents a socioeconomic profile of the women surveyed in all five cities and of men in the three cities (Nairobi, Mombasa, Kisumu) where men were surveyed.

2.3.1. Education, Religion and Economic Status of Respondents

Table 2.3 presents the percentage distribution of women and men by age, education, religion, wealth index, marital status and parity. As this table shows, the age distributions of the sampled women are similar, with about 40 percent classified as youth (15–24), although Kisumu has a slightly higher proportion of women in this age group (~48 percent). Half of all women sampled are under 30 years old.

Differences in age among cities are more pronounced among men. Specifically, in Kisumu, about 40 percent of men are aged between 15 and 24, whereas in Nairobi and Mombasa, the percentage is closer to 29 percent. While the reasons for this finding are unclear, it may be related to the fact that Kisumu has been particularly hard hit by the HIV/AIDS epidemic, which prior to the availability of antiretroviral therapy, saw increased mortality in the slightly older age groups. This may signal a need to focus even more programmatic attention to young people in Kisumu.

Table 2.3: Background characteristics of respondents, by urban area, Tupange/MLE, Kenya, 2010								
Characteristic	Nairobi		Mombasa		Kisumu		Machakos	Kakamega
	Women	Men	Women	Men	Women	Men	Women	Women
Age								
15–19	10.0	8.1	16.9	11.4	17.4	16.3	15.0	13.1
20–24	30.1	21.5	24.2	17.5	30.3	25.1	22.9	27.6
25–29	25.1	19.9	21.5	16.6	22.6	17.0	19.3	22.5
30–34	14.4	19.0	15.5	16.1	13.0	16.1	16.2	13.3
35–39	10.9	12.4	9.1	10.8	8.3	7.7	10.8	9.0
40–44	6.1	7.8	7.7	11.1	5.2	5.3	8.2	8.6
45–49	3.5	5.4	5.3	8.1	3.3	6.7	7.7	6.0
50–54	n/a	4.4	n/a	6.2	n/a	3.1	n/a	n/a
55–59	n/a	1.5	n/a	2.3	n/a	2.7	n/a	n/a

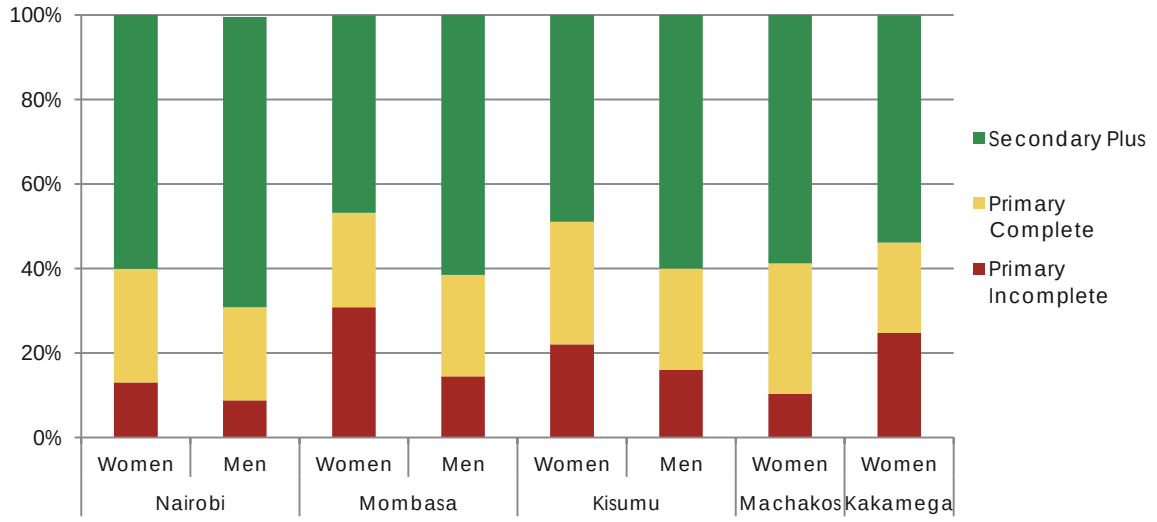
Table 2.3: Background characteristics of respondents, by urban area, Tupange/MLE, Kenya, 2010 (cont.)								
Characteristic	Nairobi		Mombasa		Kisumu		Machakos	Kakamega
	Women	Men	Women	Men	Women	Men	Women	Women
Education								
No education	2.3	2.6	8.0	3.3	1.9	0.8	0.4	3.0
Primary incomplete	10.7	6.2	22.9	11.2	20.1	15.2	9.8	21.7
Primary complete	26.9	22.0	22.3	24.0	29.1	24.0	30.9	21.4
Secondary +	60.0	68.7	46.7	61.5	49.0	60.1	58.8	53.8
Missing	0.0	0.5	0.1	0.0	0.0	0.0	0.0	0.1
Religion								
Roman Catholic	25.3	27.3	12.3	12.7	22.4	21.5	24.9	19.6
Protestant/ Other Christian	68.7	62.6	50.6	54.8	73.0	72.2	72.6	73.9
Muslim	4.8	6.7	34.8	28.1	3.6	4.0	2.0	5.3
No religion/ Other	1.2	3.2	2.2	4.4	0.8	2.4	0.2	1.2
Missing	0.1	0.1	0.1	0.0	0.2	0.0	0.2	0.1
Wealth Index								
Poorest	17.9	22.1	17.5	21.1	19.4	25.4	15.4	17.6
Poor	19.2	21.9	18.3	17.9	18.9	21.9	19.7	19.5
Middle	19.3	19.1	20.8	23.5	18.6	18.5	19.9	20.4
Rich	20.3	20.5	20.7	15.2	20.4	17.5	20.5	20.9
Richest	23.5	16.4	22.7	22.3	22.8	16.6	24.4	21.6
Marital Status								
Never married	34.9	35.6	32.9	32.6	26.8	41.9	35.5	27.2
Married/Living together	54.3	58.4	57.1	57.1	61.6	53.0	54.3	62.4
Separated/ Divorced	8.3	4.5	7.1	7.8	5.8	3.5	7.5	6.8
Widowed	2.2	0.7	2.7	2.1	5.7	1.4	2.7	3.6
Missing	0.3	0.9	0.1	0.4	0.1	0.2	-	-
Number of live births								
0	30.7	39.3	32.8	37.4	24.5	42.0	30.5	24.4
1	28.1	15.9	19.2	16.7	23.2	13.2	23.4	21.1
2	19.7	15.6	19.7	17.2	19.3	11.8	20.7	19.2
3	11.2	11.6	10.8	8.2	14.2	11.0	11.9	14.3
4	5.4	6.9	7.7	6.9	7.5	6.1	7.1	10.1
5	2.7	5.0	4.9	5.6	4.9	4.7	3.4	4.0
6+	2.3	5.7	4.9	8.0	6.5	11.1	3.0	7.0
n/a = not available (Age range for men 15-59, for women 15-49)								

Figure 2.1 shows the distribution of education for both men and women in all five cities. Not surprising, at least 50 percent of women and men in the cities studied had completed at least some secondary school (exception Mombasa). This is likely a consequence of better access to

schools and larger participation in the cash economy (resulting in higher disposable incomes) often found in major urban areas.

The proportion of women who had completed at least some secondary school ranged from 47 percent in Mombasa to 60 percent in Nairobi. Mombasa had the highest proportion of women who had never been to school, at 8 percent. Evidence worldwide shows that women's education levels are directly related to contraceptive use, making girls' education, at least through primary school, of particular importance. This finding suggests that it may be of particular importance for Tupange to target school-age girls as one of its target populations.

Figure 2.1: Educational attainment by gender



More men than women reported having completed at least secondary school in the three cities where male interviews were conducted. Nairobi had the highest proportion of men completing some secondary school, with 68.7 percent, and Kisumu the lowest, at 60.1 percent. The proportion of males without formal schooling is highest in Mombasa (3.3 percent) and lowest in Kisumu (0.8 percent).

Regarding religion, the majority of people surveyed were Protestants, accounting for more than half of the male and female populations in all five cities and for nearly three-quarters in each of Kisumu, Machakos and Kakamega. The rest of the population was largely Roman Catholic, accounting for approximately one-fifth of the population in all cities except for Mombasa, which has a large Muslim population (35 percent). In all other cities, Islam and other religions accounted for less than 7 percent of the overall population.

The wealth index displayed in Table 2.3 is based upon the individual's household wealth value. Women in the poorest wealth quintile ranged from 15 percent in Machakos to 19 percent in Kisumu. Women in the five cities were somewhat evenly distributed in wealth, with Machakos having the greatest variation (15.4 percent in the poorest, 24.4 in the richest).

2.3.2. Current Marital Status

In all cities, the majority of women surveyed reported being currently married or living with a partner. This percentage was in excess of 60 percent in Kisumu and Kakamega. In addition, in all cities, between one-fourth (in Kisumu) and one-third (in Nairobi) of surveyed women were never married, likely a result of the high proportion of survey respondents in the two youngest age categories. That said, all men in Kisumu had a notably higher rate of never having been married (almost 42 percent) than any other group, while only 27 percent of women from Kisumu reported the same. The percentage of women who were separated, divorced or widowed

accounted for approximately 10 percent of women in all cities. Each category of women—married, divorced, never married, etc.—may have different fertility and family planning needs and should be explored and accounted for in programming.

2.3.3. Number of Live Births

Table 2.3 shows that across the cities, between 24 and 32 percent of women interviewed have never had children. This is likely related to the percentage of the sample that were young or who reported never having been married or in a union. The majority of women in the sample have had between one and three children and only 10 percent of women in Nairobi and 14 percent of women in Machakos have four or more children. In the other cities, the percentage of women with four or more children is closer to 20 percent, suggesting that Nairobi and Machakos (which is near Nairobi) may have lower fertility desires.

Among men, the percentage reporting not having any children is higher than for women (between 37 percent and 42 percent). About 40 percent of men in Nairobi, Mombasa and Kisumu have one to three children, while between 18 and 22 percent of men report having four or more children. Overall, men in Kisumu have more children than the men in the other two cities. The data therefore suggest that while men in Kisumu tend to marry later, they nonetheless have as many children as, and sometimes more than, men in the other cities surveyed.

2.4. Fertility and Planning Status of Last Births

This section provides information on current fertility by presenting the age-specific and total fertility rates in each of the five cities surveyed. This chapter also discusses fertility references and the prevalence of unwanted births by describing whether respondents who had been pregnant or given birth in the last two years had planned these pregnancies.

2.4.1. Current Fertility

Estimates on age-specific fertility rates (ASFR) and total fertility rates (TFR) by wealth for the five cities are given in Table 2.4A and 2.4B. The ASFR for a specific age group gives the number of births per 1,000 women; it is calculated by dividing the number of births to women in that age group during a period by the number of years lived by women in that age group during the same time period. The TFR is a summary measure based on the ASFRs that extrapolates the number of children a woman would bear during her reproductive years if she were to experience the ASFRs prevailing at the time of the survey.

As Table 2.4A shows, Kakamega has the highest overall TFR (4.1 births per woman), while Machakos has the lowest (2.5 births). The data on the ASFR show that the peak childbearing age across all the cities is 20 to 24 years, where the ASFR ranges from 138.3 births per 1,000 women in Machakos to 215.3 in Mombasa. These findings are not surprising because age and number of years during which a woman remains in formal education are related to her fertility.

There is considerable amount of early childbearing (between the ages of 15 and 19), with ASFRs ranging from a high of 148.7 births per 1,000 women in Kisumu to a low of 65.9 in Machakos for that young group. These data suggest a particular urgency for FP programming in Kisumu, especially among the younger age group.

Fertility falls uniformly across cities from the age of 30 years and tapers off in the oldest age group. A trend analysis of previous Kenya Demographic and Health Survey (KDHS) data starting in 1992 shows a fall in TFR in urban populations from 3.5 in 1993 to 2.9 in 2008–2009: the findings from this survey show that there is a great deal of variability in TFR values within this urban classification. The TFR of 2.8 for Nairobi here is consistent with the 2008–2009

KDHS for Nairobi (which is both a city and a province), while the urban populations of the other four areas surveyed have TFRs that are notably lower than the provinces in which they are located.

Table 2.4A: Age-specific and total fertility rates, by urban area, Tupange/MLE, Kenya, 2010

	Nairobi	Mombasa	Kisumu	Machakos	Kakamega
Age-specific fertility rates per 1,000					
15–19	92.1	103.9	148.7	65.9	139.4
20–24	144.4	148.9	215.3	138.3	199.1
25–29	147.4	160.6	174.1	140.3	187.2
30–34	88.7	137.2	110.3	94.9	161.5
35–39	61.4	64.4	83.5	39.2	94.0
40–44	22.9	25.9	24.4	26.1	23.8
45–49	0.0	12.6	19.5	0.0	4.3
Total fertility rate	2.8	3.3	3.9	2.5	4.1

Table 2.4B: Total fertility rates by wealth index and urban area, Tupange/MLE, Kenya, 2010

	Nairobi	Mombasa	Kisumu	Machakos	Kakamega
Total fertility rate by wealth index					
Poorest	3.2	4.4	4.0	3.0	5.4
Poor	3.1	3.8	4.7	2.8	4.6
Middle	3.3	4.4	4.6	2.5	3.7
Rich	2.7	2.4	2.9	2.0	3.4
Richest	1.7	2.3	3.2	2.4	3.1
Total fertility rate	2.8	3.3	3.9	2.5	4.1

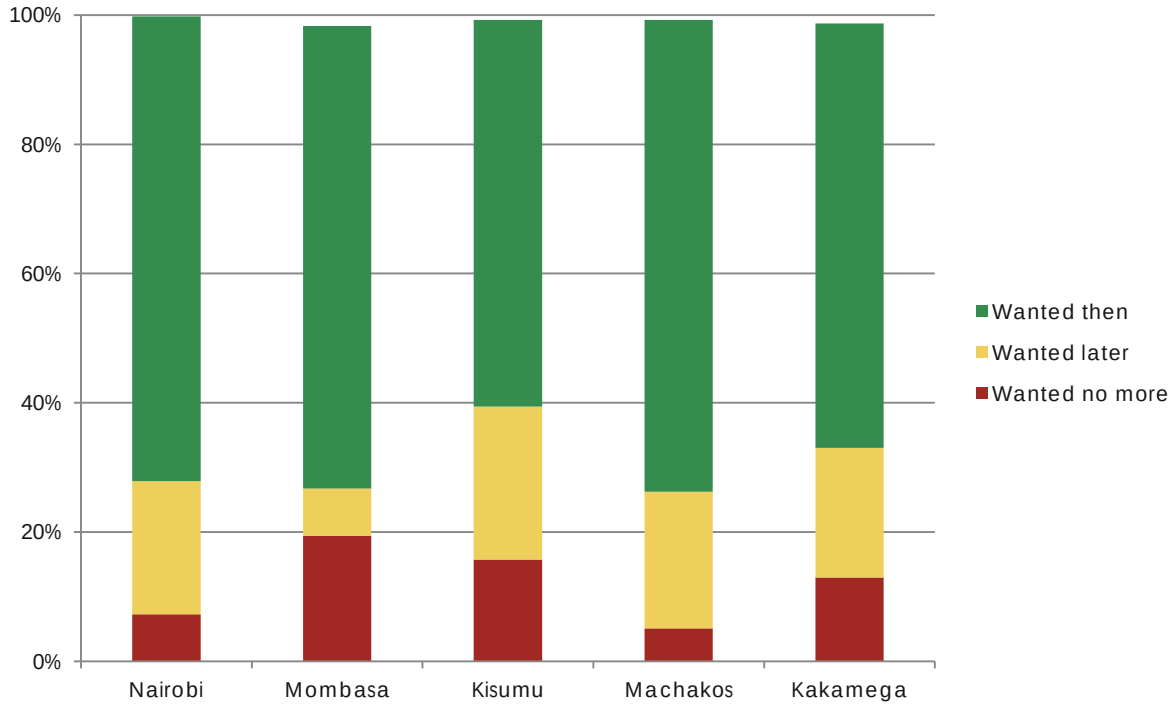
As was the case in the 2008–2009 KDHS, an inverse relationship between household wealth and TFR was observed and is shown in Table 2.4B.

2.4.2. Planning Status of Last Births

All women who had given birth since 2008 as well as women who were pregnant at the time of the survey were asked whether the last birth/current pregnancy was wanted at that time (i.e., planned), wanted at a later time (mistimed), or not wanted at all. Figure 2.2 shows the distribution of births since 2008, current pregnancies by urban area and the planning status of these births.

As illustrated in Figure 2.2, 27 to 40 percent of the last births since 2008 or current pregnancies were unplanned; that is, either the mother wanted a child later or wanted no more children at the time the she became pregnant. Kisumu had the largest share of women (40 percent) with unplanned pregnancies. About 60 percent of the women with unplanned pregnancies in Kisumu wanted a child later, while 40 percent did not want more children (data not shown). Among the cities, Machakos had the largest share of women (73 percent) who wanted their pregnancies at the time the pregnancy occurred.

Figure 2.2: Planning status of last birth since 2008 by urban area



Of the five cities surveyed, Mombasa had the largest proportion of unplanned pregnancies, with nearly one out of every five births reported as unplanned. Machakos was the urban area with the lowest proportion reporting this to be the case, at only 5 percent. This again indicates a high need for family planning services for women in Kisumu and Machakos. Some variation was found across cities in the proportion of women who wanted a child later, ranging from a low of 7 percent in Mombasa to 23 percent in Kisumu which indicates the need for family planning in order to better space pregnancies.

Chapter 3. Family Planning

As indicated in the KDHS, to attain a balance between resources and population, the Kenyan population policy promotes family planning as an entitlement that is based on informed and voluntary choice. Couples are motivated to adopt an FP method when they are offered improved access to and quality of reproductive health services. Adequate information about methods of contraception enables couples to develop a rational approach to planning their families. Therefore, a primary objective of this survey was to assess knowledge and use of contraceptive methods. This chapter describes women's knowledge, ever use and current use of contraceptive methods, as well as sources of modern methods, and intent regarding future contraceptive use. Also covered was knowledge of the fertile period, sources of FP methods, information provided to users, exposure to FP messages in the media (and elsewhere) and contraceptive myths. The type of information in this chapter was collected from all from five cities, from women aged 15–49 years old and men 15–54 years old.

3.1. Knowledge of Contraceptive Methods

Participating women and men were asked about their knowledge of various modern and traditional methods of family planning. To collect this information, a set of two questions was asked for each contraceptive method. First, respondents were asked to spontaneously mention all the methods of FP familiar to them. Then, for methods not mentioned spontaneously, the interviewer described the method and probed to see whether the respondent recognized it. Information was collected on knowledge about female and male sterilization, the pill, intrauterine devices (IUCDs), male condoms, female condoms, emergency contraception (EC) and "other modern methods" (diaphragms, foam or jelly, implants, lactational amenorrhea method [LAM]). Respondents were also asked about the Standard Days Method (SDM) and traditional methods.

Tables 3.1A and 3.1B show the percentage of women and men with knowledge of FP methods, by urban area. Knowledge (spontaneous and prompted) of any FP method was extremely high among both women and men. This is not surprising given the results of the 2008–2009 KDHS.

3.1.1. Women's Knowledge of Family Planning Methods

In general, women's spontaneous knowledge of each method was slightly lower than prompted knowledge. Spontaneous knowledge was highest for the pill, injectables and condoms, suggesting that Tupange may need to focus on increasing knowledge of long-term and permanent methods.

Modern methods

Almost all of the women in these five cities were aware of at least one method of family planning, more so for modern methods compared to traditional methods. Of these, the methods with which women were most familiar (spontaneous or prompted) were the pill (94 to 96 percent), the injectable (93 to 97 percent) and male condoms (97 to 98 percent). Several other modern methods were slightly less known but still highly recognized including the IUCD (78 to 87 percent), implants (79 to 87 percent) and female condoms (75 to 91 percent). Knowledge of female sterilization was lower, ranging from 63 percent in Nairobi to 84 percent in Machakos, and knowledge of male sterilization was also low (50 to 66 percent). Awareness of emergency contraception was lowest; only 45 percent of women in Mombasa were familiar with this form of contraception, and the highest proportion was 58 percent of the women in Nairobi.

Natural and traditional methods

Across all the cities, awareness of LAM (38 to 55 percent) and traditional methods (57 to 64 percent) of contraception was lower than knowledge of most modern methods. It is interesting to note, however, that awareness of the SDM was relatively high in all cities, ranging from 78 percent in Kisumu to 88 percent in Machakos. This finding is particularly interesting given the very limited promotion and availability associated so far with this method.

Table 3.1A: Women's knowledge of contraceptive methods, by urban area, Tupange/MLE, Kenya, 2010 (percentage)										
Method	Nairobi		Mombasa		Kisumu		Machakos		Kakamega	
	Spontaneous or probed knowledge	Spontaneous knowledge	Spontaneous or probed knowledge	Spontaneous knowledge	Spontaneous or probed knowledge	Spontaneous knowledge	Spontaneous or probed knowledge	Spontaneous knowledge	Spontaneous or probed knowledge	Spontaneous knowledge
Any method	98.1	94.4	98.3	90.7	99.0	95.5	98.9	96.2	98.4	95.1
Modern methods	98.1	94.2	98.3	90.5	98.9	95.3	98.9	96.0	98.4	94.9
Female sterilization	63.4	21.2	71.1	19.6	74.8	18.7	83.8	47.0	76.6	26.5
Male sterilization	50.0	16.0	56.7	15.6	52.7	11.2	58.3	26.3	65.7	21.8
Daily pill	94.9	84.8	94.4	79.5	95.0	81.6	95.5	89.7	94.2	82.1
IUCD	82.8	57.1	78.0	43.7	83.3	50.8	85.0	64.0	87.3	60.9
Injectables	95.4	82.1	93.4	77.2	96.5	83.5	95.8	85.7	95.9	85.0
Implants	81.4	55.0	78.9	43.7	87.0	58.9	86.3	68.4	84.0	55.0
Male condom	96.7	67.1	97.5	55.7	98.4	60.2	98.0	70.0	97.4	62.6
Female condom	87.1	46.1	74.9	18.5	87.8	37.4	80.0	47.3	90.5	46.2
Emergency contraception	57.7	23.1	44.5	11.0	57.6	12.6	52.8	27.8	51.9	18.6
Standard Days Method	79.2	34.3	78.9	25.6	78.0	22.7	87.5	48.8	81.6	31.6
LAM	49.7	18.8	40.2	11.3	46.8	9.1	37.7	14.6	54.5	15.1
Traditional methods	58.3	22.7	63.7	18.2	57.2	11.5	63.1	27.6	64.2	22.5

Table 3.1B: Men's knowledge of contraceptive methods, by urban area, Tupange/MLE, Kenya, 2010 (percentage)						
Method	Nairobi		Mombasa		Kisumu	
	Spontaneous or probed knowledge	Spontaneous knowledge	Spontaneous or probed knowledge	Spontaneous knowledge	Spontaneous or probed knowledge	Spontaneous knowledge
Any method	98.2	91.2	99.9	96.3	99.9	95.7
Modern methods	98.2	90.9	99.9	96.3	99.9	95.3
Female sterilization	67.2	18.5	82.9	30.7	77.0	15.4
Male sterilization	63.2	18.7	68.9	31.1	59.5	11.4
Daily pill	91.0	64.8	95.2	70.9	94.4	69.5
IUCD	64.8	24.4	60.2	22.9	65.7	16.1
Injectables	86.8	44.8	93.9	57.8	92.8	49.9
Implants	58.6	17.4	72.9	29.7	67.0	22.6
Male condom	97.7	80.0	99.9	88.4	99.3	83.4
Female condom	86.0	32.5	96.3	39.8	92.2	51.7
Emergency contraception	63.5	17.3	79.0	30.7	72.4	14.4
Standard Days Method	79.2	27.7	91.5	39.4	89.8	25.7
LAM	22.3	3.2	27.3	8.1	25.2	1.2
Traditional methods	69.9	14.8	82.2	24.5	76.4	8.9

3.1.2. Men's Knowledge of Family Planning Methods

Unprompted knowledge of contraception among men, as was found among women, was lower than their probed knowledge. Spontaneous knowledge of any modern method was nearly universal, with between 91 percent (Nairobi) and 96 percent (Mombasa) being able to name a modern method. As expected, the male condom was the most frequently mentioned method.

3.2. Ever Use of Contraception and Method Mix

All women were asked if they had ever used a contraceptive method, and if so, which ones. The data on ever use of modern and traditional family planning methods were analyzed according to wealth quintile for the women interviewed, and the results for all cities are shown in Table 3.2. In all five cities, use of any method as well as use of any modern method was slightly higher for women in the poorest quintile than for women in the richest quintile. This finding appears somewhat unusual and may warrant additional analysis. In four of the five cities, the percentage of ever users of contraceptives did not vary greatly by wealth quintile. The exception was Mombasa, where use of any modern method ranged from a low of 53 percent in the richest quintile to 66 percent in the middle quintile.

Across all five cities, injectable contraception, the pill and male condoms had the highest ever use. Ever use of traditional methods was highest in Nairobi and Machakos.

Table 3.2: Ever use of contraception among women 15–49, by urban area and wealth index, Tupange/MLE, Kenya, 2010 (percentage)

Urban area / Wealth index	Any method	Any modern method	Modern Method								Any traditional method	Number of women
			Female/male sterilization	Implant	IUCD	Injectables	Daily pill	Male condom	Emergency pill	Other modern method*		
Nairobi												
Poorest	76.2	71.4	1.7	3.1	3.8	48.3	30.2	28.1	9.4	5.6	20.5	483
Poor	74.1	71.8	1.6	3.9	6.0	49.0	32.6	30.7	7.1	7.4	21.5	518
Middle	79.9	77.2	0.6	6.2	5.7	45.1	43.0	28.5	8.3	6.9	23.4	521
Rich	73.0	70.9	1.0	7.2	5.8	39.7	34.0	31.9	12.3	6.4	25.4	549
Richest	71.7	70.0	2.9	10.5	9.1	23.5	32.4	42.0	19.8	6.9	26.4	634
Mombasa												
Poorest	60.3	56.4	0.8	2.7	1.3	39.2	30.2	12.2	1.4	1.8	13.3	256
Poor	63.4	58.5	0.8	1.2	2.7	41.8	15.4	16.5	4.7	1.6	15.6	269
Middle	71.0	66.2	1.1	4.0	3.2	44.4	35.3	21.0	7.9	1.8	19.5	305
Rich	63.1	62.1	0.8	3.1	4.3	32.3	32.4	23.6	9.3	4.5	13.9	304
Richest	53.2	52.8	2.1	4.5	9.8	20.9	25.4	25.3	8.6	4.0	17.9	332
Kisumu												
Poorest	81.5	80.2	1.8	5.0	2.3	54.9	20.7	40.4	2.1	5.1	18.4	310
Poor	75.4	72.6	1.8	9.4	2.4	50.3	22.6	32.6	0.9	3.5	14.1	302
Middle	74.5	70.0	2.2	4.8	3.4	44.3	23.6	35.1	3.6	4.1	18.8	298
Rich	75.3	70.7	1.7	6.4	2.7	42.4	23.6	36.8	9.3	2.8	19.6	327
Richest	73.8	70.8	3.2	9.9	7.8	33.1	22.3	45.9	13.2	4.7	22.7	366
Machakos												
Poorest	77.2	68.6	6.3	5.5	4.4	46.5	34.9	20.2	1.9	3.0	31.1	283
Poor	79.1	74.0	3.4	5.1	4.1	44.8	35.9	21.7	4.7	1.5	31.4	362
Middle	76.6	70.1	2.9	5.0	4.8	48.3	36.6	19.5	5.8	2.6	32.2	366
Rich	76.8	71.8	4.3	7.4	8.9	41.3	35.9	27.7	12.1	3.9	37.5	377
Richest	74.3	69.1	4.0	11.3	10.1	29.8	35.7	31.1	17.7	4.0	35.5	447

Table 3.2: Ever use of contraception among women 15–49, by urban area and wealth index, Tupange/MLE, Kenya, 2010 (percentage) (cont.)

Urban area / Wealth index	Any method	Any modern method	Modern Method								Any traditional method	Number of women
			Female/male sterilization	Implant	IUCD	Injectables	Daily pill	Male condom	Emergency pill	Other modern method*		
Kakamega												
Poorest	76.3	75.2	1.1	3.8	6.3	59.8	31.8	22.0	1.9	4.4	10.4	232
Poor	80.0	77.6	2.5	4.0	7.0	61.0	26.5	17.9	1.1	4.7	13.2	258
Middle	78.4	76.2	5.1	6.1	6.1	54.8	26.2	23.2	3.1	3.9	15.2	270
Rich	76.7	74.4	3.2	4.7	10.9	48.4	25.0	28.9	8.5	7.1	18.0	277
Richest	71.6	69.8	6.0	8.5	10.5	35.5	28.1	33.1	11.9	8.5	22.7	286

*Other modern methods include dermal patch, diaphragm, spermicide and LAM

3.3. Current Use of Contraception and Method Mix

3.3.1. Women's Current Use

All women were asked if they were currently using a contraceptive method, and if so, which one. The data on current use (or non-use) of modern and traditional family planning methods were analyzed according to wealth quintile, and the results for all cities are shown in Table 3.3A. Overall, use by method is displayed for all women and women married or in union. In every urban area except Mombasa, the percentage of women using versus not using any method of contraception was almost evenly split. In Mombasa, two-thirds of women were not using any method of contraception. Use of modern methods was approximately 45 percent in four of the five cities, but only 29 percent in Mombasa, a finding suggesting that particular emphasis may be needed to analyze whether this is a result of demand, of issues related to service delivery, or of other factors. The percentage of all women relying on traditional methods ranged from 3 percent in Kakamega to 8 percent in Machakos.

Table 3.3A: Percentage distribution of current use of contraception among women 15–49 by urban area and wealth index, Tupange/MLE, Kenya, 2010													
Urban area / Wealth index	Any method	Any modern method	Modern Method								Any traditional method	Not currently using	Number of women
			Female/male sterilization	Implant	IUCD	Injectables	Daily pill	Male condom	E-Pill	Other modern method*			
Nairobi													
Poorest	41.6	37.6	1.7	1.1	1.2	21.9	5.3	4.9	1.0	0.6	4.0	58.4	483
Poor	47.9	44.6	1.6	1.4	1.9	25.6	7.9	4.0	1.0	1.3	3.3	52.1	518
Middle	57.1	53.7	0.6	2.5	1.2	21.9	19.7	7.2	0.6	0.1	3.4	42.9	521
Rich	47.4	42.5	0.9	2.4	1.4	17.0	11.5	7.5	1.4	0.5	5.0	52.6	549
Richest	44.9	40.3	2.7	4.1	4.7	5.2	10.8	11.6	1.2	0.1	4.6	55.1	634
All women	47.7	43.7	1.5	2.4	2.2	17.7	11.1	7.3	1.0	0.5	4.1	52.3	2705
All women in union	62.8	58.0	2.2	3.4	3.1	26.9	17.6	3.4	0.5	0.9	4.9	37.2	1469
Mombasa													
Poorest	27.8	23.2	0.8	1.4	0.4	13.1	4.3	2.4	0.0	0.8	4.6	72.2	256
Poor	33.3	29.5	0.8	0.1	1.3	19.1	1.8	4.2	1.4	0.7	3.8	66.7	269
Middle	40.1	35.3	1.1	2.3	0.3	16.5	10.1	2.1	2.8	0.1	4.9	59.9	305
Rich	34.2	30.7	0.8	2.0	0.0	14.4	9.0	4.0	0.5	0.0	3.5	65.8	304
Richest	32.4	27.5	2.1	3.0	3.2	6.1	5.4	6.5	0.0	1.1	4.9	67.6	332
All women	33.7	29.4	1.2	1.8	1.1	13.6	6.3	3.9	0.9	0.5	4.4	66.3	1465
All women in union	48.3	41.7	1.4	2.6	1.3	20.6	10.6	3.0	1.3	0.9	6.7	51.7	837
Kisumu													
Poorest	47.6	43.3	1.8	3.8	1.1	22.1	6.2	7.0	0.5	0.8	4.2	52.4	310
Poor	50.1	48.5	1.8	8.1	0.0	26.2	4.6	6.9	0.5	0.4	1.6	49.9	302
Middle	47.9	44.0	1.3	2.7	0.7	22.9	5.5	10.2	0.3	0.3	3.9	52.1	298
Rich	44.5	41.0	1.7	3.7	0.6	20.7	5.0	8.3	0.6	0.4	3.5	55.5	327
Richest	49.6	45.1	3.2	4.7	2.9	13.6	4.2	14.6	1.4	0.5	4.5	50.4	366
All women	47.9	44.4	2.0	4.6	1.1	20.8	5.0	9.6	0.7	0.5	3.6	52.1	1603
All women in union	56.9	52.3	2.9	6.5	1.4	28.6	6.3	5.4	0.5	0.8	4.6	43.2	987.4

Table 3.3A: Percentage distribution of current use of contraception among women 15–49 by urban area and wealth index, Tupange/MLE, Kenya, 2010 (cont.)													
Urban area / Wealth index	Any method	Any modern method	Modern Method								Any traditional method	Not currently using	Number of women
			Female/male sterilization	Implant	IUCD	Injectables	Daily pill	Male condom	E-Pill	Other modern method*			
Machakos													
Poorest	52.7	44.3	6.3	3.4	0.5	23.8	4.5	5.2	0.4	0.2	8.4	47.3	283
Poor	58.9	50.2	3.4	3.3	1.1	22.9	12.2	6.7	0.5	0.0	8.7	41.1	362
Middle	52.4	47.3	2.7	3.5	2.0	26.8	8.8	3.0	0.3	0.2	5.1	47.6	366
Rich	51.8	41.7	4.3	3.8	3.9	16.8	8.3	3.8	0.8	0.0	10.1	48.2	377
Richest	50.9	43.3	4.0	5.2	3.8	10.6	10.8	8.3	0.3	0.4	7.6	49.2	447
All women	53.2	45.3	4.0	3.9	2.4	19.5	9.2	5.5	0.5	0.2	7.9	46.8	1833
All women in union	72.8	63.6	6.7	6.0	3.5	28.8	15.3	2.7	0.2	0.3	9.2	27.2	997
Kakamega													
Poorest	46.2	44.6	1.1	1.8	1.9	29.6	2.4	6.1	0.0	1.7	1.6	53.8	232
Poor	52.0	48.7	2.5	1.9	1.5	33.4	4.2	3.5	0.0	1.7	3.3	48.0	258
Middle	51.6	48.4	5.1	4.2	2.4	26.3	4.0	5.6	0.6	0.3	3.1	48.5	270
Rich	52.5	50.4	3.2	1.7	5.7	25.7	4.3	8.9	0.3	0.6	2.1	47.6	277
Richest	40.4	38.2	6.0	4.0	2.9	12.2	5.6	6.6	0.9	0.0	2.2	59.6	286
All women	48.5	46.0	3.7	2.8	2.9	25.1	4.2	6.2	0.4	0.8	2.5	51.5	1324
All women in union	61.2	57.9	5.0	4.0	3.8	34.0	5.4	4.7	1.0	3.4	3.4	38.8	826
*Other modern methods include dermal patch, diaphragm, spermicide and LAM.													

Among traditional method users, there was little variation in use based on wealth. The most popular method across all cities and among all women and women married or in union was the injectable. Between 14 and 25 percent of all women and between 20 and 34 percent of married women use this method. The percentage reporting current use of injectable contraceptives was highest in Kakamega. The oral contraceptive pill was also popular, and this was true across cities surveyed. Pill use was commonly reported in Nairobi and Machakos, particularly among women in union. Finally, across all cities, the women in the richest wealth group are generally the most likely to use condoms as compared to the other wealth groups.

3.3.2. Men's Current Use

Male respondents were asked: "Which method(s) are you or your partner currently using?" The responses are displayed in Table 3.3B. Use of modern methods among all men and men in unions is above 50 percent in both Nairobi and Kisumu but somewhat lower in Mombasa. As with women, the most popular methods reported were male condoms and injectable contraception; however, a greater percentage of men reported use of traditional or natural methods.

Table 3.3B: Percentage distribution of current use of contraception among men 15–59 by urban area, Tupange/MLE, Kenya, 2010												
Group	Any method	Any modern method	Modern Method								Other modern method*	Not currently using
			Female/male sterilization	Implant	IUCD	Injectables	Pills	Emergency contraceptive pill	Male condom	Any traditional method		
All men												
Nairobi	58.2	50.8	1.4	1.6	1.3	13.0	7.8	0.8	25.0	7.4	0.0	41.8
Mombasa	47.4	35.6	0.1	1.6	0.4	10.6	4.5	0.0	18.3	11.8	0.1	52.6
Kisumu	58.9	52.5	1.9	2.4	0.8	11.4	5.6	0.2	30.1	6.5	0.0	41.1
Men in union												
Nairobi	65.7	55.8	2.3	2.7	1.9	21.5	13.0	1.3	13.1	9.9	0.0	34.3
Mombasa	53.6	37.1	0.2	2.9	0.8	18.4	7.8	0.0	6.9	16.6	0.1	46.4
Kisumu	62.3	52.0	3.6	4.0	1.6	20.0	7.7	0.5	14.7	10.3	0.0	37.7
* Other modern methods include female condom, diaphragm, spermicide and LAM												

3.4. Knowledge of Fertile Period

Women and men were also asked, "From one menstrual cycle to the next, are there certain days when a woman is more likely to get pregnant if she has sex?" If a man or woman answered yes, they were asked if a woman is most likely to become pregnant just before her period begins, during her period, right after her period has ended, halfway between the two periods (the most accurate answer) or some other time. The results are presented in Table 3.4, and show that the percentage of women with knowledge of the correct answer to this question ranged from 22 percent in Kisumu to 33 percent in Kakamega and Nairobi. In several cities, women were more likely to answer that their most fertile period was immediately following menses. The percentage of men with knowledge of the correct answer ranged from 13.5 percent in Mombasa to 22.1 percent in Kisumu (not shown). None of the cities had a majority of men giving the correct response. It is clear from these data (and from data in the KDHS) that basic knowledge of reproductive physiology remains low.

Table 3.4: Knowledge of fertile period by urban area, Tupange/MLE, Kenya, 2010

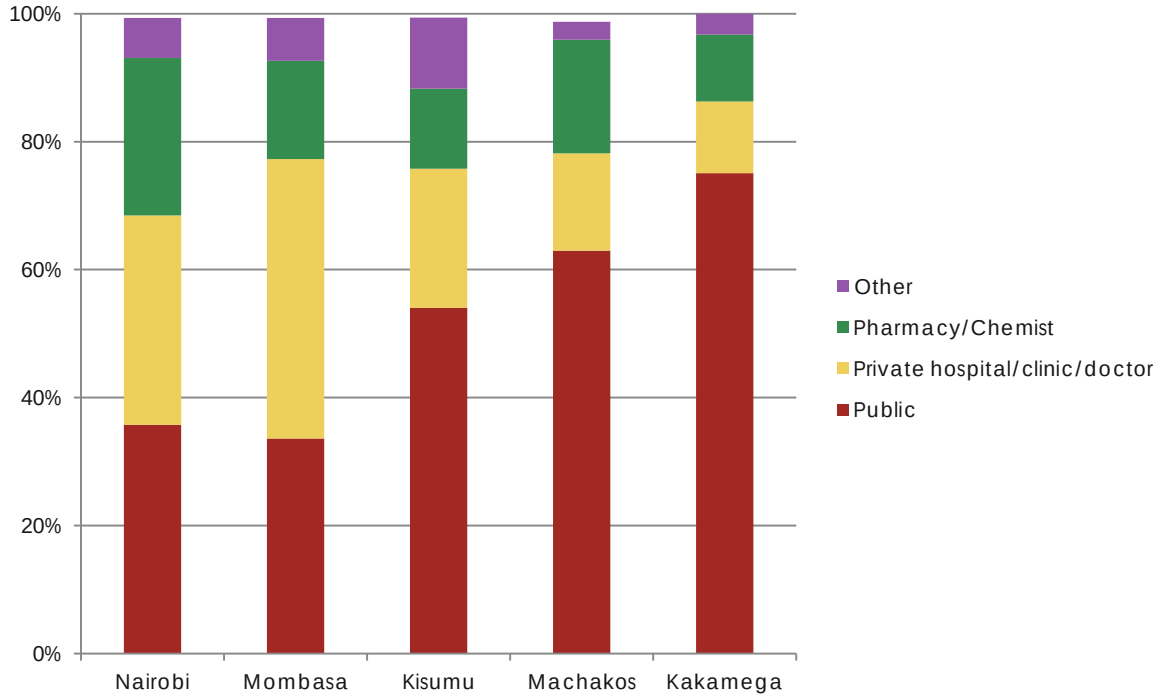
Women					
Perceived fertile period	Nairobi	Mombasa	Kisumu	Machakos	Kakamega
Just before her period begins	18.0	18.3	20.7	23.5	20.8
During her period	1.8	4.7	2.1	3.2	2.4
Right after it ends	27.5	26.1	37.0	30.5	24.4
Halfway between two periods	32.7	23.8	21.5	24.9	33.1
Other	0.5	0.5	0.7	0.2	1.0
Don't know/Missing	19.5	26.6	18.0	17.6	18.4
Total	100.0	100.0	100.0	100.0	100.0

3.5. Source of Current Modern Contraception Methods

All women who reported current use of a modern method of family planning were asked the source where they obtained their method most recently. Responses were grouped as public facilities, private facilities[5] and pharmacies/chemists. Figure 3.1 provides information on the percentage of women who received their current method from each of these sources.

[5] This includes nongovernmental organizations (NGOs) and faith-based organizations (FBOs).

Figure 3.1: Source of current modern contraceptive method among women users, by facility type, for five cities



Public health facilities were the source of FP for the majority of women in Kisumu, Machakos and Kakamega, and were the source for more than a third of women in Nairobi and Mombasa. Clients of private hospitals/clinics/doctors ranged from 15 percent in Machakos to 44 percent in Mombasa. Whether these differences among cities are related to access or to preferences cannot be determined by the data in this survey, but may be worth investigating further. The pharmacy or chemist was a less common source of contraceptives for women in all cities, ranging from 11 percent in Kakamega to 25 percent in Nairobi. Other sources included shops, kiosks, worksite clinics, voluntary counseling and testing (VCT) centers, etc., but these accounted for a small percentage of sources for modern contraception.

3.6. Informed Choice

Women who reported current use of the methods of modern contraception were asked if they were informed about possible side effects of their chosen method and were also asked if a health care worker provided information on alternative method choices. These results are presented in Tables 3.6A and 3.6B.

Table 3.6A: Percentage who were informed about potential side effects of methods chosen by method and urban area, Tupange/MLE, Kenya, 2010

Method	Nairobi	Mombasa	Kisumu	Machakos	Kakamega
Injectables	52.4	60.8	76.0	68.4	67.1
Daily pill	45.7	59.8	72.5	65.3	54.5
Condoms	21.1	20.0	22.0	11.4	18.4
Implants	63.8	65.8	86.1	68.5	66.6
IUCD	81.7	79.0	78.5	83.6	82.6
Other modern	28.4	38.4	48.8	46.1	47.4

Table 3.6B: Percentage who were informed by a health or family planning worker of other methods that could be used, by method and urban area, Tupange/MLE, Kenya, 2010					
Method	Nairobi	Mombasa	Kisumu	Machakos	Kakamega
Injectables	68.3	72.1	79.7	82.7	83.3
Daily pill	68.7	85.5	79.9	81.4	71.3
Condoms	41.4	51.6	37.9	44.8	52.5
Implants	85.5	82.1	83.4	91.9	83.3
IUCD	92.9	72.0	92.8	96.5	93.0
Other modern	60.5	60.3	64.4	72.4	72.5

Users of intrauterine devices were most often provided information on side effects and informed of other methods—close to 80 percent in all urban areas. In contrast, only 20 percent of women using condoms were offered information on side effects. This last fact may not be of concern in light of the limited side effects of condoms.

For users of injectable contraceptives, pills and implants, the proportion of women informed about the possible side effects of their current method ranged from about half of women in Nairobi to around three-quarters of women in Kisumu. Since fear of side effects remains a major reason for contraceptive non-use and discontinuation, it is important to ensure that the intervention looks at ways to address this issue through improved service delivery and expanded behavior change communication using key messages.

The percentage of women offered information on other methods ranged from 68 to 83 percent for those choosing the injectable, 69 to 86 percent for the pill, 82 to 92 percent for implants and 72 to 97 percent for the IUCD. These findings suggest that women are receiving information on important issues such as side effects and method choice but there is still room for improvement on the information provided to users of modern family planning.

3.7. Exposure to Family Planning Messages

This section provides information on women's exposure to family planning messages or information through radio, television and newspaper. As can be seen in Table 3.7A, the majority of women in all five cities reported hearing FP messages in the last three months on the radio, ranging from 56 percent in Mombasa to 73 percent in Kisumu. A slightly lower percentage of women had been exposed in the last three months to FP messages via television, with 41 percent in Kakamega and 53 percent in Kisumu reportedly seeing FP messages on television. Newspaper was a much less likely source of information on FP, yet still provided messages to a sizable percentage of the population, ranging from 22 percent in Mombasa to 33 percent in Machakos.

Table 3.7A: Women's exposure to FP messages, by source and urban area, women aged 15–49, Tupange/MLE, Kenya , 2010					
Media Source	Nairobi	Mombasa	Kisumu	Machakos	Kakamega
Radio	57.9	56.3	72.5	71.7	67.8
Television	50.4	52.5	47.7	43.6	41.1
Newspaper	25.0	21.6	24.2	33.3	24.4
None of these	27.6	25.7	17.0	17.3	20.9

Table 3.7B: Men's exposure to FP messages, by source and urban area, men aged 15–59, Tupange/MLE, Kenya, 2010			
Media Source	Nairobi	Mombasa	Kisumu
Radio	73.5	76.8	81.8
Television	61.4	59.6	62.4
Newspaper	49.8	44.4	46.7
None of these	14.8	11.2	9.4

Between 17 and 26 percent of women reported no exposure to family planning messages in the last three months via any of these three media. In all cities, men were more likely to have been exposed to an FP method in all three types of media and fewer men reported no exposure to any messages than did women. This could be related to men's overall higher consumption of media (see Chapter 6).

3.8. Contraceptive Myths

Incorrect information about contraception is often prevalent and can influence rates of contraceptive use. All respondents with knowledge of at least one contraceptive method were asked a series of questions relating to beliefs around family planning use. Respondents were asked whether they strongly agreed, agreed, disagreed or strongly disagreed with the statements listed in Tables 3.8A (for women) and 3.8B (for men). For simplicity of display, only the percentage of users who agreed or strongly agreed is displayed. The wording of the myths was slightly different for the women's and men's questionnaires and is therefore different on the tables.

The results show high levels of misinformation around family planning use in all cities. For example, in Kakamega 57 percent of women surveyed believe that use of a contraceptive injection could make a woman permanently infertile. A majority of female respondents in all five cities believed seven out of the eight myths presented. Regarding the association between contraception and female promiscuity (women who use may become promiscuous), between 18 percent (Kisumu) and 41 percent (Machakos) of women believed the statement to be true. Our data clearly suggest that misinformation remains common and that correcting this misinformation should be seen as a priority for program planners.

Table 3.8A: Percentage of women age 15–49 who agreed with the following statements regarding FP by urban area, Tupange/MLE, Kenya, 2010					
Statement	Nairobi	Mombasa	Kisumu	Machakos	Kakamega
Can make a woman permanently infertile	53.7	54.1	39.3	46.1	57.2
Users end up with health problems	75.4	77.5	73.6	82.5	78.6
Can harm your womb	62.4	71.9	53.1	63.4	70.1
Reduce women's sexual urge	63.1	55.9	59.0	48.4	57.7
Can cause cancer	55.6	68.2	40.8	70.6	60.8
Can give you deformed babies	63.9	63.3	62.6	61.1	66.8
Are dangerous to your health	72.8	76.9	64.2	82.5	70.9
Women who use may become promiscuous	38.1	32.0	18.0	41.2	23.6

Table 3.8B: Percentage of men age 15–59 who agreed with the following statements regarding FP, by urban area, Tupange/MLE, Kenya, 2010			
Statement	Nairobi	Mombasa	Kisumu
Can make a woman permanently infertile	51.2	58.8	47.8
Users end up with health problems	69.8	81.8	73.1
Reduce women's sexual urge	64.2	59.1	50.8
Can cause cancer	49.4	67.7	40.6
Can give you deformed babies	57.3	70.1	66.3
Are dangerous to women's health	65.3	83.5	63.0
Is a woman's business and a man should not have to worry about it	17.3	10.9	13.6
Women who use may become promiscuous	40.9	39.8	41.0
Using a male condom reduces a woman's sexual pleasure	51.3	59.6	36.6
Using a male condom reduces a man's sexual pleasure	56.5	65.6	43.9
Using a condom is a sign of cheating	23.8	40.4	23.2

Men were asked a slightly different set of questions than women, with the addition of questions about condom use. The survey found that men are also subject to misinformation regarding contraceptive use (as shown in Table 3.8B), and in light of their role as "gatekeepers," they can influence contraceptive use among women and youth. This finding suggests that attention to reducing the levels of misinformation is warranted. Surprisingly, a very small percentage (the highest was 17 percent in Nairobi) of men agreed with the statement "family planning/ contraception is a woman's business and a man should not have to worry about it." Like women, a majority of men believe common myths about contraception. These are important beliefs that need to be changed before people may adopt FP methods. Men's beliefs about condoms indicate that in Nairobi and Mombasa, the majority of men believe that using a condom reduces both a woman's and a man's sexual pleasure; the percentage agreeing with this belief in Kisumu was lower. This last finding is of interest as it may be that years of focused HIV campaigns are partly responsible for this, thus indicating that it may be possible to change overall beliefs and norms on condom use. In Mombasa, 40 percent of men believe that using a condom is a sign of cheating. In Nairobi and Kisumu the percentage reporting this belief is lower at about 23 percent.

3.9. Future Intention to Use Contraception

Women and men who were not using contraception at the time of the survey were asked about their intentions to use a family planning method in the next 12 months. Table 3.9A shows the intention to use contraception across the five cities among women.

Table 3.9A: Percentage distribution of women not currently using contraception and who know at least one FP method, based on their intention to use in the future, by urban area, Tupange/MLE, Kenya, 2010					
Women					
Urban area	Future intention to use contraception (in percentage)				Number of women not using
	Intends to use FP in the next 12 months	Does not intend to use in next 12 months	Does not know	Missing	
Nairobi	29.6	60.6	8.8	1.0	1,322
Mombasa	18.4	67.9	13.5	0.3	907
Kisumu	34.4	54.7	10.3	0.6	778
Machakos	28.2	64.6	6.2	1.0	805
Kakamega	32.2	58.2	9.1	0.6	629

The majority of women in all five cities not currently using contraception reported no intention of initiating family planning use in the next 12 months. Across all the cities, the proportion of women who did not intend to use contraception was substantially higher than the proportion of women who intended to use FP in the next 12 months. The percentage intending to use ranged from 18 percent in Mombasa to 34 percent in Kisumu. It is worth noting that a large proportion of women report that they do not know if they will use a method in the next 12 months. Some of these women are likely to adopt a method in the next year.

Table 3.9B: Percentage distribution of men not currently using contraception and who know at least one FP method, based on their intention to use in the future, by urban area, Tupange/MLE, Kenya, 2010

Men					
Urban area	Future intention to use contraception (in percentage)				Number of men not using
	Intends to use FP in the next 12 months	Does not intend to use in next 12 months	Does not know	Missing	
Nairobi	27.9	53.2	17.4	1.5	481
Mombasa	18.7	66.0	15.3	0.0	309
Kisumu	29.3	61.5	9.3	0.0	216

The responses to the same question for male non-users are displayed in Table 3.9B. Between 19 and 29 percent of men report that they intend to use a method in the next 12 months. Like women, the majority of men report that they don't know if they will use a method in the next 12 months.

3.10. Future Use of Contraception and Reasons for Non-Use

3.10.1. Future Intention to Use

An important indicator of the changing demand for family planning is the extent to which non-users of contraception plan to use FP in the future. Table 3.10A demonstrates future contraceptive preferences among women, disaggregated by method preferred. In every urban area, women who stated an intention to use contraception in the future most often reported an intention to use injectable contraception. This is not surprising because the injectable is the most common method used in the study cities (and as per the KDHS, nationwide). Other methods commonly named for future use include the pill and the male condom. Men gave similar responses in Table 3.10B, with condoms and the injectable being the methods most commonly cited as those to be used in future.

Table 3.10A: Percentage distribution of women age 15–49 who are not using a family planning method who intend to use in the future, by preferred method and urban area, Tupange/MLE, Kenya, 2010					
Women					
Method	Nairobi	Mombasa	Kisumu	Machakos	Kakamega
Female sterilization	2.5	0.4	3.4	3.7	7.5
Male sterilization	0.0	0.0	0.0	0.0	0.0
Implant	9.4	5.2	12.4	12.1	11.2
IUCD	3.6	4.3	2.7	3.3	5.1
Injectable	35.8	59.3	49.2	36.5	45.3
Pill	14.4	13.0	12.0	21.2	11.4
Emergency contraceptive pill	1.9	0.2	0.4	1.4	0.5
Male condom	14.2	6.2	13.3	6.8	11.0
Female condom	0.3	0.0	0.7	0.0	0.0
Natural methods	6.3	5.0	2.1	9.1	0.8
LAM	0.4	0.0	0.1	0.0	1.0
Other	11.1	6.5	3.7	6.1	6.0

Table 3.10B: Percentage distribution of men age 15–49 who are not using a family planning method who intend to use in the future, by preferred method and urban area, Tupange/MLE, Kenya, 2010			
Men			
Method	Nairobi	Mombasa	Kisumu
Female sterilization	2.3	4.9	7.3
Male sterilization	0.0	0.0	0.0
Implant	3.1	11.9	2.8
IUCD	4.2	0.7	3.9
Injectable	15.5	26.1	22.3
Daily pill	7.1	3.9	3.6
Emergency pill	2.6	0.0	0.0
Male condom	32.3	36.3	34.8
Female condom	0.0	0.0	0.0
Natural methods	8.6	13.3	5.1
LAM	0.0	0.0	1.8
Other	3.6	0.0	4.0
Don't know	18.8	0.9	14.4

3.10.2. Reasons for Non-Use

Respondents were asked to give their reasons for not currently using a family planning method at the time of the survey. This information is crucial for understanding obstacles to contraceptive use, so that programs can be designed either to increase demand or to meet unmet need. Reasons for non-use among women and men who were currently not using any FP method are presented in Tables 3.10C (for women) and 3.10D (for men). Respondents were asked, "why are you not currently using a method of family planning?" and were told they could offer as many reasons as they wanted, so the percentages displayed represent the percentage of women or men who gave each reason and do not add up to 100.

Table 3.10C: Percentage distribution of reasons for non-use of contraception among women, by urban area, Tupange/MLE, Kenya, 2010					
	Women				
Reason	Nairobi	Mombasa	Kisumu	Machakos	Kakamega
Fertility-related reasons					
Infrequent sex/No sex	46.1	44.6	40.1	60.0	38.7
Away from spouse	6.7	3.7	7.3	3.8	7.0
Already pregnant	9.7	9.4	12.8	12.2	11.8
Breastfeeding	5.6	4.0	9.0	4.3	8.5
Wants more children	10.2	11.8	13.2	8.7	12.5
Menopausal/Hysterectomy	1.3	2.4	1.7	2.5	2.2
Can't have more children	1.8	2.6	3.6	1.8	2.8
Opposition to use					
Respondent opposes	6.8	9.5	6.4	7.4	6.5
Partner opposes	2.2	2.7	5.1	1.3	3.6
Others oppose	0.5	1.1	1.3	0.7	1.3
Religious prohibition	2.6	4.6	2.8	0.9	1.5
Lack of knowledge					
Don't know which method to use	2.6	2.2	4.2	3.2	3.3
Don't know how to use method	2.3	2.6	6.0	2.8	4.2
Knows no source	0.2	0.8	0.7	0.7	0.9
Method-related reasons					
Health concerns	9.8	7.0	10.4	4.9	9.5
Fear of side effects	9.2	10.6	16.3	8.5	16.9
Lack of access/Too far	0.0	0.0	0.1	0.1	1.2
Costs too much	0.0	0.2	0.4	0.1	0.4
Inconvenient to use	0.3	0.1	0.0	0.8	0.4
Don't like existing methods	2.3	0.4	1.4	1.4	1.2
Bad experience with existing methods	2.1	2.1	1.2	1.5	2.7
Fatalistic	0.4	1.7	1.8	0.6	1.1
Others	1.0	0.2	0.2	0.8	0.9

Table 3.10D: Percentage distribution of reasons for non-use of contraception among men, by urban area, Tupange/MLE, Kenya, 2010			
Men			
Reason	Nairobi	Mombasa	Kisumu
Fertility-related reasons			
Infrequent sex/No sex	40.7	38.6	49.0
Away from spouse	11.0	6.0	8.1
Already pregnant	4.7	4.2	8.7
Breastfeeding	2.3	4.2	3.7
Wants more children	10.4	13.0	14.2
Menopausal/Hysterectomy	3.7	8.6	3.6
Can't have more children	1.8	5.1	1.8
Opposition to use			
Respondent opposes	6.9	3.6	12.7
Partner opposes	2.1	1.1	1.0
Others oppose	0.0	0.0	0.0
Religious prohibition	7.3	4.0	2.7
Lack of knowledge			
Don't know which method to use	6.3	0.7	1.6
Don't know how to use method	0.5	0.4	2.6
Knows no source	1.4	0.0	0.0
Method-related reasons			
Health concerns	3.8	3.3	2.3
Fear of side effects	5.3	6.2	3.6
Lack of access/Too far	0.3	0.0	0.1
Costs too much	0.2	0.0	0.0
Inconvenient to use	1.2	0.0	0.0
Don't like existing methods	3.8	3.4	3.6
Bad experience with existing methods	0.9	1.1	1.7
Fatalistic	1.0	3.6	1.1
Others	1.0	1.2	0.0

No large variations among cities were reported in the reasons given by women for not using contraception. The most commonly mentioned reason was infrequent or no sex: this was stated by between 39 and 60 percent of women in all cities. A much lower percentage of women (9 to 13 percent) were non-users because they were trying to get pregnant. Between 10 and 12 percent of the women were pregnant at the time of survey and therefore not using a method.

Fear of side effects is a reason for non-use commonly cited in FP literature. Within this sample of non-using women, fear of side-effects was mentioned among 10 to 16 percent of women. Very few women reported non-use due to partner or religious opposition or because of lack of knowledge of methods or method sources. Financial and geographic access was mentioned less than 1 percent of the time in all cities. Reasons for non-use given by male respondents were similar to those given by women, with infrequent/no sex being the most popular. Between 10 and 14 percent of men reported that they wanted more children as their reason for not using a method. Lack of access and cost of the method were mentioned in less than 1 percent of the cases for men as well. The findings from this survey therefore suggest that fear of side effects needs to be addressed (as does meeting unmet need) while increasing overall demand, except in

specific groups, such as young people and men in Mombasa, may not be the most immediate program priority.

3.11. Attitudes about Family Planning

3.11.1. Attitudes about Access and Use of Family Planning

Women were asked if they strongly agreed, agreed, disagreed or strongly disagreed with a series of statements regarding access and use of family planning methods (Table 3.11). Women almost universally agreed that they could get to a source of contraception and could obtain a method should they decide to use one. There was no significant difference by wealth group. Regardless of urban area of residence, a large majority of women surveyed said that even if her friends or neighbors did not use contraception or if her religious leader did not approve, she could use a method of contraception (range 82 to 96 percent). Women in Mombasa were most likely to say that such concerns could deter them from use (Table 3.11).

Also reported in Table 3.11 is that very few women—between 4 percent (Machakos) and 13 percent (Mombasa)—reported that they could continue using an FP method after experiencing problems with that method. This suggests that knowing about possible side effects in advance, and knowing when these are dangerous or serious, is important to women and may be an important component of interventions to improve the quality of service delivery.

Table 3.11: Percentage of women who agree or strongly agree with statements regarding accessing and using FP, by urban area and weath, Tupange/MLE, Kenya, 2010					
Urban area/ Wealth index	Can get to a place where FP methods are sold/offered if she decided to use one	Could obtain FP method if she decided to use one	Could use FP method even if none of her friends/neighbors uses	Could use FP method even if religious leader did not think she should use	Could continue using FP method even after experiencing some side effects
Nairobi					
Poorest	89.7	95.8	88.9	89.4	6.7
Poor	86.0	90.5	90.4	90.8	11.7
Middle	80.0	94.2	86.9	89.1	11.9
Rich	85.9	92.3	92.5	88.8	10.5
Richest	88.8	93.7	92.4	94.0	4.8
Overall	86.2	93.3	90.4	90.6	9.0
Mombasa					
Poorest	85.6	88.5	82.1	76.4	11.7
Poor	90.3	89.3	82.3	77.0	9.5
Middle	85.3	84.2	87.3	79.8	8.4
Rich	89.9	92.5	82.7	80.7	15.0
Richest	87.0	88.5	86.6	81.8	16.8
Overall	87.6	88.6	84.4	79.4	12.5
Kisumu					
Poorest	90.4	95.6	94.4	93.6	12.9
Poor	88.7	91.1	94.1	92.8	10.1
Middle	84.1	90.0	92.7	90.4	13.1
Rich	90.1	90.8	92.2	91.3	10.0
Richest	91.2	92.2	93.2	91.0	7.6
Overall	89.0	92.0	93.3	91.8	10.6
Machakos					
Poorest	93.2	93.0	90.0	84.7	4.2
Poor	91.1	89.8	90.0	88.5	5.8
Middle	93.4	93.5	94.2	89.8	3.9
Rich	94.6	93.9	92.9	89.2	4.9
Richest	94.8	95.1	91.9	90.7	1.2
Overall	93.5	93.2	91.9	88.9	3.9

Table 3.11: Percentage of women who agree or strongly agree with statements regarding accessing and using FP, by urban area and wealth, Tupange/MLE, Kenya, 2010 (cont.)					
Urban area / Wealth index	Can get to a place where FP methods are sold/offered if she decided to use one	Could obtain FP method if she decided to use one	Could use FP method even if none of her friends/neighbors uses	Could use FP method even if religious leader did not think she should use	Could continue using FP method even after experiencing some side effects
Kakamega					
Poorest	94.9	94.5	92.6	91.5	10.5
Poor	92.3	93.7	93.1	87.3	6.8
Middle	92.4	95.8	94.5	93.3	7.3
Rich	91.0	96.3	94.1	93.8	8.4
Richest	92.8	94.5	94.6	95.8	10.9
Overall	92.6	95.0	93.8	92.5	8.8

3.11.2. Attitudes and Beliefs about Family Planning Service Delivery

All women respondents were asked about their attitudes toward family planning service delivery (Table 3.11B). Taken as a proxy for satisfaction (among ever-users) and perceptions (among never-users) of quality, the data suggest that quality of service delivery appears to be high (i.e., few respondents agreed with the statements) in all cities and not dependent on a women's socioeconomic status. The largest variation came in response to the statement "women don't like the way they are treated in family planning clinics around here," where only 9 percent of women in Kisumu agreed compared with 25 percent in Nairobi. Even the lowest figure of 9 percent of women stating dissatisfaction is too high, and certainly 25 percent (one in four) respondents being unhappy with service is not acceptable.

No questions were asked about waiting times (particularly at public sites), and some other studies in Kenya have found this to be an issue rather than the treatment that clients get when they are finally seen.

The data are not available by age group, which might have provided useful information regarding how youth are (or expect to be treated) by health care workers. This may be an interesting issue to investigate in the future.

Table 3.11B: Percentage of women who agree or strongly agree with statements on perceived quality of care for FP services, by urban area and wealth index, Tupange/MLE, Kenya, 2010

Urban area / Wealth index	Percentage Who Agreed or Strongly Agreed with the Statement		
	"Family planning providers around here treat clients very badly"	"Women don't like the way they are treated in family planning clinics around here"	"Family planning sellers/providers make women like you feel bad when obtaining contraceptives"
Nairobi			
Poorest	23.0	25.5	17.8
Poor	18.5	25.8	13.5
Middle	23.9	27.1	15.3
Rich	17.3	23.5	17.4
Richest	17.8	21.7	11.9
Overall	19.9	24.5	15.0
Mombasa			
Poorest	6.7	12.6	8.4
Poor	7.6	8.4	8.0
Middle	6.4	7.0	9.0
Rich	6.8	6.7	6.6
Richest	12.0	14.3	10.5
Overall	8.0	9.8	8.6
Kisumu			
Poorest	7.1	8.7	5.0
Poor	5.4	6.2	4.4
Middle	9.0	9.1	6.4
Rich	4.5	10.2	4.2
Richest	7.6	9.6	8.5
Overall	6.7	8.8	5.8

Table 3.11B: Percentage of women who agree or strongly agree with statements on perceived quality of care for FP services, by urban area and wealth index, Tupange/MLE, Kenya, 2010 (cont.)			
Urban area / Wealth index	Percentage Who Agreed or Strongly Agreed with the Statement		
	"Family planning providers around here treat clients very badly"	"Women don't like the way they are treated in family planning clinics around here"	"Family planning sellers/providers make women like you feel bad when obtaining contraceptives"
Machakos			
Poorest	8.7	11.1	11.5
Poor	10.7	11.4	12.0
Middle	12.9	12.5	11.2
Rich	10.3	14.4	10.4
Richest	10.9	13.5	10.5
Overall	10.8	12.7	11.1
Kakamega			
Poorest	17.1	19.2	17.4
Poor	16.2	15.8	22.3
Middle	12.9	17.0	13.9
Rich	20.8	22.5	20.3
Richest	19.5	22.4	19.0
Overall	17.3	19.5	18.6

Chapter 4. Sexual Activity

This chapter presents information on sexual activity, collected from women ages 15–49 years and men ages 15–59 years. The topics covered in this chapter include recent sexual activity and age at first sexual intercourse.

4.1. Recent Sexual Activity

Respondents answered a series of questions on their sexual histories, starting with age at first intercourse, and those who ever had sexual intercourse were asked when was the last time they had sexual intercourse. As can be seen in Tables 4.1A (for women) and 4.1B (for men), the responses were grouped as: within the last four weeks, the last year and more than one year. For comparison, we added the women who had never had sex. These categories are exclusive to each other, so represent the entire sample of women. The majority of women interviewed (approximately 60 percent in each urban area) reported engaging in sexual intercourse within the last four weeks, while close to one-fifth reported sexual intercourse in the last year. Very few women—approximately 7 percent in each urban area—reported that it has been more than a year since they had sex, while between 9 percent (in Kisumu) and 18 percent (in Mombasa) reported never having sex. Men reported very similar rates across all categories, with a lower proportion reporting that they never had sex.

Table 4.1A: Timing of last sexual intercourse, by urban area, Tupange/MLE, Kenya, 2010

Women					
Timing of last sexual intercourse	Nairobi	Mombasa	Kisumu	Machakos	Kakamega
Within last 4 weeks	60.7	57.2	62.1	60.0	62.6
Within last year	19.3	18.3	21.6	17.8	20.8
More than 1 year	7.7	6.5	7.4	6.7	7.0
Never had sex	11.9	17.5	8.8	15.1	9.6
Missing	0.5	0.5	0.1	0.5	0.0

Table 4.1B: Timing of men's last sexual intercourse, by urban area, Tupange/MLE, Kenya, 2010

Men			
Timing of last sexual intercourse	Nairobi	Mombasa	Kisumu
Within last 4 weeks	65.5	59.7	68.4
Within last year	21.0	21.0	18.5
More than 1 year	5.0	9.1	4.7
Never had sex	7.7	9.0	8.3
Missing	0.8	1.2	0.2

4.2. Age at First Sexual Intercourse

Table 4.2A shows the percentage distribution of first sex among women by age and wealth quintile for the five cities. For all cities and wealth quintiles, a majority of women had engaged in sex by 20 years of age. Sexual debut occurred earlier in the poorer wealth quintile regardless of urban area of origin, an important finding that might suggest a combination of factors being at play, including transactional sex, lack of opportunity, poverty and a lack of hope that any aspirations might be achieved. In Kisumu, 77 percent of women in the poorest wealth quintile had engaged in intercourse by age 17, compared with only 36 percent in the richest wealth quintile. Nairobi saw a similar disparity, with 47 percent of women in the poorest wealth quintile experiencing sexual debut by the age of 17 compared with 21 percent of the richest. In Mombasa, while only 6 percent of women in the richest quintile reported having had sex when younger than 15, 23 percent of the poorest had. This trend was similar across all five cities.

Table 4.2A: Age at first sex among sexually experienced women 15–49, by urban area and wealth index, Tupange/MLE, Kenya, 2010

Urban area Wealth index	Percentage Who Had Intercourse, by Age Range						DK/Missing
	<15	15–17	18–20	21–23	24–26	27+	
Nairobi							
Poorest	8.5	38.8	40.5	8.7	2.8	0.3	0.4
Poor	11.1	33.7	41.5	9.2	3.3	0.9	0.4
Middle	8.4	29.4	38.3	17.3	5.6	0.2	0.7
Rich	3.6	27.9	45.2	14.8	4.7	3.0	0.8
Richest	1.4	20.0	46.5	20.6	8.3	3.2	0.0
Overall	6.4	29.6	42.5	14.4	5.1	1.6	0.5
Mombasa							
Poorest	22.8	40.7	28.9	5.3	1.6	0.1	0.7
Poor	17.6	34.6	32.2	8.3	6.2	0.9	0.3
Middle	7.0	32.6	36.6	14.5	7.5	1.0	0.8
Rich	3.1	33.1	42.2	10.0	9.3	2.3	0.0
Richest	5.7	21.5	28.9	26.9	13.5	2.2	1.2
Overall	11.1	32.5	33.9	13.0	7.6	1.3	0.6
Kisumu							
Poorest	23.3	53.3	18.8	2.9	1.3	0.3	0.2
Poor	24.1	49.1	21.9	4.3	0.3	0.0	0.4
Middle	14.6	59.2	21.3	2.2	2.0	0.7	0.0
Rich	10.1	46.1	32.5	8.0	1.7	1.0	0.7
Richest	6.5	29.6	41.0	13.1	9.1	0.7	0.0
Overall	15.7	47.1	27.3	6.2	2.9	0.5	0.3
Machakos							
Poorest	8.2	36.9	45.5	6.7	0.9	1.5	0.4
Poor	6.8	32.2	41.6	10.2	9.0	0.0	0.3
Middle	6.9	30.9	39.7	15.9	4.5	1.4	0.6
Rich	6.0	22.2	44.6	19.9	6.4	0.9	0.0
Richest	1.6	14.4	38.3	22.2	16.1	6.3	1.2
Overall	5.6	26.4	41.7	15.6	8.0	2.2	0.5
Kakamega							
Poorest	18.0	47.5	28.1	5.1	0.8	0.0	0.5
Poor	16.6	43.1	34.2	6.1	0.0	0.0	0.0
Middle	8.2	40.9	35.6	12.3	2.5	0.0	0.6
Rich	7.5	25.2	38.2	15.9	9.3	3.0	0.9
Richest	4.4	16.4	41.7	20.8	11.6	4.8	0.3
Overall	10.8	34.4	35.7	12.1	4.9	1.6	0.5

Table 4.2B: Age at first sex among sexually experienced men 15–59, by urban area and wealth index, Tupange/MLE, Kenya, 2010							
Urban area Wealth index	Percentage Who Had Intercourse, by Age Range						DK/Missing
	<15	15–17	18–20	21–23	24–26	27+	
Nairobi							
Poorest	23.6	39.9	28.6	3.7	2.5	1.0	0.8
Poor	19.4	41.7	22.7	7.9	4.6	1.4	2.2
Middle	26.9	33.0	26.5	8.0	2.6	2.6	0.4
Rich	18.7	34.0	31.6	7.8	5.5	1.0	1.3
Richest	18.1	31.2	35.3	6.5	3.1	5.1	0.8
Overall	21.5	36.3	28.6	6.7	3.7	2.1	1.1
Mombasa							
Poorest	22.9	38.3	26.3	4.2	4.8	3.6	0.0
Poor	25.3	36.8	23.0	3.0	7.5	2.5	1.8
Middle	22.6	32.6	35.2	1.1	7.2	0.1	1.4
Rich	16.3	34.9	37.4	3.7	6.1	0.2	1.5
Richest	14.2	42.9	27.6	2.8	3.0	5.4	4.2
Overall	20.3	37.1	29.9	2.9	5.6	2.4	1.8
Kisumu							
Poorest	31.3	43.8	21.9	0.8	1.3	1.0	0.0
Poor	31.6	35.3	28.2	1.6	0.4	0.0	2.9
Middle	31.1	44.3	22.4	1.5	0.7	0.0	0.0
Rich	18.8	48.6	21.7	8.1	2.1	0.7	0.0
Richest	16.8	34.4	28.1	12.8	2.7	5.2	0.0
Overall	26.9	41.5	24.3	4.2	1.3	1.2	0.6

Data collected from men (see Table 4.2B) show a similar pattern. The trend shows a greater proportion of men in the poorer quintiles having earlier sexual debut although the differences found are not as pronounced as were found among women. For example, 64 percent of the poorest men in Nairobi had their first sexual experience by the age of 17 compared to 49 percent of the richest. In Kisumu, which had the greatest disparity between the wealth quintiles for women, 75 percent of the poorest men had had sex by 17 compared to 51 percent of the richest.

4.3. Fertility Preferences

This section presents information from the five cities on fertility preferences, collected from women aged 15–49 years and men aged 15–59 years. To obtain this information, all non-pregnant women surveyed were asked if they would like to have (a/another) child or would prefer not to have any (more) children. Pregnant women were asked if they would like to have another child or prefer not to have any more children after delivering the one they were carrying. Women who expressed a desire for additional children were asked how long they would like to wait before the birth of their next child. Men between the ages of 15 and 59 years were also asked these questions. The findings are presented in Tables 4.3A (women) and Table 4.3B (men). These data give an indication of demand for FP services that could be addressed through demand generation activities.

Data on the unmet need for family planning methods indicate the gap between demand for and use of family planning services. The unmet need for spacing relates to women who want to space

or limit births but are not currently using a method of contraception. In this group are fecund, sexually active women who are not pregnant, and are not using any method of family planning but want to wait two or more years for their next birth as well as currently pregnant women whose pregnancy was reported as mistimed. Unmet need for limiting refers to women who want to limit their childbearing. Also included are fecund, sexually active women who are not pregnant, and are not using any method of family planning, but want no more children, as well as currently pregnant women whose pregnancy was unwanted. Data on unmet need for spacing and limiting by wealth quintiles and marital status are given in Table 4.4 for all five study cities.

Table 4.3A: Percentage distribution of fertility preferences among women, by urban area, Tupange/MLE, Kenya, 2010

Women					
Desire for children	Nairobi	Mombasa	Kisumu	Machakos	Kakamega
Wants another soon (<2 years)	13.5	14.2	11.9	10.4	12.8
Wants another later (2+ years)	38.2	30.8	40.1	30.7	38.6
Wants after marriage	4.4	11.7	5.9	12.1	2.8
Wants another, undecided when	7.8	10.2	5.0	5.8	6.9
Want no more	33.2	29.1	32.7	36.3	33.2
Infecund	2.7	3.1	4.1	4.6	5.6
Don't know/Missing	0.2	0.9	0.2	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0
Number of women	2,706	1,465	1,603	1,834	1,324

About 30 percent of the women across the cities said that they did not want any (more) children (range 29 to 36 percent). Roughly two-thirds of the women in each urban area said they would like to have a/another child at some time, although more women (between 30 to 40 percent) preferred that such a birth occur in two or more years rather than within two years (around 10 percent). Women in Mombasa were most likely (14 percent) to report wanting a/another child within two years' time, and women in Kisumu were the most likely to express (40 percent) wanting a child after two years.

Between 5 and 10 percent of women wanted (more) children but were undecided when. In Mombasa and Machakos, about 12 percent of women reported that they wanted a child but only after marriage. Approximately 5 percent of women reported being infecund.

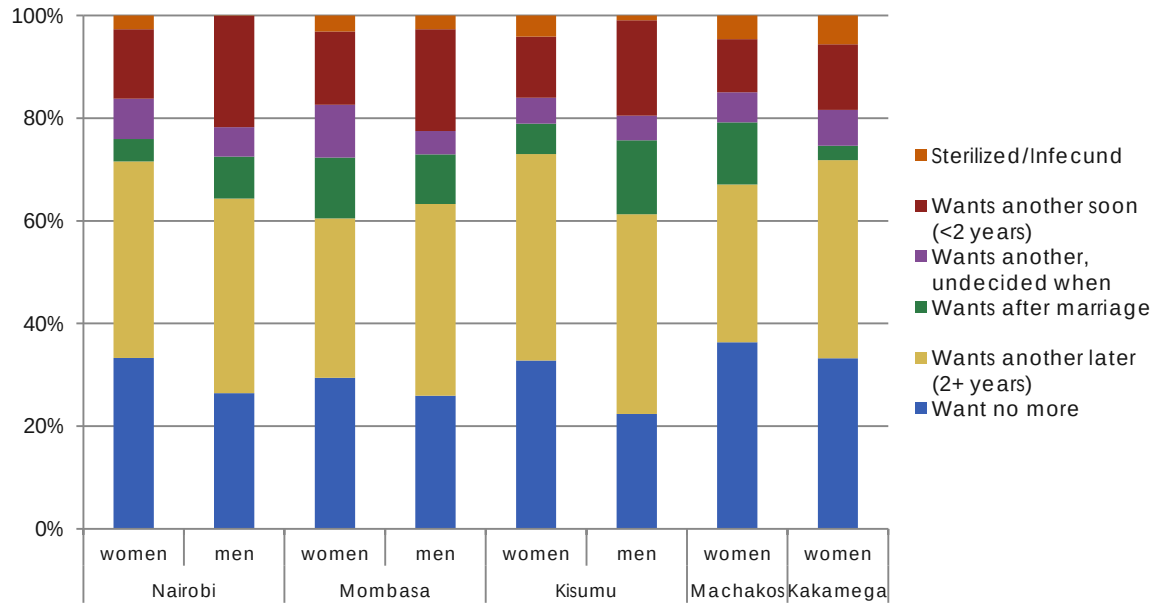
Table 4.3B: Percentage distribution of fertility preferences among men, by urban area, Tupange/MLE, Kenya, 2010

Men			
Desire for children	Nairobi	Mombasa	Kisumu
Wants another soon (<2 years)	21.5	19.7	18.5
Wants another later (2+ years)	37.7	37.1	38.8
Wants after marriage	8.2	9.6	14.4
Wants another, undecided when	5.7	4.6	4.8
Want no more	26.3	25.8	22.4
Sterilized/Infecund	0.1	2.7	1.0
Don't know/Missing	0.5	0.6	0.2
Total	100.0	100.0	100.0

Table 4.3B shows male respondents' responses to the same question. A large proportion of men (between 22 and 26 percent) said they did not want any more children. Between 45 and 50 percent of the men in each urban area wanted another child, but like the women, the majority

wanted to postpone the (next) birth for at least two years. Approximately 20 percent wanted a child within two years and between 8 and 14 percent wanted a child after marriage.

Figure 4.1: Fertility preferences for women and men in five cities



4.4. Unmet Need

As described earlier in this section, unmet need for family planning methods indicates the existence of a gap between demand for and use of FP services. Data on unmet need for spacing and limiting by wealth quintiles and marital status are given in Table 4.4 for all five study cities.

Table 4.4: Unmet need* for FP among married 15–49 and among unmarried, sexually active women 15–49, by urban area and wealth index, Tupange/MLE, Kenya, 2010

Urban area / Wealth index	Currently Married Women				Unmarried Sexually Active**	
	No unmet need	For spacing	For limiting	Total unmet need	No unmet need	Total unmet need (space or limit)
Nairobi						
Poorest	67.5	16.8	15.7	32.6	50.9	49.1
Poor	72.3	19.2	8.5	27.7	67.0	33.0
Middle	78.2	13.0	8.8	21.8	74.3	25.7
Rich	72.5	15.3	12.2	27.5	63.5	36.6
Richest	81.6	11.4	7.0	18.4	61.8	38.2
Mombasa						
Poorest	59.5	27.8	12.7	40.6	21.4	78.6
Poor	62.3	24.5	13.3	37.8	57.1	42.9
Middle	67.6	17.3	15.2	32.4	59.2	40.8
Rich	76.0	11.5	12.6	24.0	36.9	63.1
Richest	71.2	12.6	16.1	28.8	47.2	52.8

Table 4.4: Unmet need* for FP among married 15–49 and among unmarried, sexually active women 15–49, by urban area and wealth index, Tupange/MLE, Kenya, 2010 (cont.)

Urban area / Wealth index	Currently Married Women				Unmarried Sexually Active**	
	No unmet need	For spacing	For limiting	Total unmet need	No unmet need	Total unmet need (space or limit)
Kisumu						
Poorest	63.4	26.7	10.0	36.6	70.1	29.9
Poor	67.3	21.2	11.5	32.7	65.7	34.3
Middle	68.2	16.6	15.2	31.9	68.7	31.3
Rich	76.0	14.9	9.1	24.0	68.9	31.1
Richest	78.2	10.9	10.9	21.8	63.9	36.1
Machakos						
Poorest	80.0	7.8	12.2	20.0	66.1	33.9
Poor	86.9	4.8	8.3	13.1	76.2	23.8
Middle	82.6	9.4	8.0	17.4	60.2	39.8
Rich	79.4	10.8	9.8	20.6	65.5	34.5
Richest	80.1	9.4	10.5	19.9	61.9	38.1
Kakamega						
Poorest	69.9	16.2	13.9	30.1	52.9	47.1
Poor	76.5	14.9	8.6	23.5	51.3	48.7
Middle	72.2	15.5	12.3	27.9	77.7	22.3
Rich	75.8	14.6	9.6	24.2	61.4	38.6
Richest	73.6	12.9	13.6	26.4	47.6	52.5

*Unmet need for spacing includes pregnant women whose pregnancy was mistimed; and fecund women who are non-pregnant, who are not using any method of family planning, and say they want to wait two or more years for their next birth. Unmet need for limiting refers to pregnant women whose pregnancy was unwanted; and fecund women who are non-pregnant, who are not using any method of family planning, and who want no more children. Excluded from the unmet need category are pregnant women who became pregnant while using a method (these women are in need of a better method of contraception).
**Sexually active - had sex in the last year (n's small for this group).

Table 4.4 shows that among the five cities, unmet need for currently married women ranged from a low of 18 percent in the richest quintile in Nairobi to a high of 41 percent in the poorest quintile in Mombasa. These figures were much greater for unmarried, sexually active women, suggesting that these women are not getting the services they want and need. Among unmarried sexually active women, unmet need ranged from a low of 22 percent in the middle quintile in Nairobi to a high of 79 percent in the poorest quintile in Mombasa, however the number of observations in these groups is small.

With few exceptions, among currently married women, the unmet need for a spacing method is greater across all cities and wealth quintiles than the unmet need for limiting births. On average, among all women who reported an unmet need for an FP method, more women felt a need to space than limit future births. Analysis of the data on total unmet need among currently married women by wealth quintiles showed that unmet need tended to fall as income rose in Nairobi, Mombasa and Kisumu. This meant that the poorest quintile tended to have the largest proportion of women reporting an unmet need for family planning, and this proportion declined as wealth increased. In the remaining two cities, however, this pattern was not observed.

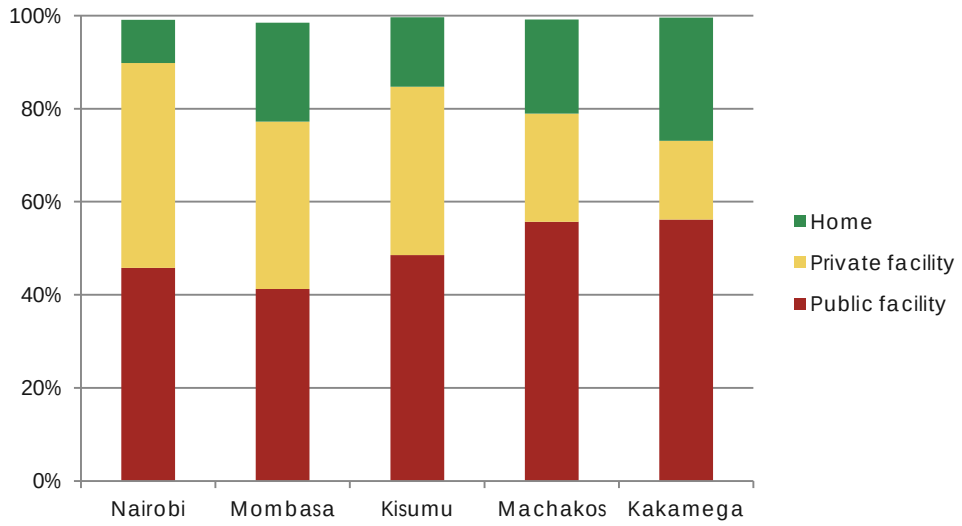
Chapter 5. Maternal and Child Health

This chapter contains information on indicators related to maternal and child health (MCH) collected from women who had at least one birth since 2008. Findings relating to place of delivery and infant and child mortality in the five cities are also presented in this chapter.

5.1. Place of Delivery

Women in the five cities surveyed were asked about the place of delivery for the youngest child to whom she had given birth since 2008. As presented in Figure 5.1, public facilities were the most commonly cited place of birth for women in all cities, ranging from 41 percent in Mombasa to 56 percent in Kakamega. Although used less often than public facilities, private facilities were still commonly used by many women, ranging from 17 percent in Kakamega to 44 percent in Nairobi. In Nairobi, less than 10 percent of women gave birth at home. In comparison, more than one in four women in Kakamega had a home birth. Whether this difference is due to access to services or other factors cannot be inferred from our data.

Figure 5.1: Place of delivery for women who have given birth since 2008, in five cities



5.2. Assistance during Delivery

The type of assistance women receive during delivery is an important determinant of the birth outcome, including the health and survival of the mother and infant. While most antenatal services can be effectively delivered by a midwife, nurse or similarly skilled health professional, safe deliveries require skilled attendance (as well as equipment and supplies). The skills and performance of the birth attendant determine whether or not he or she can manage complications and observe hygienic practices. For complicated cases, it may be necessary to draw upon more specialized skills (WHO, 2003).

Table 5.2: Percentage distribution of women who have given birth since 2008, by type of assistance during delivery and urban area, Tupange/MLE, Kenya, 2010–2011*						
Type of assistance during delivery	Nairobi	Mombasa	Kisumu	Machakos	Kakamega	All Cities
Doctor/Clinical officer	59.1	47.5	43.4	55.4	44.9	55.5
Nurse/Midwife	30.6	28.4	32.2	24.7	29.9	30.2
TBA	2.0	7.8	14.7	9.5	8.1	4.2
Community health worker	1.1	0.6	3.1	0.7	1.5	1.1
Friend or relative	4.0	10.9	2.5	6.3	6.5	5.3
Other	1.3	1.7	0.9	0.3	1.4	1.4
No one	1.1	1.3	2.8	1.8	7.3	1.4
Missing	0.8	1.9	0.4	1.2	0.4	1.0
Number of women with a birth since 2008*	825	463	597	447	509	2,841
* Some women gave multiple responses; in such cases, we took the "most qualified" health provider mentioned as the primary source of delivery care service.						

Table 5.2 presents the percentage distribution of women who have given birth since 2008 by type of attendant. Across the five study sites, the majority of births were assisted by skilled health workers (doctor/clinical officer and nurse/midwife), ranging from about 75 percent in Mombasa, Kisumu and Kakamega to 90 percent in Nairobi. Noticeably, the proportion of births delivered by traditional birth attendants (TBAs) remains high in Kisumu, at nearly 15 percent, and in Mombasa, almost 11 percent of respondents reported being delivered by a friend or relative. This suggests that improvements are still needed in ensuring that women in Kenya receive skilled care at birth; our findings reinforce those reported in the most recent KDHS. The increasing maternal mortality ratio noted in Chapter 1 shows that much remains to be done on the safe motherhood front.

5.3. Integration of FP Services with MCH and HIV Services

The issue of integration of FP services with MCH and HIV/AIDS services is becoming an increasingly high priority among national reproductive health programs, donors and development partners. This is premised on the view that these services have similar characteristics, target populations and desired outcomes, and share common needs and concerns. Indeed, a review of the literature on linking reproductive health and HIV services found that integration led to increased access to and uptake of services including use of modern contraceptives, increased HIV testing and condom use, and improvements in overall quality of services (USAID, 2011; Ringheim et al., 2009).

To provide a basis for the assessment of the level of integration, the MLE survey collected data on information or counseling on family planning received by women during their most recent visits to MCH services and HIV testing, or while purchasing or obtaining medicine from a pharmacy. The results are presented in Tables 5.3A (last maternal health visit), 5.3B (time of delivery), 5.3C (last child health visit), 5.3D (last child vaccination visit), 5.3E (last HIV test) and 5.3F (preferred pharmacy).

Table 5.3A shows that the proportion of women who received FP counseling or information at the time of their last maternal health visit was 73 percent in Machakos, around 62 to 64 percent in Nairobi, Mombasa and Kisumu, and 56 percent in Kakamega. Across the study sites, a low proportion of women received an FP method during the last maternal health services visit (from 4 percent in Mombasa to 10 percent in Nairobi).

In Table 5.3B, the proportion of women who reported receiving FP counseling or information just before and/or after delivery was highest in Kakamega (73 percent) and Machakos (69 percent), followed by Nairobi (60 percent). Across the sites, the likelihood of receiving FP counseling or information was higher after delivery (with proportion varying from 37 percent in Mombasa to 56 percent in Machakos) than before delivery (proportions between 4 and 12 percent) or at both before and after delivery (proportion between 4 and 8 percent). These numbers are however all quite low and suggest missed opportunities and an area on which the project could focus to expedite some quick wins and impact.

Comparing Table 5.3A and 5.3C, it is apparent that the pattern that emerged across all five cities was that child health services tend to be more "integrated" with FP services than were maternal health services. This is gap that needs significant attention and intervention. Offering routine postpartum family planning might be a way for urban populations to see better health.

Table 5.3A: Percentage of women* aged 15–49 receiving FP counseling or information at time of last maternal health visit, by service received and urban area, Tupange/MLE, Kenya, 2010

Type of information / counseling received	Nairobi	Mombasa	Kisumu	Machakos	Kakamega	Number of Women
Received no information on FP	62.1	63.5	62.8	73.3	56.3	1,196
Received a method	10.4	4.0	7.2	6.3	8.0	146
Received a prescription	6.9	5.1	6.0	7.9	11.9	147
Received a referral	2.7	4.3	1.4	1.6	2.2	44
Received no referral, prescription or method	18.0	23.2	22.6	10.9	21.6	366
Total	100.0	100.0	100.0	100.0	100.0	1,899

* Limited to women with a living child

Table 5.3B. Percentage of women* at time of delivery by whether received FP counseling or information and urban area, Tupange/MLE, Kenya, 2010

If FP information / counseling received	Nairobi	Mombasa	Kisumu	Machakos	Kakamega	Number of Women
Yes, before delivery	8.2	4.3	6.8	9.3	12.2	183
Yes, after delivery	45.0	36.5	44.2	56.0	53.7	1,053
Yes, both before and after	6.9	8.3	4.3	3.8	6.7	136
Not at all	37.6	46.6	41.0	30.6	24.6	825
Don't know	0.9	1.6	3.0	0.0	2.3	35
Missing	1.4	2.8	0.6	0.3	0.6	26
Total	89.5	77.2	84.6	78.8	73.2	2,259

* Limited to women with one or more births since 2008 and who delivered in a facility

Table 5.3C: Percentage of women* age 15–49 receiving FP counseling or information at time of last child health visit, by service received and urban area, Tupange/MLE, Kenya, 2010						
Type of information / counseling received	Nairobi	Mombasa	Kisumu	Machakos	Kakamega	Number of Women
Received no information on FP	73.4	77.9	79.0	81.9	69.1	1,735
Received a method	9.0	3.1	4.9	6.6	11.2	163
Received a prescription	4.3	5.4	2.2	5.7	4.4	98
Received a referral	1.2	2.9	0.1	0.3	1.7	24
Received no referral, prescription or method	12.1	10.8	13.7	5.5	13.7	257
Total	100.0	99.1	100.0	100.0	100.0	2,278
* Limited to women with at least one living child						

Table 5.3D: Percentage of women* 15–49 receiving FP counseling or information at time of last child vaccination visit, by FP service received and urban area, Tupange/MLE, Kenya, 2010						
Type of information / counseling received	Nairobi	Mombasa	Kisumu	Machakos	Kakamega	Number of Women
Received no information on FP	58.1	59.4	48.4	57.5	47.9	1,460
Received a method	18.8	7.2	18.9	15.0	17.0	446
Received a prescription	6.9	10.1	7.2	13.8	8.7	231
Received a referral	2.4	2.6	1.1	0.5	0.8	47
Received no referral, prescription or method	13.8	20.8	24.4	13.1	25.5	525
Total	99.0	100.0	100.0	99.1	100.0	2,711
* Limited to women with at least one birth since 2008						

Table 5.3E: Percentage of women age 15–49 receiving FP counseling or information at time of last HIV test, by service received and urban area, Tupange/MLE, Kenya, 2010						
Type of information / counseling received	Nairobi	Mombasa	Kisumu	Machakos	Kakamega	Number of Women
Percentage who received HIV test						
	51.4	41.8	66.1	37.9	50.3	4,115
Service provided						
Received no counseling on FP	75.4	79.3	71.6	84	70.8	3,113
Received a condom	2.6	1.8	5.6	3.0	5.5	152
Received method other than condom	2.8	2.5	2.7	0.8	3.7	106
Received a prescription	4.7	3.5	3.9	4.2	6.0	184
Received a referral	1.1	0.3	0.4	0.2	1.3	30
Received no referral, prescription or method	13.3	12.6	15.7	7.9	12.8	528
Number of women	1,298	588	940	643	642	4,112

Table 5.3F: Among women age 15–49 who have a specific pharmacy from which they usually purchase medicines, the percentage who have EVER received information or counseling on FP from their preferred pharmacy, by urban area, Tupange/MLE, Kenya, 2010						
Age	Nairobi	Mombasa	Kisumu	Machakos	Kakamega	Number of Women*
15–19	5.3	7.8	3.9	2.6	2.1	1,244
20–24	9.5	10.7	4.9	3.7	3.9	2,439
25–29	14.0	14.1	7.9	6.9	7.1	2,007
30–34	13.8	13.2	7.3	8.2	4.6	1,297
35–39	13.7	13.2	2.8	5.9	4.2	875
40–44	9.5	15.9	5.2	5.7	0.7	624
45–49	11.5	9.4	3.8	4.6	3.5	446
Total	11.4	11.9	5.5	5.4	4.2	8,932

The proportion of women who received FP counseling/information at time of last child health visit is highest at 82 percent in Machakos, lowest at 69 percent in Kakamega and stands between 74 and 79 percent in the three other sites. As for the last maternal health visit, the proportion of women who received a method during the last child health visit is low. While the proportion of women who received FP counseling/information at time of last child vaccination, compared to during the last maternal and child health visit (see Tables 5.3A and 5.3D) is higher, the proportion of women who received a method of FP is also higher, standing at 19 percent in Nairobi and Kisumu, and 15 percent and 17 percent in Machakos and Kakamega, respectively.

Table 5.3E reports an overall high proportion of women receiving FP counseling/information at time of their last HIV test, ranging from 71 percent in Kisumu and Kakamega to 84 percent in Machakos. Finally, Table 5.3F shows a low proportion (between 4 percent and 12 percent) of women who have ever received information/counseling on FP/birth spacing from their preferred pharmacy, with highest proportions recorded in the age group 25–39 in most study sites.

5.4. Neonatal, Infant and Child Mortality

Table 5.4 displays the neonatal, infant and under-five mortality rates. As can be seen, neonatal mortality rates across the five cities is around 23–26 per 1,000 live births except in Machakos (30 per 1,000 live births). The data suggest that neonatal mortality is lower in the study sites compared to overall urban Kenya as reported in the 2008/09 DHS (32 per 1,000 live births). This was also found to be the case, with infant mortality and under-five mortality rates also lower in the study sites, compared to overall urban Kenya.

Table 5.4: Mortality rates, by urban area, Tupange/MLE, Kenya, 2010–2011					
Rate	Nairobi	Mombasa	Kisumu	Machakos	Kakamega
Neonatal mortality rate	25.5	23.7	23.2	30.0	23.6
Infant mortality rate	44.2	41.5	49.6	48.1	52.2
Under-5 mortality rate	46.7	48.6	59.7	49.9	54.8

Chapter 6. Decision-Making and Women's Empowerment

This chapter presents data on communication between spouses regarding fertility preferences and the decision to use family planning. Spousal communication on the use of contraception and number of preferred children is often used as a proxy for women's empowerment and is known to increase the likelihood of method use.

6.1. Spousal Communication

Tables 6.1A and 6.1B provide information on women's and men's reported discussions with their spouses on family planning and fertility desires. The questions describe who initiates these discussions, the need for consent from husbands/family on the use of family planning, who decides the type of family planning method used, whether they discuss the number of children they would like and the frequency of such discussions in the last six months.

As Table 6.1A shows, spousal communication on FP is high, with at least 60 percent of women in union reporting that they discussed using FP or the number of children that they would like to have. Among those who did discuss FP, the majority (at least 60 percent across all five cities) had this discussion at least once in the preceding six months. All women surveyed were asked: "If you wanted to use a method of family planning, would you need anyone else's permission?" The responses varied greatly across cities, with only 23 (Kakamega) and 26 (Nairobi) percent of women responding yes to the question compared to 51 percent in Machakos. When asked how the decision on FP method type was made (among ever-users), between 31 percent (Mombasa) and 54 percent (Kakamega) said the decision was made mainly by the woman alone.

Table 6.1A: Percentage distribution of FP, fertility discussion and decision-making among women, by urban area, Tupange/MLE, Kenya, 2010

Question (women reporting)	Nairobi	Mombasa	Kisumu	Machakos	Kakamega
Ever discussed FP with partner (among women in union)	(n=1547)	(n=888)	(n=974)	(n=1008)	(n=842)
Yes	68.0	63.9	71.0	84.4	70.0
No	31.7	35.5	28.8	15.5	29.8
Missing	0.3	0.6	0.1	0.1	0.2
How often have you discussed FP in the last 6 months (among women in union who have discussed FP with partner)	(n=1038)	(n=525)	(n=687)	(n=856)	(n=589)
Not discussed in last 6 months	26.6	38.1	31.2	33.2	25.0
Once or twice	38.5	31.0	40.6	34.6	42.5
More than twice	34.8	30.9	28.3	32.1	32.5
Missing	0.0	0.0	0.0	0.1	0.0
Who initiates the discussion among those who discussed (among women in union who have discussed FP with partner)	(n=1046)	(n=529)	(n=691)	(n=858)	(n=593)
Self	43.2	48.3	52.9	46.8	44.8
Partner	23.7	21.1	20.8	19.8	17.8
Either	29.4	28.4	21.1	32.7	35.8
Missing	3.7	2.2	5.2	0.7	1.5

Table 6.1A: Percentage distribution of FP, fertility discussion and decision-making among women, by urban area, Tupange/MLE, Kenya, 2010 (cont.)					
Question (women reporting)	Nairobi	Mombasa	Kisumu	Machakos	Kakamega
If you wanted to use a method of FP, would you need anyone's permission?	(n=2706)	(n=1465)	(n=1603)	(n=1834)	(n=1324)
Yes	26.0	45.8	40.4	51.6	23.0
No	72.4	45.4	58.1	46.9	75.4
Don't know	1.2	8.3	1.5	1.2	1.5
Missing	0.4	0.5	0.1	0.2	0.1
Who decided what type of method to use (among women who have ever used a method)	(n=948)	(n=425)	(n=553)	(n=739)	(n=510)
Mainly you	33.7	30.6	39.5	33.7	53.9
Mainly partner	9.4	3.8	4.5	4.5	5.8
Jointly	55.1	64.4	55.0	61.4	38.4
Other	1.8	0.5	0.5	0.4	1.6
Missing	0.0	0.7	0.5	0.0	0.3
Have you discussed the number of children you would like to have with your partner (among women in union)	(n=1547)	(n=888)	(n=974)	(n=1008)	(n=842)
Yes	77.4	64.8	71.1	91.2	75.6
No	22.3	34.5	28.8	8.7	24.3
Missing	0.3	0.7	0.1	0.1	0.1
How often have you discussed the subject in the last 6 months (among women in union who have discussed with partner)	(n=1163)	(n=561)	(n=685)	(n=915)	(n=631)
Not discussed in last 6 months	31.1	39.5	37.3	37.4	34.5
Once or twice	38.2	31.5	35.1	31.4	33.7
More than twice	30.4	28.7	27.3	31.0	31.8
Missing	0.3	0.3	0.4	0.2	0.0

Table 6.1B: Percentage distribution of FP, fertility discussion and decision-making among men, by urban area, Tupange/MLE, Kenya, 2010			
Question (men reporting)	Nairobi	Mombasa	Kisumu
Ever discussed FP with spouse (among men in union)	n=1076	n=301	n=71
Yes	76.0	76.9	74.8
No	23.9	22.8	25.0
Don't know	0.1	0.4	0.1
How often have you discussed the subject in the last 6 months (among those who discuss)	n=818	n=232	n=54
Not discussed in last 6 months	16.2	15.4	11.8
Once or twice	27.5	22.3	45.1
More than twice	56.3	62.3	42.9
Missing	0.0	0.1	0.3
Who initiates discussion about FP (among men in union who discuss FP)	n=818	n=232	n=54
Self	26.8	21.8	36.6
Spouse	27.1	29.3	35.6
Both	46.0	48.4	27.3
Missing	0.1	0.5	0.5
How difficult is it to talk about family planning			
Very difficult	3.3	2.3	5.1
Somewhat difficult	4.4	7.7	5.9
Easy	92.2	90.1	88.9
Missing	0.1	0.0	0.2
Who decides what type of method to use (among current users)	n=1072	n=250	n=80
Mainly you	28.1	27.4	17.3
Mainly husband	24.2	15.5	19.0
Jointly	47.5	55.7	61.1
Other	0.0	0.0	2.6
Missing	0.2	1.4	0.0
Have you discussed the number of children you would like to have with your spouse (among men in union)	n=1076	n=301	n=71
Yes	83.9	77.3	74.6
No	16.1	22.7	25.4
Missing	0.0	0.0	0.0
How often have you discussed the subject in the last 6 months (among those who discuss)	n=902	n=232	n=53
Not discussed in last 6 months	17.6	19.8	20.2
Once or twice	31.8	20.5	41.5
More than twice	50.3	58.3	38.2
Missing	0.3	1.5	0.0
* number of respondents varies by question			

Men reported even higher levels of discussion of family planning than did women (Table 6.1B) with approximately 75 percent of men in union reporting discussion. Among those who reported having discussed FP, at least 85 percent in every urban area reported having the conversation at least once in the last six months. Also, about 90 percent of the men in each urban area said that talking about FP with their partner was "easy." In Nairobi and Mombasa, about 40 percent of men reported that both partners initiate the discussion about family planning.

6.2. Media Exposure

This section provides information on women's and men's exposure to various forms of media including newspaper/print journalism, radio, television, cell phones and the Internet. In addition, this chapter presents data on exposure to family planning messages through these forms of media, as well as to various types of health facilities.

6.2.1. General Media Exposure

Table 6.2A displays results for women's exposure to media. In all cities, half or less than half of women reported reading newspapers or magazines. In contrast, in all cities except Mombasa, three-fourths of women reported listening to the radio at least once a week. In Mombasa, only half of women listened to the radio on a weekly basis, whereas the other urban areas had values between 74 percent and 80 percent. About half of women in all cities except Nairobi watched TV on a weekly basis; in Nairobi this figure was 73 percent. Nearly all women in all urban areas had mobile phone access, the lowest urban area being Kisumu with 89 percent; however, only 70 to 83 percent of women owned their own mobile phone. Internet access either by phone or by computer was below 20 percent in all cities. For all cities, access to every form of media was found in greater proportions among wealthier women.

Men's media exposure in the three cities is shown in Table 6.2B. Findings show that men are bigger consumers of radio and print media than women in the survey. Access and ownership of mobile phones is also high among men in all three cities, but decreases with men's socioeconomic status. This indicates the project should seek to target populations via radio and mobile services.

Table 6.2A: Percentage distribution of women 15–49 who access each form of media, by urban area and wealth index, Tupange/MLE, Kenya, 2010								
	Women							
Urban area / Wealth index	Reads newspapers	Reads magazines	Listens to radio at least weekly	Watches TV at least weekly	Has access to mobile phone	Owns a mobile phone for her own use	Accessed Internet by phone*	Accessed Internet by computer*
Nairobi								
Poorest	27.8	20.4	68.6	28.9	82.7	66.0	3.0	5.0
Poor	30.2	25.4	79.7	63.9	88.7	76.9	5.6	5.5
Middle	35.0	25.9	79.8	79.8	94.5	83.9	7.3	5.3
Rich	53.7	46.6	84.2	90.3	96.0	88.9	15.6	15.5
Richest	70.3	64.4	82.1	92.8	96.6	94.5	40.9	42.9
Overall	44.9	38.0	79.2	72.8	92.1	82.9	15.8	16.2
Mombasa								
Poorest	9.0	2.6	38.2	5.2	70.4	38.0	1.2	0.8
Poor	16.0	9.7	52.3	27.2	88.4	63.0	2.8	3.0
Middle	26.0	15.6	48.8	69.0	95.4	76.4	4.4	5.4
Rich	34.9	28.0	57.3	75.4	92.4	78.7	14.0	16.7
Richest	60.6	47.1	56.7	82.2	95.4	84.9	29.2	33.5
Overall	30.9	22.0	51.1	54.5	89.1	69.6	11.2	12.9
Kisumu								
Poorest	18.8	7.9	73.2	16.1	81.4	55.3	2.2	0.5
Poor	21.2	12.3	73.7	23.6	84.4	55.9	3.8	2.6
Middle	32.7	21.3	78.6	52.0	89.1	71.1	5.2	2.8
Rich	43.2	30.7	73.0	80.6	90.7	77.5	14.5	9.9
Richest	65.1	50.4	70.2	92.6	96.1	85.0	27.9	36.0
Overall	37.4	25.5	73.6	54.8	88.6	69.6	11.4	11.3

Table 6.2A: Percentage distribution of women 15–49 who access each form of media, by urban area and wealth index, Tupange/MLE, Kenya, 2010 (cont.)								
	Women							
Urban area / Wealth index	Reads newspapers	Reads magazines	Listens to radio at least weekly	Watches TV at least weekly	Has access to mobile phone	Owns a mobile phone for her own use	Accessed Internet by phone*	Accessed Internet by computer*
Machakos								
Poorest	25.3	18.5	77.3	17.7	80.7	45.8	1.4	2.8
Poor	33.7	25.4	84.3	19.4	84.5	60.5	3.5	4.4
Middle	47.4	35.4	83.0	50.3	96.1	72.2	6.1	9.0
Rich	60.7	54.0	78.9	76.8	96.0	79.3	14.6	16.4
Richest	74.8	61.2	69.1	90.7	95.8	87.2	24.8	35.8
Overall	50.6	40.9	78.1	54.4	91.4	71.0	11.2	15.2
Kakamega								
Poorest	12.3	8.0	69.2	13.2	72.2	47.8	1.7	0.0
Poor	17.8	9.6	76.1	18.7	88.2	65.9	4.1	1.7
Middle	34.2	22.2	81.6	46.8	96.9	80.2	6.4	5.3
Rich	49.8	34.9	82.0	77.5	95.0	84.8	16.7	10.4
Richest	71.1	53.2	76.0	89.5	94.9	88.5	29.2	28.6
Overall	38.4	26.6	77.2	51.1	90.0	74.5	12.2	11.3
* Accessed Internet by phone or computer in the last three months.								

Table 6.2B: Percentage distribution of men 15–59 who access each form of media, by urban area and wealth index, Tupange/MLE, Kenya, 2010									
Men									
Urban area / Wealth index	Reads newspapers	Reads magazines	Watches TV	Listens to radio	Goes to video shows	Has access to mobile phone	Owns a mobile phone for his own use	Accessed Internet by phone*	Accessed Internet by computer*
Nairobi									
Poorest	54.9	17.2	57.9	91.3	17.2	83.2	73.7	8.6	5.3
Poor	67.0	20.9	79.4	94.7	17.9	91.2	82.1	15.0	14.7
Middle	79.1	31.1	91.3	96.2	11.5	96.6	95.3	19.3	19.6
Rich	80.0	37.2	86.5	87.0	12.5	97.6	91.5	33.7	36.5
Richest	95.3	60.8	96.0	90.4	15.2	99.1	95.8	63.2	72.3
Overall	74.0	31.9	81.1	92.0	15.0	93.1	86.9	26.2	27.5
Mombasa									
Poorest	43.7	5.9	47.5	93.2	14.6	78.5	71.6	3.9	1.8
Poor	50.0	12.2	65.6	93.4	24.9	88.7	65.0	14.5	12.0
Middle	67.8	18.9	81.5	91.6	27.3	94.2	89.7	22.4	15.3
Rich	85.1	27.6	93.0	91.7	14.6	99.4	95.9	42.2	40.8
Richest	86.8	46.6	97.9	76.8	12.9	95.4	95.4	74.9	76.7
Overall	66.4	22.5	76.9	89.0	19.1	91.0	83.7	31.8	29.5
Kisumu									
Poorest	53.1	10.0	62.0	97.1	29.1	71.9	61.2	3.9	8.4
Poor	67.3	11.3	69.8	98.0	25.0	85.1	73.3	8.6	4.2
Middle	70.9	31.0	89.3	98.6	19.1	87.1	79.6	18.9	20.8
Rich	87.5	53.9	95.4	98.8	14.1	92.2	83.2	32.9	35.5
Richest	93.0	52.8	96.4	84.4	9.4	95.0	87.3	46.0	63.0
Overall	72.2	29.0	80.4	95.8	20.4	85.0	75.5	19.8	23.6
* Accessed Internet by phone or computer in the last three months.									

6.2.2. Family Planning Media Exposure

This section presents data on women's and men's exposure to family planning messages through various forms of media as well as exposure from various types of health facilities. The results for women are presented in Table 6.2C. Overall, the main sources of information on FP included public and private health facilities, although private facilities were less often a source in Machakos and Kakamega. Other common sources of FP information and messages included friends, television and radio. Very few women (less than 5 percent in any city) reported receiving no information on FP in the last 12 months. Overall, pharmacies, community health workers, traditional birth attendants, parents/spouses and newspapers/magazines were less common sources of family planning messages; however, newspapers magazines were more commonly used as a source of FP information among the wealthier respondents.

Results for men indicate that most men with knowledge of at least one method of family planning are exposed to some form of messaging during their daily lives. About one-third to two-fifths of men report that their main source of FP information in the last 12 months was a public health facility; fewer men than women report private health facilities as a source of information. Interestingly, between 26 percent (Kisumu) and 38 percent (Mombasa) reported obtaining FP information from a friend.

TV and radio remain the main sources of information about family planning, which given men's high consumption of those media (see Table 6.2D), makes sense.

The above findings show where men and women receive their information. However, this does not mean that it would not be possible to try new channels (or combinations of channels). In general, young people tend to be open to new ways to get information, particularly if it is presented in an interesting and easily accessible manner. Tupange should seek to be innovative in its approach and to collect data (through MLE) that assess the relative effectiveness of any such innovations.

Table 6.2C: Percentage distribution of source of information on FP in the last 12 months women 15–49, by urban area and wealth, Tupange/MLE, Kenya, 2010										
Urban area Wealth index	Government. health facility	Private/ NGO/ FBO facility	Pharmacy	CHW/ TBA	Partner/ Spouse	Friend	TV	Newspaper/ Magazine	Radio	Received no info. on FP in last 12 months
Nairobi										
Poorest	40.3	27.1	4.3	2.0	1.8	42.7	29.4	8.9	63.9	4.5
Poor	46.4	24.3	8.6	2.4	1.1	47.7	50.9	6.9	68.4	5.4
Middle	46.2	28.7	3.9	2.9	10.5	42.3	63.6	10.7	70.1	3.2
Rich	38.3	27.7	3.1	2.0	0.7	41.3	65.8	18.8	64.3	3.6
Richest	25.6	25.1	2.6	0.6	1.4	39.1	72.2	24.7	64.2	2.6
Overall	38.7	26.5	4.4	1.9	3.0	42.5	57.5	14.6	66.1	3.8
Mombasa										
Poorest	37.1	14.4	8.4	3.8	0.6	49.4	8.5	1.3	41.6	8.5
Poor	40.0	20.1	11.1	2.8	1.3	58.9	26.8	2.9	47.2	4.3
Middle	36.1	28.5	12.1	2.8	2.1	52.5	51.9	4.0	55.3	1.8
Rich	33.7	30.8	15.4	1.8	4.2	46.4	58.4	8.6	54.2	3.7
Richest	22.8	27.3	7.8	1.2	0.9	36.9	63.5	20.7	52.4	6.0
Overall	33.5	24.7	11.0	2.4	1.9	48.3	43.7	8.0	50.5	4.8
Kisumu										
Poorest	66.8	20.5	2.8	6.0	2.7	42.0	12.3	3.6	74.3	1.5
Poor	64.4	14.9	3.1	6.7	1.7	40.7	22.8	3.0	75.3	1.6
Middle	57.7	18.0	3.1	5.0	2.2	38.3	44.1	7.3	77.9	4.4
Rich	52.4	15.3	4.3	2.3	2.1	38.8	68.9	14.0	81.3	2.8
Richest	48.9	25.5	7.8	3.1	3.4	39.9	78.7	25.8	70.8	2.0
Overall	57.6	19.1	4.3	4.7	2.5	40.0	46.9	11.4	75.8	2.4
Machakos										
Poorest	64.6	10.3	2.0	1.4	0.3	47.4	15.4	10.4	69.5	3.3
Poor	58.8	6.4	1.6	1.3	0.4	55.2	19.6	17.2	71.1	3.5
Poorest	63.6	10.6	3.7	1.1	1.7	53.6	36.1	23.2	80.7	1.6
Rich	57.2	14.8	5.1	1.2	0.7	52.6	57.3	31.0	76.8	0.7
Richest	47.1	14.5	3.6	0.8	1.1	47.6	74.3	37.8	70.4	1.2
Overall	57.5	11.5	3.3	1.1	0.9	51.3	43.3	25.2	73.7	1.9

Table 6.2C: Percentage distribution of source of information on FP in the last 12 months among women 15–49, by urban area and wealth, Tupange/MLE, Kenya, 2010 (cont.)										
Urban area Wealth index	Government. health facility	Private/NGO/FBO facility	Pharmacy	CHW/TBA	Partner/Spouse	Friend	TV	Newspaper/Magazine	Radio	Received no info. on FP in last 12 months
Kakamega										
Poorest	66.9	9.2	1.8	0.8	2.6	33.9	6.1	3.5	64.8	4.5
Poor	69.8	9.6	1.9	0.4	3.2	31.8	18.1	8.2	75.1	2.6
Middle	62.9	9.2	2.2	0.6	2.1	27.7	38.6	13.7	79.0	3.7
Rich	58.5	12.7	5.1	3.9	1.5	29.6	64.9	23.3	80.2	1.2
Richest	45.1	14.6	3.9	1.6	3.1	30.1	74.7	32.9	74.2	2.6
Overall	60.2	11.2	3.1	1.6	2.5	30.5	42.2	17.0	75.0	2.9

Table 6.2D: Percentage distribution of source of information on FP in the last 12 months among men 15–49, by urban area and wealth, Tupange/MLE, Kenya, 2010										
Urban area / Wealth index	Government. health facility	Private/NGO/FBO facility	Pharmacy	CHW/TBA	Partner/ Spouse	Friend	TV	Newspaper/ Magazine	Radio	Received no info. on FP in last 12 months
Nairobi										
Poorest	28.0	10.5	7.8	3.9	5.0	29.9	32.9	15.5	68.0	10.4
Poor	29.0	16.2	6.4	5.2	6.0	29.1	54.3	20.8	72.8	5.2
Middle	30.3	18.5	12.4	1.4	9.4	26.6	66.9	33.3	77.6	4.1
Rich	26.1	20.6	16.3	0.4	10.3	34.3	72.0	37.6	72.1	2.7
Richest	29.8	17.5	5.6	0.8	9.3	21.7	81.0	39.1	68.1	2.8
Overall	33.0	16.5	9.7	2.5	7.9	28.7	60.0	28.5	71.7	5.2
Mombasa										
Poorest	45.1	8.6	4.5	18.8	8.3	39.7	22.2	13.3	87.3	4.4
Poor	41.4	9.1	5.8	16.6	7.4	34.1	54.1	22.0	90.1	2.2
Middle	25.3	15.5	4.4	15.6	13.2	34.4	74.4	22.6	90.8	0.1
Rich	51.8	19.5	19.9	8.0	17.3	43.8	82.2	49.0	87.4	0.0
Richest	42.0	28.4	19.7	2.4	16.3	43.2	90.0	56.7	85.7	1.0
Overall	44.9	16.4	10.4	12.4	12.4	38.8	64.4	32.2	88.3	1.6
Kisumu										
Poorest	37.3	14.0	12.8	2.1	3.3	22.4	27.9	15.1	91.9	0.3
Poor	40.5	20.0	15.6	4.7	4.7	33.9	38.1	21.7	92.8	1.9
Middle	36.0	13.5	2.1	4.6	5.6	26.2	56.2	21.4	93.1	0.0
Rich	40.7	34.4	13.4	7.5	8.7	28.2	73.8	39.8	90.6	0.0
Richest	32.3	19.6	11.8	4.1	2.8	20.4	86.7	50.6	76.0	3.9
Overall	40.9	19.7	11.4	4.4	4.9	26.3	53.2	28.0	89.5	1.1

Chapter 7. Key Findings with Programmatic Implications

This chapter presents key survey findings that can be used to guide priority areas and Tupange project activities.

Overall Trends

Overall, the five project sites are characterized by a young population with about 40 percent of surveyed women falling between the ages of 15–24. In addition, about half of both men and women in all cities except Mombasa have attained some secondary level of education. These demographic characteristics, among others, present urban family planning programs with new insights on potential target groups for FP interventions and the design of FP programs. In addition, the study shows mixed results on fertility levels and contraceptive use. The total fertility rate (TFR) is lower in Nairobi, Machakos and Mombasa compared to Kisumu and Kakamega. Fertility levels also vary considerably by wealth quintiles, with poor women reporting higher TFR compared to richer women. Contraceptive prevalence rates of modern methods are almost equal in all cities (an average of 45 percent) except Mombasa, where they are significantly lower (29 percent). There are, however, no major differences in overall CPR by wealth quintiles. Approximately 70 percent of women in all cities except Mombasa (about 60 percent) have ever used a modern contraceptive.

Knowledge about Family Planning

A vast majority of men and women across all cities know of modern methods of family planning. More women and men are aware of the short-term methods of contraception compared to long-acting and permanent methods. The awareness about natural and traditional methods of FP is generally lower than that for modern methods in all cities. ***Recommendation:*** **Tupange** ***should focus on increasing knowledge about long-acting and permanent methods.***

Unmet Need

The survey results also indicate that the unmet need for family planning among the currently married women ranged from 18 percent in the richest quintile in Nairobi to a high of 41 percent in the poorest quintile in Mombasa. Among unmarried sexually active women, unmet need ranged from 26 percent in the middle quintile in Nairobi to a high of 78 percent in the poorest quintile in Mombasa. These figures suggest that women are not accessing the services they want and need, with poor women at a greater disadvantage than richer women. ***Recommendation:*** **Tupange's** ***focus on the urban poor will address this key gap.***

Myths and Fears about Family Planning

Incorrect information about contraception is prevalent across all cities and among men and women surveyed, despite high reported knowledge of family planning. Some of the common myths held are that contraceptives can harm the womb; that a person who uses contraception will give birth to deformed babies; and that contraceptives cause cancer***. Recommendation: In order to significantly increase uptake of contraception, the project will need to dispel myths and reassure clients of the safety and effectiveness of all FP methods. In addition, health providers will need to counsel clients about how to deal with side effects and provide correct information on all methods.***

Fertility

The peak age for childbearing is 20–24 across all cities. The early childbearing among women ages 15–19 is prevalent especially among women in Kisumu. The age-specific fertility rates are higher among younger women ages 15–29 compared to older women. ***Recommendation:*** **Tupange** ***should target youth.***

Media Exposure among Youth

Data also show that youth use alternative media of communications such as short messages, mobile phones and Internet to access information. ***Recommendation***: ***By designing a family planning program focusing on youth, and using alternative media of communications commonly used by youth,*** **Tupange** ***has an opportunity of reducing unmet need for family planning and increasing demand for FP-related messages.***

FP Services

The public sector is a key source of contraceptives among women across all cities, but there are a significant number of women who also obtain contraception from the private sector. For example, between one-third and two-fifths of women in Nairobi and Mombasa, respectively, reported obtaining their most recent method of FP from a private clinic/doctor. A few women also obtained contraception from chemists. ***Recommendation:*** **Tupange** ***should work to strengthen the private sector as a key source of counseling, information and provision of methods of family planning and develop a stronger linkage between the public and private sectors to manage FP access and referrals.***

Partner Communication and Male Involvement

Data suggest high levels of partner communication about family planning. More men than women reported discussing FP with their partners. Among men who reported having discussed FP, at least 85 percent reported having the conversation at least once in the last six months. Also, about 90 percent of the men in each urban area said that talking about family planning with their partner was "easy." However, the survey also shows that some women, especially in Mombasa, needed permission from their partners to use FP***. Recommendation:*** **Tupange** ***therefore needs to design messages that reinforce spousal communication and that encourage male involvement in making decisions on family size and use of family planning.***

Integration of FP and Other Health Services

Provision of family planning alongside other health care services has been shown effective in increasing FP outcomes by reducing waiting time, providing timely counseling and enhancing referral, thus reducing missed opportunities. Across all cities, family planning services were more often made available to women immediately after delivery and less often during vaccination of children, when seeking curative services for children and when receiving HIV testing. ***Recommendation:*** **Tupange** ***will need to work closely with health facilities in order to integrate FP in to additional service to better reach women seeking other health services. Most important, is the opportunity for*** **Tupange** ***to promote and offer postpartum FP.***

Contraceptive Prevalence Rate

The contraceptive prevalence rate is modest, at an average of 45 percent except in Mombasa (29 percent). Short-term methods are more common than long-acting and permanent methods across all cities and among both men and women. Though there is no major difference in overall use of modern contraceptives by wealth index, on one hand, poor women tend to rely on short-

term methods for both limiting and spacing births. On the other hand, women in higher wealth quintiles have a more balanced FP method mix. ***Recommendation:*** **Tupange** ***can focus on ensuring that service delivery points provide a well-balanced FP method mix, providers promote more effective contraceptives to women who desire to limit births, and demand creation activities promote long-acting and permanent methods of family planning.***

Community Health Workers and FP Promotion

About one-third of women were willing to receive FP services from a community health worker (CHW). Although community health workers can distribute information, education and communication materials and refer clients for FP services, they are limited in the number of FP commodities they carry (pills and condoms). ***Recommendation:*** **Tupange,** ***through the Kenya Community Health Strategy, can build the capacity of the CHWs to: a) create demand for FP; and b) strengthen the linkage between the community and the health facilities through improved referral systems, access to commodities and support supervision.***

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Appendix A. About the Bill & Melinda Gates Foundation

BILL & MELINDA GATES *foundation*

FAMILY PLANNING

STRATEGY OVERVIEW

OUR MISSION

Guided by the belief that all lives have equal value, the Bill & Melinda Gates Foundation works to help all people lead healthy, productive lives. Our Global Health Program supports this mission by harnessing advances in science and technology to save lives in poor countries.

We focus on problems that have a major impact on people in the developing world but get too little attention and funding. Where proven tools exist, we support sustainable ways to improve their delivery. Where they don't, we invest in research and development of new interventions, such as vaccines, drugs, and diagnostics.

Our financial resources, while significant, represent a very small fraction of the overall funding needed to improve global health on a large scale. We therefore advocate for the policies and resources needed to provide people with greater access to health solutions. Strong partnerships are also essential to our success in making a difference and saving lives.

THE OPPORTUNITY

In recent decades, there have been tremendous improvements in the reproductive health (RH) of men and women in the developing world. From 1965 to 2005, contraceptive use rose from less than 10 percent to 60 percent.[1]

However, in many low income countries, women and men do not have access to the basic supplies and services they need, whether to prevent unwanted pregnancies, ensure safe deliveries, or manage and treat sexually transmitted infections.

More than 200 million women in developing countries do not have access to effective contraception, even while family planning (FP) is one of the most cost-effective ways to reduce maternal, infant, and child mortality.[2] It is estimated that family planning could prevent as many as one in every three maternal deaths and one in every 11 child deaths by allowing women to delay motherhood, space births, avoid unintended pregnancies and abortions, and stop childbearing when they have reached their desired family size.[1]

Family planning also enhances social development by alleviating poverty; improving the environment, agriculture, water, and sanitation; and increasing access to primary education. Through these many corollary benefits, family-planning programs are essential to achieving development targets, including the Millennium Development Goals (MDGs).[3,4]

Sub-Saharan Africa and South Asia have the highest rates of maternal and infant mortality, and the lowest use of contraception. Early marriage and childbearing before age 18 are also serious public-health problems in many countries, leading to increased maternal and newborn death and disability. Married and unmarried youths have problems accessing contraception information and services. Further, the sexual debut for many African girls is linked to sexual violence, rape, and coercion.[5] New programs must be designed to meet the needs of young men and women in the developing world.

OUR STRATEGY

Family planning is a cost-effective way to save the lives of women and children, and it empowers families to determine the optimal timing and spacing of births. Our vision of success is that all women, men, and adolescents in developing countries know about and have access to quality family planning. We support voluntary family planning as a means to meet the reproductive health needs of men and women and significantly reduce maternal and infant deaths.

At the global level, our strategy seeks to revitalize interest in family planning and broader reproductive health issues as indispensible to achieving the MDGs. Our work in this area complements our other areas of focus, which include nutrition; maternal, neonatal, and child health; and vaccine-preventable diseases. We are investing in raising

awareness of the need for family planning among donors, country governments, and the private sector; enhancing the efficiency of contraceptive procurement and distribution; and engaging donors, governments, and civil society to better coordinate efforts and increase resources to fund family planning and reproductive health.

Our strategy at a country level is focused on building cost-effective urban supply, demand, and advocacy interventions to increase contraceptive use and improve care. We also will use the evidence we gather to help municipalities provide better family planning and related services, with a focus on the poorest and most vulnerable. Our strategy also prioritizes leveraging private-sector strengths and resources to increase the availability of high-quality and affordable contraceptives.

INTERVENTION AREAS

Advocate for sustained funding, improved policies and coordination, and enhanced efficiency in contraceptive procurement at the global level

Globally, there are significant challenges in financing and procuring contraceptives and other reproductive health supplies and services. Decreased donor support for contraceptives, a lack of agreement among stakeholders about the amount of funding needed to achieve gains in family planning, volatile and unpredictable donor funding, and uncoordinated and antiquated global procurement processes—all create inefficiencies, add to costs, and lead to stockouts of contraceptives, wastage of products, poorly managed in-country supply chains, and variable product quality.

Our strategy addresses these challenges by advocating for increased funding for family planning, better coordination among donors and governments to deliver products, services, and enhanced efficiency of contraceptive procurement. Our investments to support these goals include the following initiatives:

- **Countdown 2015 Europe,** a partnership of 17 European nongovernmental organizations (NGOs), to advocate for increased European investment in reproductive health and supplies
- **Reproductive Health Supplies Coalition,** a 78-member organization that includes major donors, technical agencies, and advocates that develop joint strategies and activities to secure reliable contraceptive supplies for developing countries
- **RHInterchange,** a web-based tool that supports contraceptive commodity security by managing inventory and making available accurate and timely information on contraceptive orders and shipments for more than 140 countries
- **Mobilizing for RH/HIV Integration,** a Population Action International program to support advocacy for RH/HIV integration with the Country Coordinating Mechanisms for the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund)
- a grant to the **United Nations Foundation** to boost U.S. support for global family planning and reproductive health

We are monitoring the progress of our work in advocacy, coordination, and procurement by tracking the number of new donors contributing to funding, the increase in funding for family planning and reproductive health from donor countries, and the number of donors and countries providing data to the RHInterchange.

Increase contraceptive prevalence in urban areas, with a focus on the poor and vulnerable

In 2008, the urban share of the world's population reached 50 percent for the first time.[6] It is predicted that nearly all future global population growth will occur in towns and cities in developing countries. In particular, urban populations in Africa and South Asia—the most rapidly growing regions in the world—are projected to double between 2000 and 2030.[6] Urban births are concentrated among the poorest populations, a significant number of these births are unintended, and the maternal, infant, and reproductive health status of the urban poor is comparable to—or worse than—that of rural residents.[7]

Our strategy focuses on enhancing the delivery of family-planning services to people living in impoverished urban areas. Our main investment in this area is the **Urban Reproductive Health Initiatives,** which aims to significantly increase access to contraceptives in four countries in Sub-Saharan Africa and South Asia: India, Nigeria, Kenya, and Senegal. The initiative will test, validate, and share cost-effective integrated urban interventions to improve RH outcomes among the urban poor.

The overall goal of the Urban Reproductive Health Initiatives grant is to build a robust evidence and knowledge base for designing, implementing, and evaluating the impact of urban RH programs in Sub-Saharan Africa and South Asia in order to enhance global knowledge and inform future FP and RH programs

globally. We will test such key strategic approaches as supply, demand, and advocacy interventions.

Our country programs are driven by locally based organizations and government, centrally involve community leaders and residents in all phases of project planning and administration, and are closely aligned with government and other country activities targeting women's and children's health.

Key outcome measures we are monitoring for this initiative include improved quality of care, increased communication between couples regarding family planning, increased private-sector provision, and increased contraceptive use.

Develop innovative contraceptive technologies

Many women and men do not use contraception because current methods are often unaffordable, have undesirable side effects, require a skilled health provider to administer them, or can be inconvenient to use.

Our investments focus on identifying new methods that are easy to access and use, for both women and men. We are currently investing in the quality assurance, regulatory approval, and careful introduction of two products in selected countries of Sub-Saharan Africa and South Asia: a long-acting implant that costs 70 percent less than current implants, and a three-month hormonal contraceptive, DMPA-SC in the Uniject™ device. Currently, DMPA is delivered through intramuscular injection, necessitating a health worker to provide the method in most countries. The new DMPA-SC is delivered subcutaneously and thus has the potential to be delivered by non-medical health workers, such as trained community health workers. Implants and DMPA are especially popular in Sub-Saharan Africa, and we are hopeful that these less expensive and more convenient new methods can rapidly increase coverage and use of family planning.

Other methods are needed to address the diverse needs of communities around the world. We are currently investing in an analysis of contraceptive technology needs, forming a global alliance to improve contraceptives for users in developing countries, establishing a contraceptive research agenda, and considering support for an initiative to support young research scientists who specialize in contraceptive discovery and development.

Key outcome measures for this initiative include the development of at least 10 contraceptive candidate leads as well as evidence of increased private-sector participation in contraceptive technology development.

Close key knowledge gaps in family planning

There remain several critical knowledge gaps for increasing access to family planning and reproductive health. Our strategy supports investments to address these gaps by conducting intensive research and development (R & D) to:

- identify best approaches to support the delay of first birth among young adolescent girls
- develop models to integrate reproductive health and HIV prevention and care services, to increase access for HIV-positive men and women
- develop effective models to integrate family planning into maternal, newborn, and child health programs
- study the roles of diffusion and social norms in sustainable programs

We will measure progress in this area by monitoring the number of proofs-of-concept tested for early adolescent interventions and the number of optimal RH/HIV integration models documented and taken to scale. We are also documenting the diffusion of ideas, products, and services from urban to rural areas and working to understand the role of social norms in sustaining programs.

PROGRESS

Our partners have had successes in strengthening both donor contributions and coordination efforts affecting contraceptive supply. Some examples of this include:

- With support for a secretariat, the Reproductive Health Supplies Coalition grew from 18 members to a 78-member organization that addresses the fundamental technical and advocacy issues regarding contraceptive supplies.
- The RHInterchange has captured procurement data on more than $1 billion (U.S.) worth of shipments of contraceptive supplies, including purchases by the United States Agency for International Development (USAID), United Nations Population Fund (UNFPA), International Planned Parenthood Federation, and Ministries of Health.
- With partners, we developed a contraceptive financing mechanism to smooth out volatility in donor funding flows.
- Civil society groups from eight countries were trained to apply for funds from the Global Fund, and successfully secured more than $100 million (U.S.) for contraceptive supplies.
- We have seen increased funding for international family planning and reproductive health from European institutions, bilateral donors, and the U.S. government.

At the country level, several recently launched projects show promise for improving reproductive health for the poor and vulnerable:

- Consortia in India and Nigeria have recently launched Urban Reproductive Health Initiatives with a focus on the urban poor and most vulnerable. Similar initiatives in Senegal and Kenya will be launched later in 2009.
- A Measurement, Learning, and Evaluation (MLE) grant will work closely with country consortia implementing Urban Reproductive Health Initiatives in India, Senegal, Nigeria, and Kenya. MLE and its country partners are developing tools and methodologies to track and measure program impact in urban slums, building host-country capacity, and ensuring that all lessons learned and tools and materials developed will be globally accessible. The goal of MLE is to build a robust evidence and knowledge base for designing, implementing, and evaluating the impact of urban RH programs in Sub-Saharan Africa and South Asia, and then disseminate best practices in order to enhance global knowledge and use.

CHALLENGES

The global community, including both private- and public-sector stakeholders, is not sufficiently galvanized to focus on improving family planning and reproductive health. Governments and other donors are focused on other health priorities, and family planning is competing for scarce monetary and human resources, both at country and global levels. We are working hard to hold both national governments and the global donor community accountable for their own pledges to improve family planning by communicating its importance in reducing maternal and child deaths, enhancing the livelihood of women, and reducing poverty.

An overarching challenge is the persistence of cultural and social barriers that prevent men and women from using effective contraceptive methods and weaken the demand for birth spacing and family planning. In addition to supporting the discovery and development of new family-planning products and services, activities to generate demand for contraceptives are critical features of our country initiatives.

WHAT WE'RE LEARNING

The need to increase contraceptive R & D is a priority for our strategy, but we are increasingly aware that support for young scientists may be insufficient to reinvigorate a field that private companies have left. On September 2, 2009, we opened a Request for Proposal to develop contraceptive technologies as part of our Grand Challenges Explorations initiative. This program awards small grants of $100,000 (U.S.) each to support early-stage research projects. Our hope is that we will tap into some new ideas that will support family-planning efforts in the future.

To have a sustained impact on contraceptive R & D, we need to develop a complete understanding of the product cycle in order to identify all the areas that need support. We are also examining the potential for working with new partners in India, China, and South Africa, where private companies, manufacturers, and scientists may be able to support a strong contraceptive development program.

THE WAY FORWARD

Over the course of developing this strategy, we received input from dozens of experts who helped us make strategic choices to maximize the impact of our efforts and resources. To ensure our strategy is targeted and effective, we look to outside experts for honest feedback and input.

By focusing on increasing women's access to contraceptives in Sub-Saharan Africa and South Asia, we strive to maximize our impact on the health of mothers and children. Reaching the millions of women and couples who desire contraceptives requires the dedication of all our government, donor, private-sector, research, nongovernmental, and community partners. Because our resources are limited in relation to what is needed to address unmet needs globally, we work closely with other foundations and existing and emerging donors to ensure funds are spent well, improve policies, enhance the efficiency of services procurement and delivery, and, ultimately, save and improve lives.

TO LEARN MORE

About the Global Health Program:
www.gatesfoundation.org/global-health

About Family Planning:
www.gatesfoundation.org/familyplanning

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Appendix B. About Tupange

Tupange, the Kenya Urban Reproductive Health Initiative is an innovative five-year Project that aims to improve the health and wellbeing of Kenyans living in urban areas by increasing access and utilization of quality family planning services. It is part of the broader Gates-funded "Urban Reproductive Health Initiative" in four countries: India, Kenya, Nigeria and Senegal.

The goal of this program is to achieve a 20 percentage point increase in contraceptive prevalence rates in three Kenyan cities (Nairobi, Mombasa and Kisumu) especially among the urban poor.

Tupange is implemented by Jhpiego and its consortium partners; Johns Hopkins University Center for Communication Programs, Marie Stopes International, National Coordinating Agency for Population and Development (NCAPD) and Pharm Access Africa. Tupange aims at working with dynamic partners and stakeholders to ensure the success of the project for a healthier future for Kenyan people. These partners include Kenya Government Ministries and departments of Planning, Public Health and Sanitation, Medical Services, Finance, Kenya National Bureau of Statistics (KNBS), Local Government/City/Municipal Councils/County Governments. Other stakeholders include Urban Communities, community-based organizations/faith-based organizations (FBOs)/nongovernmental organizations (NGOs), private providers and USAID, World Bank and other donors.

The project targets Kenyans living in cities and urban centres with a special emphasis to reach the poor, young Kenyans (ages 15–24). By increasing education and awareness about FP and ensuring access to quality FP services among this critical age group, Tupange will help Kenya realize its Vision 2030.

Through a variety of innovative interventions and approaches, Tupange seeks to position family planning as an accepted societal norm among Kenya's urban populations. Tupange's vision of success is that the urban poor ultimately adopt family planning as part of a healthy lifestyle.

Tupange Project Objectives

- To improve quality and availability of FP services (including integrating FP into other services)
- To generate demand for FP services
- To ensure contraceptive security
- To engage the private sector to inform best practices and lessons learned
- To advocate for an improved FP policy environment

Appendix C. About MLE

MLE Measurement, Learning & Evaluation Project for the Urban Reproductive Health Initiative

Policy Brief

Study Design for the Measurement, Learning & Evaluation Project

Ashley E. Frost, PhD
Fariyal F. Fikree, MD, MPH, DrPH

20 October 2009

Family planning has widespread positive effects on health and wellbeing. Contraceptive use not only decreases unintended pregnancy and reduces infant and maternal mortality and morbidity, but it is critical to the achievement of Millennium Development Goals (MDGs). However, despite the expansion of family planning in many developing countries, contraceptive use remains critically low in much of sub-Saharan Africa and parts of South Asia, particularly among the urban poor. In cities in these regions, people living in poverty have limited access to family planning and other basic services; in many countries more than half of city residents live in urban slums that lack necessary amenities such as clean water, trash removal, and electricity. These urban environments provide an opportunity to target family planning interventions towards populations that have high unmet need for contraception through integrating family planning services into maternal, newborn, child health, and HIV/AIDS services, improving service quality, increasing private sector initiatives, and advocating for small family size.

The Bill & Melinda Gates Foundation created the Urban Reproductive Health Initiative (URHI) to promote innovative family planning programs in four countries: India (focusing on the state of Uttar Pradesh), Nigeria, Kenya, and Senegal. Targeting the urban poor, the URHI aims to develop cost-effective interventions that increase access to and demand for high quality family planning. To evaluate the impact of the URHI interventions, the Gates Foundation concurrently initiated the Measurement, Learning & Evaluation (MLE) Project for the URHI, an independent evaluation team that will conduct an impact assessment of the URHI programs. A key objective of the MLE project is to undertake a rigorous impact evaluation of the URHI country programs, identifying the most effective and cost-efficient programmatic approaches to improving contraceptive use among the urban poor. Specifically, the MLE project will evaluate the success of both *demand-side* URHI interventions (those that increase the desire for family planning services) and *supply-side* URHI interventions (those that increase the quality of and access to family planning services). The MLE project will also undertake a cost-effectiveness analysis of specific programmatic approaches, where feasible. This policy brief outlines the project's hybrid study design and its intended impact.

Three Evaluation Design Elements

The MLE project evaluation comprises three design elements that allow researchers to measure programmatic impact across cities, over time, and among the urban poor and non-poor.

Impact Across Cities. The MLE project will take advantage of the delayed implementation of programmatic activities in some cities to develop a *quasi-experimental* design. In each country, researchers will evaluate four URHI-targeted cities that will receive immediate interventions and two cities that will receive URHI interventions during the third or fourth year of the project. This latter group of cities with delayed URHI interventions will serve as comparison cities. An assessment of these cities with the original set of intervention cities will add variation that will provide more precise measures of program impact.

This policy brief is based on the Technical Working Paper, "Study Design for the Measurement, Learning & Evaluation Project"
www.cpc.unc.edu/urbanreproductivehealth/publications/Technical_Working_Paper_Study_Design.pdf

Impact Over Time. The MLE project will use a combination of repeated cross-sectional data (surveying a new representative sample of respondents at multiple points in time) and longitudinal data (surveying the same respondents at multiple points in time) in a *hybrid study design*. This hybrid approach maximizes the strengths of both types of data; rigorous cross-sectional surveys provide the attitudes and behaviors of a representative sample of the cities' population at a given point in time, while longitudinal data measure the causal impact of program components on outcomes of interest. The project will also collect longitudinal data from a sample of health and family planning facilities that provide services to women and men – service delivery points (SDPs) – and examine access to and quality of family planning services at these facilities over the study period.

Impact Among the Urban Poor. To identify the impact of URHI interventions among the urban poor, the MLE project will structure the sampling of respondents to identify programmatic outcomes among both slum and non-slum populations.

Identifying the Urban Poor

To ensure that the urban poor are fully represented in this study, MLE researchers will utilize Geographic Information System (GIS) data to map the location of urban slums and non-slum areas onto maps of the study cities using country-specific definitions of what constitutes a slum. Because the residents of urban slums are predominantly poor, this geographic data will serve as an approximate measure of where poor populations live. From the GIS data, researchers will design sampling frames (a snapshot of the full population of each city) that capture both urban poor and non-poor populations, and they will randomly select members from both groups as survey respondents from these geographically-determined sampling frames.

Study Tools

Individual Surveys. The MLE project will conduct confidential surveys with women and men of reproductive age. Women and men will provide their basic demographic characteristics (such as age, ethnicity, family structure, and migration practices), their experience with family planning methods, their awareness of family planning messages, and their fertility desires. In addition, respondents will discuss their current health care experiences, including how they pay for health care and when and where they seek care for themselves and their children. At baseline, the women's survey will also collect information on how to locate these women at mid-term and endline for follow-up surveys. This will permit an examination of how fertility desires and family planning behaviors change over time with increasing program activities and exposure.

SDP Surveys. MLE researchers will also collect data at a wide range of public and private SDPs. In facilities with licensed health care providers, the MLE team will conduct facility audits to determine the services that are provided at each location and the availability of family planning methods and prescription requirements. Fieldwork staff will conduct surveys with health care providers in these facilities to identify their training, standard operating procedures with clients, and referral mechanisms. In addition, the MLE team will conduct exit interviews with women who are leaving these facilities to evaluate satisfaction with health care services. Because family planning services are often available outside health care facilities, the MLE project will also collect data from local pharmacies and other retail outlets that offer contraceptives. In these locations, field workers will take an audit of available contraceptive methods, educational materials, and counseling opportunities, as well as identify the requirements women must meet to obtain a method and the cost of contraceptives.

Program Cost Analysis. Impact evaluations also provide an opportunity to determine the cost-effectiveness of different programmatic approaches to ensure that scarce resources are used most efficiently. To conduct these cost analyses, the MLE project will collect detailed information on program costs (including financial contributions and in-kind expenses) over the course of the project. Where possible, this information will contribute to an impact analysis that captures the cost of individual interventions.

Hybrid Study Design

Cross-Sectional Data. The MLE project will conduct cross-sectional surveys with women at two points in time – at baseline prior to the implementation of the URHI programs and at endline of the interventions, four years later. These data will allow the MLE team to determine if the overall contraceptive prevalence rate changes significantly in cities during this period. The MLE team will also collect cross-sectional surveys with men in intervention cities at baseline, mid-term, and endline of the project to measure men's contraceptive attitudes and behaviors, gender attitudes, and identify any changes in men's perspectives over time. Because these surveys are cross-sectional, baseline, mid-term, and endline respondents will differ and it will not be possible to attribute changes in knowledge, attitudes, and behaviors directly to program exposure at the individual level.

Cross-sectional data collection requires that researchers use an updated sampling frame to randomly select respondents at each survey round. A sampling frame is a snapshot of the entire population of a study area, in this case, each city, at a given point in time. With an accurate sampling frame, every adult in each city has the same chance of random selection into the study. Because urban populations are quite dynamic – urban migration can change the characteristics of cities quite rapidly – MLE researchers will identify, to the extent possible, updated sampling frames at baseline, mid-term, and endline. By randomly selecting respondents from these sampling frames, each cross-sectional survey will represent the entire population of men or women living in each city at the time of the survey. Thus, the MLE team will assess men's family planning attitudes and behaviors at three points in time and the contraceptive prevalence rate of each city (calculated from the women's cross-sectional surveys) at baseline and endline of the study.

Longitudinal Data. The MLE project will also collect longitudinal data from women and SDPs. Field workers will first conduct surveys with women and SDPs at baseline of the study, and then follow-up with the same women and SDPs at mid-term and endline. Because longitudinal data permit researchers to measure change over time, this study component will allow the MLE project to identify the causal impact of the URHI family planning interventions on women's family planning attitudes and behaviors and also determine if URHI interventions activities improve the quality of family planning services in urban areas.

To maximize the significant resources required to collect both cross-sectional and longitudinal data, the women who are randomly selected as respondents to the baseline cross-sectional survey will become the participants in the longitudinal study. These women will receive follow-up surveys at mid-term and endline. Dovetailing the cross-sectional and longitudinal data collection conserves project resources and ensures that the longitudinal surveys with women represent the larger population of study cities at baseline (as researchers will randomly select these women from a current sampling frame).

One of the challenges of collecting longitudinal data is respondent attrition. Over time, individuals may move households or migrate to other cities or regions, limiting the ability of researchers to conduct follow-up surveys. To mitigate this, MLE researchers will collect detailed tracking information for each woman in the longitudinal survey. This information will include addresses and cell phone numbers for the respondent, as well as the names and contact information for her household members, community leaders, landlords, and friends. If a respondent changes residence before a follow-up survey, the MLE team will use this detailed tracking information to locate the respondent and determine the feasibility of conducting follow-up surveys at her new location.

The longitudinal component of the hybrid study design also includes data collection from a wide range of public and private SDPs. At baseline, MLE researchers will randomly select health care providers offering family planning services, pharmacies, and other retail outlets that offer contraceptives within each study city. Additionally, the sample will include all SDPs that respondents identify in the baseline survey as their preferred location for family planning services. Field workers will conduct follow-up surveys with the same SDPs at mid-term and endline. To track the location of the facilities, researchers will note the GPS coordinate of each SDP during the baseline survey and use this information to easily identify the same facilities upon return visits.

Data Collection Plan

The MLE project will use a comprehensive evaluation strategy that includes data collection at three time points (baseline, mid-term, and endline), each separated by two years. The MLE team will collect data with women and men using both longitudinal and cross-sectional samples.

At *baseline*, field workers will conduct the first cross-sectional surveys of women and men and the first longitudinal surveys with the SDPs. Respondents to the baseline cross-sectional survey of women will also become the respondents to the longitudinal survey of women; these respondents will receive follow-up surveys at the mid-term and endline.

At *mid-term*, researchers will survey a new, random sample of men for the second cross-sectional men's survey. Field workers will also conduct follow-up surveys with the women interviewed for the baseline cross-sectional survey. These follow-up surveys with women constitute the longitudinal survey of women. Field workers will also conduct the mid-term surveys with the SDPs surveyed at baseline.

At *endline*, field workers will conduct follow-up longitudinal surveys with women and SDPs. The MLE research team will also survey a new, random sample of women and men for the endline cross-sectional surveys. These surveys will represent the larger population of each city at this point in time.

Data Collection Plan

	Cross-Sectional Surveys	Longitudinal Surveys
Baseline	Women [1] Men	SDPs [2]
Mid-term	Men	Women [1] SDPs [2]
Endline	Women Men	Women [1] SDPs [2]

[1] Women in these surveys are the same
[2] SDPs in these surveys are the same

Conclusion

The MLE project is a quasi-experimental study that includes four intervention cities where the URHI will implement innovative family planning programming, and two comparison cities where programming is delayed in each URHI-supported country. The study design is a hybrid design that integrates cross-sectional and longitudinal data to assess the direct impact of innovative family planning programs and identify any change in the contraceptive prevalence rate and behavioral and attitudinal norms in intervention cities over the course of the URHI. To identify the specific reproductive health needs of the urban poor, the MLE project will structure the sampling of respondents to identify outcomes among both slum and non-slum populations. These design elements allow the MLE project to measure programmatic impact across cities, over time, and among the urban poor and non-poor.

Identifying the successes of family planning interventions – assessing supply-side programs that increase access to quality family planning and demand-side programs that change behaviors among individuals, households, and communities – requires that evaluation occur concurrently with programs. Because very few evaluations of family planning programs are conducted in this way, policymakers have few evidence-based recommendations to inform the allocation of scarce family planning resources. The MLE project will provide critical evidence-based findings to inform policymakers and improve the design of integrated family planning and reproductive health interventions that target the urban poor in South Asia and sub-Saharan Africa.

The Measurement, Learning & Evaluation (MLE) Project for the Urban Reproductive Health Initiative (URHI) identifies approaches that increase contraceptive prevalence rates in rapidly growing cities in India, Nigeria, Kenya, and Senegal. The MLE project serves as the technical resource for local efforts to monitor and evaluate URHI programs in these countries and documents evidence-based best practices for health services that target the urban poor. The MLE project shares promising approaches with policy makers, program managers, and researchers globally and builds local capacity to undertake rigorous measurement and evaluation of population, family planning, and integrated reproductive health activities targeting vulnerable urban populations.

This report was made possible by support from the Bill & Melinda Gates Foundation under terms of the MLE project for the Urban Reproductive Health Initiative. The MLE project is implemented by the Carolina Population Center at the University of North Carolina at Chapel Hill, in partnership with African Population and Health Research Center, International Center for Research on Women, and Population Reference Bureau. The authors' views expressed in this publication do not necessarily reflect the views of the donor, the Gates Foundation.

Appendix D. About Kenya National Bureau of Statistics

The Kenya National Bureau of Statistics (KNBS) is a Semi-Autonomous Government Agency under the Ministry of Planning, National Development & Vision 2030. KNBS was established by an Act of Parliament - the Statistics Act, 2006 No.4 to replace the erstwhile Central Bureau of Statistics (CBS) established in 1960's. The Statistics Act 2006 specifically mandates KNBS to:

- Act as the principal agency of the government for collecting, analyzing and disseminating statistical data in Kenya.
- Act as custodian of official statistics.
- Conduct the Population and Housing Censuses every ten years, and such other censuses and surveys as the Board may determine.
- Maintain a comprehensive and reliable national socioeconomic database.
- Establish standards and promote the use of best practices and methods in the production and dissemination of statistical information across the National Statistical System(NSS).
- Plan, authorize, coordinate and supervise all official statistical programs undertaken within the NSS.

The Bureau develops and maintains the National Sampling Survey and Evaluation Program (NASSEP), which provides the framework for designing household sample based - surveys to generate different forms of household based data. It maintains a Master File of all establishments in the country. The Master File provides a framework of collecting establishment based data.

KNBS has an elaborate infrastructure for data collection, which includes District Statistical Offices in every district. The Bureau is also the custodian of all government statistical information, and for this it maintains a database of all national surveys including National Population and Housing Censuses. KNBS is organized into six Directorates, each headed by a Director.

The six Directorates are:

- Directorate of Macroeconomic Statistics
- Directorate of Production Statistics
- Directorate of Population and Social Statistics
- Directorate of Strategy and Development
- Directorate of Information and Communication Technology
- Directorate of Finance and Administration

The Bureau supports the development of statistics in various key Government Departments/ Ministries/Agencies such as Ministries of Health, Education, Gender, Home Affairs (Prisons and Probation), The Judiciary, Police, Department of Civil Registration, National Registration Bureau, Central Bank of Kenya, Kenya Revenue Authority and etc. KNBS activities are mainly funded by the Exchequer, Development partners and the STATCAP Project- A Statistical Capacity project in KNBS, funded by the Word Bank and other development partners and established to fund various capacity building projects within the NSS.

Apart from conducting Population and Housing Censuses after every ten years as recommended by the United Nations, KNBS undertakes two broad types of surveys, namely, household-based surveys and establishment based surveys. Some of the surveys are regular such as the KDHS which are conducted after every five years while others are ad-hoc in nature. These include - but are not limited to - the following:

- Kenya Integrated Household Budget Survey
- Kenya Demographic and Health Survey
- Malaria Indicator Survey
- Adult Literacy Survey
- Disability Survey
- Kenya AIDS Indicator Survey
- Multiple Indicator Cluster Survey
- Consumer Price Index
- Producer Price Index
- Labour Force Survey
- Micro and Small Enterprise Survey
- Child Labour Survey
- Agriculture and Livestock Survey
- Time Use Survey
- Foreign Investment Survey
- Integrated Survey of Enterprises
- Informal Cross Border Trade Survey
- Survey of villas, cottages and campsites
- Financial Access Survey
- Inbound Outbound Survey
- Survey on Expansion of Coverage of Financial Institutions
- Annual Survey on Industrial Production
- Building and Construction Survey
- Survey of Quarrying and Mining
- Census of Industrial Production
- Violence Against Children Survey

In 2010, KNBS implemented the Measurement Learning and Evaluation baseline household survey for the Kenya Urban Reproductive Health Initiative. Specifically, KNBS generated the sampling frame for the survey, recruited and trained the data collection teams, and managed the collection of data and entry of the survey questionnaires. KNBS was also involved in the dissemination of the survey results at national and city levels.

KNBS
KENYA NATIONAL
BUREAU OF STATISTICS
Keeping you informed

Appendix E. Baseline Household Survey Team

Principal Investigators

Collins Omondi Opiyo	Kenya National Bureau of Statistics, Kenya
Jean Christophe Fotso	African Population Health and Research Center (APHRC), Kenya
David Guilkey	Department of Economics, University of North Carolina at Chapel Hill
Ilene Speizer	Department of Maternal and Child Health, University of North Carolina at Chapel Hill

Technical Survey Coordinators

Antony K.M. Kilele	Director General, Overall technical lead, KNBS
Collins Omondi Opiyo	Local PI , KNBS
Christopher Omolo	Tupange/MLE, Kenya 2010 baseline survey, National Coordinator, KNBS
Macdonald Obudho	Technical lead in Sampling , Kenya National Bureau of Statistics, KNBS
Robert Buluma	Tupange/MLE, Kenya 2010 baseline survey, National Assistant Coordinator, KNBS
Emma Odhiambo	Cartography, Technical lead Kenya National Bureau of Statistics, KNBS
Gwendolyn Morgan	Techncia lead, APHRC
Joshua Davis	Technical lead in survey coordination, UNC
Paul Kuria	Survey Manager, APHRC
Nelson Keyonzo	Director for Tupange. Overall Technical lead, Jhpiego
Linda Archer	Technical lead, Jhpiego
John Mark Udalang	Survey Cordination, Jhpiego

Field Coordinators-Technical Staff

Mary Wanyonyi, KNBS
Vivian Nyarunda, KNBS
A.A. Awes, KNBS
Peter Nyakwara, KNBS
Michael Musyoka, KNBS
Henry Osoro, KNBS
Andrew Imbwaga, KNBS
Rosemary Kongani, KNBS
Godfrey Otieno, KNBS
John Bore, KNBS
Samuel Ogola, NCAPD
Diana Kamar, MOPH & S
Peter Nyakwara, NCAPD
James Munguti, KNBS

Field Coordination-Drivers

Joseph Bartai, KNBS
Stephen Chege Maingi, KNBS
Jonathan Chepkonga ,KNBS
Charles Onyango Ayot , KNBS
Samson Ndungu Mungai , KNBS
Anthony Kiragu , KNBS
Isaac Ooko, KNBS

Survey Teams

(RA =Research Assistant, DSO=District Statistical Officer, QAS=MLE field quality assurance)

Mombasa

DSO Willy Konde

QAS Titus Mutuma Ringera

Supervisors

Francis Ruwa Kilumo
Stanslaus M Nzuki
Mary Mwende Mbuvi
Sadik Karisa Ngoa
Kennedy Odongo

Editors

Everlyin Oguso Korir
John Busi Sahal
Mohamed Adam
Shadrack Nyamori Osoro
Victor Fredrick Odhiambo

RA (Female)

Alice Chesekut Khaemba
Grace Bahati Kaingu
Josephine Misechu
Joyce Irungu
Kirleen Athiambo
Linda Akinyi Oduor
Liz Tinga
Molly Anyango Ochieng'
Mwanajuma Mohamed
Oirere Deborah Bochere
Olivia A. Oywer
Pauline Mwikali Mutua
Valentine Vutagwa Asirigwa
Flavia Monica Nzikwa
Zam Zam Omar

RA (Male)

Michael Musyoki
Patrick Maina
Robert Kimondo Gitonga
Were Titus Oduor
Victor Timothy K Rutto
Paul Mauji

Kisumu

DSO Richard Abayo

QAS Habil Oloo

Supervisors

Maurice O. Wesa
Kennedy Ochieng Okuku
Benjamin Omedi Nyatindo
Robert Omwaka
Christine Abong'o

Editors

Bernadette J. Achieng
Edith Amondi Ogallo
George Okwaro
Paul Aggrey Mutimba
Paul Odoyo

RA (Female)

Eileen Lindah Nyamuok
Esther Akumu Otigo
Faith Awuor Nyaura
Irene Ogola
Jane Akinyi Obude
Judith A. Deya
Macky Awuor
Marion Risper Kinda
Mary Auma Ojwang
Mary Jacqueline Atieno Okoro
Maureen Adhiambo Abonyo
Mwajuma B. Toloi
Pulcy Anne Akech
Beatrice Awino Onyango
Maureen Anyango Ochieng'

RA (Male)

Joseph Opondo Omondi
Edwin Omondi Ouma
Fredrick Ochieng Olal
Benard Ouma Okech
Michael Okute Anyal

Kakamega

DSO	George Ondanje
QAS	Benard Nyerere

Supervisors

Fragrance Manyala Asigo
Dorothy Migarusha
Rosemary Vugudza
Linet Musimbi Kafuna
Pamellah Usagi Muyagida

Editors

Beatrice Mwachi
Elizabeth Mukhaya
Justus Shiruli Mulama
Pamela Libaisi Luvandale
Zainab Maende

RA (F)

Akose Everlyne Anabwani
Becky Nawakho Nabwire
Belinda Muhonja Elegwa
Cecilia Osundwa
Alima Rubai
Daphine Ngaywa Eldah
Grace V Indiatsy
Josephine Kabiduka Afandi
Lucy Kedy Madahana
Mary Wikana Musonye
Nancy Musabi Amukhale
Rebecca Ijusa Lugadiru
Rita Afandi Muhando
Selpher Shiambula
Synthier Makush Emoti

Nairobi (East)

DSO Ezan Sande Malova
QAS Naomi Mwaura Nduta

Supervisors

Janet Nankui Harrison
Ruth N. Gungu
James O. Osewe
Milka Mwangangi
Leonard Avogah Munubi
Maurice Osundwa

Editors

Michelline Wambui Wanjohi
Lydia Musitah
Kennedy Otieno Osewe
Patricia O. Akanga
Hillary Keverenge Vigatsi
Lucky Ndanu

RA (F)

Caroline A Okato
Viola Akinyi Debra
Brenda Oduke
Maureen Abiero Olindi
Anastasia Matu
Audrey Kemunto
Belinda N. Buluma
Christine A. Bwire
Esther Lasoi Sankale
Rose Mueni Musili
Molly Akinyi Ojwando
Doreen Alivitsa Masheti
Florence N. Osebe
Grace Kabura Kang'ethe
Purity Wangari
Philomena Pepela
Florence Adhiambo
Esther Kerubo Ondieki

RA (M)

Collins Kikame Achola
Mark Onyango
Stanley Ng'ethe
Tom Shiyonzo
Brian Ongeri Oyugi
Nyaosi Peter Moseti
Stephen Macharia

Nairobi (West)

DSO Stephen Kathia
Ezan SandeMalova
QAS Annebel Wambui Kihuha

Supervisors

Milkazadek Juma Okumu
Victoria Phina Magara
Walter Ngode
Vivian Khasandi Ayisi
Mary Atemo

Editors

Isaac Kisoi
Janet Kemunto Obwoga
Janet Makena Wilson Kiplangat Sang
Christine Mutete
Eddie Tallam
Joel Agolla Olewe

RA (F)

Hellen Ndinda Nyamai
Hellen Njoki Wangari
Janet Nasike Barasa
Lucy Bosibori Sagw E
Lydiah Chemutai Bett
Leah Akoth Okello
Shirley Osundwa
Maureen Adhiambo Jaoko
Doris Akinyi Okwayo
Brenda Band
Charity Wangari Mwangi
Faith Atieno Ogollah
Judith E Mbeka

RA (M)

Felix Ojiambo
Eliud Maina Kuria
Dominic Kizito Odonya
Chris Muriithi Njiru
Joseph Alusa Indiazi
John Songa
Maustne Oyoo

Machakos

DSO Julius Kituma
QAS Adamson Katilu

Supervisors

Antony K Mutua
Francis Kieti
Hellen Kimanthi
Joseph Mayoli Muia
Titus Mwendwa Mutua

Editors

Jackson Mulwa Mutungi
Joshuah Mwania Nyolo
Godwin K. Ngei
Mumbua Stellamaris
Caroline Syonzi Musyoka

RA(F)

Domitila Katiwa Kilonzo
Seraphine Mwende Ngila
Purity Makaa
Benadette Munyao
Caroline Ndunge Mutinda
Maureen Mutheu Ndunda
Silvia Sawia
Esther Mumo Kamaku
Jemimah Tabitha Lonzya
Purity M Musila
Cheryl W. Maluni
Esther Kamwathi Mulandi
Freddinah Nguta Nzengo
Anne Mwikali Musyoki
Stephania Muindu Mutinda

Data Processing-Technical staff

Samuel Kipruto	Data Processing Manager, KNBS
Benard Obasi	Data Processing Supervisor, KNBS
Aimee Benson	Data Programmer, UNC
Michael Mutua	Data supervisor, APHRC
Tom Grey	Data base designer, UNC
Daniel Mutembei	Sytems Administrator, KNBS

Data Processing: Office editors and Data entry clerks

Esther W. Kinyanjui
Redempta Muyuma
Margaret Nyamuok
Tony Odhiambo Ochieng'
Joshua Kintu Oloo
Lilian Cherono
Timothy Allan Adede
Lucy Nyolo
Faith Kivuvo
Moses A. Onyango
Macdonald Kajuma
Annitah M. Wambua
Thomas K. Cherop
Paulus W. Sanya
Geroldine A. Odhiambo
Vincent Ochieng
Philip Akal
Phillip Sabwani Wesang'ula
David W.A. Oucho

Members of the survey Technical Working Group

Collins Omondi Opiyo, KNBS
Christopher Omollo, KNBS
Robert Buluma, KNBS
Macdonald Obutho, KNBS
Paul Kuria, APHRC
Linda Archer, Jhpiego
Gwendolyn Morgan, APHRC
Samuel Ogola, NCAPD
John Mark Udalang, Jhpiego
Diana Kamar, MOPH &S
Godfrey Otieno, KNBS
Anne Njeru, MOPH &S

Members of the Survey Steering Committee

Antony K. M. Kilele, KNBS
Nelson Keyonzo, Jhpiego
Alex Ezeh, APHRC
Shiphrah Kuria, MOPH & S
Boniface Oyugi, NCAPD

Finance Manager/Internal Auditor

Titus Wambua, Jhpiego

Appendix F. Baseline Household Survey Report Team

Caroline Blair

Ilene Speizer

David Guilkey

Joshua Davis

Manya Dotson

Jean Christophe Fotso

Yohannes Kinfu

Gwendolyn Morgan

Linda Archer

John Mark Udalang

Nelson Keyonzo

Michael Mutua

Beatrice Maina

Paul Kuria

Katherine Tumlinson

Macdonald Obudho

Robert Buluma

Samuel Kipruto

Ezan Sande Malova

Benard Obasi

MaryStella Barasa

Dana Lewison

Youngae Kim

Gabrielle Hecker

Attachment 1

Kenya Urban Reproductive Health Initiative Questionnaires—Women, Men and Household

KNBS
KENYA NATIONAL BUREAU OF STATISTICS
Keeping you informed

MLE Measurement, Learning & Evaluation Project for the Urban Reproductive Health Initiative

QUESTIONNAIRE NO: [__|__|__|__|__|__|__|__|__]
City code + Cluster number + HH number + Line Number

KENYA BASELINE SURVEY
MLE/KURHI Woman Questionnaire; 15-49 Years
English-Swahili

KNBS KENYA NATIONAL BUREAU OF STATISTICS *Keeping you informed*

IDENTIFICATION

URBAN SITE…… (NAIROBI = 1; MOMBASA=2; KISUMU=3; MACHAKOS=4; KAKAMEGA=5)	[__]
DISTRICT……	[__|__]
SUBLOCATION……	[__|__]
KURHI EA CLUSTER NUMBER……	[__|__|__]
EA TYPE (URBAN – 2; PERI-URBAN – 3)……	[__]
EA STATUS (INFORMAL – 4; FORMAL – 9)……	[__]
STRUCTURE NUMBER……	[__|__|__]
HOUSEHOLD NUMBER……	[__|__|__]
LINE NUMBER OF WOMAN……	[__|__]

INTERVIEW VISITS

VISIT NO.	1	2	3	FINAL VISIT
DATE	DAY/ MONTH/ YEAR [____/_____/ **10**]	DAY/ MONTH/ YEAR [____/_____/ **10**]	DAY/ MONTH/ YEAR [____/_____/ **10**]	DAY [____|____] MONTH [____|____] YEAR [**2 | 0 | 1 | 0**]
RESULT*	[____]	[____]	[____]	RESULT [____]
INTERVIEWER NAME	_____	_____	_____	_____
INTERVIEWER CODE	[__|__|__]	[__|__|__]	[__|__|__]	[__|__|__]
NEXT VISIT: DATE:	[____/_____/ **10**]	[____/_____/ **10**]		TOTAL NO. OF VISITS
TIME:	[__|__] [__|__] HH MM	[__|__] [__|__] HH MM		[____]

*RESULT CODES:

1	COMPLETED
2	NOT AT HOME
3	POSTPONED
4	REFUSED
5	PARTLY COMPLETED
6	INCAPACITATED
7	OTHER_____ (SPECIFY)

LANGUAGE

MAIN LANGUAGE OF INTERVIEW [__| INTERPRETER USED? 1 YES 2 NO

LANGUAGE CODES: 1 KISWAHILI 2 ENGLISH 3 DHOLUO 4 LUHYA-WANGA 5 KAMBA 6 OTHER (SPECIFY)___

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____	NAME _____	NAME _____
CODE [____|____|____]	CODE [____|____|____]	CODE [____|____|____]	CODE [____|____|____]
DATE [____/_____/ **10**] DD MM YY	DATE [____/_____/ **10**] DD MM YY	DATE [____/_____/ **10**] DD MM YY	DATE [____/_____/ **10**] DD MM YY

Woman Consent Form: Household-Based Survey on Family Planning

Purpose of Study

Hello! My name is _____,I am part of a research team working for the Kenya National Bureau of Statistics. We are carrying out research on family planning in urban areas of Kenya. Your participation in this study will help to improve family planning services in this city. We will be asking questions to all women aged 15-49 from this household for this study.

Habari! Jina langu ni _____, mimi ni mojawapo ya watafiti wanao fanya kazi na shirika la Kitaifa la Kenya la Takwimu. Tunafanya utafiti kuhusu upangaji wa uzazi katika miji ya Kenya. Kushiriki kwako katika utafiti huu kutasaidia kuimarisha huduma za upangaji wa uzazi katika jiji hili. Katika utafiti huu, nitauliza maswali wanawake wote kati ya miaka 15 hadi 49 wanoishi katika nyumba hii.

Explanation of Procedures

The interview will take place in or around your home, somewhere private. The interview will take about 60 minutes. I will ask you questions about your home, family planning, health-care seeking, and family size decisions. You may choose not to give the interview, or not to answer a question for any reason. You can stop the interview at any time by telling me that you want to stop it. If you decide not to give the interview or not to answer a question, no harm will come to you, and there will be no effect on your access to health services in the future.

Mahojiano yatafanyika ndani au nnje ya nyumba yako pahali ambapo hatutasikika na mtu mwingine. Mahojiano yatachukua muda wa kama dakika 60 hivi kukamilika. Nitakuuliza maswali kuhusu nyumba yako/yenu, upangaji wa uzazi, uamuzi kuhusu kutafuta huduma za afya na pia uamuzi kuhusu kiwango cha familia.

Waweza kuamua kukataa kushiriki, ama kutojibu swali lolote kwa sababu yoyote ile. Waweza kusimamisha majadiliano wakati wowote kwa kunieleza kuwa wataka kuyasimamisha. Ukiamua kutoshiriki majadiliano ama kutojibu swali lolote, hakuna athari itatokea kwako, wala hakutakuwa na athari kwako kuhusu kupata huduma za afya kwa siku zijazo.

Confidentiality

Your answers will not be shared with anyone outside this research project. Your name will not appear on the survey. We will not share answers with community members, health providers, family or anyone else. At the end of the study, we will put all the answers together and make a report. In addition to the interview today, we would like to meet with you twice more to ask you some more questions. We will need to contact you in 2 years to interview you a second time, and again two years after that to interview you a third time. We would like to interview you three times to see how the circumstances in your life change.

So we can find you again in two years, we need to ask questions on how, where and when to best contact you. We will make every effort to plan the next interview without anyone knowing. Your contact information will be kept in a locked cabinet, and kept apart from your answers to the questions. Once the study is finished, the list of names with your contact information, and the completed surveys will be destroyed.

Majibu yako hayataambiwa mtu mwingine kando na watafiti wanao shiriki katika mradi huu. Jina lako halitachapishwa kwa utafiti huu. Hatutatoa majibu yako kwa watu wa jamii hii, wahudumu wa afya, watu wa familia yako wala mtu mwengine yeyote. Mwisho wa utafiti huu tutayaweka majibu yote pamoja na kuandika ripoti.

Kadhalika, kando na mahojiano ya leo, tungependa kukuona wewe pamoja na wengine (waume/wake) wa nyumba hii mara mbili zaidi ili tukulize mswali mengine. Tutahitaji kuwasiliana tena baada ya miaka miwili ijayo ili kuwa na majadiliano ya pili, na pia miaka mingine miwili baadae ili kujadiliana tena kwa mara ya tatu. Tungependa kujadiliana nawe mara tatu ili kuweza kuona vile hali ya maisha yako inavyobadilika.

Ili Kuweza kuwapata watu wanaishi hapa kwa mara nyingine, tutahitaji kuuliza maswali kuhusu vipi, wapi na lini tutakavyo weza kuwasiliana nawe. Tutafanya jitihada zote tuwezavyo kupanga majadiliano yatakayofuata bila mtu mwingine kujua. Habari ya jinsi ya kuwasiliaana nawe zitafungiwa kwenye kabati, mbali na majibu yote ambayo utatupa. Utafiti huu ukishakamilika, orodha ya majina na habari za mawasiliano na pia majibu yote ya maswali yataharibiwa.

How many people will take part in this study?

If you decide to be interviewed, you will be one of about 11,000 women from urban areas of Kenya who will be interviewed.
Ukiamua kuendelea na majadiliano, utakua mmoja kati ya wanawake 11,000 kutoka katika miji ya hapa Kenya ambao watajadiliana nasi.

Benefits

Research helps society by providing new knowledge. You may not benefit directly from this survey. However, your answers will be important for planning better programs to make sure women can access the health care they need.

Utafiti husaidia jamii kwa kutoa ufahamu mpya. Huenda usifaidike kibinafsi kutokana na utafiti huu. Hata hivyo majibu yako yatakua muhimu katika kupanga miradi bora zaidi ili kuhakikisha kwamba wanawake na wanaume wanapata huduma za afya wanazo zihitaji

Risks and Discomforts

There is the possibility you may feel uncomfortable about a question I ask. If you feel uncomfortable about any of the questions, you do not have to answer them. I can skip those questions and go on to the next section. You can end the interview at any time. There is also the possibility that someone may approach us during the interview to find out what we are discussing. We intend to do this interview in private, if someone approaches us, we will stop the interview until we can continue in private.Some questions may not apply to you, but the interviewer must ask the same questions of everyone.

Kuna uwezekano kuwa utahisi kutopendezwa na maswali fulani nitakayo uliza. Ukihisi kutopendezwa kuhusu maswali yoyote, siyo lazima uyajibu. Ninaweza yaruka maswali hayo na kuanza sehemu nyingine. Unaweza utamatisha majadiliano wakati wowote.
Kuna uwezekano pia mtu mwingine aweza kuja wakati tunapoendelea na majadiliano kutaka kujua ninini tunachojadiliana. Tunatumaini kufanya majadiliano kwa siri, na ikiwa mtu atatukaribia, tutaacha majadiliano hadi tutakapo baki wawili. Maswali mengine yawezakuwa hayakuhusu lakini ni lazima kuuliza maswali sawa kwa kila mtu kwa sababu ya utafiti.

Costs and Payment for Participation

There are no costs for being in this study. You will not receive any compensation for taking part in this study.
Haikugharimu chochote kushiriki katika utafiti huu. Hutapokea pesa zozote kwa kushiriki katika utafiti huu.

Questions / Your rights as Participants

This study has been approved by the Kenya Medical Research Institute, and the University of North Carolina (USA). If you have any questions about this study or the results, you can contact the following: The study coordinator at the Kenyan National Bureau of Statistics Mr Christopher Ndayara Omolo at 020 2244079, the study coordinator at APHRC Mr Paul Kuria 020 2720400, The Secretary, National Ethics Review Committee at Kenya Medical Research Institute at +254 (020) 2722541, 2713349. Or the Institutional Review Board at the University of North Carolina at +1 919-966-3113. You have the right to ask, and have answered, any questions you may have about this research. If you have questions or concerns, you should contact the researchers listed above, or ask me before or after the interview. Do you have any questions now?

Utafiti huu umeidhinishwa na Shirika la Kenya la Utafiti wa Matibabu, na Chuo Kikuu cha North Carolina (Marekani). Kama una maswali yeyote kuhusu utafitu huu ama matokeo yake, unaweza kuwasiliana na wafuatao: Mwelekezi wa utafiti wa Shirika la Kitaifa la Kenya la Takwimu Bwana Christopher Ndayara Omolo kwa nambari 020 2244079; Mwelekezi wa utafiti wa shirika la APHRC Bwana Paul Kuria 020 2720400, Katibu wa Kamati ya Kitaifa ya Kuchunga Maadili katika Shirika la Kenya la Utafiti wa Matibabu nambari +254 (020) 2722541, 2713349. ama Bodi ya Kuchunga Taasisi ua Chuo Kikuu cha North Carolina kwa nambari +1 919-966-3113. Una haki ya kuuliza maswali yoyote na kupata majibu yake kuhusiana na utafiti huu. Ikiwa una maswali ama shauku zozote, wasiliana na watafiti walio orodheshwa hapa, ama uniulize mimi maswali kabla au baada ya majadiliano. Je, una maswali sasa?

Consent

Now, can you tell me if you agree to participate in this research? If you say yes, it means that you have agreed to be part of the study.

Yes No

Sasa waweza kuniambia kama unakubali kushiriki katika utafiti huu? Ukisema ndiyo, inamaanisha kuwa umekubali kushiriki katika utafiti huu.

Ndio La

Would you like a copy of this document?

Yes No

Je, wataka nakala ya stakabadhi hii?

Ndio La

Signature of the interviewer:……..

Date:……..

SECTION 1: BACKGROUND CHARACTERISTICS

	Questions and filters	Coding categories	Skip to
	RECORD START TIME:	HOUR……[__|__] MINUTES……[__|__]	
	Thank you for agreeing to participate in this survey. As I mentioned in asking for your consent, we are looking to assess your health and information needs. To begin, we are going to ask you some background questions about yourself. *Asanti sana kwa kukubalia kushiriki kwenye utafiti huu.kama nilivyotaja mbeleni, tunatafuta kujua kuhusu mahitaji yako ya kiafya na habari za kiafya. Nikianza, nitakuuliza maswali kuhusu wewe binafsi.*		
Q101	In what month and year were you born? *Ulizaliwa mwaka gani na mwezi gani?*	MONTH . . . . . [__|__] DON'T KNOW MONTH . . . . . 98 YEAR . . . . . [__|__][__|__] DON'T KNOW YEAR 9998	
Q102	How old were you on your last birthday? *Ulikuwa na umri gani uliposherehekea siku yako ya kuzaliwa iliyopita?* COMPARE AND CORRECT Q101 AND/OR Q102 IF INCONSISTENT	AGE IN COMPLETED YEARS……[__|__]	
Q103	CHECK 101 & 102: IF AGE (15-49)YRS ☐ ELSE ☐ → **END INTER-VIEW** CHECK THAT CONSENT FORM HAS BEEN COMPLETED IF NOT, ENSURE THAT YOU OBTAIN A CONSENT FROM THE RESPONDENT BEFORE YOU CONTINUE		
Q104	Have you ever attended school? *Umewahi kwenda shule?*	YES…… 1 NO …….. 2 → **Q108**	
Q105	What is the highest level of school you **attended:** primary, post-primary or vocational, secondary or 'A' level, college or university? *Ni kiwango kipi cha juu cha shule ulichofika?: shule ya msingi, chuo cha ufundi, shule ya secondary, Kidato cha sita A level, chuo cha kadiri ama chuo kikuu?*	NURSERY/ KINDERGARTEN ……. 0 → **Q108** PRIMARY…… 1 POST-PRIMARY/VOCATIONAL …. 2 SECONDARY/'O' or 'A' LEVEL…… 3 COLLEGE (MIDDLE LEVEL)…… 4 UNIVERSITY…… 5 → **Q110**	
Q106	What is the highest (standard/form/year) you **completed** at that level? *Ni kiwango kipi cha juu (darasa/kidato/mwaka) ulichokamilisha?* IF NO YEAR COMPLETED, WRITE "00"	STANDARD/FORM/YEAR……[__|__]	
Q107	CHECK 105: PRIMARY OR POST-PRIMARY (CODE 1 OR 2) ☐ SECONDARY OR COLLEGE (CODE 3 OR 4) ☐ → **Q110**		
Q108	Now I would like you to read a sentence for me. But first please tell me, what language are you most capable of reading? *Sasa ningependa unisomee sentenzi. Lakini kwanza ningependa uniambie ni lugha gani ambayo waweza soma kwa urahisi zaidi?* CIRCLE CODE FOR LANGUAGE SELECTED AND HAND THE RESPONDENT A LITERACY CARD IN THE SELECTED LANGUAGE	KISWAHILI…….. 01 DHOLUO…….. 02 KAMBA…….. 03 KIKUYU…….. 04 ENGLISH…….. 05 LUHYA…….. 06 KALENJIN…….. 07 REPORTS CANNOT READ…… 11 → **Q110** BLIND/VISUALLY IMPAIRED……. 21 → **Q110** OTHER_____ 96 (SPECIFY)	

Q109	Please read for me the sentence on this card: *Tafadhali nisomee sentensi kwenye kadi hii.* IF RESPONDENT CANNOT READ THE WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me? *Je, Waweza kunisomea sehemu yoyote ya sentensi?*	CANNOT READ AT ALL…… 1 ABLE TO READ ONLY PARTS OF SENTENCE . . . . . 2 ABLE TO READ WHOLE SENTENCE…… 3 NO CARD WITH REQUIRED LANGUAGE…….. 4	
Q110	What is your religion? *Je, dini yako ni gani?*	CATHOLIC…….. 1 PROTESTANT/OTHER CHRISTIAN…… 2 MUSLIM…….. 3 NO RELIGION …….. 5 → **Q112** OTHER_____ 6 (SPECIFY)	
KQ1	How religious do you consider yourself? Do you consider yourself strongly religious (or born again), somewhat religious, or not at all religious? *Je, Unajiona umeshika dini kiasi gani? Unajiona umeshika dini sana/umeokoka, umeshika dini kiasi ama wewe hufuati dini hata kidogo?*	STRONGLY RELIGIOUS/BORN AGAIN …….. 1 SOMEWHAT RELIGIOUS …….. 2 NOT AT ALL RELIGIOUS……. 3	
Q111	To what degree do your religious beliefs influence the decisions you make about family planning? Would you say that your beliefs: never, somewhat, often, or always influence the decisions you make about family planning? *Ni kwa kiwango gani ambacho imani yako ya dini inaelekeza uamuzi wako kuhusiana na mpango wa uzazi? Waweza sema kwamba: hakuna, kiasi, mara nyingi au kila mara imani yako ya dini huongoza uamuzi wako kuhusu kupanga uzazi?*	NEVER…… 1 SOMEWHAT…….. 2 OFTEN/FREQUENTLY…… 3 ALWAYS…… 4 DON'T KNOW (ABOUT FP)…….. 8	
Q112	What is your ethnic group? *Je, Kabila yako ni gani?*	EMBU…….. 01 KALENJIN…….. 02 KAMBA…….. 03 KIKUYU…….. 04 KISII…. …….. 05 LUHYA…….. 06 LUO…….. 07 MASAI…….. 08 MERU…….. 09 MIJIKENDA/SWAHILI……. 10 SOMALI…….. 11 TAITA/TAVETA…….. 12 OTHER_____ 96 (SPECIFY)	

SECTION 2: REPRODUCTION

QNo.	Questions and filters	Coding categories	Skip to
Now I would like to ask you about all the births you have had during your life. Please be as honest as possible and know that your answers will not be shared with anyone else. *Sasa ningependa kukuuliza kuhusu mamba ulizopata au watoto uliowazaa katika maisha yako. Tafadhali nipe majibu ya ukweli na ujuwe kwamba majibu yako hayatajulishwa mtu mwengine.*			
Q201	Have you ever given birth? *Umewahi kuzaa/kujifungua?*	YES…….. 1 NO…….. 2 → **Q206**	
Q202	Do you have any sons or daughters <u>to whom you have given birth</u> who are now living with you? *Una wavulana au wasichana wowote ambao umewazaa wewe mwenyewe na wanaishi pamoja nawe kwa sasa?*	YES…….. 1 NO…….. 2	
Q203	CHECK Q202: IF "NO" ABOVE, RECORD "OO" FOR BOTH SONS AND DAUGHTERS AT HOME. THEN CONTINUE TO Q204. IF "YES" ABOVE, ASK… How many of these sons live with you? And how many of these daughters live with you? *Ni wavulana wangapi wanaoishi pamoja na wewe?* *Ni wasichana wangapi wanaoishi pamoja na wewe?*	SONS AT HOME…… [__|__] DAUGHTERS AT HOME…… [__|__]	

Q204	Do you have any sons or daughters **to whom you have given birth** who are alive but do **not** live with you? *Je una wavulana au wasichana ambao umewazaa na wako hai lakini hawaishi na wewe?*	YES…….. 1 NO……. 2	
Q205	CHECK Q204: IF "NO" ABOVE, RECORD "OO" FOR BOTH SONS AND DAUGHTERS ELSEWHERE. THEN CONTINUE TO Q206. IF "YES" ABOVE, ASK… How many sons are alive but not living with you? And how many daughters are alive but not living with you? *Ni wavulana wangapi waliohai lakini hawaishi pamoja na wewe?* *Ni wasichana wangapi waliohai lakini hawaishi pamoja na wewe?*	SONS ELSEWHERE…… [__|__] DAUGHTERS ELSEWHERE…… [__|__]	
Q206	Sometimes it happens that children die. It may be painful to talk about and I am sorry to ask you about painful memories, but it is important to get correct information. Have you ever given birth to a boy or a girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive? *Wakati mwingine watoto huaga dunia. Ni uchungu kukuzungumzia na nasikitika kukuuliza habari za huzuni, lakini ni muhimu kupata habari kamili. Je, umewahi kujifungua/kuzaa mvulana ama msichana akiwa hai kisha akaaga dunia baadaye?* **KAMA LA ULIZA ZAIDI:** *kuna mtoto aliye lia na kuonyesha ishara ya uhai kisha akaaga dunia baadae?*	YES ..... 1 NO …….. 2	
Q207	CHECK Q206: IF "NO" ABOVE, RECORD "OO" FOR BOTH SONS AND DAUGHTERS DEAD. THEN CONTINUE TO Q208. IF "YES" ABOVE, ASK… How many boys have died? And how many girls have died? *Ni wavulana wangapi wameaga dunia?* *Ni wasichana wangapi wameaga dunia?*	BOYS DEAD……. [__|__] GIRLS DEAD……. [__|__]	
Q208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL.	TOTAL……[__|__]	
Q209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? *Ili kuhakikisha kuwa nimepata habari sahihi: Umejifungua kwa jumla mara_____ maishani mwako. Hiyo ni sawa?* YES ☐ NO ☐ → PROBE AND CORRECT 201-208 as necessary.		
Q210	Have you ever had a pregnancy that ended in a miscarriage or abortion? By miscarriage or abortion, I mean a pregnancy that ended early, either because you did something to make it end or because it just ended by itself. *Umewahi kupata mimba halafu ikaharibika au ikatoka. Kuharibika au kutoka ni mimba kutoka mapema aidha kwa ajili ilifanywa kitu au iliharibika yenyewe?*	YES…… 1 NO……. 2 → **Q212**	
Q211	When did the last such pregnancy end? *Ni lini mimba ya aina hiyo ilitoka?*	MONTH……[__|__] DON'T KNOW MONTH…..98 YEAR……..[__|__][__|__] DON'T KNOW YEAR....9998	

Q212	Have you ever had a pregnancy that ended in a stillbirth? By still birth, I mean a baby that was born at full term and did not show any sign of life. *Umewahi kuzaa mtoto aliyefariki tumboni? Yaani mtoto ambaye siku za mimba yake zimekamilika lakini alipozaliwa hakuwa na dalili zozote za kuwa hai (kama kulia ama kupumua)* **COMMENT: THESE WORDS IN BRACKETS ARE ANECDOTES, I.E. NOT PART OF ABOVE QUESTION IN ENGLISH.**	YES…… 1 NO…….. 2 →	**Q214**
Q213	When did the last such pregnancy end? *Mara ya mwisho ulipozaa mtoto wa aina hiyo ilikua lini?*	MONTH……..[__|__] DON'T KNOW MONTH…..98 YEAR..…….. [__|__][__|__] DON'T KNOW YEAR..9998	
Q214	CHECK Q208, Q210 AND Q212: ONE OR MORE BIRTHS, ABORTIONS, MISCARRIAGES, OR STILLBIRTHS ☐↓	HAS HAD NO BIRTHS, NO ABORTIONS, NO MISCARRIAGE, AND NO STILLBIRTHS ☐→	**Q235**

Q215	How old were you when you got pregnant for the very **first time?** *Ulikuwa na umri gani ulipopata mimba yako ya **kwanza?***	[___]___] RECORD EXACT AGE	
Q216	At the time you became pregnant the first time, did you want to become pregnant **then**, did you want to wait until **later,** or did you **not want** to have any children at all? *Ulipopata mimba ya kwanza, ulikua unataka kupata mimba wakati huo, au ulitaka kungoja hadi baadaye ama hukutaka kupata watoto kamwe?*	THEN……..1 → LATER…… ….. 2 NOT AT ALL……..3 →	**Q217B** **Q217B**
Q217	How much longer would you have liked to wait? *Ulikuwa unapenda kungoja kwa mda gani?* IF RESPONSE IS A DECIMAL FOR MONTHS & YEARS (2.5YRS), THEN CONVERT IN MONTH AND FILL IN ONLY MONTHS.	MONTHS……..1 ☐☐ OR YEARS……...2 ☐☐ OR OTHER (SPECIFY)_____996 OR DON'T KNOW…998	
Q217B	CHECK Q208 (HAS LIVE BIRTHS) ☐↓	CHECK Q208 IF Q208 IS 1 OR MORE IF Q208 IS 0 (NO LIVE BIRTHS) ☐→	**Q235**

BIRTH HISTORY

You told me that you have had a total of _____births (check Q209). Now I would like to record the names of all your **live** births, whether still alive or not, starting with the first one you had.
Umeniambia ulizaa jumla ya watoto _____. Sasa ningetaka kurekodi majina yote ya watoto uliowazaa wakiwa hai, hata kama hivi sasa wako hai ama wameaga, kuanzia wa kwanza

RECORD NAMES OF **ALL** THE BIRTHS in Q209 in Q218. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. IF THERE ARE MORE THAN 18 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE. CIRCLE ALL CHILDREN BORN IN 2008 OR LATER.

(Q217C) Line no.	(Q218) What name was given to your (first/next) baby? *Mtoto wa kwanza aliitwa nani? (anayefuata)?*	(Q219) Were any of these births twins/triplets? *je, kunao mapacha ama watatu*	(Q220) Is (NAME) a boy or a girl? *Je* **(JINA)** *ni Mvulana / Ama / msichana*	(Q221) In what month and year was (NAME) born? PROBE: What is her/his birthday? (other probes: what season was it) *Ni mwezi gani na mwaka gani* **(JINA)** *alizaliwa?* **ULIZA:** *Siku yake ya kuzaliwa ni ipi?* **ULIZA:** *Alizaliwa msimu upi*	(Q222) Is (NAME) still alive? **(JINA)** *yuko hai?*	(Q223) IF ALIVE: How old was (NAME) at his/her last birthday? **KAMA YUKO HAI: (JINA)** *alifikisha miaka mingapi tarehe ya mwisho kuadhimisha siku yake ya kuzaliwa?* RECORD AGE IN COMPLETED YEARS; IF LESS THAN ONE YEAR, RECORD "00".	(Q224) IF ALIVE: Is (NAME) living with you? **KAMA YUKO HAI:** *Je,* **(JINA)** *anaishi pamoja na wewe?*	(Q225) **IF DEAD:** How old was (NAME) when she/he died? IF LESS THAN 2 YEARS, PROBE: How many months old was (NAME)? **KAMA AMEAGA**: **(JINA)** *alikuwa na miaka mingapi alipoaga dunia?* **KAMA ANA MWAKA 2 ULIZA ZAIDI:** **(JINA)** *alikuwa na miezi mingapi?* IF LESS THAN 1 MONTH OLD, RECORD DAYS; IF LESS THAN 2 YEARS, RECORD MONTHS	(Q226) Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth? *Ulizaa mtoto yeyote hai kati ya* **(ALIYE ZALIWA AWALI)** *Na* **(JINA)** *Nijulishe hata kama aliaga dunia baada ya kuzaliwa?*
01	NAME: _____	SING……1 MULT……..2	BOY…1 GIRL...2	MONTH [__|__] DK……..98 YEAR [__|__][__|__] DK….9998	YES….1 NO……2 ↓ **Q225**	AGE IN YEARS [__|__]	YES….1 NO……2 **All Skip To Q226**	DAYS……..1 [__|__] MONTHS…2 [__|__] YEARS…….3 [__|__] DK……..998	
02	NAME: _____	SING……1 MULT……..2	BOY…1 GIRL...2	MONTH [__|__] DK……..98 YEAR [__|__][__|__] DK….9998	YES….1 NO……2 ↓ **Q225**	AGE IN YEARS [__|__]	YES….1 NO……2 **All Skip To Q226**	DAYS……..1 [__|__] MONTHS…2 [__|__] YEARS…….3 [__|__] DK……..998	YES...1 ↓ ADD BIRTH NO….2 NEXT BIRTH ↓
03	NAME: _____	SING……1 MULT……..2	BOY…1 GIRL...2	MONTH [__|__] DK……..98 YEAR [__|__][__|__] DK….9998	YES….1 NO……2 ↓ **Q225**	AGE IN YEARS [__|__]	YES….1 NO……2 **All Skip To Q226**	DAYS……..1 [__|__] MONTHS…2 [__|__] YEARS…….3 [__|__] DK……..998	YES...1 ↓ ADD BIRTH NO….2 NEXT BIRTH ↓
04	NAME: _____	SING……1 MULT……..2	BOY…1 GIRL...2	MONTH [__|__] DK……..98 YEAR [__|__][__|__] DK….9998	YES….1 NO……2 ↓ **Q225**	AGE IN YEARS [__|__]	YES….1 NO……2 **All Skip To Q226**	DAYS……..1 [__|__] MONTHS…2 [__|__] YEARS…….3 [__|__] DK……..998	YES...1 ↓ ADD BIRTH NO….2 NEXT BIRTH ↓

(Q217C) Line no.	(Q218) What name was given to your (first/next) baby? *Mtoto wa kwanza aliitwa nani? (anayefuata)?*	(Q219) Were any of these births twins/triplets? *je, kunao mapacha ama watatu*	(Q220) Is (NAME) a boy or a girl? *Je* **(JINA)** *ni Mvu-lana* *Ama* *msi-chana*	(Q221) In what month and year was (NAME) born? PROBE: What is her/his birthday? (other probes: what season was it) *Ni mwezi gani na mwaka gani* **(JINA)** *alizaliwa?* **ULIZA:** *Siku yake ya kuzaliwa ni ipi?* **ULIZA:** *Alizaliwa msimu upi?*	(Q222) Is (NAME) still alive? **(JINA)** *yuko hai?*	(Q223) IF ALIVE: How old was (NAME) at his/her last birthday? **KAMA YUKO HAI:** **(JINA)** *alifikisha miaka mingapi tarehe ya mwisho kuadhimisha siku yake ya kuzaliwa* RECORD AGE IN COMPLETED YEARS; IF LESS THAN ONE YEAR, RECORD "00".	(Q224) IF ALIVE: Is (NAME) living with you? **KAMA YUKO HAI:** *Je,* **(JINA)** *anaishi pamoja na wewe?*	(Q225) **IF DEAD:** How old was (NAME) when she/he died? IF LESS THAN 2 YEARS, PROBE: How many months old was (NAME)? **KAMA AMEAGA**: **(JINA)** *alikuwa na miaka mingapi alipoaga dunia?* **KAMA ANA MWAKA 2 ULIZA ZAIDI:** **(JINA)** *alikuwa na miezi mingapi?* IF LESS THAN 1 MONTH OLD, RECORD DAYS; IF LESS THAN 2 YEARS, RECORD MONTHS	(Q226) Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth? *Ulizaa mtoto yeyote hai kati ya* **(ALIYE ZALIWA AWALI)** *Na* **(JINA)** *Nijulishe hata kama aliaga dunia baada ya kuzaliwa?*
05	NAME: _____	SING……1 MULT……..2	BOY…1 GIRL...2	MONTH [__|__] DK……..98 YEAR [__|__][__|__] DK….9998	YES….1 NO……2 ↓ **Q225**	AGE IN YEARS [__|__]	YES….1 NO……2 **All Skip To Q226**	DAYS…….1 [__|__] MONTHS…2 [__|__] YEARS…….3 [__|__] DK……..998	YES...1 ↓ ADD BIRTH NO….2 NEXT BIRTH ↓
06	NAME: _____	SING……1 MULT……..2	BOY…1 GIRL...2	MONTH [__|__] DK……..98 YEAR [__|__][__|__] DK….9998	YES….1 NO……2 ↓ **Q225**	AGE IN YEARS [__|__]	YES….1 NO……2 **All Skip To Q226**	DAYS…….1 [__|__] MONTHS…2 [__|__] YEARS…….3 [__|__] DK……..998	YES...1 ↓ ADD BIRTH NO….2 NEXT BIRTH ↓
07	NAME: _____	SING……1 MULT……..2	BOY…1 GIRL...2	MONTH [__|__] DK……..98 YEAR [__|__][__|__] DK….9998	YES….1 NO……2 ↓ **Q225**	AGE IN YEARS [__|__]	YES….1 NO……2 **All Skip To Q226**	DAYS…….1 [__|__] MONTHS…2 [__|__] YEARS…….3 [__|__] DK……..998	YES...1 ↓ ADD BIRTH NO….2 NEXT BIRTH ↓
08	NAME: _____	SING……1 MULT……..2	BOY…1 GIRL...2	MONTH [__|__] DK……..98 YEAR [__|__][__|__] DK….9998	YES….1 NO……2 ↓ **Q225**	AGE IN YEARS [__|__]	YES….1 NO……2 **All Skip To Q226**	DAYS…….1 [__|__] MONTHS…2 [__|__] YEARS…….3 [__|__] DK……..998	YES...1 ↓ ADD BIRTH NO….2 NEXT BIRTH ↓
09	NAME: _____	SING……1 MULT……..2	BOY…1 GIRL...2	MONTH [__|__] DK……..98 YEAR [__|__][__|__] DK….9998	YES….1 NO……2 ↓ **Q225**	AGE IN YEARS [__|__]	YES….1 NO……2 **All Skip To Q226**	DAYS…….1 [__|__] MONTHS…2 [__|__] YEARS…….3 [__|__] DK……..998	YES...1 ↓ ADD BIRTH NO….2 NEXT BIRTH ↓

(Q217C) Line no.	(Q218) What name was given to your (first/next) baby? *Mtoto wa kwanza aliitwa nani? (anayefuata)?*	(Q219) Were any of these births twins/triplets? *je, kunao mapacha ama watatu*	(Q220) Is (NAME) a boy or a girl? *Je* **(JINA)** *ni Mvu-lana* *Ama* *msi-chana*	(Q221) In what month and year was (NAME) born? PROBE: What is her/his birthday? (other probes: what season was it) *Ni mwezi gani na mwaka gani* **(JINA)** *alizaliwa?* **ULIZA:** *Siku yake ya kuzaliwa ni ipi?* **ULIZA:** *Alizaliwa msimu upi?*	(Q222) Is (NAME) still alive? **(JINA)** *yuko hai?*	(Q223) IF ALIVE: How old was (NAME) at his/her last birthday? **KAMA YUKO HAI: (JINA)** *alifikisha miaka mingapi tarehe ya mwisho kuadhimisha siku yake ya kuzaliwa* RECORD AGE IN COMPLETED YEARS; IF LESS THAN ONE YEAR, RECORD "00".	(Q224) IF ALIVE: Is (NAME) living with you? **KAMA YUKO HAI:** *Je,* **(JINA)** *anaishi pamoja na wewe?*	(Q225) **IF DEAD:** How old was (NAME) when she/he died? IF LESS THAN 2 YEARS, PROBE: How many months old was (NAME)? **KAMA AMEAGA**: **(JINA)** *alikuwa na miaka mingapi alipoaga dunia?* **KAMA ANA MWAKA 2 ULIZA ZAIDI:** **(JINA)** *alikuwa na miezi mingapi?* IF LESS THAN 1 MONTH OLD, RECORD DAYS; IF LESS THAN 2 YEARS, RECORD MONTHS	(Q226) Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth? *Ulizaa mtoto yeyote hai kati ya* **(ALIYE ZALIWA AWALI)** *Na* **(JINA)** *Nijulishe hata kama aliaga dunia baada ya kuzaliwa?*
10	NAME: _____	SING……1 MULT……..2	BOY…1 GIRL...2	MONTH [__|__] DK……..98 YEAR [__|__][__|__] DK….9998	YES….1 NO……2 ↓ **Q225**	AGE IN YEARS [__|__]	YES….1 NO……2 **All Skip To Q226**	DAYS…….1 [__|__] MONTHS…2 [__|__] YEARS…….3 [__|__] DK……998	YES...1 ADD BIRTH ↓ NO….2 NEXT BIRTH ↓
11	NAME: _____	SING……1 MULT……..2	BOY…1 GIRL...2	MONTH [__|__] DK……..98 YEAR [__|__][__|__] DK….9998	YES….1 NO……2 ↓ **Q225**	AGE IN YEARS [__|__]	YES….1 NO……2 **All Skip To Q226**	DAYS…….1 [__|__] MONTHS…2 [__|__] YEARS…….3 [__|__] DK……998	YES...1 ADD BIRTH ↓ NO….2 NEXT BIRTH ↓
12	NAME: _____	SING……1 MULT……..2	BOY…1 GIRL...2	MONTH [__|__] DK……..98 YEAR [__|__][__|__] DK….9998	YES….1 NO……2 ↓ **Q225**	AGE IN YEARS [__|__]	YES….1 NO……2 **All Skip To Q226**	DAYS…….1 [__|__] MONTHS…2 [__|__] YEARS…….3 [__|__] DK……998	YES...1 ADD BIRTH ↓ NO….2 NEXT BIRTH ↓
13	NAME: _____	SING……1 MULT……..2	BOY…1 GIRL...2	MONTH [__|__] DK……..98 YEAR [__|__][__|__] DK….9998	YES….1 NO……2 ↓ **Q225**	AGE IN YEARS [__|__]	YES….1 NO……2 **All Skip To Q226**	DAYS…….1 [__|__] MONTHS…2 [__|__] YEARS…….3 [__|__] DK……998	YES...1 ADD BIRTH ↓ NO….2 NEXT BIRTH ↓
14	NAME: _____	SING……1 MULT……..2	BOY…1 GIRL...2	MONTH [__|__] DK……..98 YEAR [__|__][__|__] DK….9998	YES….1 NO……2 ↓ **Q225**	AGE IN YEARS [__|__]	YES….1 NO……2 **All Skip To Q226**	DAYS…….1 [__|__] MONTHS…2 [__|__] YEARS…….3 [__|__] DK……998	YES...1 ADD BIRTH ↓ NO….2 NEXT BIRTH ↓

(Q217C) Line no.	(Q218) What name was given to your (first/next) baby? *Mtoto wa kwanza aliitwa nani? (anayefuata)?*	(Q219) Were any of these births twins/triplets? *je, kunao mapacha ama watatu*	(Q220) Is (NAME) a boy or a girl? *Je* **(JINA)** *ni Mvu-lana* *Ama* *msi-chana*	(Q221) In what month and year was (NAME) born? PROBE: What is her/his birthday? (other probes: what season was it) *Ni mwezi gani na mwaka gani* **(JINA)** *alizaliwa?* **ULIZA:** *Siku yake ya kuzaliwa ni ipi?* **ULIZA:** *Alizaliwa msimu upi?*	(Q222) Is (NAME) still alive? **(JINA)** *yuko hai?*	(Q223) IF ALIVE: How old was (NAME) at his/her last birthday? **KAMA YUKO HAI:** **(JINA)** *alifikisha miaka mingapi tarehe ya mwisho kuadhimisha siku yake ya kuzaliwa* RECORD AGE IN COMPLETED YEARS; IF LESS THAN ONE YEAR, RECORD "00".	(Q224) IF ALIVE: Is (NAME) living with you? **KAMA YUKO HAI:** *Je,* **(JINA)** *anaishi pamoja na wewe?*	(Q225) **IF DEAD:** How old was (NAME) when she/he died? IF LESS THAN 2 YEARS, PROBE: How many months old was (NAME)? **KAMA AMEAGA**: **(JINA)** *alikuwa na miaka mingapi alipoaga dunia?* **KAMA ANA MWAKA 2 ULIZA ZAIDI:** **(JINA)** *alikuwa na miezi mingapi?* IF LESS THAN 1 MONTH OLD, RECORD DAYS; IF LESS THAN 2 YEARS, RECORD MONTHS	(Q226) Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth? *Ulizaa mtoto yeyote hai kati ya* **(ALIYE ZALIWA AWALI)** *Na* **(JINA)** *Nijulishe hata kama aliaga dunia baada ya kuzaliwa?*
15	NAME: _____	SING……1 MULT……..2	BOY…1 GIRL...2	MONTH [__|__] DK……..98 YEAR [__|__][__|__] DK….9998	YES….1 NO……2 ↓ **Q225**	AGE IN YEARS [__|__]	YES….1 NO……2 **All Skip To Q226**	DAYS…….1 [__|__] MONTHS…2 [__|__] YEARS…….3 [__|__] DK……998	YES...1 ADD BIRTH ↓ NO….2 NEXT BIRTH ↓
16	NAME: _____	SING……1 MULT……..2	BOY…1 GIRL...2	MONTH [__|__] DK……..98 YEAR [__|__][__|__] DK….9998	YES….1 NO……2 ↓ **Q225**	AGE IN YEARS [__|__]	YES….1 NO……2 **All Skip To Q226**	DAYS…….1 [__|__] MONTHS…2 [__|__] YEARS…….3 [__|__] DK……998	YES...1 ADD BIRTH ↓ NO….2 NEXT BIRTH ↓
17	NAME: _____	SING……1 MULT……..2	BOY…1 GIRL...2	MONTH [__|__] DK……..98 YEAR [__|__][__|__] DK….9998	YES….1 NO……2 ↓ **Q225**	AGE IN YEARS [__|__]	YES….1 NO……2 **All Skip To Q226**	DAYS…….1 [__|__] MONTHS…2 [__|__] YEARS…….3 [__|__] DK……998	YES...1 ADD BIRTH ↓ NO….2 NEXT BIRTH ↓
18	NAME: _____	SING……1 MULT……..2	BOY…1 GIRL...2	MONTH [__|__] DK……..98 YEAR [__|__][__|__] DK….9998	YES….1 NO……2 ↓ **Q225**	AGE IN YEARS [__|__]	YES….1 NO……2 **All Skip To Q226**	DAYS…….1 [__|__] MONTHS…2 [__|__] YEARS…….3 [__|__] DK……998	YES...1 ADD BIRTH ↓ NO….2 NEXT BIRTH ↓

Q227	Have you had any live births since the birth of (NAME OF LAST BIRTH)? *Je, Umewahi kuzaa mtoto akiwa hai tangu kuzaliwa kwa* **(JINA LA MTOTO WA MWISHO)**	YES…… 1 → NO…….. 2	RECORD BIRTH(S) IN BIRTH HISTORY TABLE
Q228	Before the birth of (NAME OF FIRST BIRTH), did you have any other live births? *Kabla ya kuzaliwa kwa* **(JINA LA MTOTO WA KWANZA),** *uliwahi kuzaa mtoto mwengine akiwa hai?*	YES…… 1 → NO…….. 2	RECORD BIRTH(S) IN BIRTH HISTORY TABLE
Q229	COMPARE Q208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME ☐ NUMBERS ARE DIFFERENT ☐ → (PROBE AND RECONCILE) CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED. ☐ FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED. ☐ FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED. ☐ FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS. ☐		
Q230	CHECK Q221 AND ENTER THE NUMBER OF BIRTHS SINCE 2008. IF NONE, RECORD "0". ☐		
Q231	CHECK Q230: YES, HAS ONE OR MORE BIRTHS SINCE 2008 ☐ NO BIRTHS SINCE 2008 ☐ →		**Q235**
Q232	ENTER NAME AND LINE NUMBER OF YOUNGEST CHILD BORN FROM Q217C AND Q218: _____ [___|___] NAME LINE NUMBER DEAD ☐ LIVING ☐		
Q233	At the time you became pregnant with [NAME ABOVE], did you want to become pregnant **then**, did you want to wait until **later,** or did you **not want** to have any more children at all? *Wakati ulipopata mimba ya* **(JINA),** *ulitaka upate mimba wakati huo, ama ulitaka uipate baadaye ama hukutaka kupata watoto tena?*	THEN…… 1 → LATER…… 2 NOT AT ALL…… 3 →	**Q235** **Q235**
Q234	How much longer would you have liked to wait? *Ni kwa muda gani zaidi ungelipendelea kungoja?* IF RESPONSE IS A DECIMAL FOR MONTHS & YEARS (2.5YRS), THEN CONVERT IN MONTH AND FILL IN ONLY MONTHS.	MONTHS……..1 [__|__] OR YEARS……..2 [__|__] OR OTHER (SPECIFY)_____996 OR DON'T KNOW……998	
Q235	Are you pregnant now? *Je wewe ni mjamzito hivi sasa?*	YES…… 1 NO…….. 2 → UNSURE…… . 8 →	**Q243** **Q243**
Q236	How many months pregnant are you? *Mimba yako ina miezi mingapi?* **RECORD IN COMPLETE MONTHS OF PREGNANCY**	MONTHS……[__|__] DON'T KNOW…….98	
Q237	At any time during this pregnancy, have you gone for an antenatal check up? *Tangu ulipopata mimba hii, je umeenda kupata huduma ya kina mama waja wazito/kliniki?*	YES……1 NO……..2 →	**Q241**
Q238	From where or whom did you obtain (A CHECK UP) last time? PROBE: What is the name of this place/person? And where is it/he/she located? *Uliipata wapi au kutoka kwa nani* **(HUDUMA HIYO)** *mara ya mwisho?* **ULIZA:** *Mtu huyo aitwaje na yuko wapi ? mahali hapo paitajwe na pako wapi ?*	NAME OF FACILITY_____ _____ PHYSICAL LOCATION_____ _____ LAND MARK_____	

Q239	What type of facility did you most recently go to for antenatal care? *Ulienda katika kituo cha aina gani hivi karibuni zaidi ili kupata huduma ya akina mama waja wazito?*	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . 11 GOVT. HEALTH CENTER . . . . . 12 GOVERNMENT DISPENSARY . . 13 OTHER PUBLIC_____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR FAITH-BASED, CHURCH,MISSION HOSPITAL/CLINIC..... 21 PRIVATE HOSPITAL/CLINIC..... 22 NURSING/MATERNITY HOME…… 23 TRADITIONAL BIRTH ATTENDANT 24 TRADITIONAL HEALER…… 25 PHARMACY…… 26 CHEMIST/DUKA LA DAWA…….. 27 COMMUNITY MIDWIFE……. 28 COMMUNITY HEALTH WORKER.. 29 OTHER PRIVATE_____ 30 SPECIFY OTHER SOURCE WORKSITE CLINIC…… 31 MOBILE CLINIC . . . . . 32 YOUTH CENTER…… 33 OTHER _____ 96 (SPECIFY)	
Q240	Was this place you received your most recent antenatal visit in this city, in another city or town, or in a rural area? *Je, mahali hapo ulipopata huduma ya akina mama wajawazito ilikuwa katika jiji hili, katika jiji au mji mwingine au katika eneo la mashambani?*	THIS CITY/TOWN…… 1 ANOTHER CITY/TOWN……. 2 A RURAL AREA…….. 3	
Q241	At the time you became pregnant, did you want to become pregnant **then**, did you want to wait until **later**, or did you **not want** to have any more children at all? *Wakati ulipopata mimba, ulitaka upate mimba wakati huo, ama ulitaka uipate baadaye ama hukutaka kupata watoto tena?*	THEN…… 1 → **Q243** LATER……. 2 NOT AT ALL…… 3 → **Q243**	
Q242	How much longer would you have liked to wait? *Ni kwa muda gani zaidi ungelipenda kungoja?* IF RESPONSE IS A DECIMAL FOR MONTHS & YEARS (2.5YRS), THEN CONVERT IN MONTH AND FILL IN ONLY MONTHS.	MONTHS……..1 [__|__] OR YEARS……..2 [__|__] OR OTHER (SPECIFY)_____996 OR DON'T KNOW……998	
Q243	When did your last menstrual period start? *Mara ya mwishi ulipoona damu ya mwezi ilikuwa lini?* _____ (DATE, IF GIVEN) IF LESS THAN ONE DAY, CIRCLE "1" AND WRITE "00" DAYS AGO.	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 CANT REMEMBER……..998	
Q244	From one menstrual period to the next, are there certain days when a woman is more likely to get pregnant if she has sex? *Kutoka siku za kuona damu ya mwezi mmoja hadi ya mwezi mwingine, je kuna baadhi za siku ambazo mwanamke ana uwezo zaidi wa kupata mimba akifanya ngono?*	YES……1 NO……2 → **Q246** DON'T KNOW……8 → **Q246**	

Q245	Which days are these? Would you say that this time is just before her period begins, during her period, right after her period has ended, or halfway between two periods? *Ni siku gani hizi? Waweza kusema kuwa wakati huu ni kabla tu ya damu ya mwezi kuanza, au ni wakati wa damu ya mwezi, au ni baada tu ya damu ya mwezi kuisha, au siku za katikati ya damu ya mwezi mmoja hadi nyingine?* SINGLE MENTION	JUST BEFORE HER PERIOD BEGINS…….... 1 DURING HER PERIOD……... 2 RIGHT AFTER IT ENDS…… 3 HALFWAY BETWEEN TWO PERIODS……..… 4 OTHER_____ 6 (SPECIFY) DON'T KNOW……... 8	
Q246	Do you think that a woman who is breastfeeding her baby can become pregnant? *Je, unadhani mama ambaye ananyonyesha mtoto anaweza kupata mimba?*	YES . . . . . 1 NO . . . . . 2 DEPENDS……..…… 3 DON'T KNOW . . . . . 8 →	**Q301**
Q247	What are the criteria in which breastfeeding is effective as a contraceptive method? *Ni kwa kupitia mbinu ipi ambayo kunyonyesha kwaweza kuwa njia mwafaka/kamilifu ya kuzuia kupata mimba?* Anything else? *Kuna kingine?* MARK ALL THAT APPLY.	EXCLUSIVE BREASTFEEDING (NO SUPPLEMENTS)…… A EXCLUSIVE BREASTFEEDING FOR UP TO 6 MONTHS……. B MENSTRUAL PERIOD HASN'T RETURNED…….…….. C OTHERS _____ X (SPECIFY) NONE…….. Y DON'T KNOW……... Z	

SECTION 3: CONTRACEPTION

CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.

Now I would like to talk about family planning, the various ways or methods that a couple/ partners can use to delay or avoid a pregnancy.
Sasa ningependa kuongea kuhusu upangaji uzazi, njia tofauti ambazo wapenzi wanaweza kutumia ili kuchelesha au kuzuia kupata mimba.

INSTRUCTIONS: CIRCLE '1' FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE '2' FOR EACH METHOD RECOGNIZED UPON LISTENING TO DESCRIPTION. CIRCLE '3' FOR EACH METHOD NOT MENTIONED NOR RECOGNIZED.

	Q301. Which ways or methods have you heard of? *Ni njia zipi ambazo umewahi kuzisikia?* PROBE: HAVE YOU HEARD OF ANY OTHER WAYS OR METHODS THAT WOMEN OR MEN CAN USE TO AVOID PREGNANCY? *Je umewahi kusikia kuhusu mbinu au njia nyingine ambazo wanawake au wanaume wanaweza kutumia ili kuzuia kupata mimba?* FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)? *Je, umewahi kusikia kuhusu* **(NJIA)?**	Yes, Mentioned Spontaneously	Yes, When Probed	No	Q302. Have you ever used (METHOD)? *Umewahi kutumia* **(MBINU)**
01	FEMALE STERILIZATION/ TUBAL LIGATION Women can have a simple operation to avoid having any more children KUFUNGA UZAZI KWA WANAWAKE *Kufungwa kwa mishipa inayopitisha yai la mama Wanawake wanaweza kufanyiwa upasuaji/oparesheni kuzuia kupata watoto wengine*	1	2	3 → **Next Method**	Have you ever had an operation to avoid having any more children? *Umewhi kufanyiwa upaswaji kuzuia kupata watoto wengine?* YES…… 1 NO…… 2
02	MALE STERILIZATION/VASECTOMY Men can have a simple operation to avoid having any more children. KUFUNGWA UZAZI KWA WANAUME *Wanaume wanaweza kufanyiwa upasuaji/oparesheni kuzuia kupata watoto.*	1	2	3 → **Next Method**	Has your partner ever had an operation to avoid having any more children? *Je mume/mpenzi wako amewahi kufanyiwa upasuaji kuzuia kupata watoto wegine?* YES…… 1 NO…… 2
03	DAILY PILL Women can take a pill every day to avoid becoming pregnant. *TEMBE ZA KILA SIKU. Wanawake wanaweza kumeza tembe kila siku kuzuia kupata mimba.*	1	2	3 → **Next Method**	YES…… 1 NO…… 2
04	IUCD Women can have a loop or coil placed inside them by a health provider. *IUCD wanawake wanaweza kuwekwa COIL ndani yao na mhudumu wa afya kuzuia mimba.*	1	2	3 → Next Method	YES…… 1 NO…… 2
05	INJECTABLES OR INJECTIONS Women can have an injection by a health provider that stops them from becoming pregnant for one or more months. *SINDANO, wanawake wanaweza kudungwa sindano na mhudumu wa afya kuzuia kupata mimba kwa mwezi mmoja ama zaidi.*	1	2	3 → **Next Method**	YES…… 1 NO…… 2
06	IMPLANTS/NORPLANT Women can have a small rod placed in their upper arm by a health provider, which can prevent pregnancy for one to three years. NORPLANT *Wanawake wanaweza kuwekwa NORPLANT kwenye sehemu ya juu kwa mkono na mhudumu wa afya kuzuia mimba kwa mwaka mmoja hadi miaka mitatu*	1	2	3 → **Next Method**	YES…… 1 NO…… 2

Q301. Which ways or methods have you heard of? *Ni njia zipi umewahi kuzisikia?* FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)? *Umewahi kusikia kuhusu (NJIA)?*					Q302. Have you ever used (METHOD)? *Umewahi kutumia* **(MBINU)**
		Yes, Mentioned Spontaneously	Yes, When Probed	No	
07	MALE CONDOM Men can put a rubber sheath on their penis before sexual intercourse. *KONDOMU/MPIRA WA WANAUME. wanaume wanaweza visha mpira kwenye uume wao kabla ya kufanya ngono*	1	2	3→**Next Method**	YES…… 1 NO…… 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse. *KONDOMU /MPIRA WA WANAWAKE. Wanawake wanaweza ingiza ndani ya uke wao mpira kabla ya kufanya mapenzi.*	1	2	3→**Next Method**	YES…… 1 NO…… 2
09	STANDARD DAYS/ SAFE DAYS/ CYCLE BEADS: Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant. *SIKU MAALUM/ SIKU SALAMA/: kila mwezi mwanamke anaweza kujizuia kufanya ngono siku ambazo kuna uwezekano zaidi wa kupata mimba*	1	2	3→**Next Method**	YES…… 1 NO…… 2
10	WITHDRAWAL Men can be careful and pull out before climax. *KUTOA UUME, wanaume wanaweza kuwa waangalifu na kuchomoa uume wao kabla ya kumwaga mbegu/kufikia kilele.*	1	2	3→**Next Method**	YES…… 1 NO…… 2
11	EMERGENCY CONTRACEPTION/MORNING AFTER PILL/ POSTINOR 2 Women can take pills up to five days after sexual intercourse to avoid becoming pregnant *EC/ TEMBE ZA DHARURA/ POSTINOR 2 wanawake wanaweza kumeza tembe ya kuzuia mimba kati ya siku ya kwanza hadi ya tano baada ya kufanya ngono.*	1	2	3→**Next Method**	YES…… 1 NO…… 2
12	LACTATIONAL AMENORRHEA (LAM) Up to six (6) months after childbirth, a woman can use a method that requires that she feeds the baby with only breastmilk (no other formula, water or other food) and that her menstrual period has not returned. *NJIA YA KUNYONYESHA PEKEE: hadi miezi sita baada ya mtoto kuzaliwa mwanamke anaweza kutumia njia inayombidi kunyonyesa pekee (bila kumlisha mtoto chakula chochote kingine) na kabla damu ya mwezi kurudi.*	1	2	3	YES…… 1 NO…… 2
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy? *Umesikia kuhusu njia nyingine zozote ambazo mwanamke ama mwanamume anaweza kutumia ili kuzuia kupata mimba?* NOTE: IF RESPONDENT MENTIONS ABSTINENCE AS A METHOD OF FP, DO **NOT** RECORD AS A METHOD. PROBE FOR ANY OTHER METHOD KNOWN.	YES_____ (SPECIFY) 1 NO…… 3			YES…… 1 NO…… 3
14		YES_____ (SPECIFY) 1 NO…… 3			YES…… 1 NO…… 3

Q303	CHECK 301 (KNOWLEDGE OF ANY CONTRACEPTIVE METHOD). IF 301=1 OR 2 FOR ANY METHOD ↓ IF 301=3 (NO) FOR ALL →		Q401
Q304	In the **past 12 months**, from whom or where have you seen or heard about contraception and family planning? *Kwa muda wa miezi 12 iliopita, umeona ama kusikia kuhusu njia za kupanga uzazi kutoka wapi au kutoka kwa nani?* CIRCLE ALL RESPONSES MENTIONED. PROBE: ANY OTHER?	MEDIA SOURCES RADIO…… AA TV …….. AB NEWSPAPERS…… AC MAGAZINES…… AD BILLBOARDS…….. AE WALL PAINTING…… AF MOBILE PHONE/SMS…….. AG INTERNET…….. AH CINEMA…….. AI LIVE DRAMA/PUPPET SHOW……... AJ POSTER…… AK LEAFLET/BROCHURE…… AL PUBLIC SECTOR GOVERNMENT HOSPITAL …… . . . . BA GOVT. HEALTH CENTER . . . . . …….. BB GOVERNMENT DISPENSARY…… BC OTHER PUBLIC_____ BD (SPECIFY) PRIVATE SECTOR FAITH-BASED, CHURCH, MISSION HOSPITAL/CLINIC..... CA PRIVATE HOSPITAL/CLINIC..... CB NURSING/MATERNITY HOME…… CC TRADITIONAL BIRTH ATTENDANT… CD COMMUNITY MIDWIFE…… CE COMMUNITY HEALTH WORKER …. CF TRADITIONAL HEALER…… CG PHARMACY…… CH CHEMIST/DUKA LA DAWA…….. CI OTHER SOURCE WORKSITE CLINIC…… DA MOBILE CLINIC . . . . . DB YOUTH CENTER…… DC VENDING MACHINE/DISPENSER.. DD VCT/CCC……..……..... DE BAR…… DF KIOSK/SHOP/MARKET…… DG INTERPERSONAL SOURCES TEACHER…… EA PARENTS…… EB PARENTS-IN-LAW…….. EC SPOUSE/PARTNER……... ED SISTER OR BROTHER …… EE SISTER/BROTHER-IN-LAW…… EF FRIENDS//NEIGHBOURS…… EG GRANDPARENTS…… EH PEER EDUCATOR…… EI WOMEN'S GROUP…….. EJ OTHER (SPECIFY)_____ XX HAS NOT SEEN OR HEARD IN THE LAST YEAR…… YY DON'T KNOW…….. ZZ	

Q305	Have you ever recommended any contraceptive methods to your friends and/or relatives? *Umewahi kupendekeza njia yoyote ya kupanga uzazi kwa marafiki au jamaa zako?*	YES…….. 1 NO…….. 2 →	**KQ2**
Q306	Which methods have you recommended? *Umependekeza njia kama zipi?* CIRCLE ALL MENTIONED. IF RESPONDENT SAYS "PILL", PROBE FURTHER TO ESTABLISH IF THEY MEAN THE "DAILY PILL" OR THE "EMERGENCY PILL"	FEMALE STERILIZATION…….. A MALE STERILIZATION…….. B IMPLANT…….. C IUCD…….. D INJECTABLE... . . . . . ……. E DAILY PILL ……. F EMERGENCY PILL (Postnor2, etc.)…… G MALE CONDOM . . . . . ……..... H FEMALE CONDOM . .. . ……. I SPERMICIDE/FOAM/JELLY…….... J NATURAL METHODS (STANDARD DAYS/SAFE DAYS/ WITHDRAWAL)…… K BREASTFEEDING/LAM . . . . . ……. L OTHER _____ X (SPECIFY)	
KQ2	Recently, the Ministries of Health have initiated a community strategy which includes the creation of Community Health Workers. They are volunteers at the village level who will be trained in many areas. Would you accept the oral contraceptive pill from this Community Health Worker? *Hivi majuzi, Wizara ya Afya ilianzisha mradi wa kijamii ambao pia ulianzisha wahudumu wa afya ya jamii.Hawa ni watu wanaojitolea kutoka katika kijiji chenu na watafunzwa nyanja mbalimbali za kiafya. Utakubali tembe za kumeza kila siku kuzuia mimba kutoka kwa huyu mhudumu wa afya wa jamii?*	YES…… 1 NO…… 2 DON'T KNOW (PILL)…….. 8	
KQ3	Would you accept the emergency contraception pill from a Community Health Worker? *Utakubali tembe ya dharura ya kuzuia mimba kutoka kwa Mhudumu wa Afya wa Jamii?*	YES…… 1 NO…… 2 DON'T KNOW (EC)…….. 8	
KQ4	Would you accept receiving an injectable (Depo) from a Community Health Worker? *Utakubali kupata sindano ya kuzuia kupata mimba (depo) kutoka kwa mhudumu wa Afya wa jamii?*	YES…… 1 NO…… 2 DON'T KNOW (INJECTABLE)…….. 8	
Q307	CHECK 302: AT LEAST ONE "YES" (EVER USED) ☐ ↓	NOT A SINGLE "YES" (NEVER USED) ☐ →	**Q346**
Q308	Now I would like to ask you about the **first** time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? How many boys? And how many girls? *Sasa ningependa kukuuliza kuhusu mara ya **kwanza** ulipofanya kitu ama kutumia njia kuzuia kupata mimba? Kama ulikuwa na watoto wakati huo, ni wangapi walikuwa hai?* *Wavulana wangapi?* *Wasichana wangapi?* IF NONE, RECORD '00'.	NUMBER OF CHILDREN . . . . ☐☐ NUMBER OF BOYS…….. ☐☐ NUMBER OF GIRLS…….. ☐☐	

Q309	CHECK Q235 CURRENTLY PREGNANT NOT CURRENTLY PREGNANT (Q235=2 OR =8) ☐↓	CURRENTLY PREGNANT (Q235=1) ☐→	**Q336**
Q310	Are you (or your partner) **currently** doing something or using any method to delay or avoid getting pregnant? *Je wewe au mumeo/mpenzi wako mnafanya lolote ama kutumia njia yoyote **kwa sasa** ya kuchelewesha au kuzuia kupata mimba?* IF RESPONDENT OR RESPONDENT'S PARTNER HAS EVER BEEN STERILIZED, CIRCLE "YES" (CODE=1)	YES…… 1 NO…… 2 → **Q336** SAYS SHE CAN'T GET PREGNANT…… 3 → **Q336**	

Q311	Which method(s) are you (or your partner) currently using? *Ni njia gani wewe au mumeo/mpenzi wako anatumia kwa sasa?* MULTIPLE METHODS – CIRCLE ALL MENTIONED IF RESPONDENT SAYS "PILL", PROBE FURTHER TO ESTABLISH IF THEY MEAN THE "DAILY PILL" OR THE "EMERGENCY PILL" IF RESPONDENT OR SPOUSE IS EVER STERILIZED THEN RECORD UNDER MALE OR FEMALE STERLIZATION	FEMALE STERILIZATION…… A MALE STERILIZATION…… B IMPLANT…… C IUCD…… D INJECTABLE... . . . . …… E DAILY PILL …… F EMERGENCY PILL (Postnor2, etc.)…… G MALE CONDOM . . . . . …… H FEMALE CONDOM . .. . . …. . . …… I SPERMICIDE/FOAM/JELLY..…… J NATURAL METHODS (STANDARD DAYS /SAFE DAYS/ WITHDRAWAL)…… K BREASTFEEDING/LAM . . . . . …… L OTHER _____ X (SPECIFY)	
Q312	CHECK Q311: IF MULTIPLE METHODS MENTIONED ABOVE, CIRCLE THE HIGHEST METHOD ON THE LIST AND PROCEED WITH QUESTIONS REGARDING THIS METHOD. IF ONLY ONE METHOD IS CIRCLED ABOVE, CIRCLE THE SAME METHOD AGAIN HERE.	FEMALE STERILIZATION…… 01 MALE STERILIZATION…… 02 IMPLANT…… 03 IUCD…… 04 INJECTABLE... . . . . …… 05 DAILY PILL …… 06 EMERGENCY PILL (Postnor2, etc.)…… 07 MALE CONDOM . . . . . …… 08 FEMALE CONDOM . .. . . …. . . …… 09 SPERMICIDE/FOAM/JELLY..…… 10 NATURAL METHODS (STANDARD DAYS/SAFE DAYS/ WITHDRAWAL) … 11 BREASTFEEDING/LAM . . . . . …… 12 OTHER _____ 96 (SPECIFY)	

Q313	Why are you using this method (CIRCLED IN Q312)? *Kwa nini unatumia njia hii [CIRCLED IN Q312]?* PROBE: Is there any other reason you are using this method? *PROBE: Kuna sababu nyingine yeyote ambayo inakufanya uitumie njia hii?*	EFFECTIVE/DON'T WANT TO GET PREGNANT…….. A SAFE/FEW OR NO SIDE EFFECTS…….. B DON'T WANT TO GET INFECTED WITH HIV OR OTHER STIs…….. C CONVENIENT TO USE…….. D DISCREET…….. E AFFORDABLE…….. F EASY TO OBTAIN…….. G EASY TO USE…….. H MANY PEOPLE USE IT…….. I YOU LIKE THAT YOU TAKE IT EVERY DAY…….. J YOU LIKE THAT YOU DON'T HAVE TO TAKE EVERY DAY…….. K HELPS YOU TO LOSE WEIGHT…….. L HELPS YOU TO GAIN WEIGHT…….. M MAKES SKIN LOOK HEALTHIER…….. N RECOMMENDED BY PROVIDER…….. O PARTNER PREFERS…….. P DON'T HAVE TO WORRY ABOUT IT; PARTNER IS RESPONSIBLE FOR IT….. Q OTHER _____ X (SPECIFY)	

Q314	Who decided which type of family planning/ birth spacing/child spacing method to use? Is it mainly your decision, mainly your partner's decision, or did you both decide together? *Ni nani aliyeamua aina ya njia ya kupanga uzazi/kuweka nafasi kati ya watoto ya kutumia? Je ni uamuzi wako mwenyewe ama ni uamuzi wa mumeo/mpenzi wako ama mliamua nyote kwa pamoja?*	MAINLY YOURS…….. 1 MAINLY PARTNER…….. 2 JOINTLY…….. 3 OTHER_____ 6 (SPECIFY)	
Q315	Were you ever told by a health or family planning worker about side effects or problems you might have using this family planning method [CIRCLED IN Q312]? *Umewahi kuelezewa na mhudumu wa afya ama mfanyikazi wa upangaji uzazi kuhusu madhara unayoweza kupata kutokana na utumizi wa njia hii ya kupanga uzazi* [CIRCLED IN Q312]?	YES . . . . . 1 NO . . . . . 2 → **Q317** DON'T KNOW . . . . . 8 → **Q317**	
Q316	Were you told by a health or family planning worker what to do if you experienced side effects or problems with this method [CIRCLED IN Q312]? *Ulielezwa kitu cha kufanya iwapo utahisi madhara ama kupata shida zozote kutokana na njia hii* [CIRCLED IN Q312]*?*	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
Q317	Were you ever told by a health or family planning worker about **other** methods of family planning (beside the one you are currently using)? *Uliwahi kuelezwa juu ya njia **nyingine** mbali na hii, za upangaji uzazi na mhudumu wa Afya ama mafanyi kazi wa upangaji uzazi?*	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
Q318	In what month and year did you start using [CURRENT METHOD CIRCLED IN Q312] continuously? *Ni mwaka gani na mwezi gani ulianza kutumia* **(MBINU UNAYOTUMIA Q312)** *kwa mfululizo au bila kuacha kuitumia?*	MONTH……..[__|__] DON'T KNOW MONTH…..98 YEAR……..[__|__][__|__] DON'T KNOW YEAR....9998	

KQ5	How many living children did you have when you began using [CURRENT METHOD CIRCLED IN Q312] if any? *Kama ulikuwa na watoto ulipoanza kutumia njia hii ni watoto wangapi walikuwa hai [CURRENT METHOD CIRCLED IN Q312]?* IF NONE, RECORD 00. How many sons? *Wavulana wangapi/* How many daughters? *Wasichana wangapi?*	NUMBER OF CHILDREN……..[__|__] SONS …… .[__|__] DAUGHTERS …… [__|__]	
Q319	CHECK Q312: IF CIRCLED IMPLANT "3", IUCD "4", INJECTABLE "5", DAILY PILL "6", EMERGENCY PILL "7", MALE CONDOM "8", FEMALE CONDOM "9", SPERMICIDE "10", OR OTHER PRODUCT "96" ☐ ↓	IF CIRCLED FEMALE STERILIZATION "1" ☐ → **Q330** IF CIRCLED MALE STERILIZATION "2", NATURAL METHODS "11", LAM "12", OR OTHER NATURAL METHOD "96" (POSTPARTUM ABSTINENCE, ETC) ☐ → **Q334**	
Q320	From where or whom did you obtain [CURRENT METHOD] last time? PROBE: What is the name of this place/person? And where is it/he/she located? **(NJIA HII UNAYOTUMIA SASA)** *mara ya mwisho uliipata wapi au kutoka kwa nani?* **ULIZA:** *Mtu huyo au pahali hapo paitwaje ? Mtu huyo au pahali hapo pako wapi ?*	NAME OF FACILITY_____ _____ PHYSICAL LOCATION_____ _____ LAND MARK_____	
Q321	What type of place/person is this? *Ni mahali pa aina gani hapo/ ni mtu wa aina gani au wa kazi gani huyo?* SINGLE MENTION.	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . 11 GOVT. HEALTH CENTER . . . . . 12 GOVERNMENT DISPENSARY . . 13 OTHER PUBLIC_____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR FAITH-BASED, CHURCH, MISSION HOSPITAL/CLINIC……..... 21 PRIVATE HOSPITAL/CLINIC..... 22 NURSING/MATERNITY HOME…… 23 CHW/TBA…….. 24 TRADITIONAL HEALER…… 25 PHARMACY…… 26 CHEMIST/DUKA LA DAWA…….. 27 OTHER PRIVATE _____ 28 (SPECIFY) OTHER SOURCE WORKSITE CLINIC…… 31 MOBILE CLINIC . . . . . 32 YOUTH CENTER…… 33 VENDING MACHINE/DISPENSER.. 34 VCT/CCC……..... 35 BAR……. 36 KIOSK/SHOP/MARKET…… 37 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

Q322	Have you or your partner faced any challenges in obtaining this [CURRENT METHOD]? *Je wewe au mumeo/mpenzi wako mumepata shinda zozote wakati munapotaka njia hii ya kupanga uzazi* [CURRENT METHOD]?	YES…… NO…… DON'T KNOW, PARTNER OBTAINS METHOD……	1 2 → 8 →	**Q324** **Q324**
Q323	What are some of the challenges you have faced in obtaining this [CURRENT METHOD]? *Ni shinda zipi mumepata munapokwenda kupata njia hii* [CURRENT METHOD]? MULTIPLE RESPONSE – CIRCLE ALL MENTIONED	FEAR OF PARTNER KNOWING; HE OPPOSES USE…… FEAR OF OTHER RELATIVES KNOWING, AS THEY OPPOSE USE….. UNABLE TO LEAVE HOUSEWORK/ WORK…… LACK OF CHILDCARE …….. HIGH COST OF TRANSPORTATION TO FACILITY…… FACILITY OFTEN CLOSED…… HIGH COST OF SERVICE …… LONG WAITING TIMES AT FACILITY … PERIODIC STOCK-OUTS AT FACILITY.. PROVIDERS OFTEN AWAY…… UNFRIENDLY STAFF AT FACILITY ……. OTHER _____ (SPECIFY)	A B C D E F G H I J K X	

Q324	CHECK Q312: IF CIRCLED DAILY PILL "6" ☐ ↓	IF CIRCLED MALE CONDOM "8" ☐ →	**Q327**
		IF CIRCLED IMPLANT "3", IUCD "4", INJECTABLE "5",EMERGENCY PILL "7", FEMALE CONDOM "9", SPERMICIDE "10", OTHER PRODUCTS "96 ☐ →	**Q328**

Q325	FOR DAILY PILL USERS ONLY: Which brand of pills did you buy/get the last time? **KWA WANAOTUMIA TEMBE PEKEE:** *Ni tembe aina gani ulinunua/ulipata mara wa mwisho?* VERIFY BY ASKING TO SEE THE PACKAGE OF PILLS	CHAGUO LANGU…… MICROGYNON…… NORDETT…… FEMIPLAN…… MICROLUT…… OTHER _____ [SPECIFY] DON'T KNOW……	1 2 3 4 5 6 8	

Q326	FOR DAILY PILL USERS ONLY: How many (pill cycles) did you buy/get the last time? **WANAO TUMIA TEMBE ZA KILA SIKU PEKEE:** *Ni tembe za miezi mingapi ulizonunua/ulipewa mara ya mwisho?*	NUMBER OF PILL CYCLES ☐☐ DON'T KNOW……98	**ALL skip to Q328**
Q327	FOR CONDOM USERS ONLY: How many condom **pieces** did you buy/get the last time? **KWA WANAOTUMIA MPIRA - KONDOMU:** *Ulinunua/ ulipata mipira/kondomu ngapi mara ya mwisho?* EXAMPLE: IF RESPONDENT BOUGHT ONE 3-PACK, WRITE "3"	NUMBER OF CONDOM PIECES ☐☐☐ DON'T KNOW……998	
Q328	What price did you pay for this current method [CIRCLED IN Q312]? *Ulilipia pesa ngapi kwa njia hii ya* [CIRCLED IN Q312]?	AMOUNT (in KE Shillings) ☐☐☐☐ FREE……0000 → DON'T KNOW……9998 →	**Q334** **Q334**
Q329	Do you think this price was cheap, fair, or expensive? *Unafikiria bei hii ni rahisi, ni sawa tu, au ni ghali?*	CHEAP…… FAIR…… EXPENSIVE……	1 2 3	**ALL SKIP TO Q334**

Q330	FOR A WOMAN WHO HAS BEEN STERILIZED, a) In what month and year was the sterilization performed? **KWA MWANAMKE ALIYEFUNGWA UZAZI.** *Ni mwezi gani na mwaka gani ulipofungwa uzazi?* b) How many children did you have at that time? Number of sons? Number of daughters? *Ulikuwa na watoto wangapi wakati huo?* *Wavulana wangapi?* *Wasichana wangapi?*	MONTH……[__|__] DON'T KNOW MONTH……..98 YEAR……[__|__][__|__] DON'T KNOW YEAR……..9998 NUMBER OF CHILDREN……[__|__] SONS …….. [__|__] DAUGHTERS …… ……[__|__]	
Q331	Where was the sterilization done? What type of facility was this? *Ulifungwa uzazi pahali gani?* *Kilikuwa ni kituo cha aina gani?*	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . 11 GOVT. HEALTH CENTER . . . . . 12 GOVERNMENT DISPENSARY . . 13 OTHER PUBLIC_____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR FAITH-BASED, CHURCH, MISSION HOSPITAL/CLINIC……..... 21 PRIVATE HOSPITAL/CLINIC..... 22 NURSING/MATERNITY HOME…… 23 OTHER PRIVATE _____ 24 (SPECIFY) OTHER SOURCE WORKSITE CLINIC…… 31 MOBILE CLINIC . . . . . 32 YOUTH CENTER…… 33 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
Q332	What price did you pay for the sterilization procedure? *Ulilipa pesa ngapi kwa shughuli hiyo ya kufungwa uzazi?*	AMOUNT (in KE Shillings) ☐☐☐☐☐ FREE……00000 → **Q334** DON'T KNOW……..99998 → **Q334**	
Q333	Do you think this price was cheap, fair, or expensive? *Unafikiria bei hii ni rahisi, ni sawa tu, au ni ghali?*	CHEAP……..... 1 FAIR…… 2 EXPENSIVE…… 3	
Q334	Before you started using [CURRENT METHOD] did you (or your partner) use a different method? *Kabla ya kuanza kutumia njia hii* [CURRENT METHOD]*, je wewe au mumeo/mpenzi wako mulitumia njia nyingine?*	YES . . . . . 1 NO . . . . . 2 → **Q353**	
Q 335	Which method were you using before the [CURRENT METHOD] ? *Ni njia gani wewe/mumeo/mpenzi wako ulitumia/mulitumia kabla ya njia hii ya* [CURRENT METHOD] ? IF RESPONDENT MENTIONS MULTIPLE METHODS CIRCLE THE HIGHEST METHOD ON THE LIST. IF RESPONDENT SAYS "PILL", PROBE FURTHER TO ESTABLISH IF THEY MEAN THE "DAILY PILL" OR THE "EMERGENCY PILL"	MALE STERILIZATION…….. 01 IMPLANT…….. 02 IUCD…….. 03 INJECTABLE... . . . . 04 DAILY PILL …… 05 EMERGENCY PILL (Postnor2, etc.)…… 06 MALE CONDOM . . . . . 07 FEMALE CONDOM . .. . 08 SPERMICIDE/FOAM/JELLY…….. 09 NATURAL METHODS (STANDARD DAYS/SAFE DAYS/ WITHDRAWAL) … 10 BREASTFEEDING/LAM . . . . . 11 OTHER _____ 96 (SPECIFY) DON'T KNOW/CAN'T REMEMBER…… 98	

KQ6	How many living children did you have when you began using [PREVIOUS METHOD], if any? *Kama ulikuwa ukitumia njia nyingine, ulikua na watoto wangapi waliokuwa hai ulipoanza kuitumia njia hiyo* [PREVIOUS METHOD]*?* IF NONE, RECORD 00. How many sons? *Wavulana wangapi?* How many daughters? *Wasichana wangapi?*	NUMBER OF CHILDREN……..[__|__] SONS ……..[__|__] DAUGHTERS …….[__|__]	
KQ7	How long did you use the [PREVIOUS METHOD] for? *Uliitumia njia hiyo* [PREVIOUS METHOD] *kwa muda gani?* IF RESPONSE IS A DECIMAL FOR MONTHS & YEARS (2.5YRS), THEN CONVERT IN MONTH AND FILL IN ONLY MONTHS	1 [__|__] DAYS OR 2 [__|__] WEEKS OR 3 [__|__] MONTHS OR 4 [__|__] YEARS UNSURE/CAN'T REMEMBER……998	
KQ8	Why did you switch from [PREVIOUS METHOD MENTIONED IN Q335] to [CURRENT METHOD MENTIONED IN Q312]? *Kwa nini ulibadili kutoka kwa* [PREVIOUS METHOD MENTIONED IN Q335] *hadi kwa* [CURRENT METHOD MENTIONED IN Q312]? MULTIPLE RESPONSE – CIRCLE ALL MENTIONED.	METHOD FAILED/GOT PREGNANT…… A LACK OF SEXUAL URGE…… B MORE FREQUENT SEX…….. C CREATED MENSTRUAL PROBLEM…… D CREATED HEALTH PROBLEM…… E INFREQUENT SEX/NO SEX…… F STOPPED BREASTFEEDING…… G WANTED MORE EFFECTIVE METHOD.. H WANTED TO TRY THE METHOD…… I INCONVENIENT TO USE…… J HARD TO GET/…… K CURRENT METHOD MORE AVAILABLE L GAINED WEIGHT…….. M LOST WEIGHT…… N COSTS TOO MUCH…… O DID NOT LIKE METHOD…… P LACK OF PRIVACY…… Q HEALTH PROVIDER RECOMMENDED. R FAMILY/FRIENDS RECOMMENDED…. S SPOUSE/PARTNER DID NOT APPROVE…… T MENOPAUSE/HYSTERECTOMY…… U OTHER_____ X (SPECIFY)	**ALL SKIP TO Q353**
Q336	Now I would like to ask you about the **<u>last time</u>** that you did something or used a method to avoid getting pregnant. How many living children did you have at the time you started using, if any? How many sons? How many daughters? *Sasa ningetaka kukuuliza kuhusu <u>mara ya mwisho</u> ulipofanya kitu chochote ama kutumia njia yoyote ya kuzuia kupata mimba. Kama ulikuwa na watoto waliokuwa hai wakati huo, ulikuwa na watoto wangapi?* *Wavulana wangapi?* *Wasichana wangapi?* IF NONE, RECORD 00.	NUMBER OF CHILDREN……..[__|__] SONS …….. .[__|__] DAUGHTERS …….. [__|__]	

Q337	What method(s) did you use (the last time you used)? *Mara ya mwisho kutumia mbinu ulitumia njia gani?* CIRCLE ALL MENTIONED. IF RESPONDENT SAYS "PILL", PROBE FURTHER TO ESTABLISH IF THEY MEAN THE "DAILY PILL" OR THE "EMERGENCY PILL"	MALE STERILIZATION……..... A IMPLANT……..... B IUCD……..... C INJECTABLE... . . . . . D DAILY PILL …… E EMERGENCY PILL (Postnor2, etc.)…… F MALE CONDOM . . . . . G FEMALE CONDOM . .. . . …. . . …… H SPERMICIDE/FOAM/JELLY..... I NATURAL METHODS (STANDARD DAYS/SAFE DAYS/ WITHDRAWAL) … J BREASTFEEDING/LAM . . . . . K OTHER _____ X (SPECIFY)	

Q338	CHECK Q337: IF MULTIPLE METHODS MENTIONED ABOVE, CIRCLE THE HIGHEST METHOD ON THE LIST AND PROCEED WITH QUESTIONS REGARDING THIS METHOD IF ONLY ONE METHOD IS CIRCLED ABOVE, CIRCLE THE SAME METHOD AGAIN HERE.	MALE STERILIZATION……..... 01 IMPLANT……..... 02 IUCD……..... 03 INJECTABLE... . . . . 04 DAILY PILL …… 05 EMERGENCY PILL (Postnor2, etc.)…… 06 MALE CONDOM . . . . . 07 FEMALE CONDOM . .. . . …. . . …… 08 SPERMICIDE/FOAM/JELLY..... 09 NATURAL METHODS (STANDARD DAYS /SAFE DAYS/ WITHDRAWAL) … 10 BREASTFEEDING/LAM . . . . . 11 OTHER _____ 96 (SPECIFY)	
KQ9	How long did you use the last method [CIRCLED IN Q338] for? *Ulitumia njia hii ya mwisho* [CIRCLED IN Q338] *ulidumu nayo kwa muda gani?* IF RESPONSE IS A DECIMAL FOR MONTHS & YEARS (2.5YRS), THEN CONVERT IN MONTH AND FILL IN ONLY MONTHS	1 [__|__] DAYS OR 2 [__|__] WEEKS OR 3 [__|__] MONTHS OR 4 [__|__] YEARS UNSURE/CAN'T REMEMBER……998	
Q339	Why did you stop using the method [CIRCLED IN Q338]? *Kwa nini uliacha kutumia njia hiyo* [CIRCLED IN Q338]? MULTIPLE RESPONSE - CIRCLE ALL MENTIONED.	WANTED TO GET PREGNANT……... A METHOD FAILED/GOT PREGNANT…….. B LACK OF SEXUAL URGE…… C FEAR OF BECOMING INFERTILE…… D CREATED MENSTRUAL PROBLEM…….. E CREATED HEALTH PROBLEM…… F INFREQUENT SEX/NO SEX…… G INCONVENIENT TO USE…… H HARD TO GET/METHOD DIFFICULT TO GET…… …… I GAINED WEIGHT…… J LOST WEIGHT…… K COSTS TOO MUCH…… L DID NOT LIKE METHOD…… M LACK OF PRIVACY…… N SPOUSE/PARTNER DID NOT APPROVE O MENOPAUSE/HYSTERECTOMY…….. P HEALTH PROVIDER ADVISED TO STOP. Q OTHER_____ X (SPECIFY)	
Q340	Did you ever have any problems with this last method? *Uliwahi kupata shida yoyote kutokana na njia hiyo uliyotumia mara ya mwisho?*	YES . . . . . 1 NO . . . . . 2 →	**KQ10**

Q341	What problems did you have with this last method? *Ulipata shida gani kutokana na njia hii uliyotumia mara ya mwisho?* CIRCLE ALL MENTIONED.	METHOD FAILED/GOT PREGNANT…….. A LACK OF SEXUAL URGE…….. B BLEEDING/MENSTRUAL PROBLEMS…... C BACKACHE…….. D HEADACHE……. E NAUSEA/VOMITING…….. F CREATED OTHER HEALTH PROBLEM… G HARD/INCOVENIENT TO USE…… H HARD TO GET…….. I ADDED WEIGHT…….. J LOST WEIGHT…….. K MAKES YOU WEAK/TIRED……... L COSTS TOO MUCH…….. M DID NOT LIKE METHOD…….. N LACK OF PRIVACY…….. O PARTNER/HUSBAND DOES NOT APPROVE……. P OTHER_____ X (SPECIFY)	
Q342	Did you speak to anyone about your problems? *Uliongea na mtu yeyote kuhusu shida hizo?*	YES . . . . . ……... ……... 1 NO . . . . . ……... 2 →	**Q344**
Q343	Who did you speak to? *Ulizungumza na nani?* CIRCLE ALL MENTIONED.	TBA . . . . . …….. A TRADITIONAL HEALER/ HERBALIST…… B CBD/CHW…… ……. C NURSE/MIDWIFE …….. D CLINICAL OFFICER…….. E DOCTOR …….. F PHARMACIST/CHEMIST…….. G FRIEND…….. H PARTNER/HUSBAND…….. I MOTHER…….. J MOTHER-IN-LAW…….. K SISTER…….. L SISTER-IN-LAW…….. M OTHER RELATIVES…….. N PEER EDUCATOR…….. O OTHER _____ X (SPECIFY)	
Q344	Did you seek help for your problems at any health facility or from any health care worker? *Je, ulitafuta usaidizi kwa sababu ya shida hizo kutoka kwa kituo chochote cha Afya au mhudumu wowote wa afya?*	YES . . . . . ……... 1 NO . . . . . ……... 2 → DON'T KNOW . . . . . ……... 8 →	**KQ10** **KQ10**
Q345	Where did you go or from whom did you seek help? *Ulienda kutafuta usaidizi wapi au kutoka kwa nani?* CIRCLE ALL MENTIONED.	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . A GOVT. HEALTH CENTER . . . . . B GOVERNMENT DISPENSARY . . C OTHER PUBLIC_____ D (SPECIFY) PRIVATE MEDICAL SECTOR FAITH-BASED, CHURCH, MISSION HOSPITAL/CLINIC…….... E PRIVATE HOSPITAL/CLINIC..... F NURSING/MATERNITY HOME…… G CHW/TBA…….. H TRADITIONAL HEALER…… I PHARMACY…… J CHEMIST/DUKA LA DAWA…….. K OTHER PRIVATE_____ L (SPECIFY) OTHER SOURCE WORKSITE CLINIC…… M MOBILE CLINIC . . . . . N YOUTH CENTER…… O VCT/CCC……... P OTHER _____ X (SPECIFY)	

KQ10	Before you started using last method [CIRCLED IN Q338], did you (or your partner) use a different method? *Kabla ya kuanza kutumia njia uliyotumia mara ya mwisho* [CIRCLED IN Q338]*,je, wewe (au mpenzi wako) mlitumia njia nyingine tofauti?*	YES . . . . . 1 NO . . . . . 2 →	**Q346**
KQ11	Which method were you using before? *Ni njia gani wewe au mumeo/mpenzi wako mulikuwa mukitumia hapo awali?* IF RESPONDENT GIVE MULTIPLE METHODS CIRCLE THE HIGHEST METHOD YOU FIND ON THE LIST IF RESPONDENT SAYS "PILL", PROBE FURTHER TO ESTABLISH IF THEY MEAN THE "DAILY PILL" OR THE "EMERGENCY PILL"	MALE STERILIZATION…….. 01 IMPLANT…….. 02 IUCD…….. 03 INJECTABLE... . . . . ……. 04 DAILY PILL …… 05 EMERGENCY PILL (Postnor2, etc.)…… 06 MALE CONDOM . . . . . ……..... 07 FEMALE CONDOM . .. . ……. 08 SPERMICIDE/FOAM/JELLY…….... 09 NATURAL METHODS (STANDARD DAYS / SAFE DAYS/ WITHDRAWAL)…… 10 BREASTFEEDING/LAM . . . . . ……. 11 OTHER _____ 96 (SPECIFY)	
KQ12	How many living children did you have when you began using [METHOD CIRCLED IN KQ11], if any? *Kama ulikua na watoto waliokuwa hai wakati huwo ulipoanza kuitumia* [METHOD CIRCLED IN KQ11], *ulikuwa na watoto wangapi,?* How many sons? How many daughters? *Wavulana wangapi?* *Wasichana wangapi?* IF NONE, RECORD 00.	NUMBER OF CHILDREN……..[__|__] SONS ……..[__|__] DAUGHTERS ……[__|__]	
KQ13	How long did you use the [METHOD CIRCLED IN KQ11] for? *Ulitumia njia hii ya [*METHOD CIRCLED IN KQ11] *kwa muda gani* IF RESPONSE IS A DECIMAL FOR MONTHS & YEARS (2.5YRS), THEN CONVERT IN MONTH AND FILL IN ONLY MONTHS	1 [__|__] DAYS OR 2 [__|__] WEEKS OR 3 [__|__] MONTHS OR 4 [__|__] YEARS UNSURE/CAN'T REMEMBER……998	
KQ14	Why did you switch from [METHOD CIRCLED IN KQ11] to [CIRCLED Q338]? *Kwa nini ulibadili kutoka kwa* [METHOD CIRCLED IN KQ11] *hadi kwa* [CIRCLED IN Q338]?	METHOD FAILED/GOT PREGNANT…… A LACK OF SEXUAL URGE…… B MORE FREQUENT SEX…….. C CREATED MENSTRUAL PROBLEM…… D CREATED HEALTH PROBLEM…… E INFREQUENT SEX/NO SEX…… F STOPPED BREASTFEEDING…… G WANTED MORE EFFECTIVE METHOD.. H WANTED TO TRY THE METHOD…… I INCONVENIENT TO USE…… J HARD TO GET/…… K CURRENT METHOD MORE AVAILABLE L GAINED WEIGHT…….. M LOST WEIGHT…… N COSTS TOO MUCH…… O DID NOT LIKE METHOD…… P LACK OF PRIVACY…… Q HEALTH PROVIDER RECOMMENDED. R FAMILY/FRIENDS RECOMMENDED…. SPOUSE/PARTNER DID NOT S APPROVE…… T MENOPAUSE…… U METHOD NOT AVAILABLE…… V OTHER_____ X (SPECIFY)	

Q346	What are the main reasons why you are not **currently** using a method of family planning/ birth spacing/child spacing to delay or avoid pregnancy? *Ni sababu gani haswa zinazofanya usitumie njia ya kupanga uzazi/kuweka nafasi baina ya kuzaa/ kuweka nafasi kati ya watoto ama kuzuia mimba **kwa wakati huu**?* CIRCLE ALL MENTIONED. PROBE: Any other? *ULIZA : Kuna sababu nyingine?* RECORD THE ANSWERS IN ORDER OF RESPONSE BY WRITING THE LETTER CODE(S) OF THE REASON(S) IN THE BOX(ES) ON THE RIGHT. WRITE "Z" IF THE RESPONDENT DOES NOT KNOW A 1ST, 2ND, OR 3RD REASON. NOTE YOU CAN HAVE MORE THAN THREE RESPONSES, CIRCLE ALL ANSWERS PROVIDED AND RANK THE FIRST THREE	FERTILITY RELATED REASONS: A. INFREQUENT SEX/**NO SEX** B. AWAY FROM SPOUSE C. ALREADY PREGNANT D. BREASTFEEDING E. WANTS MORE CHILDREN/TRYING TO GET PREGNANT F. MENOPAUSAL/HYSTERECTOMY → **Q353** G. CAN'T HAVE (MORE) CHILDREN → **Q353** OPPOSITION TO USE: H. RESPONDENT OPPOSES I. PARTNER OPPOSES J. OTHERS OPPOSE K. RELIGIOUS PROHIBITION LACK OF KNOWLEDGE: L. DOESN'T KNOW WHICH METHOD TO USE M. DON'T KNOW HOW TO USE METHOD N. KNOWS NO SOURCE METHOD-RELATED REASONS: O. HEALTH CONCERNS P. FEAR OF SIDE EFFECTS Q. LACK OF ACCESS/TOO FAR R. COSTS TOO MUCH S. INCONVENIENT TO USE T. DON'T LIKE EXISTING METHODS U. BAD EXPERIENCE WITH EXISTING METHODS FATALISTIC: V. UP TO GOD OTHER: W. OTHER _____ X. OTHER _____ Y. OTHER _____ Z. DON'T KNOW	☐ 1ST MENTION ☐ 2ND MENTION ☐ 3RD MENTION
Q347	Do you or your partner intend to use a method to delay or avoid pregnancy within the next twelve (12) months? *Je wewe ama mumeo/mpenzi wako muna nia ya kutumia njia ya kucheleweshe ama kuzuia kupata mimba katika muda wa miezi 12 ijayo?*	YES . . . . . 1 NO . . . . . 2 → **Q353** DON'T KNOW . . . . . 8 → **Q353**	
Q348	What method would you prefer MOST to use, if you do use a method in the future? *Iwapo utatumia njia yoyote ni njia gani ungependelea Zaidi kutumia siku sijazo?* SINGLE MENTION	FEMALE STERILIZATION…….. 01 MALE STERILIZATION…….. 02 IMPLANT…….. 03 IUCD……. 04 INJECTABLE... . . . . 05 DAILY PILL …… 06 EMERGENCY PILL (Postnor2, etc.)…… 07 MALE CONDOM . . . . . 08 FEMALE CONDOM . .. . 09 SPERMICIDE/FOAM/JELLY..... 10 NATURAL METHODS (STANDARD DAYS/SAFE DAYS/ WITHDRAWAL) …… 11 → **Q353** BREASTFEEDING/LAM . . . . . 12 → **Q353** OTHER _____ 96 (SPECIFY)	
Q349	Do you know of a place where or person from whom you can obtain this method? *Unajua mahali ambapo au mtu ambaye unaweza kupata njia hii kutoka kwake?*	YES…… 1 NO…… 2 → **Q351**	

Q350	Which is this place or person where/from whom you think you can obtain or purchase this method? *Ni wapi huko au ni nani huyo ambaye unafikiri anaweza kukupa au kununua njia hii ya kupanga uzazi?* SINGLE RESPONSE.	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . 11 GOVT. HEALTH CENTER . . . . . 12 GOVERNMENT DISPENSARY . . 13 OTHER PUBLIC_____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR FAITH-BASED, CHURCH, MISSION HOSPITAL/CLINIC…….... 21 PRIVATE HOSPITAL/CLINIC..... 22 NURSING/MATERNITY HOME…… 23 CHW/TBA…….. 24 TRADITIONAL HEALER…… 25 PHARMACY…… 26 CHEMIST/DUKA LA DAWA…….. 27 OTHER PRIVATE_____ 28 (SPECIFY) OTHER SOURCE WORKSITE CLINIC…… 31 MOBILE CLINIC . . . . . 32 YOUTH CENTER…… 33 VENDING MACHINE/DISPENSER.. 34 VCT/CCC……..... 35 BAR…… 36 KIOSK/SHOP/MARKET…… 37 OTHER _____ 96 (SPECIFY)	
Q351	Would you be willing to pay for this method? *Utakubali kuilipia njia hii?*	YES . . . . . 1 NO . . . . . 2 → **Q353** DON'T KNOW…….. ……. 8 → **Q353**	
Q352	How much are you willing to pay? *Ungekuwa tayari kulipa pesa ngapi?*	AMOUNT (in KE Shillings)	

Q353	Now I would like to ask you a few questions related to what you know and think about methods like pills and injectables. What are the most common side effects of these methods? *Sasa ningetaka kukuuliza maswali machache kuhusiana na kile unachojua na unachofikiria kuhusu njia za kupanga uzazi kama vile tembe na shindano.* *.* *Je ni madhara gani sana sana yanatokana na utumiaji wa njia hizi?* Probe: Any other? *Kuna madhara mengine?* MULTIPLE RESPONSES.	BLEEDING OR MENSTRUAL PROBLEMS……. A WEIGHT GAIN…… B WEIGHT LOSS……... C HEADACHES…… D BACKACHES…… E NAUSEA/VOMITING…… F SLEEPLESSNESS…… G WEAKNESS…… H LACK OF SEXUAL URGE…… I OTHER HEALTH PROBLEMS…… J INFERTILITY…….. K CANCER…… L DEFORMED CHILDREN…… M OTHER_____ W (SPECIFY) OTHER_____ X (SPECIFY) DON'T KNOW HORMONAL METHODS …… Y DON'T KNOW ANY SIDE EFFECTS OR DISADVANTAGES…….. Z	

EMERGENCY CONTRACEPTION

Now I would like to ask you some questions about a specific contraceptive method, Postinor 2.
Sasa ningetaka kukuuliza kuhusiana na njia maalum ya kuzuia kupata mimba, Postinor 2.

Q360	What is Postinor 2 (also called emergency contraception, E Pill, and morning after pill)? *Postinor 2 ni nini (pia zajulikana kama Tembe za dharura za kuzuia mimba au tembe baada ya asubuhi) ?*	PILLS YOU TAKE IMMEDIATELY AFTER SEX TO PREVENT PREGNANCY..... 1 OTHER (SPECIFY)_____ 6 DON'T KNOW…… 8 →	**Q372**
Q361	What name do you **usually** use to refer to this method? *Kwa **kawaida** watumia jina gani unapo taja njia hii?* SINGLE RESPONSE	EMERGENCY CONTRACEPTION…….. 01 EC…… 02 POSTINOR 2…… 03 P2…… 04 MORNING AFTER PILL……..... 05 E PILL…… 06 OTHER (SPECIFY)_____ 96	
Q362	How many pills are in one pack of [NAME USED ABOVE]? *Kuna tembe ngapi katika pakiti moja ya* **(**JINA LILILOTUMIKA AWALI**)**	ONE…… 1 TWO…….. 2 OTHER _____ 6 (SPECIFY) DON'T KNOW…….. 8	
Q363	How long (how many hours/days) after having sex should one take this method? *Ni baada ya masaa mangapi au siku ngapi baada ya kitendo cha ngono mtu anafaa kutumia njia hii?*	0-120 HOURS/0-5 DAYS..... 1 OTHER (SPECIFY)_____ 6 DON'T KNOW..... 8	
Q364	If you needed to use this method where would you MOST LIKELY obtain it from? *Kama ungehitaji kutumia njia hii, ni wapi kwenye uwezekano Zaidi wa kuipata?*	PHARMACY/CHEMIST..... 1 CLINIC/DISPENSARY……..... 2 FAMILY PLANNING CLINIC..... 3 COMMUNITY HEALTH WORKER…… 4 HOSPITAL…… 5 OTHER (SPECIFY)_____ 6 DON'T KNOW..... 8	
Q365	Have you ever used any brand of [NAME USED ABOVE]? *Umewahi kutumia aina yoyote ya* **(JINA LILILOTUMIKA AWALI).**	YES…… 1 NO…….. 2 →	**Q372**
Q366	When was the last time that you used [NAME]? *Ni lini mara ya mwisho ulipotumia* **[JINA]**	LESS THAN 6 MONTHS AGO..... 1 6-12 MONTHS AGO..... 2 13-24 MONTHS AGO..... 3 →	**Q372**
		MORE THAN 2 YEARS AGO……..... 4 →	**Q372**
		CAN'T REMEMBER/DON'T KNOW…….. 8 →	**Q372**
Q367	How many times have you used [NAME] in the past one year? *Ni mara ngapi umetumia* **[JINA]** *katika mwaka mmoja uliopita?* IF THEY REPLY "TOO MANY TIMES TO ESTIMATE", ASK ABOUT THEIR USE ON A TYPICAL MONTHLY BASIS AND MULTIPLY BY 12.	NUMBER OF TIMES [__|__|__] CAN'T REMEMBER/DON'T KNOW.....998	
Q368	Over the past one year, have you used [NAME] more than once in a month? *Kwa muda wa miezi 12 iliopita, umewahi kutumia* **[JINA]** *kwa zaidi ya mara moja katika mwezi?*	YES…… 1 NO…… 2	
Q369	In the past 12 months, have you used [NAME] as your main method of contraception? *Katika muda wa mwaka mmoja iliopita, umeitumia* **[JINA]** *kama njia yako kuu ya kuzuia mimba?*	YES…… 1 NO…… 2 DON'T KNOW…… 8	
Q370	Do you consider [NAME] to be your main method of contraception *currently*? *Kwa sasa hivi, unaichukulia [***JINA]** *kama njia yako kuu ya kuzuia kupata mimba?*	YES…… 1 NO…… 2 →	Q372
		DON'T KNOW…… 8 →	Q372

Q371	Why did/do you prefer to use [NAME] rather than another method of contraception? *Kwa nini uliipendelea/unaipendelea* **[JINA]** *kuliko njia zingine za kuzuia mimba?* PROBE: Any other reason? *Kuna sababu nyingine?* **MULTIPLE RESPONSES ALLOWED; record all mentioned.**	CONVENIENT/EASY TO USE…….. A AFFORDABLE…….. B EASY TO OBTAIN……..…… C DISCREET……..…….. D FEWER SIDE EFFECTS THAN OTHER METHODS…… E OTHER METHODS ARE NOT RELIABLE….. F INFREQUENT SEX…… G OTHER (SPECIFY)_____ X DON'T KNOW……..……. Z	
Q372	Now I would like to ask you a few questions related to what you know and think about condoms. *Sasa ningependa kukuuliza maswali machache kuhusiana na kile unachojua na unachofikiria kuhusu ya mipira (kondomu).* If a male condom is used correctly, do you think that it protects against pregnancy most of the time, only sometimes, or not at all? *Ikiwa mpira/kondomu ya wanamme unatumiwa inavyo stahili, unafikiri kuwa inazuia kupata mimba kwa wakati mwingi, kwa wakati mwingine tu, au haizuii kamwe?*	MOST OF THE TIME . . . . 1 SOMETIMES . . . . . 2 NOT AT ALL . . . . . 3 DON'T KNOW/UNSURE . . . . 8 DON'T KNOW CONDOMS…… 7 →	**Q376**
Q373	Do you think using a male condom reduces a woman's sexual pleasure? *Je, unafikiri matumizi ya mpira (kondomu) za wanaume hupunguza utamu wa ngono kwa mwanamke?*	YES…… 1 NO…….. 2 DON'T KNOW . . . .…….. 8	
Q374	Do you think using a male condom reduces a man's sexual pleasure? *Unafikiri matumizi ya mpira (kondomu) hupunguza utamu wa ngono kwa mwanamume?*	YES…… 1 NO…….. 2 DON'T KNOW . . . .…….. 8	
Q375	Do you think using a male condom is a sign of cheating? *Unafikiri matumizi ya mpira (kondomu) ya wanamume ni ishara ya kwamba mtu si mwaminifu?*	YES…… 1 NO…….. 2 DON'T KNOW . . . .…….. 8	

Quality of Care – Services and Treatment					
Please tell me how you would agree or disagree with the following statements. If you say you disagree, I will ask you to tell me if you strongly disagree or just disagree. If you say you agree, I will ask you to tell me if you strongly agree or just agree. *Tafadhali niambie vile ungekubaliana au hungekubaliana na sentensi zifuatazo. Ukisema hukubaliani nazo nitakuuliza kama hukubaliana nazo kabisa au kiasi tu. Ukisema unabubaliana nazo nitakuuliza kama unakubaliani nazo kabisa au kiasi tu.*		**Strongly Agree** *Nakubaliana kabisa*	**Agree** *Nakubaliana*	**Disagree** *Sikubaliani*	**Strongly disagree** *Sikubaliani kabisa*
Q376	Family planning providers around here treat clients very badly. *Wahudumu wa mpango wa uzazi wa hapa huwahudumia wateja wao vibaya.*	4	3	2	1
Q377	Women don't like the way they are treated in family planning clinics around here. *Wanawake hawapendezwi na jinsi wanavyohudumiwa katika kliniki za mpango wa uzazi za hapa.*	4	3	2	1
Q378	Family planning sellers/providers make women like you feel bad when obtaining contraceptives. *Wauzaji au wahudumu wa njia za mpango wa uzazi huwafanya wanawake kama wewe wajisikie/wajihisi vibaya wanaponunua/wanapopokea njia za kupanga uzazi.*	4	3	2	1

Beliefs					
Please tell me how you would agree or disagree with the following statements. If you say you disagree, I will ask you to tell me if you strongly disagree or just disagree. If you say you agree, I will ask you to tell me if you strongly agree or just agree. *Tafadhali niambie vile ungekubaliana au hungekubaliana na sentensi zifuatazo. Ukisema unakubaliana nazo nitakuuliza kama wakubaliana nazo kabisa au kiasi tu. Ukisema hukubaliani nazo nitakuuliza kama hukubaliani nazo kabisa au kiasi tu.*		**Strongly Agree** *Nakubaliana kabisa*	**Agree** *Nakubaliana*	**Disagree** *Sikubaliani*	**Strongly disagree** *Sikubaliani kabisa*
Q379	Use of a contraceptive injection can make a woman permanently infertile. *Matumizi ya sindano ya kuzuia mimba yanaweza kumfanya mwanamke asiweze kupata mimba tena.*	4	3	2	1
Q380	People who use contraception end up with health problems. *Watu ambao hutumia dawa za kuziua mimba mwishowe huwa na matatizo ya afya.*	4	3	2	1
Q381	Contraceptives can harm your womb. *Dawa za kuziua mimba zinaweza kudhuru mfuko wa uzazi/nyumba ya mtoto.*	4	3	2	1
Q382	Contraceptives reduce women's sexual urge. *Dawa za kuziua mimba humpunguzia mwanamke hamu ya kufanya ngono*	4	3	2	1
Q383	Contraceptives can cause cancer. *Dawa za kuziua mimba zinaweza kuleta ugonjwa wa saratani/cancer.*	4	3	2	1
Q384	Contraceptives can give you deformed babies. *Dawa za kuziua mimba zinaweza kukufanya upate watoto walemavu.*	4	3	2	1
Q385	Contraceptive are dangerous to your health. *Dawa za kuziua mimba ni hatari kwa afya yako.*	4	3	2	1
Q386	Women who use family planning /contraception may become promiscuous *Wanawake wanaotumia njia za kupanga uzazi/ dawa za kuziua mimba wanaweza kuwa na tabia chafu.*	4	3	2	1

SECTION 4: MATERNAL AND CHILD HEALTH

Q401 CHECK Q230:
ONE OR MORE BIRTHS SINCE 2008 ☐ ↓
NO BIRTHS SINCE 2008 ☐ → **Q408**

Q402 ENTER NAME AND LINE NUMBER OF YOUNGEST CHILD BORN SINCE 2008 FROM Q217C AND Q218:

_____ NAME [__|__] LINE NUMBER

Now I would like to ask you about the delivery of [NAME OF YOUNGEST CHILD].
*Sasa ningetaka kukuuliza kuhusu vile (***JINA LA MTOTO WA MWISHO)** *alivyozaliwa?*

Q403	Who assisted with the delivery of [NAME]? *Ni nani aliyekusaidia kujifungua* **(JINA)?** CIRCLE ALL MENTIONED.	NO ONE……..	Y	
		DOCTOR/ CLINICAL OFFICER ……	A	
		NURSE/ MIDWIFE……	B	
		TBA	C	
		COMMUNITY HEALTH WORKER ……	D	
		FRIEND/RELATIVE……..	E	
		OTHER (SPECIFY)_____	X	
Q404	Was the place you delivered in this city, in another city, or in a rural area? *Mahali ambapo ulijifunguwa ni katika jiji hili, katika jiji lingine au ni kakita eneo la mashambani?*	THIS CITY/TOWN……	1	
		ANOTHER CITY OR TOWN……	2	
		A RURAL AREA……..	3	
Q405	Where did you give birth to [NAME]? *Ulijifunguwa/ulizalia* **(JINA)** *wapi?*	PUBLIC SECTOR		
		GOVERNMENT HOSPITAL	11	
		GOVT. HEALTH CENTER	12	
		GOVERNMENT DISPENSARY. .	13	
		OTHER PUBLIC_____ (SPECIFY)	16	
		PRIVATE MEDICAL SECTOR		
		FAITH-BASED, CHURCH, MISSION HOSPITAL/CLINIC.....	21	
		PRIVATE HOSPITAL/CLINIC.....	22	
		NURSING/MATERNITY HOME……	23	
		TRADITIONAL BIRTH ATTENDANT…	24	→ **Q407**
		COMMUNITY MIDWIFE……	25	
		COMMUNITY HEALTH WORKER..	26	
		TRADITIONAL HEALER……	27	
		OTHER PRIVATE _____ (SPECIFY)	28	
		OTHER FACILITY		
		WORKSITE CLINIC……..	31	
		MOBILE CLINIC	32	
		YOUTH CENTER…….	33	
		OTHER FACILITY _____ (SPECIFY)	34	
		AT HOME……	41	→ **Q406**
		OTHER _____ (SPECIFY)	96	→ **Q406**

Q406	Why didn't you deliver in a health facility? *Mbona hukuzalia kenye kituo cha Afya?* CIRCLE ALL MENTIONED.	COSTS TOO MUCH…….. A FACILITY NOT OPEN……. B DIDN'T HAVE TIME/LABOUR PAINS CAME EARLY……... C DON'T TRUST THE STAFF…… D NOT NECESSARY…… E TRADITION…… F TOO FAR…… G NO TRANSPORT AVAILABLE…… H NO ONE AVAILABLE TO ACCOMPANY HER …… I POOR QUALITY SERVICES…… J DO NOT OFFER SERVICES REQUIRED… K PROVIDERS OFTEN AWAY…… L DOES NOT ACCEPT INSURANCE…….. M NO FEMALE PROVIDER…… N PARTNER/FAMILY WON'T ALLOW……. O HUSBAND/SPOUSE NOT AT HOME……. P DIDN'T HAVE MONEY…… Q POOR PROVIDER ATTITUDE…… R POOR FACILITY ENVIRONMENT…… S FEAR OF HIV TESTING …… T OTHER_____ X (SPECIFY)	**ALL SKIP TO KQ15**
Q407	Were you provided with any information or counseling about family planning/contraceptive methods from a health or family planning worker either before you delivered or after? *Je, ulipata ushauri wowote ama mafunzo kuhusu mpango wa uzazi au njia ya kuzuia mimba kutoka kwa mhudumu wa afya au mfanyi kazi wa upangaji wa uzazi kabla ya kuzaa ama baadaye?*	YES, BEFORE DELIVERY…… 1 YES, AFTER DELIVERY…… 2 YES, AT BOTH TIMES…… 3 NO, NOT AT ALL…… 4 DON'T KNOW/REMEMBER…… 8	

Now I would like to ask you some questions about the health status of your youngest born child, specifically about whether or not he or she has received any immunizations.
Sasa nataka kukuuliza maswali kuhusu afya ya mtoto wako wa mwisho, hasa ikiwa alipata chanjo za kinga.

KQ15	CHECK Q402 FOR YOUNGEST CHILD'S NAME: Which vaccinations did [NAME] receive? *Ni chanjo zipi ambazo* **[JINA]** *amepata?* CIRCLE ALL MENTIONED. ASK TO SEE THE CHILD'S HEALTH CARD TO VERIFY VACCINATION RECORD.	BCG…… A BIRTH POLIO…… B PENTA/DPT - 1st DOSE…… C PENTA/DPT – 2nd DOSE…… D PENTA/DPT – 3rd DOSE…… E OPV – 1……... F OPV – 2……... G OPV – 3……... H INJECTION AGAINST MEASLES……..... I OTHER_____ X (SPECIFY) NONE……... Y → **Q408** DON'T KNOW…….. Z	
KQ16	Did [NAME] ever receive the Polio vaccine, that is, drops in the mouth; including vaccine received in a Ministry of Health Polio campaign? *Je,* **[JINA]** *alipata chanjo ya pepo punda (polio), yaani matone kuwekwa mdomoni: ukijumulisha na kampeni zozote za polio za Wizara ya Afya?*	YES . . . . ……. . . . . 1 NO . . . . . ……... 2 → **KQ19** DON'T KNOW . . . . . ……... 8 → **KQ19**	
KQ17	Was the first polio vaccine received in the first two weeks after birth or later? *Je, alipokea chanjo ya pepo punda (polio) ya kwanza kati ya wiki mbili baada ya kuzaliwa ama baadaye?*	FIRST 2 WEEKS . . . . . 1 LATER . . . . . 2 DON'T KNOW. 8	
KQ18	How many times was the polio vaccine received? IF MORE THAN 7, RECORD '7'. *Je, alipokea chanjo za polio mara ngapi?*	NUMBER OF TIMES . . . . . ……. ☐	

KQ19	Where did [NAME] receive the majority of his/her vaccinations? *Kati ya chanjo hizo* **(JINA)** *alipata wapi chanjo nyingi zaidi?* PROBE: What is the name of this place? And where is it located? **ULIZA:** *paitwaje mahali hapo? Na ni wapi?*	NAME OF FACILITY_____ PHYSICAL LOCATION_____ _____ LAND MARK_____	
KQ20	What type of facility is this? *Ni kituo cha aina gani hicho?*	PUBLIC SECTOR GOVERNMENT HOSPITAL. ……... . . . 11 GOVT. HEALTH CENTER . . . . . ……. 12 GOVERNMENT DISPENSARY. . ……. 13 OTHER PUBLIC_____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR FAITH-BASED, CHURCH, MISSION HOSPITAL/CLINIC..... 21 PRIVATE HOSPITAL/CLINIC..... 22 NURSING/MATERNITY HOME…….. 23 TRADITIONAL BIRTH ATTENDANT…….. 24 COMMUNITY MIDWIFE…….. 25 COMMUNITY HEALTH WORKER …….. 26 TRADITIONAL HEALER…….. 27 PHARMACY……. 28 CHEMIST/DUKA LA DAWA……. 29 OTHER PRIVATE _____ 30 (SPECIFY) OTHER FACILITY WORKSITE CLINIC…….. 31 MOBILE CLINIC . . . . . ……. 32 YOUTH CENTER……..... 33 OTHER _____ 96 (SPECIFY) DON'T KNOW . . . . ……. 98	
KQ21	At any immunization visits, did you receive any information or counseling on family planning/birth spacing/child spacing? *Kuna wakati wowote ulipopeleka mtoto kupokea chanjo, ulipata habari zozote ama mawaidha kuhusu mpango wa uzazi/kuchelewesha mamba ili/kuweka nafasi kati ya watoto?*	YES . . . . . ……... 1 NO . . . . . ……... 2 → **Q408** DON'T REMEMBER . . . . . ……. 8 → **Q408**	
KQ22	At any immunization visits, did you receive a method or a referral for family planning/birth spacing/child spacing method? *Kuna wakati wowote ulipopeleka mtoto kupokea chanjo, ulipopatiwa njia au ulipotumwa kupata njia ya kupanga uzazi/ kuchelewesha mimba/kuweka nafasi kati ya watoto?*	YES, RECEIVED A METHOD. . . . . 1 YES, RECEIVED A PRESCRIPTION…… 2 YES, RECEIVED A REFERRAL . . . . 3 NO, DID NOT RECEIVE ANY OF THESE…… 4 DON'T REMEMBER . . . . . ……... 8	
Q408	CHECK BIRTH HISTORY (Q218 AND Q222): YES, HAS ONE OR MORE LIVING CHILDREN ☐↓	NO, DOES NOT HAVE ANY LIVING CHILDREN ☐→	**Q416**
Now I am going to ask you questions about your experience seeking and receiving health services. *Sasa nitakuuliza maswali kuhusu uzoefu wako unapotafuta na unapopata huduma za afya.*			
Q409	In the last three months, have you gone to a health facility for any child health services? *Katika miezi 3 iliyopita, umeenda katika kituo cha Afya kwa huduma za afya ya watoto?*	YES . . . . . ……..... 1 NO . . . . . ……..... 2 →	**Q416**

Q410	What types of services did you receive during this/these child health visit(s)? *Ulipata huduma za aina gani wakati ulipoenda?* CIRCLE ALL MENTIONED.	IMMUNIZATION……..... A DISEASE PREVENTION…… B DEWORMING…… C TREATMENT FOR CHILD (FOR DIARRHEA, MALARIA, RESPIRATORY INFECTION)……. D GROWTH MONITORING OF CHILD…… E HEALTH CHECK-UP . . . . . ……... .. F OTHER_____ X (SPECIFY)	
Q411	Where did you go most recently for child services? PROBE: What is the name of this place? And where is it located? *Ni wapi ulipokwenda hivi majuzi kupata huduma za watoto?* **ULIZA:** *paitwaje mahali hapo? Na ni wapi?*	NAME OF FACILITY_____ PHYSICAL LOCATION_____ LAND MARK_____	
Q412	What type of facility is this? *Ni kituo cha aina gani hicho?*	PUBLIC SECTOR GOVERNMENT HOSPITAL . …….. . . . 11 GOVT. HEALTH CENTER . . . . . …… 12 GOVERNMENT DISPENSARY . . …….. 13 OTHER PUBLIC_____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR FAITH-BASED, CHURCH, MISSION HOSPITAL/CLINIC..... 21 PRIVATE HOSPITAL/CLINIC..... 22 NURSING/MATERNITY HOME…….. 23 TRADITIONAL BIRTH ATTENDANT…… 24 COMMUNITY MIDWIFE…….. 25 COMMUNITY HEALTH WORKER ……. 26 TRADITIONAL HEALER…….. 27 PHARMACY…… 28 CHEMIST/DUKA LA DAWA……. 29 OTHER PRIVATE _____ 30 (SPECIFY) OTHER FACILITY WORKSITE CLINIC…….. 31 MOBILE CLINIC . . . . . ……. 32 YOUTH CENTER……..... 33 OTHER _____ 96 (SPECIFY) DON'T KNOW . . . . . ……. 98	
Q413	Why did you choose this facility? *Kwa nini ulichagua kituo hiki?* CIRCLE ALL MENTIONED. PROBE: ANY OTHER REASON?	SERVICES ARE FREE/ AFFORDABLE…… A FACILITY OPEN/CONVENIENT HOURS OF OPERATION…..…….. B STAFF ARE POLITE AND RESPECTFUL… C CONVENIENT TO MY HOME…… D CONVENIENT TO MY WORK…… E CONVENIENT TO WHERE I SHOP…… F CONVENIENT USING AVAILABLE TRANSPORT…….. G GOOD QUALITY SERVICES…… H OFFER SERVICES REQUIRED…… I PROVIDERS AVAILABLE…… J ACCEPT INSURANCE…… K OFFER CREDIT FACILITIES…… L FACILITY HAS A GOOD REPUTATION…... M IT PROVIDES MULTIPLE SERVICES…… N REFERRED THERE…… O OTHER_____ X (SPECIFY)	

Q414	Did you receive any information or counseling on family planning/birth spacing/child spacing during this visit? *Je ulipata habari zozote ama ushauri wowote kuhusu upangaji wa uzazi/kuweka nafasi baina ya mimba/kuweka nafasi kati ya mtoto hadi mwingine ulipokwenda?*	YES . . . . . 1 NO . . . . . 2 →	**Q416**
Q415	Did you receive a method or a referral for family planning/birth spacing/child spacing method at that time? *Je! Ulipata njia ya kupanga uzazi ama ulitumwa kupata huduma ya mpango wa uzazi/ kuweka nafasi baina ya mimba/kuweka nafasi kati ya mtoto hadi mwingine wakati huo?*	YES, RECEIVED A METHOD. . . . . 1 YES, RECEIVED A PRESCRIPTION..... 2 YES, RECEIVED A REFERRAL . . . . . 3 NO, DID NOT RECEIVE ANY OF THESE..... 4	
Q416	In the last year, have you gone to a health facility for maternal health services, such as prenatal and postpartum care? *Katika mwaka mmoja uliopita, umewahi kwenda katika kituo cha afya kupata huduma ya akina mama wajawazito kama vile, huduma kabla ya kuzaa na baada ya kuzaa?*	YES . . . . . 1 NO . . . . . 2 →	**Q422**
Q417	Where did you go most recently for maternal health services? PROBE: What is the name of this place? And where is it located? *Ni wapi ulikokwenda hivi karibuni kupata huduma ya akina mama wajawazito?* *ULIZA: Mahali hapo paitwaje? Na ni wapi?*	NAME OF FACILITY_____ PHYSICAL LOCATION____ _____ LAND MARK_____	
Q418	What type of facility is this? *Kituo hiki ni cha aina gani?*	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . 11 GOVT. HEALTH CENTER . . . . . 12 GOVERNMENT DISPENSARY . . 13 OTHER PUBLIC_____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR FAITH-BASED, CHURCH, MISSION HOSPITAL/CLINIC……..... 21 PRIVATE HOSPITAL/CLINIC..... 22 NURSING/MATERNITY HOME…… 23 CHW/TBA…….. 24 TRADITIONAL HEALER…… 25 PHARMACY…… 26 CHEMIST/DUKA LA DAWA…….. 27 OTHER PRIVATE _____ 29 (SPECIFY) OTHER SOURCE WORKSITE CLINIC…… 31 MOBILE CLINIC . . . . . 32 YOUTH CENTER…… 33 VCT/CCC…….. 34 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

Q419	Why did you choose this facility? PROBE: ANY OTHER REASON? *Kwa nini ulichagua kituo hiki?* **ULIZA:** *Sababu nyingine yoyote?* MULTIPLE RESPONSES	SERVICES ARE FREE/ AFFORDABLE……. A FACILITY OPEN/CONVENIENT HOURS OF OPERATION…..……. B STAFF ARE POLITE AND RESPECTFUL… C CONVENIENT TO MY HOME…… D CONVENIENT TO MY WORK…… E CONVENIENT TO WHERE I SHOP…… F CONVENIENT USING AVAILABLE TRANSPORT…… G GOOD QUALITY SERVICES…… H OFFER SERVICES REQUIRED…… I PROVIDERS AVAILABLE…… J ACCEPT INSURANCE…… K OFFER CREDIT FACILITIES…… L FACILITY HAS A GOOD REPUTATION……. M IT PROVIDES MULTIPLE SERVICES…… N REFERRED THERE…… O OTHER_____ X (SPECIFY)	
Q420	At your last visit, did you receive any information or counseling on family planning/contraception? *Ulipokwenda mara ya mwisho, ulipata habari ama ushauri wowote kuhusu kupanga uzazi/ njia ya kuzuia mimba?*	YES . . . . . ……. 1 NO . . . . . ……. 2 →	**Q422**
Q421	Did you receive a method or a referral for family planning/ contraceptive method at that time? *Je, ulipewa njia yoyote ama ulitumwa mahali pengine kupata njia ya kupanga uzazi/ njia ya kuzuia mimba wakati huo?*	YES, RECEIVED A METHOD. . . . . ….. . . 1 YES, RECEIVED A PRESCRIPTION……... 2 YES, RECEIVED A REFERRAL . . . . . …. 3 NO, DID NOT RECEIVE ANY OF THESE…. 4	
Q422	In the <u>last year</u>, have you gone to a health facility for an HIV test? *Katika muda wa mwaka mmoja uliopita umekwenda kituo cha afya ili kupimwa virusi vya ukimwi?*	YES . . . . . ……. 1 NO . . . . . ……. 2 →	**Q427**

Q423	Where did you go most recently for an HIV test? *Ulikwenda wapi hivi karibuni kupimwa virusi vya ukimwi?* PROBE: What is the name of this place? And where is it located? **ULIZA:** *Mahali hapo paitwa je? Na pako wapi?*	NAME OF FACILITY_____ PHYSICAL LOCATION____ _____ LAND MARK_____	

Q424	What type of facility is this? *Kituo hiki ni cha aina gani?*	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . 11 GOVT. HEALTH CENTER . . . . . 12 GOVERNMENT DISPENSARY . . 13 OTHER PUBLIC_____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR FAITH-BASED, CHURCH, MISSION HOSPITAL/CLINIC……..... 21 PRIVATE HOSPITAL/CLINIC..... 22 NURSING/MATERNITY HOME…… 23 CHW/TBA…….. 24 TRADITIONAL HEALER…… 25 PHARMACY…… 26 CHEMIST/DUKA LA DAWA……... 27 OTHER PRIVATE _____ 28 (SPECIFY) OTHER SOURCE WORKSITE CLINIC…… 31 MOBILE CLINIC . . . . . 32 YOUTH CENTER…… 33 VCT/CCC……... 34 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
Q425	At the time of your last test, did you receive any information or counseling on family planning/contraception? *Ulipokwenda kupimwa mara ya mwisho, je ulipata habari au ushauri wowote kuhusu njia za kupanga uzazi/kuzuia mimba?*	YES . . . . . 1 NO . . . . . 2 → **Q427**	
Q426	Did you receive a method or a referral for family planning/contraceptive method at that time? *Ulipokea njia ama ulitumwa pahali pengine kupokea njia za kupanga uzazi/kuzuia mimba kwa wakati huo?*	YES, RECEIVED A CONDOM…… 1 YES, RECEIVED A METHOD OTHER THAN A CONDOM……... . . . . 2 YES, RECEIVED A PRESCRIPTION. . . . . 3 YES, RECEIVED A REFERRAL . . . . . 4 NO, DID NOT RECEIVE ANY OF THESE…. 5	
Q427	What is the name of the pharmacy that you usually go to for medicine? And where is it located? *Duka la dawa ambapo wewe huenda kwa kawaida kupata dawa linaitwaje?* *Na liko wapi?*	NAME OF PHARMACY_____ PHYSICAL LOCATION____ _____ LAND MARK_____	
Q428	Have you ever received any information or counseling on family planning/contraception while purchasing or obtaining medicine from this pharmacy? *Umewahi kupokea habari au ushauri kuhusu njia za kupanga uzazi/kuzuia mimba wakati unaponunua dawa kutoka kwenye duka hili la dawa?*	YES . . . . . 1 NO 2	
KQ23	When considering the type of facility you would go to for health services, to what extent would you say you are influenced by the facility's achievements as demonstrated by medals and certificates of recognition for good work or services? Would you say not at all, rarely, sometimes or always. *Wakati unapofikiria kuhusu aina ya kituo ambacho utaenda kupokea huduma za afya, ni kwa kiasi gani waweza sema unashawishika na umashuhuri wa kituo hicho kwa vyeti na medali walizozipokea kwa kutambua kazi yao nzuri ama huduma zao?*	NOT AT ALL…… 1 RARELY…… 2 SOMETIMES…… 3 OFTEN/ALWAYS…… 4	

SECTION 5: SEXUAL ACTIVITY AND MARRIAGE

	Questions and filters	Coding categories	Skips
Q501	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. How old were you when you had sexual intercourse for the very first time? *Sasa ningetaka kukuuliza kuhusu mambo ya ngono ili niweze kupata ufahamu kuhusu mambo ya kifamilia. Ulikuwa na umri gani ulipofanya ngono kwa mara ya kwanza?*	AGE……☐☐ NEVER HAD SEXUAL INTERCOURSE……00 →	**Q510**
Q502	The first time you had sexual intercourse; did you or your partner use a contraceptive method to avoid getting pregnant? *Je, ulipofanya ngono kwa mara ya kwanza, wewe ama mwenzio mlitumia njia yoyote ya kuzuia kupata mimba?*	YES…… 1 NO…… 2 → **Q504** CAN'T REMEMBER…… 8 → **Q504**	
Q503	Which method(s) was used? *Ni njia gani iliyotumika?* IF RESPONDENT SAYS "PILL", PROBE FURTHER TO ESTABLISH IF THEY MEAN THE "DAILY PILL" OR THE "EMERGENCY PILL" CIRCLE ALL MENTIONED	FEMALE STERILIZATION…….. A MALE STERILIZATION…….. B IMPLANT…….. C IUCD…….. D INJECTABLE... . . . . ……. E DAILY PILL …… F EMERGENCY PILL (Postnor2, etc.)…… G MALE CONDOM . . . . . ……..... H FEMALE CONDOM . .. . . …. . . ……. I SPERMICIDE/FOAM/JELLY…….... J NATURAL METHODS (STANDARD DAYS/SAFE DAYS/ WITHDRAWAL) ……. K OTHER _____ X (SPECIFY)	

Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to a question that you don't want to answer, just let me know and we will go to the next question.
Sasa nataka kukuuliza kuhusu shughuli zako za ngono za hivi karibuni. Nakuhakikishia tena kuwa majibu yako ni ya siri na hayatajulkana na mtu yeyote. Kama tukifikia swali ambalo hutaki kulijibu, nieleze niliwache na niende kwenye swali litakalofuata

Q504	When was the last time you had sexual intercourse? *Ni lini mara ya mwisho ulifanya ngono?* **WHEN LESS THAN A DAY, RECORD "00" DAYS.** **IF '12 MONTHS' RECORD IN MONTHS, WEEKS OR DAYS** **IF MORE THAN 12 MONTHS RECORD IN YEARS**	DAYS AGO……1 [__|__] OR WEEKS AGO……2 [__|__] OR MONTHS AGO…… 3 [__|__] OR YEARS AGO……4 [__|__] →	**Q510**
Q505	How many times have you had sex in the last three (3) months? *Katika muda wa miezi mitatu iliyopita umefanya ngono mara ngapi?*	NUMBER OF TIMES…… [__|__|__] **OR** NONE……000 DAILY……991 WEEKLY ……992 MONTHLY……993 OTHER_____ 996 (SPECIFY) DON'T KNOW…… 998	
Q506	In total, how many men have you had sex with in the last 12 months? *Katika muda wa miezi 12 iliyopita, umefanya ngono na wanaume wangapi?* IF MORE THAN 95, WRITE 95.	NUMBER OF PARTNERS…..[__|__] TOO MANY TO ESTIMATE…….96	

Q507	In the last twelve (12) months, have you ever given or received money, gifts, or favours in return for sex? *Katika muda wa miezi 12 iliyopita, umewahi kupewa au kupokea pesa, zawadi, ama mapendeleo ili ufanye ngono?*	YES . . . . . 1 NO 2	
Q508	The last time you had sexual intercourse, did you or your partner use a family planning/birth spacing/child spacing method? *Wakati ulifanya ngono mara ya mwisho, je wewe ama mwenzio mlitumia njia yoyote ya kupanga uzazi/ kuchelewesha kupata mimba/kuweka nafasi kati ya watoto?*	YES…….. 1 NO…… 2 → **Q510** CAN'T REMEMBER…… 8 → **Q510**	
Q509	Which method was used? *Ni njia gani iliyotumiwa?* CIRCLE ALL MENTIONED. IF RESPONDENT SAYS "PILL", PROBE FURTHER TO ESTABLISH IF THEY MEAN THE "DAILY PILL" OR THE "EMERGENCY PILL"	FEMALE STERILIZATION…….. A MALE STERILIZATION…….. B IMPLANT…….. C IUCD…….. D INJECTABLE... . . . . E DAILY PILL …… F EMERGENCY PILL (Postnor2, etc.)…… G MALE CONDOM . . . . . H FEMALE CONDOM . .. . . I SPERMICIDE/FOAM/JELLY..... J NATURAL METHODS (STANDARD DAYS/SAFE DAYS/ WITHDRAWAL) …… K BREASTFEEDING/LAM . . . . . L OTHER _____ X (SPECIFY)	

Now I would like to ask you some questions about marriage. Remember that your responses will be kept confidential. *Sasa ningetaka kukuuliza maswali kuhusu Ndoa. Kumbuka majibu yote yatawekwa siri.*			
Q510	Have you ever been married or lived together with a man as if married? *Usha wahi kuolewa ama kuishi na mwanamume kama mmeoana?*	YES, EVER MARRIED……..... 1 YES, LIVED WITH A MAN…… 2 NO…… 3 →	**Q601**
Q511	What is your marital status now: are you currently married or living with a man as if married, widowed, divorced, or separated? *Hali yako ya ndoa iko vipi hivi sasa; umeolewa, unaishi na mwanamume kama vile mumeowana, u mjane, umetalakiwa au kutengana na mwenzio?*	YES, CURRENTLY MARRIED…… 1 LIVING WITH A MAN AS IF MARRIED... 2 WIDOWED…… 3 DIVORCED…… 4 → SEPARATED…….. 5	**SKIP TO Q516**
Q512	Is your husband/partner living with you now, or is he staying elsewhere? *Je, mumeo/mwenzio anaishi na wewe ama anaishi mahali pengine?*	LIVING WITH YOU…….. 1 STAYING ELSEWHERE …….. 2	
Q513	Besides yourself, does your husband/partner have other wives? *Kando na wewe, mumeo/mwenzio ana wake wengine?*	YES . . . . . 1 NO . . . . . 2 → **Q516** DON'T KNOW . . . . . 8 → **Q516**	
Q514	Including yourself, in total, how many wives does your husband/partner have? *Kwa jumla mumeo/mwenzio ana wanawake wangapi ukijihesabu na wewe pia?*	TOTAL NUMBER OF WIVES... [__|__] DON'T KNOW 98	
Q515	Are you the first, second ….wife? *Je, wewe ni wa kwanza, wa wapili ……wa….?*	RANK…… ☐☐	
Q516	Have you been married or lived with a man as if married only once or more than once? *Je umewahi kuolewa au kuishi na mwanamume kama mliyeoana mara moja ama zaidi ya mara moja?*	ONLY ONCE…….. 1 MORE THAN ONCE…….. 2	

Q517	CHECK 516 MARRIED/ LIVED WITH A MAN ONLY ONCE ☐ In what month and year did you start living with your husband/partner? *Ni mwezi na mwaka gani ulipoanza kuishi na mumeo/mwenzio?* MARRIED/LIVED WITH MORE THAN ONE MAN ☐ Now I would like to ask about when you started living with your first husband/ partner. In what month and year was that? *Sasa ningetaka kukuuliza kuhusu ni lini ulipoanza kuishi na mumeo/mwenzio wa kwanza. Ni mwaka na mwezi gani?*	MONTH……☐☐ DON'T KNOW MONTH……98 YEAR……☐☐☐☐ DON'T KNOW YEAR……..9998	
Q518	How old were you when you **first** started living with him? *Ulikuwa na umri gani ulipoanza kuishi naye?*	AGE……☐☐ DON'T REMEMBER…….98	

SECTION 6: FERTILITY PREFERENCES

	Questions and filters	Coding categories	Skip to
Q601	CHECK Q312: METHOD CURRENTLY USING DOES NOT USE FEMALE STERILIZATION ☐ ↓ FEMALE STERILIZATION (Q312=1) ☐ →		**Q610**
	Now, I would like to ask you a few questions about you and your opinion about births. *Sasa ningetaka kukuuliza mwaswali kukuhusu wewe mwenyewe na maoni yako kuhusu kuzaa.*		
Q602	CHECK Q235: NOT PREGNANT OR UNSURE ☐ ↓ Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? *Sasa ningetaka kuuliza maswali kuhusu siku za baadaye. Ungetaka kupata mtoto (mtoto mwingine) au ungependelea kutopata mtoto (mtoto mwingine)?* PREGNANT ☐ ↓ Now I have some questions about the future. After the birth of the child you are expecting now, would you like to have another child, or would you prefer not to have any more children? *Sasa nina maswali kuhusu siku za baadaye. Baada ya kuzaa mtoto unayemtarajia sasa, ungependa kupata mtoto mwingine ama ungependelea kutopata mtoto tena?*	HAVE (A/ANOTHER) CHILD…… 1 NO MORE/NONE…….... 2 → **Q604** SAYS SHE CAN'T GET PREGNANT…….... 3 → **Q607** UNDECIDED/DON'T KNOW…… 8 → **Q604**	
Q603	CHECK Q602: NOT PREGNANT OR UNSURE ☐ ↓ How long would you like to wait from now before having (a/another) child? *Ungependa kungoja muda gani kutoka sasa kabla ya kupata mtoto (mtoto mwigine)?* IF RESPONSE IS IN MONTHS AND YEARS (E.G. 2 ½ YEARS), CONVERT TO MONTHS (e.g. 30 months) PREGNANT ☐ ↓ After the birth of the child you are expecting now, how long would you like to wait before having another child? *Baada ya kuzaa mtoto unayemtarajia sasa, ungependa kungoja muda gani kabla ya kupata mtoto mwingine?* IF RESPONSE IS IN MONTHS AND YEARS (E.G. 2 ½ YEARS), CONVERT TO MONTHS (e.g. 30 months)	MONTHS . . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐ SOON/NOW . . . . . .993 AFTER MARRIAGE……995 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	

Q604	CHECK Q603: NOT PREGNANT OR UNSURE ☐ ↓ PREGNANT ☐ →		**Q607**
Q605	In the next few weeks, if you discovered that you were pregnant, would that be a big problem, a small problem or no problem at all? *Katika wiki chache zijazo, ukigundua kuwa wewe una mimba, itakuwa ni shida kubwa, shida ndogo, ama haitakua shida kamwe?*	BIG PROBLEM . . . . . 1 SMALL PROBLEM . . . . . 2 NO PROBLEM . . . . . 3 → **Q607** SAYS SHE CAN'T GET PREGNANT/OR NOT HAVING SEX 4 → **Q607**	

Q606	If it would be a problem, why? *Kama itakuwa shida, ni Kwa nini?* CIRCLE ALL MENTIONED.	ECONOMIC STATUS/JOB…… A TOO MANY/ENOUGH CHILDREN B HEALTH OF MOTHER…….. C NO SPOUSE…….. D HAVE SMALL BABY ALREADY…. E RELIGIOUS REASONS…….. F SCHOOL RELATED REASONS… G PARTNER DOES NOT WANT CHILD…….. H FAMILY/PARENT DISAPPROVES I SHE DOES NOT WANT CHILD…. J OTHER _____ X (SPECIFY)	
Q607	CHECK Q510 AND Q511: EVER MARRIED AND CURRENTLY MARRIED CURRENTLY MARRIED OR LIVING TOGETHER AS IF MARRIED (Q511=1 OR 2) ☐ ↓ NOT IN A UNION (Q510=3 OR Q511=3, 4, OR 5) ☐ →		**Q612**
Q608	Now let's talk about your partner and his preferences for the future. *Sasa tuongee kuhusu mumeo/mpenzi wako na anavyopendelea katika siku zijazo.* CHECK Q604: NOT PREGNANT OR UNSURE ☐ ↓ Would he like to have (a/another) child, or would he prefer not to have any (more) children? *Je, angetaka kupata mtoto (mtoto mwingine) au ungependelea kutopata mtoto (mtoto mwingine tena)?* PREGNANT ☐ ↓ After the child you are expecting now, would your partner like to have another child, or would he prefer not to have any more children? *Baada ya kuzaa mtoto munayemtarajia sasa, mumeo/mwenzio angependa kupata mtoto mwingine ama angependelea kutopata mtoto tena?*	HAVE (A/ANOTHER) CHILD . . . . 1 NO MORE/NONE . . . . . 2 → **Q610** SAYS SHE CAN'T GET PREGNANT. …… 3 → **Q610** DON'T KNOW PARTNER'S DESIRE…… 8 → **Q610**	
Q609	Again, this question relates to your partner's preferences for the future. *Swali hili pia ni kuhusu vile mumeo/mpenzi wako angependelea katika siku zijazo?* CHECK Q608: NOT PREGNANT OR UNSURE ☐ ↓ How long would your partner/husband like to wait before the birth of (a/another) child? *Ni muda gani mumeo/ mpenzi wako angependa kungoja kabla ya mtoto (motto mwingine) kuzaliwa*? IF RESPONSE IS IN MONTHS AND YEARS (E.G. 2 ½ YEARS), CONVERT TO MONTHS (e.g. 30 months) PREGNANT ☐ ↓ After the birth of the child that you and your partner are now expecting, how long would your partner like to wait before you have another child? *Baada ya kuzaliwa kwa mtoto mnaye tarajia, mumeo/mpenzi wako angetaka kungoja kwa muda gani kabla ya kupata mtoto mwigine?* IF RESPONSE IS IN MONTHS AND YEARS (E.G. 2 ½ YEARS), CONVERT TO MONTHS (e.g. 30 months)	MONTHS . . . . . .1 ☐☐ YEARS . . . . . 2 ☐☐ SOON/NOW . . . . . 993 OTHER _____ 996 (SPECIFY) SAYS SHE CAN'T GET PREGNANT…… 994 DON'T KNOW PARTNERS DESIRE. . .998	

Q610	Does your husband/partner want the same number of children that you want, or does he want more or fewer than you want? *Je mumeo/mpenzi wako anataka kupata idadi sawa ya watoto unaowataka, ama anataka kupata wengi au wachache kuliko unavyotaka?*	SAME NUMBER…….. 1 MORE CHILDREN…….. 2 FEWER CHILDREN…….. 3 NO PARTNER/SPOUSE 7 DON'T KNOW…….. 8	
Q611	Who (will) decides how many children that you are going to have Would you say that it is mainly your decision, mainly your husband's/partner's decision, or do you decide together? *Ni nani anayeamua (atakaeamua) ni watoto wangapi mtapata. Ugesema ni zaidi uamuzi wako ama ni zaidi uamuzi wa mume wako/mpenzi wako ama nyinyi huamua kwa pamoja?*	MAINLY YOU…….. 1 MAINLY PARTNER…….. 2 JOINTLY…….. 3 OTHER_____ 6 (SPECIFY)	
Q612	CHECK BIRTH HISTORY (Q218 AND Q222): ANY LIVING CHILDREN? Now let's talk about you again and your childbearing preferences. *Sasa tuongee tena kuhusu wewe na mapendeleo yako ya kupata watoto*. PROBE FOR A NUMERIC RESPONSE. HAS LIVING CHILDREN ☐ → If you could go back to the time you did not have any children and could have exactly the number of children you wanted to have in your whole life, how many would that be? *Kama ungerudi hapo awali wakati hukuwa na mtoto yoyote na ugeweza kuamua idadi kamili ya watoto uliotaka kupata maishani mwako, wangekuwa wangapi?* NO LIVING CHILDREN ☐ → If you could have exactly the number of children you wanted to have in your whole life, how many would that be? *Kama ungeweza kuwa na idadi ya watoto unaowataka maishani mwako, ingekuwa ni watoto wangapi?*	NONE . . . . . 00 → **Q614** NUMBER . . . . . ☐☐ OTHER _____ 96 → **Q614** (SPECIFY)	
Q613	**Of this number**, how many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter? ***Kati ya hawa watoto**, ni wangapi ungetaka wawe wavulana, na ni wangapi ungetaka wawe wasichana, na ni wangapi ungetaka bila kujali jinsia yao?*	BOYS GIRLS EITHER NUMBER ☐☐ ☐☐ ☐☐ OTHER _____ 96 (SPECIFY)	

Now, I would like to ask you a few questions about how other women like you think about children and births. *Sasa ningetaka kukuuliza maswali kadhaa kuhusu jinsi wananawake wengine kama wewe wanavyofikiri kuhusu watoto na kujifungua/kuzaa.*			
Q614	In your opinion, how long should a couple wait to have their first child? *Kwa maoni yako, ni muda gani wazazi wanafaa kungoja kabla ya kupata mtoto wa kwanza?*	IMMEDIATELY…….. 1 LESS THAN ONE YEAR…… 2 MORE THAN 1 YR BUT LESS THAN 2 YRS…….. 3 2 OR MORE YEARS…….. 4 OTHER _____ 6 (SPECIFY) DON'T KNOW…….. 8	
Q615	In your opinion, what should be the ideal age in years for a woman to get her first child/ pregnancy? *Kwa maoni yako ni vizuri mwanamke awe na miaka mingapi kabla ya kupata mtoto/mimba ya kwanza?*	AGE IN YEARS……[__|__] DON'T KNOW……98	

Q616	In your opinion, what should be the ideal age gap between two children? *Kwa maoni yako kunafaa kuwa na muda gani kati ya mtoto mmoja hadi mwingine?* IF RESPONSE IS IN MONTHS AND YEARS (E.G. 2 ½ YEARS), CONVERT TO MONTHS (e.g. 30 months)	MONTHS……1 [__|__] OR YEARS……2 [__|__] DON'T KNOW……998	
Q617	What are the impacts on the mother if she uses a method of family planning? *Kuna athari/matokeo gani kwa mama ikiwa atatumia njia za kupanga uzazi?* PROBE: ANY OTHER REASONS? DO NOT READ ANSWERS CIRCLE ALL MENTIONED.	NONE…….. Y EASY TO SPACE PREGNANCIES/CHILDREN.. A BETTER NUTRITIONAL STATUS…….. B LOWER INCIDENCE OF ANEMIA…… C LESS PREGNANCY COMPLICATIONS…….. D AVOID STIS/HIV…… E REDUCE UNWANTED PREGNANCIES…….. F BETTER HEALTH…… G SPOUSAL HARMONY/MARITAL HAPPINESS... H FEWER CHILDREN TO EDUCATE…….. I SHE HAS MORE FREE TIME…… J FAMILY HAS MORE MONEY…… K PEACE OF MIND…….. L PARTNER/SPOUSAL DISCORD…….. M FAMILY/PARENTAL DISCORD…… N SHUNNED/GOSSIPED ABOUT…… O WORRY THAT SPOUSE WILL FIND OUT ABOUT THE METHOD…… P PROBLEMS WITH MENSTRUAL CYCLE…… Q HEALTH PROBLEMS…….. R GAIN WEIGHT…….. S LOSE WEIGHT…….. T FATIGUE/WEAKNESS…… U OTHER_____ W (SPECIFY) OTHER_____ X (SPECIFY) DON'T KNOW…… Z	
Q618	What are the impacts on the child if the mother uses a method of family planning? *Kuna athari/matokeo gani kwa mtoto ikiwa mama atatumia njia za kupanga uzazi?* PROBE: ANY OTHER REASONS? DO NOT READ ANSWERS CIRCLE ALL MENTIONED.	NONE…… Y BETTER GROWTH…….. A BETTER NUTRITIONAL STATUS…….. B BETTER HEALTH…… C BETTER SURVIVAL CHANCE…….. D BETTER ATTENTION BY MOTHER…… E BETTER EDUCATED…….. F MORE OPPORTUNITIES…… G DEFORMATIONS…… H PROBLEMS WITH GROWTH…….. I NUTRITIONAL PROBLEMS…….. J FREQUENT ILLNESSES…….. K OTHER_____ W (SPECIFY) OTHER_____ X (SPECIFY) DON'T KNOW…… Z	
Q619	CHECK Q510 AND Q511: EVER MARRIED AND CURRENTLY MARRIED CURRENTLY MARRIED OR LIVING TOGETHER (Q511=1 OR 2) ☐↓	NOT IN A UNION (Q510=3 OR Q511=3, 4 OR 5) ☐→	**Q701**
Q620	Has your partner ever accompanied you (or your child) to a health facility? *Mumeo/mwenzio ashawahi kuandamana nawe (au na mtoto) kwenda katika kituo cha afya?*	YES . . . . . 1 NO . . . . . 2 →	**Q701**
Q621	How often does he accompany you (or your child) to a health facility? *Ni mara ngapi yeye huandamana nawe (au mtoto) hadi katika kituo cha afya?*	RARELY…… 1 SOMETIMES…… 2 OFTEN…… 3 ALWAYS…… 4	

SECTION 7: SPOUSAL AND INTERPERSONAL COMMUNICATION			
	Questions and filters	Coding categories	Skip
Q701	Now, I would like to ask you a few questions on discussions that you might have had with other people on health issues. *Sasa ningetaka kukuuliza maswali kadhaa kuhusu majadiliano ambayo huenda umekuwa nayo na watu wengine kuhusu mambo ya afya.* CHECK Q510 AND Q511: CURRENTLY MARRIED (Q511=1 OR 2) ☐↓ NOT IN A UNION (Q510=3 OR Q511=3, 4 OR 5) ☐→		**Q709**
Q702	Have you and your spouse/partner ever discussed the number of children you would like to have? *Je wewe na mumeo/mpenzi wako mshawahi kujadiliana kuhusu watoto wangapi mungependa kapata?*	YES …… 1 NO…….. 2 →	**Q704**
Q703	How often have you talked to your spouse/partner about this subject in the last six (6) months? *Ni mara ngapi umeongea na mumeo/mpenzi wako kuhusu swala hili kwa muda wa miezi sita iliyopita?*	NOT DISCUSSED IN LAST SIX (6) MONTHS…… 1 ONCE OR TWICE… ..... 2 MORE THAN TWICE..... 3 OTHER (SPECIFY)_____ 6	
Q704	Have you ever discussed the use of a family planning method with your spouse/ partner? *Umeshawahi kujadiliana na mumeo/mpenzi wako kuhusu matumizi ya njia za kupanga uzazi?*	YES …… 1 NO…….. 2 →	**Q708**
Q705	How often have you talked to your spouse/partner about this subject in the last six (6) months? *Ni mara ngapi umeongea na mumeo/mpenzi wako kuhusu swala hili kwa muda wa miezi sita iliyopita?*	NOT DISCUSSED IN LAST SIX (6) MONTHS…… 1 ONCE OR TWICE… ..... 2 MORE THAN TWICE..... 3 OTHER (SPECIFY)_____ 6	
Q706	Who usually starts the discussion about family planning, you or your spouse/partner? *Ni nani hasa ambaye huanzisha majadiliano kuhusu upangaji wa uzazi, ni wewe ama mumeo/mpenzi wako?*	YOU..... 1 SPOUSE/PARTNER..... 2 EITHER…… 3	
Q707	How difficult is it to start a conversation about family planning with your partner–is it very difficult, somewhat difficult, or easy? *Ni vigumu kiasi gani kuanzisha mazungumzo kuhusu kupanga uzazi na mumeo/mpenzi wako - ni vigumu sana, ni vigumu kiasi, au ni rahisi?*	VERY DIFFICULT …….. 1 SOMEWHAT DIFFICULT …… 2 EASY…….. 3	
Q708	Do you intend to talk to your spouse about family planning in the next three months? *Unanuia kuzungumza na mumeo/mpenzi wako kuhusu kupanga uzazi katika miezi 3 ijayo?*	YES …… 1 NO…….. 2 DON'T KNOW…….. 8	
Q709	Besides yourself (or your husband) who else influences the decision whether you use a method of contraception or not? *Mbali na wewe (au mumeo/mpenzi wako), ni nani mwingine huchangia uamuzi ikiwa utatumia njia ya kupanga uzazi ama hutatumia?* CIRCLE ALL MENTIONED.	NO ONE…… Y MOTHER…….. ..... A MOTHER-IN-LAW …… B SISTER(S)…… C SISTER(S)-IN-LAW…… D GRANDMOTHER…….... E FRIEND(S)…….. F HEALTH WORKER..... G COMMUNITY LEADER..... H RELIGIOUS LEADER…….. I AUNT/UNCLE…… J OTHER RELATIVES…….. K OTHER _____ X (SPECIFY)	
Q710	If you wanted to use a method of contraception, would you need anyone's permission? *Kama ungetaka kutumia njia ya kuzuia mimba, ungehitaji ruhusa kutoka kwa mtu yeyote?*	YES . . . . . 1 NO . . . . . 2 → **Q712** DON'T KNOW…….. 8 → **Q712**	

Q711	From whom would you need permission? *Ungehitaji ruhusa kutoka kwa nani?* CIRCLE ALL MENTIONED.	HUSBAND/PARTNER…… A FATHER..... B MOTHER…… ..... C FATHER-IN-LAW..... D MOTHER-IN-LAW ……..……. E SISTER(S)…… F SISTER(S)-IN-LAW…….. G OTHER RELATIVE…… H OTHER _____ X (SPECIFY)	
Q712	Do you think that government officials should speak publicly about family planning/contraception? *Je, unafikiria kuwa maafisaa wa serikali wanafaa kuongea hadharani kuhusu njia za kupanga uzazi/kuzuia mimba?*	YES…… 1 NO…… 2 DON'T KNOW …….. 8	
Q713	In the past 12 months, have you heard or seen a government / municipality official speaking publicly **against** family planning/contraception? *Kwa mwaka uliopita, umewahi kusikia ama kuona afisa wa serikali/manisipaa akiongea wazi kwa umma akipinga mpango wa uzazi/njia za kuzuia mimba?*	YES…… 1 NO…… 2 DON'T REMEMBER …… 8	
Q714	In the past 12 months, have you heard or seen a government / municipality official speaking publicly **in favor** of family planning/contraception? *Kwa mwaka uliopita, umesikia ama kuona afisa wa serikali/manisipaa akiongea wazi kwa umma akipendekeza matumizi ya mpango wa uzazi/ njia za kuzuia mimba?*	YES…… 1 NO…… 2 DON'T REMEMBER …… 8	
Q715	Do you think that religious leaders should speak publicly about family planning/contraception? *Je, unafikiri viongozi wa dini wanafaa kuongea hadharani kuhusu mpango wa uzazi?*	YES . . . . . 1 NO . . . . . 2 DON'T KNOW…… 8	
Q716	In the past 12 months, have you heard or seen a religious leader speaking publicly **against** family planning/contraception? *Kwa mwaka mmoja uliopita, umesikia au kuona mkuu wa dini akiongea kwa uma akipinga mpango wa uzazi / njia za kuzuia mimba?*	YES…… 1 NO…… 2 DON'T REMEMBER …… 8	
Q717	In the past 12 months, have you heard or seen a religious leader speaking publicly **in favor** of family planning/contraception? *Kwa mwaka mmoja uliopita, umesikia au kuona kiongozi wa dini akiongea wazi kwa umma akipendekeza matumizi ya mpango wa uzazi / njia za kuzuia mimba?*	YES…… 1 NO…… 2 DON'T REMEMBER …… 8	
Q718	How many of your close friends and relatives would you say use family planning: none, some, most, or all? *Ni marafiki na watu wa familia yako wangapi unaweza kusema kuwa wanatumia mpango wa uzazi: hakuna, kiasi, wengi au wote?*	NONE…… 1 SOME…… 2 MOST…… 3 ALL…… 4 DON'T KNOW…….. 8	
Q719	Do you think there are some people within this community who will call you bad names or avoid your company if they knew that you were using a family planning/contraceptive method? *Je, unafikiri kuna watu miongoni mwa jamii hii ambao watakutukana ama kukutenga iwapo watajua kuwa unatumia njia za kupanga uzazi/ njia za kuzuia mimba?*	YES . . . . . 1 NO . . . . . 2 DON'T KNOW…… 8	

Q720	Do you think there are some people within this community who will praise, encourage, or talk favorably about you if they knew that you were using a family planning/contraceptive method? *Unafikiri kuna watu katika jamii hii ambao wanaweza kukusifu, kukutia moyo, ama kuongea vizuri kukuhusu wakijua kuwa unatumia njia za kupanga uzazi/ njia za kuzuia mimba?*	YES . . . . . 1 NO . . . . . 2 DON'T KNOW…..…… 8	

Please tell me how you would agree or disagree with the following statements. If you say you disagree, I will ask you to tell me if you strongly disagree or just disagree. If you say you agree, I will ask you to tell me if you strongly agree or just agree. *Tafadhali niambie vile ungekubaliana au hungekubaliana na sentensi zifuatazo. Ukisema hukubaliani nazo nitakuuliza ikiwa hukubaliani nazo kabisa au kiasi tu.Ukisema unakubaliana nazo nitakuuliza ukiwa wakubaliana nazo kwa nguvu au kiasi tu.*		**Strongly Agree** *Nakubaliana kabisa*	**Agree** *Nakubaliana*	**Disagree** Sikubaliani	**Strongly disagree** Sikubaliani kabisa
Q721	You could start a conversation with your partner about family planning. *Unaweza kuanzisha mazungumzo na mumeo/mpenzi wako kuhusu kupanga uzazi.*	4	3	2	1
Q722	You could convince your partner that you should use a method of family planning. *Unaweza kumshawishi mumeo/mpenzi wako kuwa unafaa kutumia njia ya kupanga uzazi.*	4	3	2	1
Q723	You could get to a place where a method of family planning is sold/ offered if you decided to use one. *Ungepata mahali njia ya kupanga uzazi inauzwa/ inatolewa ikiwa ungeamua kutumia njia yoyote ya kupanga uzazi.*	4	3	2	1
Q724	You could obtain a family planning method if you decided to use one. *Unaweza kupata njia ya kupanga uzazi ukiamua kuitumia.*	4	3	2	1
Q725	You could use a method of family planning even if your partner doesn't want you to. *Unaweza kutumia njia ya kupanga uzazi hata kama mumeo/mpenzi wako hataki utumie.*	4	3	2	1
Q726	You could use a method of family planning even if none of your friends or neighbors uses one. *Unaweza kutumia njia ya kupanga uzazi hata kama hakuna marafiki au jirani zako wanaotumia.*	4	3	2	1
Q727	You could use a method of family planning even if your religious leader did not think you should use one. *Unaweza kutumia njia ya kupanga uzazi hata kama kingozi wa kidini hadhani kuwa unafaa kutumia.*	4	3	2	1
Q728	You could continue to use a family planning method even if you experience some side effect *Ungeamua kuendelea kutumia njia ya kupanga uzazi hata kama inakudhuru*	4	3	2	1

Q729	Excluding your husband/partner, Please think of <u>three</u> people with whom you feel most comfortable discussing private matters, and then give me their FIRST names. *Bali na mumeo/mpenzi wako, tafadhali fikiria kuhusu watu <u>watatu</u> ambao unajihisi huru kabisa kujadiliana nao kuhusu mambo yako ya kibinafsi/ya siri kisha unipe majina yao ya kwanza.*	NAME 1 _____ NAME 2 _____ NAME 3 _____ NONE……0 →	**Q736**

		Q730	Q731	Q732	Q733	Q734	Q735
RECORD THE THREE NAMES MENTIONED IN Q729 (1-3)		What is your relationship to _____? *Una uhusiano gani na _____?*	Does this person live in this city, another city or town, or a rural area (village)? *Je mtu huyu anaishi katika jiji hili, katika jiji au mji mwingine, au katika eneo la mashambani (kijiji)?*	Have you discussed about family planning or contraception with _____ in the past year? *Uliwahi kuongea na _____ kuhusu upangaji wa uzazi au kuzuia mimba katika muda wa mwaka mmoja uliopita?*	Does ____ currently use a family planning/contraceptive method? *Je kwa wakati huu _____ anatumia njia ya kupanga uzazi/kuzuia mimba?*	What method does ____ currently use? *Ni njia gani ambayo _____ anatumia kwa sasa* CHOOSE ALL THAT APPLY	Does _____ think that you should use a family planning/birth spacing method or that you should not use a family planning/ birth spacing/child spacing method? *Je, _____ anadhani kuwa unafaa kutumia njia ya kupanga uzazi/kuzuia mimba ama anadhani hufai kutumia njia ya kupanga uzazi/kuchelewesha mimba/kuweka nafasi baina ya watoto ?*
1	_____ (NAME)	MOTHER……..01 MOTHER-IN-LAW……02 SISTER (OR IN-LAW)…03 DAUGHTER (IN-LAW)…04 AUNTIE……05 OTHER RELATIVE..... 06 FRIEND..... 07 OTHER PERSON…….96 _____ (SPECIFY)	THIS CITY/TOWN……1 OTHER CITY/TOWN…..2 RURAL……3 OTHER COUNTRY……4	YES .....1 NO .....2 DON'T KNOW...8	YES..... 1 NO..... 2 DON'T KNOW .. 8 ↓ **SKIP NO/DK TO Q735**	STERLIZATION……A IMPLANT……B IUD……C INJECTABLES…… D DAILY PILL……E EC……F CONDOM……G OTHER_____X (SPECIFY)	THINKS YOU SHOULD USE……..1 THINKS YOU SHOULD NOT USE……2 OTHER……6 _____ SPECIFY DON'T KNOW……..8

		Q730	Q731	Q732	Q733	Q734	Q735
	RECORD THE THREE NAMES MENTIONED IN Q729 (1-3)	What is your relationship to _____? *Una uhusiano gani na _____?*	Does this person live in this city, another city or town, or a rural area (village)? *Je mtu huyu anaishi katika jiji hili, katika jiji au mji mwingine, au katika eneo la mashambani (kijiji)?*	Have you discussed about family planning or contraception with _____ in the past year? *Uliwahi kuongea na _____ kuhusu upangaji wa uzazi au kuzuia mimba katika muda wa mwaka mmoja uliopita?*	Does ____ currently use a family planning/contraceptive method? *Je kwa wakati huu _____ anatumia njia ya kupanga uzazi/kuzuia mimba?*	What method does ____ currently use? *Ni njia gani ambayo _____ anatumia kwa sasa* CHOOSE ALL THAT APPLY	Does _____ think that you should use a family planning/birth spacing method or that you should not use a family planning/ birth spacing/child spacing method? *Je, _____ anadhani kuwa unafaa kutumia njia ya kupanga uzazi/kuzuia mimba ama anadhani hufai kutumia njia ya kupanga uzazi/kuchelewesha mimba/kuweka nafasi baina ya watoto ?*
2	_____ (NAME)	MOTHER……...01 MOTHER-IN-LAW……..02 SISTER (OR IN-LAW)…03 DAUGHTER (IN-LAW)…04 AUNTIE……05 OTHER RELATIVE..... 06 FRIEND..... 07 OTHER PERSON……96 _____ (SPECIFY)	THIS CITY/TOWN..……1 OTHER CITY/TOWN.….2 RURAL……3 OTHER COUNTRY……4	YES .....1 NO .....2 DON'T KNOW...8	YES..... 1 NO..... 2 DON'T KNOW .. 8 ↓ **SKIP NO/DK TO Q735**	STERLIZATION……A IMPLANT……B IUD……C INJECTABLES…… D DAILY PILL……E EC……F CONDOM……G OTHER_____X (SPECIFY)	THINKS YOU SHOULD USE……..1 THINKS YOU SHOULD NOT USE……2 OTHER……6 _____ SPECIFY DON'T KNOW……..8
3	_____ (NAME)	MOTHER……...01 MOTHER-IN-LAW……..02 SISTER (OR IN-LAW)…03 DAUGHTER (IN-LAW)…04 AUNTIE……05 OTHER RELATIVE..... 06 FRIEND..... 07 OTHER PERSON……96 _____ (SPECIFY)	THIS CITY/TOWN..……1 OTHER CITY/TOWN.….2 RURAL……3 OTHER COUNTRY……4	YES .....1 NO .....2 DON'T KNOW...8	YES..... 1 NO..... 2 DON'T KNOW .. 8 ↓ **SKIP NO/DK TO Q735**	STERLIZATION……A IMPLANT……B IUD……C INJECTABLES…… D DAILY PILL……E EC……F CONDOM……G OTHER_____X (SPECIFY)	THINKS YOU SHOULD USE……..1 THINKS YOU SHOULD NOT USE……2 OTHER……6 _____ SPECIFY DON'T KNOW……..8

INSTRUCTIONS: Ask question Q736, then question Q737, Q738 AND Q739, for each person listed in the left column before moving on to the next person.

	Q736. In the past year, have you talked about contraception with _____? *Kwa mwaka uliopita umeongea kuhusu njia za kuzuia mimba na _____?*	Q737. How important is this person's opinion to you with regard to family planning issues? *Maoni ya mtu huyu ni ya umuhimu kiasi gani kwako kuhusu mambo ya kupanga uzazi?*	Q738. Do you think that this person would support your using a contraceptive method? *Unafikiri mtu huyu angekuunga mkono ukitumia njia ya kuzuia mimba ?*	Q739. Is this person's approval necessary for you to use contraception? *Je, unahitaji ruhusa kutoka kwa mtu huyu ili kutumia njia ya kuzuia mimba ?*
A) Your mother *Mama yako*	YES..... 1 NO..... 2 NA…… 7→(**B**)	NOT AT ALL…….. 1 SOMEWHAT…… 2 VERY …… 3	YES..... 1 NO..... 2 DK..... 8	YES…… 1 NO……. 2
B) Mother-in-law *Mama mkwe*	YES..... 1 NO..... 2 NA…… 7→(**C**)	NOT AT ALL…….. 1 SOMEWHAT…… 2 VERY …… 3	YES..... 1 NO..... 2 DK..... 8	YES…… 1 NO……. 2
C) Sister-in-law *Shemeji (dada ya mume wako)*	YES..... 1 NO..... 2 NA…… 7→(**D**)	NOT AT ALL…….. 1 SOMEWHAT…… 2 VERY …… 3	YES..... 1 NO..... 2 DK..... 8	YES…… 1 NO……. 2
D) Father-in-law *Baba mkwe*	YES..... 1 NO..... 2 NA…… 7→(**E**)	NOT AT ALL…….. 1 SOMEWHAT…… 2 VERY …… 3	YES..... 1 NO..... 2 DK..... 8	YES…… 1 NO……. 2
E) Members of your religious community? *Kiongozi wa dini ama washiriki wa dini.*	YES..... 1 NO..... 2 NA…… 7→**Q740**	NOT AT ALL…….. 1 SOMEWHAT…… 2 VERY …… 3	YES..... 1 NO..... 2 DK..... 8	YES…… 1 NO……. 2

Q740	In your opinion, is it okay for a woman to use family planning without her husband's or partner's knowledge if: *Kwa maoni yako, ni sawa kwa mwanamke kutumia njia za kupanga uzazi bila ya mumewe/mpenzi wake kuwa na habari hiyo ikiwa:*	**YES**	**NO**	**DON'T KNOW**
	A. He is against contraceptive use but she wants to use it? *Huyo mume/mpenziwe anapinga matumizi ya njia ya kupanga uzazi lakini yeye anataka kutumia?*	1	2	8
	B. They have many children? *Wana watoto wengi?*	1	2	8
	C. The husband is violent towards her and/or the children? *Mume wake ni mwenye kutumia nguvu kwake au kwa watoto wake?*	1	2	8
	D. The couple does not have enough money for any more children? *Wazazi hao hawana pesa za kutosha ili kuendelea kupata watoto wengine?*	1	2	8

SECTION 8: GENDER INEQUITY MEASURES

Now I would like to ask you some questions regarding your partner and how you and your partner make household decisions. Please remember to be as honest as possible and that your responses will remain confidential; that is, no one will see your answers.
Sasa ningeataka kukuuliza maswali kuhusu vile wewe na mumeo/mpenzi wako munavyofanya uamuzi wa hapa nyumbani. Tafadhali kumbuka unieleze ukweli uwezavyo na kwamba majibu yako yote yatawekwa siri na hakuna atakaeyaona.

	Questions and filters	Coding categories	Skip
Q801	CHECK Q510 AND Q511: EVER MARRIED AND CURRENTLY MARRIED CURRENTLY MARRIED OR LIVING TOGETHER (Q511=1 OR 2) ☐↓ NOT IN A UNION (Q510=3 OR Q511=3, 4, OR 5) ☐→		**Q811**
Q802	How old was your partner on his last birthday? *Mumeo/mpenzi wako alifikisha miaka mingapi alipo adhimisha siku yake yakuzaliwa iliyopita?*	AGE IN COMPLETED YEARS……[__|__]	
Q803	Did your husband/partner ever attend school? *Je, mumeo/mpenzi wako aliwahi kwenda shule?*	YES . . . . . 1 NO . . . . . 2 →	**Q806**
Q804	What was the highest level of school he attended: primary, secondary, or higher? *Ni kiwango kipi cha juu zaidi alichofika: Shule ya msingi / shule ya ufundi /ya upili / chuo cha kadiri / chuo kikuu?*	NURSERY/ KINDERGARTEN …….. 0 → PRIMARY…… 1 POST-PRIMARY/VOCATIONAL …… 2 SECONDARY/'O' or 'A' LEVEL…… 3 COLLEGE (MIDDLE LEVEL)…… 4 UNIVERSITY…….... 5 → DON'T KNOW…… 8 →	**Q806** **Q806** **Q806**
Q805	What is the highest (standard/form/year) he completed at that level? *Ni darasa/kidato/mwaka gani wa juu zaidi aliomaliza katika kiwango hicho?* RECORD "00" IF NO COMPLETED YEARS	STANDARD/FORM/YEAR……[__|__] DON'T KNOW……98	
Q806	What is your partner's occupation, that is, what kind of work does he mainly do when he is/was working? *Mumeo/mpenzi wako anafanya kazi gani, yaani, ni kazi gani haswa yeye hufanya zaidi anapokuwa na kazi?*	ACTUAL NAME OF OCCUPATION: _____ _____ *CODE BOXES (OFFICE USE ONLY)……*[__|__]	
Q807	Is your husband/partner currently working? *Mumeo/mpenzi wako anafanya kazi hivi sasa?*	YES . . . . . 1 → NO . . . . . 2 DON'T KNOW…… 8	**Q809**
Q808	What has he been doing for most of the time over the last 12 months? *Amekuwa akifanya nini kwa muda wake mwingi katika miezi 12 iliyopita?*	NOTHING/IDLE…….. 01 LOOKING FOR WORK…… 02 GOING TO SCHOOL/STUDYING…….. 03 UNABLE TO WORK DUE TO ILLNESS/DISABILITY.. 04 RETIRED…… 05 HOUSEHOLD/SHAMBA WORK…….. 06 OTHER (SPECIFY)_____ 96	**Q811**
Q809	Does he usually work throughout the year, seasonally, or only once in a while? *Kwa kawaida yeye hufanya kazi mwaka mzima mfululizo, kwa msimu au mara moja moja?*	THROUGHOUT THE YEAR . . . . . 1 SEASONALLY/PART OF THE YEAR . . 2 ONCE IN A WHILE 3	
Q810	Does he usually earn cash for this work? *Kwa kawaida yeye hulipwa kwa pesa tasilimu kwa kazi hii?*	YES . . . . . 1 NO . . . . . 2 DON'T KNOW…… 8	

Q811	What is your occupation, that is, what kind of work do you mainly do when you are working? *Unafanya kazi gani, yaani, kazi yako kuu unapofanya kazi ni ya aina gani?*	ACTUAL NAME OF OCCUPATION: 1 _____ 2 _____ *CODE (OFFICE USE ONLY)*.....[__|__]	
Q812	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have **you** done any of these things or any other work? *Kama unavyojua kuna wanawake ambao hufanya kazi na wakalipwa pesa ama wakalipwa kwa vitu. Wengine huuza vitu ama wana biashara ndogo ndogo na wengine hufanya kwenye shamba la famillia au biashara ya familia. Kwa siku saba zilizopita wewe umewahi kufanya kazi zozote kama hizi ama kazi nyingine yoyote?*	YES . . . . . 1 NO 2	
Q813	Have you done any work in the last 12 months? *Umefanya kazi yoyote katika muda wa miezi 12 iliyopita?*	YES . . . . . 1 NO . . . . . 2 →	**Q819**
Q814	Do you do this work for a member of your family, for someone else, or are you self-employed? *Kazi hii wamfanyia mtu wa familia yako, wamfanyia mtu mwingine, au umejiajiri mwenyewe*?	FOR FAMILY MEMBER . . . . . 1 FOR SOMEONE ELSE . . . . . 2 SELF-EMPLOYED..... 3 →	**Q817**
Q815	Does your employer provide health care services on site for its employees? *Je, muajiri wako hutoa huduma za matibabu hapo kazini?*	YES . . . . . 1 NO . . . . . 2 DON'T KNOW..... 8	
Q816	Would you access family planning/contraceptive services if your employer offered the service on site (at the work place)? *Je, utatumia huduma za afya/kuzuia mimba ikiwa mwajiri wako atatoa huduma hizo hapo kazini?*	YES . . . . . 1 NO . . . . . 2 DON'T KNOW..... 8	
Q817	Do you usually work throughout the year, or do you work seasonally, or only once in a while? *Wewe hufanya kazi mfululizo kwa mwaka mzima, ama wewe hufanya kazi kwa msimu, ama mara moja moja?*	THROUGHOUT THE YEAR . . . . . 1 SEASONALLY/PART OF THE YEAR . . . . 2 ONCE IN A WHILE 3	
Q818	Are you paid in cash or kind for this work, or are you not paid at all? *Unalipwa kwa pesa taslimu ama kwa kupatiwa bidha au vitu vingine ama hulipwi kabisa?*	IN CASH ONLY..... 1 IN CASH AND IN KIND..... 2 IN KIND ONLY..... 3 NOT PAID..... 4	

Q819	CHECK Q510 AND Q511: EVER MARRIED AND CURRENTLY MARRIED CURRENTLY MARRIED OR LIVING TOGETHER ☐ ↓ NOT IN A UNION (Q510=3 OR Q511=3, 4, OR 5) ☐ →		**Q825**
Q820	CHECK Q813 AND Q818: IF SHE IS CURRENTLY WORKING AND EARNS CASH (Q818=1 OR 2) ☐ ↓ IF SHE DOESN'T WORK OR DOES NOT EARN CASH (Q813=2 OR Q818=3 OR 4) ☐ →		**Q822**
Q821	Who decides how the money that you earn will be used: mainly you, mainly your partner, or you and your partner jointly? *Ni nani huamua vile pesa unazopata zitatumika: ni wewe sana sana, ni mumeo/ mpenzi wako sana sana, ama ni wewe na mumeo/mpenzi wako pamoja?*	RESPONDENT . . . . . 1 PARTNER . . . . . 2 RESPONDENT AND PARTNER JOINTLY. . . . . 3 OTHER _____ 6 (SPECIFY)	
Q822	CHECK Q807 AND Q810: IF HE IS CURRENTLY WORKING AND EARNS CASH (Q810=1) ☐ ↓ IF HE DOESN'T WORK OR DOES NOT EARN CASH (Q807=2 OR 8; OR Q810=2 OR 8) ☐ →		**Q824**
Q823	Who decides how the money that your partner earns will be used: Mainly you, mainly your partner, or you and your partner jointly? *Ni nani huamua vile pesa ambazo mumeo/mpenzi wako anapata zitatumika? Ni wewe sana sana, ni mumeo/mpenzi wako sana sana ama ni wewe na mumeo/mpenzi wako kwa pamoja?*	RESPONDENT . . . . . 1 PARTNER . . . . . 2 RESPONDENT AND PARTNER JOINTLY. . . . . 3 OTHER _____ 6 (SPECIFY)	

Q824	Sometimes in a marriage or a relationship, a man prohibits his wife from doing certain things. Does your husband prohibit you from: *Wakati mwingine katika ndoa mwanaume humkataza mkewe kufanya mambo fulani. Je, mumeo anakukataza….:*	YES	NO
	a. Working outside the home? *Kufanya kazi za nnje*?	1	2
	b. Having visits from people? *Kutembelewa na watu?*	1	2
	c. Visiting your friends? *Kwenda kuwatembelea marafiki zako?*	1	2
	d. Visiting your family? *Kwenda kuwatembela jamaa zako*?	1	2
	e. Using contraceptives? *Kutumia njia za kuzuia kupata mimba?*	1	2
	f. Using a mobile phone? *Kutumia simu ya rununu/mkono?*	1	2
Q825	Do you have any money of your own that you alone can decide how to use? *Una pesa zozote zako ambazo ni wewe tu unaeweza kuamua utakavyo zitumia?*	YES . . . . . 1 NO 2	

Q826	In a couple, who do you think should have the greater say in each of the following decisions: the husband, the wife, or both equally: *Kati ya mume na mke ni nani unaefikiria anafaa kufanya uamuzi mkuu kwa mambo yafuatayo: ni mume, mke, au ni wote kwa usawa:*	HUSBAND	WIFE	BOTH EQUALLY	DK/DEPENDS
	a) Making large household purchases? *Kununua vitu vya nyumba vya gharama kubwa?*	1	2	3	8
	b) Making small daily household purchases? *Kununua vitu vidogo vidogo vya kila siku vya nyumbani?*	1	2	3	8
	c. Deciding when to visit family, friends, or relatives? *Kuamua ni wakati gani wa kutembelea ndugu, jamaa na marafiki?*	1	2	3	8
	d. Deciding when and where to seek medical care for your own health? *Kuamua ni wakati gani na ni wapi uende kutibiwa?*	1	2	3	8

Q827	Sometimes a man is annoyed or angered by things that his wife does. In your opinion, is a man justified in hitting or beating his wife in the following situations? *Wakati mwingine mwanamume hukasirishwa na mambo mengine ambayo mkewe hufanya. Kwa maoni yako, mwanamume anakubaliwa kumpiga mkewe wakati mambo kama hayayafuatayo yanapofanyika?*	YES	NO	DON'T KNOW
	a. If she goes out without telling him? *Akienda nje kutembea bila kumwambia*?	1	2	8
	b. If she neglects the house or the children? *Akipuuza kuchunga nyumba ama watoto?*	1	2	8
	c. If she argues with him? *Anapobishana na mumewe?*	1	2	8
	d. If she refuses to have sex with him? *Akikataa kufanya ngono naye?*	1	2	8
	e. If she cooks the food improperly? *Akipika chakula vibaya*?	1	2	8
	f. If he suspects her of being unfaithful? *Akishuku kuwa mkewe si mwaminifu*?	1	2	8
	g. If she refuses to have another child? *Akikataa kumzalia mtoto mwengine?*	1	2	8

Now I am going to read some statements to you about relationships and children. For each statement, please tell me your opinion as to whether you strongly agree, agree, disagree, or strongly disagree with it. *Sasa nitakusomea maneno kuhusu uhusiano wa mume na mke na uhusiano na watoto. Kwa kila maneno tafadhali nieleze maoni yako iwapo unakubaliana kabisa, unakubaliana kiasi, hukubaliani kiasi ama hukubaliani nayo kabisa.*		**Strongly Agree** *Nakubaliana kabisa*	**Agree** *Nakubaliana*	**Disagree** *Sikubaliani*	**Strongly disagree** *Sikubaliani kabisa*
Q828	The husband should be the one to decide whether the couple should use a family planning method. *Mume ndiye anafaa kuamua ikiwa yeye na mke wake watatumia njia ya kupanga uzazi.*	4	3	2	1
Q829	Couples who practice family planning have a better quality of life than those who do not. *Mume na mke wanao tumia njia za kupanga uzazi wana maisha bora kuliko wale ambao hawatumii.*	4	3	2	1
Q830	Husbands and wives should discuss family planning. *Wanaume na wake zao wanafaa kujadiliana kuhusu upangaji wa uzazi.*	4	3	2	1
Q831	Men should not allow their wives to use family planning. *Wanaume hawafai kuwaruhusu wake zao kutumia njia za kupanga uzazi.*	4	3	2	1
Q832	A woman who uses family planning without her husband's knowledge should be punished. *Mwanamke ambaye anatumia njia za kupanga uzazi bila mume wake kujua anafaa kuadhibiwa.*	4	3	2	1
Q833	A woman who has no children is not complete/fulfilled. *Mwanamke asiyekuwa na watoto si mkamilifu.*	4	3	2	1
Q834	A man who has no children is not complete/fulfilled. *Mwanamume asiyekuwa na watoto si mkamilifu.*	4	3	2	1
Q835	It is good to have many children because one is not sure who among them will survive to care for the parents at old age. *Ni vyema kupata watoto wengi kwa sababu mtu hana uhakika ni yupi atakaye ishi ili kuwatunza wazazi wakizeeka.*	4	3	2	1
Q836	The number of children a couple will have is for God only to decide. *Ni mungu tu anayeamua idadi ya watoto ambayo mume na mke watapata.*	4	3	2	1
Q837	A woman should continue bearing children until she has at least one son. *Mwanamke anafaa kuendelea kuzaa watoto hadi angalau apate mtoto mmoja wa kiume.*	4	3	2	1
Q838	A woman should continue bearing children until she has at least one daughter. *Mwanamke anafaa kuendelea kuzaa watoto hadi angalau apate mtoto mmoja wa kike*	4	3	2	1

	SECTION 9: MEDIA EXPOSURE		
	Questions and filters	Coding categories	Skip
Q901	Now I would like to talk to you about your information needs and where you get information regarding health issues. What are your main sources for receiving health information? *Sasa nataka kuzungumza nawe kuhusu mahitaji yako ya taarifa na unapopata habari kuhusu mambo ya afya. Njia zako kuu za kupokea habari kuhusu afya ni gani?* PROBE SEPARATELY FOR: A. Media sources *Kupitia njia za vyombo vya habari* B. Health personnel sources *Kupitia kwa wafanyikazi wa afya* C. Community sources *Kutoka kwa jamii* D. Interpersonal sources *Kutoka kwa watu walio karibu nawe* PROBE: Any other source? (FOR EACH CATEGORY) *Kuna mahali pengine popote?* CIRCLE ALL MENTIONED.	**Media Sources** RADIO..... ..AA TV ..... AB VIDEOS ..... AC NEWSPAPERS ..... AD MAGAZINES/BOOKS ..... AE FLYERS/LEAFLETS .....AF BILL BOARDS……..…AG WALL PAINTING…….AH FACE BOOK……..AI INTERNET……..AJ E-MAIL……..AK SMS……...AL **Health Personnel Sources** CLINICAL OFFICER/DOCTOR ……..……..BA NURSE/MIDWIFE……BB CHW/CBD……BC PHARMACY/PHARMACIST……BD CHEMIST/DUKA LA DAWA…..……BE HOSPITAL……BF CLINIC ……..BG TBA……..……..BH HERBALIST/TRADITIONAL HEALER……..…BI **Community Sources** CINEMA/MOBILE CINEMA……CA VIDEO SHOPS/DEN……CB SOCIAL/COMMUNITY HALLS……..…CC COMMUNITY OUTREACH EVENTS (THEATRE, PUPPETS, ROAD SHOWS, ETC)……..CD PEER EDUCATION……...CE SCHOOL……CF NGOS……..CG FBOS/CHURCH/MOSQUES……..CH COMMUNITY MEETINGS (BARAZAS, ETC).....CI WOMEN'S GROUPS……....CJ **Interpersonal Sources** PARENTS……DA IN-LAWS……DB SPOUSE/PARTNER……...DC SIBLINGS……...DD SISTER/BROTHER IN LAWS……DE FRIENDS/NEIGHBORS……..…... DF OTHER RELATIVES……DG **OTHER SOURCES: _____XX** NONE……YY DON'T KNOW……ZZ	
Q902	Do you read newspaper(s)? *Wewe husoma gazeti?*	YES .....1 NO.....2 →	**Q904**

Q903	Which newspaper(s) do you read most often? *Ni magazeti yapi ambayo wewe husoma mara kwa mara?* LIST THE FULL NAME OF THE TOP THREE NEWSPAPERS MENTIONED	1._____ |__ |__| 2._____ |__ |__| 3._____ |__ |__|	BOXES ARE FOR OFFICE USE ONLY
Q904	Do you read magazine(s)? *Wewe husoma jarida*?	YES .....1 NO.....2 →	**Q906**

Q905	Which magazine(s) do you read most often? *Wewe husoma jarida lipi/yapi mara kwa mara?* LIST THE FULL NAME OF THE TOP THREE MAGAZINES MENTIONED	1._____ |__ |__| 2._____ |__ |__| 3._____ |__ |__|	BOXES ARE FOR OFFICE USE ONLY
Q906	CHECK: Q902 & 904: READ NEWSPAPERS AND/OR MAGAZINES IF YES TO EITHER ↓ IF NO TO BOTH →		**Q909**
Q907	Have you read any articles on family planning/contraception in newspapers/magazines in the past three months? *Umesoma makala yoyote kuhusu upangaji wa uzazi/kuzuia mimba katika miezi 3 iliyopita?*	YES.....1 NO.....2 →	**Q909**
Q908	What information did you read in the newspapers/magazines about family planning/ contraception? *Ni habari gani ulizosoma katika magazeti/jarida kuhusu njia za kupanga uzazi/kuzuia mimba?* IF RESPONDENT SAYS "PILL", PROBE FURTHER TO ESTABLISH IF THEY MEAN THE "DAILY PILL" OR THE "EMERGENCY PILL" CIRCLE ALL MENTIONED.	**METHODS** DAILY PILLS .....A IUCD .....B CONDOMS.....C INJECTABLES.....D IMPLANTS.....E EC/MORNING AFTER PILL/ POSTINOR 2 .....F FEMALE STERILIZATION..... G MALE STERILZATION .....H STANDARD DAYS METHOD (SDM) .....I **ISSUE** AGE AT MARRIAGE ..... J DELAYING FIRST BIRTH.....K DELAYING AGE AT FIRST SEX.....L SPACING BETWEEN BIRTHS.....M LIMITING FAMILY SIZE .....N GOVT STATEMENTS REGARDING FP.....O OTHERS (Specify)_____X	
Q909	Do you listen to the radio? *Je wewe husikiza redio?*	YES .....1 NO.....2 →	**Q916**
Q910	Which radio stations do you listen to? *Ni stesheni gani za redio ambazo wewe husikiza?* LIST THE FULL NAME OF THE TOP THREE RADIO STATIONS MENTIONED	1._____ |__ |__| 2._____ |__ |__| 3._____ |__ |__|	**BOXES ARE FOR OFFICE USE ONLY**
Q911	How many days in a week do you listen to radio? *Ni siku ngapi kwa wiki ambazo wewe husikiza redio?*	NUMBER OF DAYS IN A WEEK ☐ LESS THAN WEEKLY/NOT REGULARLY 8	

Q912	On average how long in total do you listen to radio on a normal day? *Kwa kawaida wewe husikiza redio kwa muda gani katika siku ya kawaida?*	HOURS PER DAY……1 [_0_|__]__] OR MINUTES PER DAY……2 [_0_|__|__]		BOXES ARE FOR OFFICE USE ONLY
Q913	What time of day do you **most often** listen to the radio? *Ni wakati gani wa siku unaposikiza redio **mara nyingi**?* SINGLE RESPONSE	MORNING (FOUR AM TO NOON).....1 AFTERNOON (NOON TO SIX PM).....2 EVENING (SIX PM TO TEN PM).....3 NIGHT (TEN PM AND LATER) 4		
Q914	Have you heard any family planning/ contraception information on the radio in the past three months? *Umesikia kuhusu habari zozote juu ya mpango wa uzazi/kuzuia mimba kwenye redio kwa muda wa miezi 3 iliyopita?*	YES.....1 NO.....2 →		**Q916**
Q915	What information did you hear on the radio about family planning/contraception? *Ni habari gani ulizosikia kutoka kwa redio kuhusu mpango wa uzazi/kuzuia mimba?*	**METHODS** DAILY PILLS .....A IUCD .....B CONDOMS.....C INJECTABLES……D IMPLANTS……E EC/MORNING AFTER PILL/ POSTINOR 2 .....F FEMALE STERILIZATION..... G MALE STERILZATION .....H STANDARD DAYS METHOD (SDM) .....I **ISSUE** AGE AT MARRIAGE ..... J DELAYING FIRST BIRTH.....K DELAYING AGE AT FIRST SEX……L SPACING BETWEEN BIRTHS……M LIMITING FAMILY SIZE .....N GOVT STATEMENTS REGARDING FP……O OTHERS (Specify)_____X		
Q916	In your opinion, how acceptable or not acceptable are the following topics on radio? *Kwa maoni yako, mada zifuatazo zakubalika au hazikubaliki katika redio?*	ACCEPTABLE	UNACCEPTABLE	
	a. Family planning/contraception *Upangaji wa uzazi/kuzuia mimba*	1	2	
	b. HIV/AIDS *VIRUSI/UKIMWI*	1	2	
	c. Maternal health (antenatal care, delivery services, postpartum care) *Afya ya mama (huduma ya mama wajawazito, huduma za kujifungua, huduma ya baada ya kujifungua)*	1	2	
	d. Child health (immunizations, disease prevention, nutrition) *Afya ya mtoto (chanjo, kuzuia magonjwa,lishe)*	1	2	
	e. Reproductive health (STIs, infertility problems) *Afya ya kizazi (magonjwa ya zinaa, shida za kizazi)*	1	2	

Q917	Do you watch television? *Wewe hutazama televisheni?*	YES ..... 1 NO ..... 2 →	**Q926**
Q918	How many days in a week do you watch television? *Ni siku ngapi katika wiki ambazo wewe hutazama televisheni*	NUMBER OF DAYS PER WEEK ☐ NOT REGULARLY……8	
Q919	On average how long in total do you watch television on a normal day? *Kwa wastani wewe hutazama televisheni/runinga kwa muda gani kwa siku ya kawaida?*	HOURS PER DAY……1 [__|__] OR MINUTES PER DAY……2 [__|__|	

Q920	What time of the day do you **most often** watch TV? *Ni wakati gani katika siku ambapo sana sana wewe hutazama televisheni/runinga?* SINGLE RESPONSE	MORNING (FOUR AM TO NOON).....1 AFTERNOON (NOON TO SIX PM).....2 EVENING (SIX PM TO TEN PM).....3 NIGHT (TEN PM AND LATER) 4	
Q921	Where do you normally watch TV? *Kwa kawaida unaitazamia televiseni/runinga wapi?* CIRCLE ALL MENTIONED	OWN HOUSE.....A RELATIVE/FRIEND/NEIGHBOR'S HOUSE.....B SOCIAL HALL/COMMUNITY CENTER.....C VIDEO DEN….....D POOL HALL/BAR.....E OTHER _____X (SPECIFY)	
Q922	What channels do you generally watch on TV? *Ni stesheni gani ambazo kwa kawaida unazitazama kwa televisheni/runinga?* LIST THE FULL NAME OF THE TOP THREE TV STATIONS MENTIONED	1._____ |__| 2._____ |__| 3._____ |__|	BOXES ARE FOR OFFICE USE ONLY

Q923	What kind of TV programs do you normally watch? *Kwa kawaida unatazama vipindi vya aina gani?* CIRCLE ALL MENTIONED.	NEWS/CURRENT AFFAIRS……..A RELIGIOUS PROGRAMMING……B TALK SHOWS……...C NATURE PROGRAMS……..D DOCUMENTARIES……E SOAP OPERAS/DRAMA……F CARTOONS……G MUSIC TELEVISION……H POLITICAL DEBATES……..I SPORTS……..J CONTESTS……K FILMS / MOVIES……..L OTHER _____X (SPECIFY)	
Q924	Have you seen any family planning/contraception programs/ information on the TV in the past three months? *Je umeona kipindi au habari juu ya upangaji wa uzazi/ kuziua mimba kwenye televisheni/ runinga katika miezi 3 iliyopita?*	YES.....1 NO.....2 →	**Q926**
Q925	What information did you see on the TV about family planning/contraception? *Ni habari gani uliiona katika televisheni/runinga kuhusu mpango wa uzazi?* IF RESPONDENT SAYS "PILL", PROBE FURTHER TO ESTABLISH IF THEY MEAN THE "DAILY PILL" OR THE "EMERGENCY PILL" CIRCLE ALL MENTIONED.	**METHODS** DAILY PILLS……A IUCD……B CONDOMS……...C INJECTABLES……D IMPLANTS……...E EC/MORNING AFTER PILL/ POSTINOR 2…….F FEMALE STERILIZATION……G MALE STERILZATION……H STANDARD DAYS METHOD (SDM) ……I **ISSUE** AGE AT MARRIAGE……J DELAYING FIRST BIRTH……K DELAYING AGE AT FIRST SEX……..L SPACING BETWEEN BIRTHS……..M LIMITING FAMILY SIZE……N GOVT STATEMENTS REGARDING FP……O OTHERS _____X (SPECIFY)	

Q926	In your opinion, how acceptable or not acceptable are the following topics on TV? *Kwa maoni yako, mada zifuatazo zinakubalika au hazikubaliki katika runinga?*	ACCEPTABLE	UNACCEPTABLE	
	a. Family planning/contraception *Upangaji wa uzazi/kuzuia mimba*	1	2	
	b. HIV/AIDS *VIRUSI/UKIMWI*	1	2	
	c. Maternal health (antenatal care, delivery services, postpartum care) *Afya ya mama (huduma ya mama wajawazito, huduma za kujifungua, huduma ya baada ya kujifungua)*	1	2	
	d. Child health (immunizations, disease prevention, nutrition) *Afya ya mtoto (chanjo, kuzuia magonjwa,lishe)*	1	2	
	e. Reproductive health (STIs, infertility problems) *Afya ya kizazi (magonjwa ya zinaa, shida za kizazi)*	1	2	
Q927	Do you go to video shows? *Wewe henda kuona maonyesho ya video?*	YES……1 NO……2 →		**Q930**
Q928	How **<u>often</u>** do you go to video shows? *<u>Ni mara ngapi</u> wewe huenda kuona maonyesho haya?* SINGLE RESPONSE	MORE THAN ONCE PER WEEK……..1 EVERY WEEK ……..2 A COUPLE OF TIMES A MONTH ……..3 AT LEAST ONCE A MONTH ……4 AT LEAST ONCE A YEAR ……5 RARELY……6		
Q929	Where do you go for video shows? *Wewe huenda wapi kuona maonyesho haya ya video?* CIRCLE ALL MENTIONED	VIDEO DENS ……A MOBILE CINEMA……B CHURCH/MOSQUE ……C SOCIAL HALLS ……D BARS AND RESTAURANTS……E PRIVATE HOUSES (OWN HSE, FRIENDS' HSE, NEIGHBORS' HSE, ETC) ……F CLINIC……G OTHER _____X		
Q930	Do you have access to mobile phone? *Je, kuna simu ya rununu/mkono ambayo waweza kutumia?*	YES……1 NO……2 DON'T KNOW MOBILE PHONE……..8 →		**Q936B**
Q931	Do you own a mobile phone that is mainly for your own use? *Una simu ya rununu ambayo zaidi ni yako wewe kutumia?*	YES……1 NO……2		
Q932	Have you ever had a conversation about family planning over the phone? *Umewahi kuwa na maongezi kuhusu mpango wa uzazi kwenye simu ya rununu?*	YES……1 NO……2 →		**Q934**
Q933	Was the person (or people) you talked to about family planning over the phone in this city, in another city, in a rural area or in another country? *Mtu uliyezungumza naye kuhusu njia ya kupanga uzazi kwenye rununu aliakuwa mkaazi wa jiji hili, wa jiji lingine, ama eneo la mashambani.* CIRCLE ALL MENTIONED	THIS CITY……A ANOTHER CITY……B RURAL AREA……C ANOTHER COUNTRY……D DON'T KNOW……Z		
Q934	Would you be comfortable receiving family planning/ contraception and other health messages by SMS? *Utafurahia kupokea habari kuhusu njia ya kupanga uzazi/ kuzuia mimba na habari nyingine za afya kupitia kwa njia ya ujumbe mfupi kwa simu?*	YES……1 NO……2 DON'T KNOW SMS……..8 →		**Q936A**
Q935	Have you received any family planning/contraception messages via SMS in the last three months? *Umewahi kupokea ujumbe mfupi kuhusu njia za kupanga uzazi/kuzuia mimba kupitia kwa ujumbe mfupi wa simu katika miezi 3 iliyopita?*	YES……1 NO……2		

Q936	In the **past three months,** have you accessed the internet, web, or email at least once through the following? *Kwa muda wa miezi 3 iliyopita umeweza kuwa kwenye mtandao, ama kupata barua pepe kupitia?*		
	a. a mobile phone? *Simu ya rununu*	YES……1 NO……2 DONT KNOW INTERNET……8 →	**Q937**
	b. A computer? *Taraklishi*	YES……1 NO……2	
Q937	Do you belong to any group(s), club(s) or organization(s)? *Wewe ni mwanachama katika kikundi chochote, klabu yoyote au, shirika lolote?*	YES . . . . . 1 NO . . . . . 2 →	**Q1001**

Q938. What are the names and types of these organizations to which you belong? *Unashiriki katika makundi ya aina gani na yaitwaje?*	Q939. How long have you been a member of this group or organization? *Umekua memba wa kundi hili kwa muda gani?*	Q940. How often does this group meet? *Kikundi hiki hukutana kila baada ya muda gani?*	Q941. How often do you talk to persons from this group outside a group meeting? *Ni mara ngapi wewe huongea na washiriki wa kikundi hiki nje ya mkutano wa kikundi?*	Q942.How often do you attend this group's meetings? *Ni mara ngapi wewe huenda kuhudhuria mikutano ya kikundi hiki?*	Q943. Have you heard/seen any family planning/ contraception related information at these meetings? *Umewahi kusikia ama kuona habari zozote kuhusu upangaji wa uzazi/kuzuia mimba katika mikutano hiyo?*	Q944. What information did you hear/see at these meetings about family planning/contraception? *Ni habari gani ulizosikia/ulizoona kuhusu upangaji wa uzazi/kuzuia mimba katika mikutano hiyo?* CIRCLE ALL MENTIONED.
01 _____ **GROUP NAME** _____ **GROUP TYPE** ☐☐ CODE BOXES FOR OFFICE USE ONLY	<1/YEAR..1 1-2/YEAR..2 3-5/YEAR..3 6+/YEAR…4 DK…….8	DAILY……1 WEEKLY……2 MONTHLY….3 YEARLY.....4 NO REGULAR TIME…….5 OTHER.....6 _____ SPECIFY	DAILY……1 WEEKLY…….2 MONTHLY….3 YEARLY.....4 NO REGULAR TIME…….5 OTHER.....96 _____ SPECIFY	ALWAYS……1 MOSTLY……2 SOMETIMES….3 RARELY…….4 NEVER……5 IF NEVER SKIP TO NEXT ORGANIZATION	YES……1 NO……2 DON'T KNOW…….8 **IF NO OR DON'T KNOW SKIP TO NEXT ORGANIZATION**	**METHODS** DAILY PILLS……A IUCD……B CONDOMS……C INJECTABLES……D IMPLANTS……E EC/MORNING AFTER PILL/ POSTINOR 2……F FEMALE STERILIZATION……G MALE STERILZATION……H STANDARD DAYS METHOD (SDM) ……I **ISSUE** AGE AT MARRIAGE……J DELAYING FIRST BIRTH……K DELAYING AGE AT FIRST SEX……L SPACING BETWEEN BIRTHS……M LIMITING FAMILY SIZE……N GOVT STATEMENTS REGARDING FP……O OTHERS _____X (SPECIFY)
02 _____ **GROUP NAME** _____ **GROUP TYPE** ☐☐ CODE BOXES FOR OFFICE USE ONLY	<1/YEAR..1 1-2/YEAR..2 3-5/YEAR..3 6+/YEAR…4 DK…….8	DAILY……1 WEEKLY……2 MONTHLY….3 YEARLY.....4 NO REGULAR TIME…….5 OTHER.....6 _____ SPECIFY	DAILY……1 WEEKLY…….2 MONTHLY….3 YEARLY.....4 NO REGULAR TIME…….5 OTHER.....6 _____ SPECIFY	ALWAYS……1 MOSTLY……2 SOMETIMES….3 RARELY…….4 NEVER……5 IF NEVER SKIP TO NEXT ORGANIZATION	YES……1 NO……2 DON'T KNOW…….8 **IF NO OR DON'T KNOW SKIP TO NEXT ORGANIZATION**	**METHODS** DAILY PILLS……A IUCD……B CONDOMS……C INJECTABLES……D IMPLANTS……E EC/MORNING AFTER PILL/ POSTINOR 2……F FEMALE STERILIZATION……G MALE STERILZATION……H STANDARD DAYS METHOD (SDM) ……I **ISSUE** AGE AT MARRIAGE……J DELAYING FIRST BIRTH……K DELAYING AGE AT FIRST SEX……L SPACING BETWEEN BIRTHS……M LIMITING FAMILY SIZE……N GOVT STATEMENTS REGARDING FP……O OTHERS _____X (SPECIFY)

Q938. What are the names and types of these organizations to which you belong? *Unashiriki katika makundi ya aina gani na yaitwaje?*	Q939. How long have you been a member of this group or organization? *Umekua memba wa kundi hili kwa muda gani?*	Q940. How often does this group meet? *Kikundi hiki hukutana kila baada ya muda gani?*	Q941. How often do you talk to persons from this group outside a group meeting? *Ni mara ngapi wewe huongea na washiriki wa kikundi hiki nje ya mkutano wa kikundi?*	Q942.How often do you attend this group's meetings? *Ni mara ngapi wewe huenda kuhudhuria mikutano ya kikundi hiki?*	Q943. Have you heard/seen any family planning/ Contraception related information at these meetings? *Umewahi kusikia ama kuona habari zozote kuhusu upangaji wa uzazi/kuzuia mimba katika mikutano hiyo?*	Q944. What information did you hear/see at these meetings about family planning/contraception? *Ni habari gani ulizosikia/ulizoona kuhusu upangaji wa uzazi/kuzuia mimba katika mikutano hiyo?*CIRCLE ALL MENTIONED.
03 _____ **GROUP NAME** _____ **GROUP TYPE** ☐☐ CODE BOXES FOR OFFICE USE ONLY	<1/YEAR..1 1-2/YEAR..2 3-5/YEAR..3 6+/YEAR…4 DK…….8	DAILY……1 WEEKLY……2 MONTHLY….3 YEARLY.....4 NO REGULAR TIME…….5 OTHER.....6 _____ SPECIFY	DAILY……1 WEEKLY…….2 MONTHLY….3 YEARLY.....4 NO REGULAR TIME…….5 OTHER.....6 _____ SPECIFY	ALWAYS.....1 MOSTLY……2 SOMETIMES….3 RARELY…….4 NEVER……5 IF NEVER SKIP TO NEXT ORGANIZATION	YES.....1 NO……2 DON'T KNOW…….8 **IF NO OR DON'T KNOW SKIP TO NEXT ORGANIZATION**	**METHODS** DAILY PILLS……A IUCD……B CONDOMS……C INJECTABLES……D IMPLANTS……E EC/MORNING AFTER PILL/ POSTINOR 2……F FEMALE STERILIZATION……G MALE STERILZATION……H STANDARD DAYS METHOD (SDM) ……I **ISSUE** AGE AT MARRIAGE……J DELAYING FIRST BIRTH……K DELAYING AGE AT FIRST SEX……L SPACING BETWEEN BIRTHS……M LIMITING FAMILY SIZE……N GOVT STATEMENTS REGARDING FP……O OTHERS _____X (SPECIFY)
04 _____ **GROUP NAME** _____ **GROUP TYPE** ☐☐ CODE BOXES FOR OFFICE USE ONLY	<1/YEAR..1 1-2/YEAR..2 3-5/YEAR..3 6+/YEAR…4 DK…….8	DAILY……1 WEEKLY……2 MONTHLY….3 YEARLY.....4 NO REGULAR TIME…….5 OTHER.....6 _____ SPECIFY	DAILY……1 WEEKLY…….2 MONTHLY….3 YEARLY.....4 NO REGULAR TIME…….5 OTHER.....6 _____ SPECIFY	ALWAYS.....1 MOSTLY……2 SOMETIMES….3 RARELY…….4 NEVER……5 IF NEVER SKIP TO NEXT ORGANIZATION	YES.....1 NO……2 DON'T KNOW…….8 **IF NO OR DON'T KNOW SKIP TO NEXT ORGANIZATION**	**METHODS** DAILY PILLS……A IUCD……B CONDOMS……C INJECTABLES……D IMPLANTS……E EC/MORNING AFTER PILL/ POSTINOR 2……F FEMALE STERILIZATION……G MALE STERILZATION……H STANDARD DAYS METHOD (SDM) ……I **ISSUE** AGE AT MARRIAGE……J DELAYING FIRST BIRTH……K DELAYING AGE AT FIRST SEX……L SPACING BETWEEN BIRTHS……M LIMITING FAMILY SIZE……N GOVT STATEMENTS REGARDING FP……O OTHERS _____X (SPECIFY)

SECTION 10: MIGRATION HISTORY

	Questions and filters	Coding categories	Skip
Now I would like to ask you about how long you have lived here and where you come from and how often you visit other areas. *Sasa ningetaka kukuuliza kuhusu muda ambao umeishi hapa na ulitoka wapi kabla kuja kuishi hapa na unatembelea sehemu nyingine kila baada ya muda gani?*			
Q1001	How long have you been living continuously in this house? *Umeishi katika nyumba hii mfululizo bila kuhama kwa muda gani?* IF A FEW WEEKS TO 11 MONTHS, RECORD 00-11. OTHERWISE, RECORD NUMBER OF YEARS.	MONTHS…… 1 [__|__] YEARS…… 2 [__|__] ALWAYS…… 995 → **Q1004** VISITOR…… 996	
Q1002	Just before you moved here, did you live in NAIROBI, MOMBASA, KISUMU, MACHAKOS, KAKAMEGA, OR ELSEHWERE , ASK AS APPROPRIATE)? *Kabla tu ya kuhamia hapa uliwahi kuishi NAIROBI, MOMBASA, KISUMU, MACHAKOS, KAKAMEGA, au Mahali pengine?* **IF THE RESPONDENT MENTION <u>ELSEWHERE,</u> ASK IF THE PLACE IS A RURAL AREA OR A TOWN** *Je hapo ni mjini au ni kijijini au ni mashambani ?*	NAIROBI CITY …….. 01 MOMBASA CITY …….. 02 KISUMU CITY ……..... 03 MACHAKOS TOWN …… 04 KAKAMEGA TOWN …….. 05 ANOTHER TOWN …… 06 RURAL AREA……... 07 ANOTHER COUNTRY…… 08 → **Q1004**	**Q1004**
Q1003	What is the name of the village/estate, town/city (or sub location if rural), and province of your former residence? *Mtaa, kijiji, mji, lokesheni ndogo na mkoa ulipokuwa ikiishi kabla kuja hapa ni gani?*	NAME OF ESTATE/VILLAGE_____1 TOWN/CITY OR SUBLOCATION:_____2 *CODE BOXES: OFFICE ONLY* [__|__][__|[__| PROVINCE_____3 *CODE BOXES: OFFICE ONLY* [__|	
Q1004	Since you started living here, have you stayed away from this estate/village for 6 (six) months or longer? *Tangu ulipoanza kuishi hapa, umewahi kuondoka na kuishi mahali pengine kwa muda wa miezi 6 au zaidi?*	YES . . . . . 1 NO 2	
Q1005	In the past **<u>12 months</u>**, have you visited another city/town in Kenya in order to visit family or friends? *Katika miezi 12 iliyopita umewahi kwenda mji mwingine hapa Kenya ili kuwatembelea jamaa au marafiki ?*	YES . . . . . 1 NO . . . . . 2 → **Q1015**	
Q1006	Which **<u>city or town</u>** did you visit **<u>most often in the past 12</u>** months? *Ni mji gani ulioutembelea zaidi katika muda wa miezi 12 iliyopita?* **GIVE NAME OF THE CITY AND PROVINCE** *Mji huo uko katika mkoa gani?*	1 NAME OF TOWN/CITY _____ *CODE BOXES: OFFICE ONLY* [__|__][__| PROVINCE_____ 2 *CODE BOXES: OFFICE ONLY* [__|	
Q1007	How often did you visit this city/town [NAME OF CITY/TOWN Q1006] in the **<u>last 12 months</u>**? *Ni mara ngapi ulitembelea* **(JINA la MAHALI ULIPOTAJA AWALI KATIKA Q1006}** *katika muda wa miezi 12 iliyopita?*	PER WEEK……1 [__|__] PER MONTH……2 [__|__] PER YEAR……3 [__|__]	

Q1008	How long do you usually stay when you visit [NAME OF CITY/TOWN? *Kwa kawaida unapotembelea* **(JINA LA MAHALI)** *wewe hukaa huko kwa muda gani?*	HOURS……..……..1 [__|__] DAYS……..2 [__|__] WEEKS ……..3 [__|__] MONTHS ……..……...4 [__|__]	
Q1009	**<u>In the last one year</u>,** how much time have you spent at [NAME OF TOWN/CITY]? *Kwa mwaka mzima uliopita umekaa* **[NAME OF PLACE]** *kwa muda gani?*	HOURS……..……..1 [__|__] DAYS……..2 [__|__] WEEKS ……..3 [__|__] MONTHS ……..……...4 [__|__]	
Q1010	During your visit(s), do you ever discuss family planning/birth spacing/child spacing with anybody? *Wakati wa matembezi yako huko, wewe huzungumza kuhusu Upangaji wa Uzazi/ kuchelewesha mimba/kuweka muda kati ya mtoto hadi mwingine na mtu mwingine yeyote?*	YES…… 1 NO…….. 2	
Q1011	During your visit(s), do you ever seek family planning spacing services? *Wakati wa matembezi yako huko, wewe hutafuta huduma za kupanga uzazi?*	YES…… 1 NO…….. 2	
Q1012	Do friends or family from this city/town [MENTIONED IN Q1006] ever come to visit you? *Kuna marafiki ama jamaa kutoka (***MAHALI HAPO Q1006)** *ambao huja hapa kukutembelea?*	YES…… 1 NO…….. 2 →	**Q1015**
Q1013	Do you ever talk about family planning with your friends and family who are visiting you here? *Je wewe hujadiliana kuhusu upangaji wa uzazi na marafiki na jamaa zako wanapo kutembelea hapa?*	YES…… 1 NO…….. 2	
Q1014	Do your friends and family who visit ever seeks family planning services when they are visiting? *Je jamaa na marafiki wanaokutembelea hutafuta huduma za upangaji uzazi wanapokuja hapa?*	YES…… 1 NO…….. 2 DON'T KNOW…… 8	
Q1015	In the past **<u>12 months</u>**, have you visited a rural area in Kenya in order to visit family or friends? *Katika miezi 12 iliyopita umewahi kwenda sehemu za mashambani hapa Kenya ili kuwatembelea jamaa au marafiki ?*	YES . . . . . 1 NO . . . . . 2 →	**Q1101**
Q1016	Which rural area did you visit **<u>most often in the past 12</u>** months? *Ni sehemu gani za mashambani ulitembelea zaidi katika muda wa miezi 12 iliyopita?* **GIVE THE NAME OF THE VILLAGE, SUBLOCATION AND PROVINCE** *Huko kulikuwa kijiji gani na sub-lokesheni gani na mkoa gani?*	NAME OF VILLAGE_____ 1 SUBLOCATION:_____ 2 *CODE BOXES: OFFICE ONLY* [__|__][__|__| PROVINCE_____ 3 *CODE BOXES: OFFICE ONLY* [__|	
Q1017	How often did you visit this rural area [NAME OF PLACE IN Q1016] in the **<u>last 12 months</u>**? *Wewe ulitembelea* **(JINA LA MAHALI ULIPOTAJA AWALI KATIKA Q1016)** *mara ngapi kwa muda wa miezi 12 iliyopita?*	PER WEEK……..……1 [__|__] PER MONTH……2 [__|__] PER YEAR……3 [__|__]	

Q1018	How long do you usually stay when you visit [NAME OF PLACE)? *Wewe kwa kawaida hukaa kwa muda gani unapotembelea* **(JINA LA MAHALI)?**	HOURS……..……..1 [__|__] DAYS……..2 [__|__] WEEKS …….. 3 [__|__] MONTHS ……..……....4 [__|__]	
Q1019	**<u>In the last one year</u>,** how much time have you spent at [NAME OF PLACE]? *Kwa mwaka wote uliopita ukekaa* **[NAME OF PLACE]** *kwa muda gani?*	HOURS……..……..1 [__|__] DAYS……..2 [__|__] WEEKS ……..3 [__|__] MONTHS ……..……....4 [__|__]	
Q1020	During your visit(s), do you ever discuss family planning/birth spacing/child spacing with anybody? *Wakati wa matembezi yako huko, wewe huzungumza kuhusu Upangaji wa Uzazi/ kuweka muda kati ya mtoto hadi mwingine na mtu mwingine yeyote?*	YES…… 1 NO…….. 2	
Q1021	During your visit(s), do you ever seek family planning spacing services? *Wakati wa matembezi yako huko, wewe hutafuta huduma za kupanga uzazi/kuweka nafasi baina ya mimba/kuweka muda kati ya mtoto hadi mwingine?*	YES…… 1 NO…….. 2	
Q1022	Do friends or family from this rural area [MENTIONED IN Q1016] ever come to visit you? *Kuna marafiki ama jamaa kutoka mahali hapo*[MENTIONED IN Q1016] *ambao huja hapa hukutembelea?*	YES…… 1 NO…….. 2 →	**Q1101**
Q1023	Do you ever talk about family planning with your friends and family who are visiting you here? *Je wewe huzungumza kuhusu upangaji wa uzazi na marafiki na jamaa zako wanapo kutembelea?*	YES…… 1 NO…….. 2	
Q1024	Do your friends and family who visit ever seeks family planning services when they are visiting? *Hao jamaa na marafiki wanaokutembelea hutafuta huduma za upangaji uzazi wanapokuja hapa?*	YES…… 1 NO…….. 2 DON'T KNOW…… 8	

FOLLOW-UP CONTACTS

Q1100 WOMAN QUESTIONANAIRE ID NUMBER [__|__|__|__|__|__|__|__|__|__]
City code + Cluster number + HH number + Line Number

Q1101 SURNAME OF RESPONDENT: _____

Q1102 FIRST OR GIVEN NAME OF RESPONDENT:_____

Q1103 LAST FOUR DIGITS OF

ID NUMBER OF RESPONDENT …… 1. [__|__|__|__|
OR
PASPORT NUMBER OF RESPONDENT…… 2 [__|__|__|__|
OR
ANY OTHER IDENTIFICATION_____.....3 [__|__|__|__|
SPECIFY
DON'T HAVE IDENTIFICATION ……..……99997

Q1104 ADDRESS/DESCRIPTION OF HOUSEHOLD:_____

_____

As I mentioned earlier, we would like to follow-up with this household in two years and then again in another 2 years to see what, if anything, has changed according to health and information needs. For this reason, I will be asking for the contact information of people that maybe able to tell us where you and your household are in 2 years and in 4 years in case you move. This information will be kept separate from your responses in a locked cabinet in a secured room where only the primary researcher can assess. Remember you are free to skip any questions that you are uncomfortable providing answers to

Kama nilivyo ashiria mbeleni, tungependa kuwatembelea tena baada ya miaka miwili kuona kama kutakua na mabadikiko yoyote kulingana na mahitaji ya afya na mahataji ya habari. Kwa sababu hizi, nitakuuliza habari za mawasiliano za watu ambao wanaweza kutuambia mahali ambapo watu wa nyumba hii wako baada ya miaka miwili na miaka minne ikiwa mtahama. Habari hizi zitawekwa kando na majibu yako katika kabati lililofugwa katika chumba ambacho ni salama na ambapo ni mtafiti mkuu pekee ndiye anayeweza kufikia. Kumbuka uko huru kuepuka swala lolote ambalo hupendi kulijibu.

Q1105	What other names are you commonly known by? *Ni majina yapi mengine ambayo unajulikana sana nayo?*	_____
Q1106	Do you have access to a mobile phone OR landline telehone? *Una simu ya mkono ama kunayo simu ya (kawaida/mezani)?*	YES……..1 NO…….2 skip to 1109
Q1107	If yes, could you please share with me a mobile phone number OR landline for contacting you? *Kama ndiyo, tafadhali unaweza kunipa nambari ya simu ambayo naweza kutumia kuwasiliana nawe?*	PRIMARY MOBILE NUMBER : 0 |___|___|___\

Q1110	IF RESPONDENT IS **NOT** HH HEAD: What is the name and mobile phone number (if possible) of the head of this household? *Nipe jina na nambari ya simu ya Kiongozi wa nyumba hii*	NAME: _____ MOBILE NUMBER: 0 |__|__|__|__|__|__|__|__|__|__]
Q1111	What is the name and mobile phone number (if possible) of someone else within your household? *Tafadhali nipe jina na nambari ya simu ya mtu mwingine anayeishi katika nyumba hii?*	NAME: _____ MOBILE NUMBER: 0 |__|__|__|__|__|__|__|__|__|__] ENTER LINE NUMBER FROM THE HOUSEHOLD SCHEDULE |__|__]
Q1112	What is the name, location (address and description), and mobile phone number (if possible) of someone outside of your household? *Tafadhali nipe jina la mtu mwingine anaewajua na asiyeishi katika nyumba hii pamoja na mahali/anwani na mahali anapoishi na nambari ya simu (ikiwezekana).*	NAME: _____ LOCATION:_____ MOBILE NUMBER: 0 |__|__|__|__|__|__|__|__|__|__] RELATIONSHIP TO RESPONDENT_____
Q1113	What is the name, location (address and description), and mobile phone number (if possible) of another person outside of your household? *Tafadhali nipe jina la mtu mwingine tena anaewajua na asiyeishi katika nyumba hii pamoja na mahali/ anwani na mahali anapoishi na nambari ya simu (ikiwezekana).*	NAME: _____ LOCATION:_____ MOBILE NUMBER: 0 |__|__|__|__|__|__|__|__|__|__] RELATIONSHIP TO RESPONDENT_____
Q1114	Other than this place of residence (house), where else does the household head frequently stay? Is there a phone number and contact person there? *Mbali na hapa unapoishi, ni wapi kwingine ambapo kiongozi wa nyumba hili sana sana huishi? Una nambari ya simu na jina la mtu yoyote anaeishi mahali hapo?*	OTHER RESIDENCE _____ MOBILE PHONE NUMBER 0 |__|__|__|__|__|__|__|__|__|__] CONTACT PERSON THERE _____
Q1115	Do you have an email address that you check regularly? If possible please share with me *Je una anwani ya barua pepe ambayo unatumia mara nyingi? Tafadhali unaweza kunipea*	Yes……1 EMAIL ADDRESS _____ No……..2

RECORD END TIME.

HOUR……[__|__]

MINUTES……[__|__]

COMMENTS:

END THE INTERVIEW AND THANK THE RESPONDENT FOR HER TIME AND PARTICIPATION.

QUESTIONNAIRE NO: [__|__|__|__|__|__|__|__|__|__]
City code+cluster number+HH number + respondent line number

KENYA BASELINE SURVEY 2010
MLE/KURHI Man Questionnaire; 15-59 Years; ENG SWA

KNBS KENYA NATIONAL BUREAU OF STATISTICS *Keeping you informed*

IDENTIFICATION

URBAN SITE…… (NAIROBI = 1; MOMBASA=2; KISUMU=3; MACHAKOS=4; KAKAMEGA=5)	[__]
DISTRICT……	[__|__]
SUBLOCATION……	[__|__]
KURHI EA CLUSTER NUMBER……	[__|__|__]
EA TYPE (URBAN – 2; PERI-URBAN – 3)……	[__]
EA STATUS (INFORMAL – 4; FORMAL – 9)……	[__]
STRUCTURE NUMBER……	[__|__|__]
HOUSEHOLD NUMBER……	[__|__|__]
LINE NUMBER OF MAN……	[__|__]

INTERVIEW VISITS

VISIT NO.	1	2	3	FINAL VISIT
DATE	DAY/ MONTH/ YEAR [____/_____/ **10**]	DAY/ MONTH/ YEAR [____/_____/ **10**]	DAY/ MONTH/ YEAR [____/_____/ **10**]	DAY [____|____] MONTH [____|____] YEAR [**2**	**0**	**1**	**0**]
RESULT*	[____]	[____]	[____]	RESULT [____]
INTERVIEWER NAME	_____	_____	_____	_____
INTERVIEWER CODE	[__|__|__]	[__|__|__]	[__|__|__]	[__|__|__]
NEXT VISIT: DATE:	[____/_____/ **10**]	[____/_____/ **10**]		TOTAL NO. OF VISITS
TIME:	[__|__| [__|__| HH MM	[__|__| [__|__| HH MM		[____]

*RESULT CODES:

1	COMPLETED	5	PARTLY COMPLETED
2	NOT AT HOME	6	INCAPACITATED
3	POSTPONED	7	OTHER_____ (SPECIFY)
4	REFUSED		

LANGUAGE

MAIN LANGUAGE OF INTERVIEW [__| INTERPRETER USED? 1=YES 2=NO

LANGUAGE CODES:

1 KISWAHILI 2 ENGLISH 3 DHOLUO 4 LUHYA -WANGA 5 KAMBA 6 OTHER (SPECIFY)_____

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____	NAME _____	NAME _____
CODE [____|____|____]	CODE [____|____|____]	CODE [____|____|____]	CODE [____|____|____]
DATE [____/_____/ **10**] DD MM YY	DATE [____/_____/ **10**] DD MM YY	DATE [____/_____/ **10**] DD MM YY	DATE [____/_____/ **10**] DD MM YY

Man Consent Form for Household-Based Survey on Family Planning Behavior

Purpose of the study

Hello! My name is _____I am part of a research team working for the Kenya National Bureau of Statistics. We are carrying out research on family planning in urban areas of Kenya. Your participation in this study will help to improve family planning services in this city. We will be asking questions to all men aged 15-59 from this household for this study.

Habari! Jina langu ni _____, mimi ni mojawapo ya watafiti wanao fanya kazi na shirika la Kitaifa la Kenya la Takwimu. Tunafanya utafiti kuhusu upangaji wa uzazi katika miji ya Kenya. Kushiriki kwako katika utafiti huu kutasaidia kuimarisha huduma za upangaji wa uzazi katika jiji hili. Katika utafiti huu, nitauliza maswali wanaume wote kati ya miaka 15 hadi 59 wanoishi katika nyumba hii.

Explanation of Procedures

The interview will take place in or around your home, somewhere private. The interview will take about 45 minutes. I will ask you questions about your home, family planning, health-care seeking, and family size decisions.

You may choose not to give the interview, or not to answer a question for any reason. You can stop the interview at any time by telling me that you want to stop it. If you decide not to give the interview or not to answer a question, no harm will come to you, and there will be no effect on your access to health services in the future.

Mahojiano yatafanyika ndani au nnje ya nyumba yako pahali ambapo hatutasikika na mtu mwingine. Mahojiano yatachukua muda wa kama dakika 45 hivi kukamilika. Nitakuuliza maswali kuhusu nyumba yako/yenu, upangaji wa uzazi, uamuzi kuhusu kutafuta huduma za afya na pia uamuzi kuhusu kiwango cha familia.

Waweza kuamua kukataa kushiriki, ama kutojibu swali lolote kwa sababu yoyote ile. Waweza kusimamisha majadiliano wakati wowote kwa kunieleza kuwa wataka kuyasimamisha. Ukiamua kutoshiriki majadiliano ama kutojibu swali lolote, hakuna madhara yatakayotokea kwako, wala hakutakuwa na adhari kwako kuhusu kupata huduma za afya kwa siku zijazo.

Confidentiality

Your answers will not be shared with anyone outside this research project. Your name will not appear on the survey. We will not share answers with community members, health providers, family or anyone else. At the end of the study, we will put all the answers together and make a report. Once the study is finished, the completed surveys will be destroyed.

Majibu yako hayataambiwa mtu mwingine kando na watafiti wanaoshiriki katika mradi huu. Jina lako halitachapishwa katika utafiti huu. Hatutatoa majibu yako kwa watu wa jamii hii, wahudumu wa afya, watu wa familia yako wala mtu mwingine yeyote. Mwisho wa utafiti huu tutayaweka majibu yote pamoja na kuandika ripoti. Utafiti ukisha malizika, majibu yote yataharibiwa.

How many people will take part in this study

If you decide to be interviewed, you will be one of about 4000 men from urban areas of Kenya who will be interviewed.

Ukikubali kushiriki majadiliano haya, utakua mmoja kati ya wanaume 4,000 katika maeneo ya miji ya Kenya ambao watahojiwa.

Benefits

Research helps society by providing new knowledge. You may not benefit directly from this survey. However, your answers will be important for planning better programs to make sure that men and women can access the health care they need.

Utafiti husaidia jamii kwa kutoa ufahamu mpya. Huenda usifaidike kibinafsi kutokana na utafiti huu. Hata hivyo majibu yako yatakua muhimu katika kupanga miradi bora zaidi ili kuhakikisha kwamba wanawake na wanaume wanapata huduma za afya wanazo zihitaji

Risks and Discomforts

There is the possibility you may feel uncomfortable about a question I ask. If you feel uncomfortable about any of the questions, you do not have to answer them. I can skip those questions and go on to the next section. You can end the interview at any time. There is also the possibility that someone may approach us during the interview to find out what we are discussing. We intend to do this interview in private, if someone approaches us, we will stop the interview until we can continue in private. Some questions may not apply to you, but the interviewer must ask the same questions of everyone.

Kuna uwezekano kuwa utahisi kutopendezwa na maswali fulani nitakayokuuliza. Ukihisi kutopendezwa kuhusu maswali yoyote, siyo lazima uyajibu. Ninaweza kuyawacha maswali hayo na kuanza sehemu nyingine. Unaweza kutamatisha majadiliano wakati wowote. Kuna uwezekano pia mtu mwingine aweza kuja wakati tunapoendelea na majadiliano kutaka kujua ni nini tunachojadiliana. Tunatumaini kufanya majadiliano haya kwa siri, na ikiwa mtu atatukaribia, tutaacha majadiliano hadi tutakapo baki wawili. Maswali mengine yaweza kuwa hayakuhusu lakini ni lazima kuuliza maswali sawa kwa kila mtu kwa sababu ya utafiti

Costs and Payment for Participation

There are no costs for being in this study. You will not receive any compensation for taking part in this study.
Haikugharimu chochote kushiriki katika utafiti huu. Hutapokea malipo yoyote kwa kushiriki katika utafiti huu.

Questions / Your rights as Participants

This study has been approved by the Kenya Medical Research Institute, and the University of North Carolina (USA). If you have any questions about this study or the results, you can contact the following: the country study coordinator at the Kenyan National Bureau of Statistics Mr Christopher Ndayara Omolo at 020 2244079; the study coordinator at APHRC Mr Paul Kuria 020 2720400; The Institutional Review Board at the University of North Carolina at +1 919-966-3113; The Secretary, National Ethics Review Committee at Kenya Medical Research Institute at +254 (020) 2722541, 2713349. You have the right to ask, and have answered, any questions you may have about this research. If you have questions or concerns, you should contact the researchers listed above, or ask me before or after the interview. Do you have any questions now?

Utafiti huu umeidhinishwa na Shirika la Kenya la Utafiti wa Matibabu, na Chuo Kikuu cha North Carolina (Marekani). Kama una maswali yeyote kuhusu utafitu huu ama matokeo yake, unaweza kuwasiliana na wafuatao: Mwelekezi wa utafiti wa Shirika la Kitaifa la Kenya la Takwimu

Bwana Christopher Ndayara Omolo kwa nambari 020 2244079; Mwelekezi wa utafiti wa shirika la APHRC Bwana Paul Kuria 020 2720400, Katibu wa Kamati ya Kitaifa ya Kuchunga Maadili katika Taasisi ya Kenya ya Utafiti wa Matibabu nambari +254 (020) 2722541, 2713349. ama Bodi ya Kuchunga Taasisi ya Chuo Kikuu cha North Carolina kwa nambari +1 919-966-3113. Una haki ya kuuliza maswali yoyote na kupata majibu yake kuhusiana na utafiti huu. Ikiwa una maswali ama shauku zozote, wasiliana na watafiti walio orodheshwa hapa, ama uniulize mimi maswali kabla au baada ya majadiliano. Je, una maswali sasa?

Consent

Now, can you tell me if you agree to participate in this research? If you say yes, it means that you have agreed to be part of the study.
☐Yes ☐No

Sasa waweza kuniambia kama unakubali kushiriki katika utafiti huu? Ukisema ndiyo, inamaanisha kuwa umekubali kushiriki katika utafiti huu.
☐Ndio ☐La

Would you like a copy of this document?
Yes No

Je, wataka nakala ya stakabadhi hii?
Ndio La

SIGNATURE OF INTERVIEWER: _____

DATE: _____.

SECTION 1: BACKGROUND CHARACTERISTICS

	Questions and filters	Coding categories	Skip to
	RECORD START TIME.	HOUR……[__|__] MINUTES……[__|__]	
	Thank you for agreeing to participate in this survey. As I mentioned in asking for your consent, we are looking to assess your health and information needs. To begin, I am going to ask you some background questions about yourself. *Asante sana kwa kukubali kushiriki kwenye utafiti huu. Kama nilivyotaja mbeleni, tunatafuta kujua kuhusu mahitaji yako ya afya na habari za kiafya. Kwa kuanza, nitakuuliza maswali kukuhusu wewe binafsi.*		
Q101	In what month and year were you born? *Ulizaliwa mwaka gani na mwezi gani?*	MONTH . . . . . [__|__] DON'T KNOW MONTH . . . . . 98 YEAR . . . . . [__|__][__|__] DON'T KNOW YEAR 9998	
Q102	How old were you on your last birthday? *Ulikuwa na umri gani uliposherehekea siku yako ya kuzaliwa iliyopita?* COMPARE AND CORRECT Q101 AND/OR Q102 IF INCONSISTENT	AGE IN COMPLETED YEARS……[__|__]	
Q103	CHECK 101 & 102: IF AGE (15-59)YRS ☐ → CHECK THAT CONSENT FORM HAS BEEN COMPLETED IF NOT, ENSURE THAT YOU OBTAIN A CONSENT FROM THE RESPONDENT BEFORE YOU CONTINUE ELSE ☐		**END INTER-VIEW**
Q104	In the last twelve (12) months, on how many separate occasions have you traveled away from your home community and slept away for at least one night? *Katika miezi 12 iliyopita, ni mara ngapi umesafiri kwenda pahali mbali na jamii yako na ukalala huko angalau kwa usiku mmoja?*	NUMBER OF TRIPS AWAY……[__|__] NONE……..00 →	**Q106**
Q105	In the last twelve (12) months, have you been away from your home community for more than 1 month at a time? *Katika miezi 12 iliyopita, umewahi kuwa mbali na jamii yako kwa muda wa zaidi ya mwezi mmoja mfululizo?*	YES……1 NO……..2	
Q106	Have you ever attended school? *Umewahi kwenda shule?*	YES……1 NO ……..2 →	**Q110**
Q107	What is the highest level of school you **attended:** primary, post-primary or vocational, secondary or 'A' level, college or university? *Ni kiwango kipi cha juu cha shule ulichofika?: shule ya msingi, chuo cha ufundi, shule ya secondary, Kidato cha sita A level, chuo cha kadiri ama chuo kikuu?*	NURSERY/ KINDERGARTEN …….0 → PRIMARY……1 POST-PRIMARY/VOCATIONAL …..2 SECONDARY/'O' or 'A' LEVEL…….3 COLLEGE (MIDDLE LEVEL)……4 UNIVERSITY……5 →	**Q110** **Q112**
Q108	What is the highest (standard/form/year) you **completed** at that level? *Ni kiwango kipi cha juu (darasa/kidato/mwaka) ulichokamilisha?* **IF NO YEAR COMPLETE, WRITE "00"**	STANDARD/FORM/YEAR…[__|__]	
Q109	CHECK Q107: PRIMARY OR POST-PRIMARY (CODE 1 OR 2) ☐ → SECONDARY OR HIGHER (CODE 3 OR 4) ☐ →		**Q112**
Q110	Now I would like you to read a sentence for me. But first please tell me, what language are you most capable of reading? *Sasa ningependa unisomee sentenzi. Lakini kwanza ningependa uniambie ni lugha gani ambayo waweza soma kwa urahisi zaidi?* CIRCLE CODE FOR LANGUAGE SELECTED AND HAND THE RESPONDENT A LITERACY CARD IN THE SELECTED LANGUAGE	KISWAHILI……..01 DHOLUO……02 KAMBA……03 KIKUYU……04 ENGLISH……05 LUHYA……06 KALENJIN……..07 REPORTS CANNOT READ……11 → BLIND/VISUALLY IMPAIRED…….21 → OTHER_____ 96 (SPECIFY)	 **Q112** **Q112**

Q111	Please read for me the sentence on this card: *Tafadhali nisomee sentensi kwenye kadi hii.* IF RESPONDENT CANNOT READ THE WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me? *Je, waweza kunisomea sehemu yoyote ya sentensi?*	CANNOT READ AT ALL…… 1 ABLE TO READ ONLY PARTS OF SENTENCE . . . . . 2 ABLE TO READ WHOLE SENTENCE…… 3 NO CARD WITH REQUIRED LANGUAGE…… 4	
Q112	What is your religion? *Dini yako ni gani?*	CATHOLIC…… 1 PROTESTANT/OTHER CHRISTIAN…… 2 MUSLIM…… 3 NO RELIGION …… 5 OTHER_____ 6 (SPECIFY)	→ **Q114**
KQ1	How religious do you consider yourself? Do you consider yourself strongly religious (or born again), somewhat religious, or not at all religious? *Je, unajiona umeshika dini kiasi gani? Unajiona umeshika dini sana/umeokoka, umeshika dini kiasi tu ama wewe hufuati dini hata kidogo?*	STRONGLY RELIGIOUS/BORN AGAIN …… 1 SOMEWHAT RELIGIOUS …… 2 NOT AT ALL RELIGIOUS…… 3	
Q113	To what degree do your religious beliefs influence the decisions you make about family planning? Would you say that your beliefs: never, somewhat, often, or always influence the decisions you make about family planning? *Ni kwa kiwango gani ambacho imani yako ya dini inaelekeza uamuzi wako kuhusiana na mpango wa uzazi? Waweza sema kwamba: hakuna, kiasi, mara nyingi au kila mara imani yako ya dini huongoza uamuzi wako kuhusu kupanga uzazi?*	NEVER…… 1 SOMEWHAT…… 2 OFTEN/FREQUENTLY…… 3 ALWAYS…… 4 DON'T KNOW (FP)…… 8	
Q114	What is your ethnic group? *Kabila yako ni gani?*	EMBU…… 01 KALENJIN…… 02 KAMBA…… 03 KIKUYU…… 04 KISII…… 05 LUHYA…… 06 LUO…… 07 MASAI…… 08 MERU…… 09 MIJIKENDA/SWAHILI…… 10 SOMALI…… 11 TAITA/TAVETA…… 12 OTHER_____ 96 (SPECIFY)	
Q115	What is your occupation, that is, what kind of work do you mainly do? *Wewe hujihusisha na nini, yaani, kazi yako kuu unayofanya ni ya aina gani?*	ACTUAL NAME OF OCCUPATION: _____ _____ CODE BOXES OFFICE USE ONLY [__|__]	
Q116	Have you done any work in the last twelve (12) months? *Umewahi kufanya kazi yoyote kwa muda wa miezi 12 iliyopita?*	YES…… 1 NO…… 2	→ **Q118**
Q117	What have you been doing for most of the time over the last twelve (12) months? *Umekuwa ukifanya nini kwa wakati mwingi katika muda wa miezi 12 iliyopita?*	NOTHING/IDLE…… 01 LOOKING FOR WORK…… 02 GOING TO SCHOOL/STUDYING…… 03 UNABLE TO WORK DUE TO ILLNESS/DISABILITY…… 04 RETIRED…… 05 OTHER (SPECIFY)_____ 96 HOUSEHOLD/SHAMBA WORK… 06	→ **Q201** → **continue**

Q118	Do you do this work for a member of your family, for someone else, or are you self-employed? *Kazi hii unamfanyia jamaa yako, unamfanyia mtu wa kando au umejiajiri mwenyewe?*	FOR FAMILY MEMBER . . . . . 1 FOR SOMEONE ELSE . . . . . 2 SELF-EMPLOYED…… 3 →	**Q119**
KQ2	Does your employer provider health care services on site for its employees? *Muajiri wako hutoa huduma za afya huko kazini kwa ajili ya wafanyi kazi wake?*	YES . . . . . 1 NO . . . . . 2 DON'T KNOW…… 8	
KQ3	Would you access family planning/contraceptive services if your employer offered the service on site (at the work place)? *Je, utatumia huduma za mpango wa uzazi/kuzuia mimba ikiwa muajiri wako angetoa huduma hizo huko kazini?*	YES . . . . . 1 NO . . . . . 2 DON'T KNOW…… 8	
Q119	Do you usually work throughout the year, or do you work seasonally, or only once in a while? *Kwa kawaida wewe hufanya kazi mfululizo kwa mwaka mzima, ama wewe hufanya kazi kwa msimu, ama mara moja moja tu?*	THROUGHOUT THE YEAR . . . . . 1 SEASONALLY/PART OF THE YEAR …….. 2 ONCE IN A WHILE 3	
Q120	Are you paid in cash or kind for this work, or are you not paid at all? *Unalipwa kwa pesa taslimu ama kwa bidhaa au namna nyingine ama hulipwi kabisa?*	IN CASH ONLY . . . . . 1 IN CASH AND IN KIND . . . . . 2 IN KIND ONLY . . . . . 3 NOT PAID 4	

SECTION 2: REPRODUCTION			
	Questions and filters	Coding categories	Skips
Now I would like to ask you some questions about your children. Please be as honest as possible and know that your answers will not be shared with anyone else. *Sasa ningependa kukuuliza kuhusu watoto wako. Tafadhali nipe majibu ya ukweli na ujuwe kwamba majibu yako hayatajulishwa mtu mwingine.*			
Q201	Now I would like to ask about any children you have had during your life. I am interested only in the children that are biologically yours. Have you ever fathered any children with any woman? *Sasa ningependa kukuuliza kuhusu watoto wowote ambao umewahi kupata maishani mwako. Nina haja tu na wale ambao ni wewe ndiye baba yao mzazi. Je, umewahi kupata mtoto na mwanamke yeyote?*	YES……1 NO…… .2 → **Q206** DON'T KNOW…….. 8 → **Q206**	
Q202	Do you have any sons or daughters that you have fathered who are living with you now? *Una wavulana au wasichana wowote ambao wewe ndiye baba yao mzazi na wanaishi pamoja nawe kwa sasa?*	YES……1 NO…… .2	
Q203	CHECK Q202: IF "NO" ABOVE, RECORD "00" FOR BOTH SONS AND DAUGHTERS AT HOME. THEN SKIP TO Q204. IF "YES" ABOVE, ASK… How many of these sons live with you? And how many of these daughters live with you? *Ni wavulana wangapi kati ya hawa wanaoishi pamoja nawe?* *Ni wasichana wangapi kati ya hawa wanaoishi pamoja nawe?*	SONS AT HOME…….. [__|__] DAUGHTERS AT HOME…. [__|__]	
Q204	Do you have any sons or daughters that you fathered who are alive but do not live with you? *Una wavulana au wasichana ambao wewe ndiye baba yao mzazi na wako hai lakini hawaishi pamoja nawe?*	YES……1 NO…… .2	
Q205	CHECK Q204: IF "NO" ABOVE, RECORD "00" FOR BOTH SONS AND DAUGHTERS ELSEWHERE. THEN SKIP TO Q206. IF "YES" ABOVE, ASK… How many sons are alive but not living with you? And how many daughters are alive but not living with you? *Ni wavulana wangapi walio hai lakini hawaishi pamoja nawe?* *Ni wasichana wangapi walio hai lakini hawaishi pamoja nawe?*	SONS ELSEWHERE…….. [__|__] DAUGHTERS ELSEWHERE… [__|__]	
Q206	Have you ever fathered a son or a daughter who was born alive but later died? *Je, umewahi kupata mtoto mvulana au msichana ambaye alizaliwa akiwa hai lakini akaaga dunia baadaye?* IF NO, PROBE: Any baby who cried or showed signs of life but did not survive? **ULIZA***: Kuna mtoto yeyote ambaye alilia ama kuonyesha dalili zozote za uhai lakini hakuishi?*	YES……1 NO…… .2 DON'T KNOW…….. 8	
Q207	CHECK Q206: IF "NO" OR 'DON'T KNOW' ABOVE, RECORD "00" FOR BOTH SONS AND DAUGHTERS DEAD. THEN SKIP TO Q208. IF "YES" ABOVE, ASK… How many boys have died? And how many girls have died? *Ni wavulana wangapi waliaga dunia?* *Ni wasichana wangapi waliaga dunia?*	BOYS DEAD…….. [__|__] GIRLS DEAD…….. [__|__]	
Q208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN……..[__|__]	

Q209	CHECK Q208: HAS A CHILD OR CHILDREN ☐ ↓ HAS NOT HAD ANY CHILDREN ☐ → **Q214**		
Q210	How old were you when your first child was born? *Ulikua na miaka mingapi wakati mtoto wako wa kwanza alipozaliwa?* (AGE IN COMPLETED YEARS)	AGE IN YEARS……..[__|__] DON'T KNOW/REMEMBER……98	
Q211	How many years old is your youngest living child (last born)? *Mtoto wako mchanga zaidi (wa mwisho) ana umri gani?* AGE IN COMPLETED YEARS OR MONTHS; IF LESS THAN 1 YR, RECORD IN MONTHS; IF LESS THAN 1 MONTH, RECORD 00	AGE IN MONTHS…..……..1 [__|__] AGE IN YEARS……..2 [__|__] NO LIVING CHILD……..995 DON'T KNOW/REMEMBER…….998	
Q212	At the time that you fathered your youngest child (last born), did you want to have children <u>then</u>, did you want to <u>wait until later</u>, or did you not want to have any (more) children at all? *Wakati ulipopata mtoto wako mchanga zaidi (wa mwisho), ulitaka kupata mtoto wakati huo, ulitaka kungoja hadi baadaye, ama hukutaka mtoto mwingine kamwe?*	THEN……1 → **Q214** LATER……2 NOT AT ALL……..3 → **Q214**	
Q213	How much longer would you have liked to wait to have your (youngest) child? *Ni kwa muda gani zaidi ulikuwa unapendelea kungoja ili upate huyo mtoto wako wa mwisho?* IF ANSWER IS IN MONTHS & YEAR (E.G. 2 ½ YEARS), CONVERT TO MONTHS	MONTHS……..1 ☐☐ OR YEARS……..2 ☐☐ OR OTHER (SPECIFY)_____996 _____ OR DON'T KNOW…….998	

Q214	Now I would like to ask you about a woman's risk of pregnancy. *Sasa nataka kuuliza kuhusu uwezekano wa mwanamke kupata mimba* From one menstrual period to the next, are there certain days when a woman is more likely to get pregnant if she has sex? *Kati ya siku za damu ya mwezi za wakati mmoja hadi mwingine, je kuna baadhi za siku ambazo mwanamke ana uwezo zaidi wa kupata mimba akifanya ngono?*	YES…… 1 NO…… 2 → **Q216** DON'T KNOW . . . . . 8 → **Q216**	
Q215	Which days are these? Would you say that this time is just before her period begins, during her period, right after her period has ended, or halfway between two periods? *Ni siku gani hizi? Ungesema kuwa wakati huu ni kabla tu ya damu ya mwezi kuanza, wakati wa damu ya mwezi, baada tu ya damu ya mwezi kuisha, au siku za katikati ya damu ya mwezi mmoja hadi nyingine?* **SINGLE MENTION**	JUST BEFORE HER PERIOD BEGINS……..... 1 DURING HER PERIOD……... 2 RIGHT AFTER IT ENDS…… 3 HALFWAY BETWEEN TWO PERIODS…… 4 OTHER_____ 6 (SPECIFY) DON'T KNOW……... 8	
Q216	Do you think that a woman who is breastfeeding her baby can become pregnant? *Je, unafikiri kuwa mwanamke ambaye ananyonyesha mtoto anaweza kupata mimba?*	YES . . . . . 1 NO . . . . . 2 DEPENDS…… 3 DON'T KNOW . . . . . 8 → **Q301**	
Q217	What are the criteria in which breastfeeding is effective as a contraceptive method? *Ni kwa kupitia mbinu ipi ambayo kunyonyesha kwaweza kuwa njia mwafaka/kamilifu ya kuzuia kupata mimba?* Anything else? *Nini kingine?* MARK ALL THAT APPLY.	EXCLUSIVE BREASTFEEDING (NO SUPPLEMENTS)…… A EXCLUSIVE BREASTFEEDING FOR UP TO 6 MONTHS…… B MENSTRUAL PERIOD HASN'T RETURNED…… C OTHERS _____ X (SPECIFY) NONE…… Y DON'T KNOW…… Z	

SECTION 3: CONTRACEPTION

CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.

Now I would like to talk about family planning, the various ways or methods that a couple/ partners can use to delay or avoid a pregnancy.
Sasa ningependa kuongea kuhusu upangaji uzazi, njia tofauti ambazo wapenzi wanaweza kutumia ili kuchelesha au kuzuia kupata mimba.

INSTRUCTIONS: CIRCLE '1' FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE '2' FOR EACH METHOD RECOGNIZED UPON LISTENING TO DESCRIPTION. CIRCLE '3' FOR EACH METHOD NOT MENTIONED NOR RECOGNIZED.

Q301. Which ways or methods have you heard of?
Ni njia au mbinu zipi ambazo umewahi kuzisikia?

PROBE: HAVE YOU HEARD OF ANY OTHER WAYS OR METHODS THAT WOMEN OR MEN CAN USE TO AVOID PREGNANCY?
Je umewahi kusikia kuhusu mbinu au njia nyingine ambazo wanawake au wanaume wanaweza kutumia ili kuzuia kupata mamba?

FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK:
Have you ever heard of (METHOD)?
Je, umewahi kusikia kuhusu … **(NJIA)?**

		Yes, Mentioned Spontaneously	Yes, When Probed	No	Q302. Have you or your partner ever used (METHOD)? *Umewahi au mpenzi(wapenzi wako) wamewahi kutumia ... (MBINU)*
01	FEMALE STERILIZATION/ TUBAL LIGATION Women can have a simple operation to avoid having any more children. KUFUNGA UZAZI KWA WANAWAKE *Kufungwa kwa mishipa inayopitisha yai la mama. Wanawake wanaweza kufanyiwa upasuaji/opareshen kuzuia kupata watoto wengine*	1	2	3→**Next Method**	Have you ever had a partner who had an operation to avoid having any more children? *Umewahi kuwa na mpenzi ambaye amefungwa mishipa inayopitisha yai la mama ili kuzuia kupata watoto wengine?* YES…… 1 NO…… 2
02	MALE STERILIZATION/VASECTOMY Men can have a simple operation to avoid having any more children. KUFUNGWA UZAZI KWA WANAUME *Wanaume wanaweza kufanyiwa upasuaji/opareshen ndogo kuzuia kupata watoto.*	1	2	3→**Next Method**	Have you ever had an operation to avoid having any more children? *Je umewahi kufanyiwa upasuaji ili kuzuia kupata watoto?* YES…… 1 NO…… 2
03	DAILY PILL Women can take a pill every day to avoid becoming pregnant. *TEMBE ZA KILA SIKU. Wanawake wanaweza kumeza tembe kila siku kuzuia kupata mimba.*	1	2	3→**Next Method**	YES…… 1 NO…… 2
04	IUCD Women can have a loop or coil placed inside them by a health provider. *IUCD wanawake wanaweza kuwekwa COIL ndani yao na mhudumu wa afya kuzuia mimba.*	1	2	3→**Next Method**	YES…… 1 NO…… 2

Q301. Which ways or methods have you heard of? *Ni njia au mbinu zipi ambazo umewahi kuzisikia?* FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)? *Je, umewahi kusikia kuhusu* **…..(NJIA)?**					Q302. Have you or your partner ever used (METHOD)? *Umewahi au mpenzi(wapenzi wako) wamehwahi kutumia (MBINU)*
		Yes, Mentioned Spontaneous	Yes, When Probed	No	
05	INJECTABLES OR INJECTIONS Women can have an injection by a health provider that stops them from becoming pregnant for one or more months. *SINDANO, wanawake wanaweza kudungwa sindano na mhudumu wa afya kuzuia kupata mimba kwa mwezi mmoja ama zaidi.*	1	2	3→**Next Method**	YES…… 1 NO…… 2
06	IMPLANTS/NORPLANT Women can have a small rod placed in their upper arm by a health provider, which can prevent pregnancy for one to three years. NORPLANT *Wanawake wanaweza kuwekewa NORPLANT kwenye sehemu ya juu ya mkono na mhudumu wa afya kuzuia mimba kwa mwaka mmoja hadi miaka mitatu*	1	2	3→**Next Method**	YES…… 1 NO…… 2
07	MALE CONDOM Men can put a rubber sheath on their penis before sexual intercourse. *KONDOMU/MPIRA WA WANAUME. wanaume wanaweza visha mpira kwenye uume wao kabla ya kufanya ngono*	1	2	3→**Next Method**	Have you ever used a condom? *Umewahi kutumia kondomu za wanaume* YES…… 1 NO…… 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse. *KONDOMU /MPIRA WA WANAWAKE. Wanawake wanaweza visha uke wao mpira kabla ya kufanya ngono.*	1	2	3→**Next Method**	YES…… 1 NO…… 2
09	STANDARD DAYS/ SAFE DAYS/ CYCLE BEADS: Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant. *SIKU MAALUM/ SIKU SALAMA/: kila mwezi mwanamke anaweza kujizuia kufanya ngono siku zile yuko katika hali ya uwezekano zaidi wa kupata mimba*	1	2	3→**Next Method**	YES…… 1 NO…… 2
10	WITHDRAWAL Men can be careful and pull out before climax. *KUTOA UUME, wanaume wanaweza kuwa waangalifu na kuchomoa uume wao kabla ya kumwaga mbegu/kufikia kilele.*	1	2	3→**Next Method**	YES…… 1 NO…… 2
11	EMERGENCY CONTRACEPTION/MORNING AFTER PILL/ POSTINOR 2 Women can take pills up to five days after sexual intercourse to avoid becoming pregnant *EC/ TEMBE ZA DHARURA/ POSTINOR 2 wanawake wanaweza kumeza tembe ya kuzuia mimba kati ya siku ya kwanza hadi ya tano baada ya kufanya ngono.*	1	2	3→**Next Method**	YES…… 1 NO…… 2
12	LACTATIONAL AMENORRHEA (LAM) Up to 6 months after childbirth, a woman can use a method that requires that shebreastfeeds exclusively (baby does not eat other food) and that her menstrual period has not returned. *NJIA YA KUNYONYESHA PEKEE: hadi miezi sita baada ya mtoto kuzaliwa mwanamke anaweza kutumia njia inayombidi kunyonyesa pekee (bila kumlisha mtoto chakula chochote kingine) na kabla damu ya mwezi kurudi.*	1	2	3→**Q302**	YES…… 1 NO…… 2

13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy? *Je, umesikia njia au mbinu nyingine zozote ambazo mwanamke ama mwanamume anaweza kutumia ili kuzuia kupata mimba?*	YES_____ (SPECIFY) 1 NO……..…. 3		YES…….. 1 NO…….. 3
14	NOTE: IF RESPONDENT MENTIONS ABSTINENCE AS A METHOD OF FP, DO **NOT** RECORD AS A METHOD. PROBE FOR ANY OTHER METHOD KNOWN.	YES_____ (SPECIFY) 1 NO……..…. 3		YES…….. 1 NO…….. 3

Q303	CHECK 301 (KNOWLEDGE OF ANY CONTRACEPTIVE METHOD). IF 301=1 OR 2 FOR ANY METHOD ☐↓ IF 301=3 (NO) FOR ALL ☐→		Q401
Q304	**In the past one year**, from whom or where have you seen or heard about contraception and family planning? *Kwa muda wa mwaka mmoja uliopita, umeona ama kusikia kuhusu njia za kupanga uzazi kutoka wapi au kutoka kwa nani?* CIRCLE ALL RESPONSES MENTIONED. PROBE: ANY OTHER?	**MEDIA SOURCES** RADIO…… AA TV …….. AB NEWSPAPERS…… AC MAGAZINES…… AD BILLBOARDS…….. AE WALL PAINTING…… AF MOBILE PHONE/SMS…….. AG INTERNET…….. AH CINEMA…….. AI LIVE DRAMA/PUPPET SHOW……... AJ POSTER…… AK LEAFLET/BROCHURE…… AL **PUBLIC SECTOR** GOVERNMENT HOSPITAL …… . . . . BA GOVT. HEALTH CENTER . . . . . …….. BB GOVERNMENT DISPENSARY…… BC OTHER PUBLIC_____ (SPECIFY) BD **PRIVATE SECTOR** FAITH-BASED, CHURCH, MISSION HOSPITAL/CLINIC..... CA PRIVATE HOSPITAL/CLINIC..... CB NURSING/MATERNITY HOME…… CC TRADITIONAL BIRTH ATTENDANT… CD COMMUNITY MIDWIFE…… CE COMMUNITY HEALTH WORKER …. CF TRADITIONAL HEALER…….. CG PHARMACY…… CH CHEMIST/DUKA LA DAWA…….. CI **OTHER SOURCE** WORKSITE CLINIC…… DA MOBILE CLINIC . . . . . DB YOUTH CENTER…… DC VENDING MACHINE/DISPENSER.. DD VCT/CCC……... DE BAR…… DF KIOSK/SHOP/MARKET…… DG **INTERPERSONAL SOURCES** TEACHER…… EA PARENTS…… EB PARENTS-IN-LAW…….. EC SPOUSE/PARTNER……... ED SIBLINGS…… EE SISTER/BROTHER-IN-LAW…… EF FRIENDS//NEIGHBOURS…… EG GRANDPARENTS…… EH PEER EDUCATOR…… EI WOMEN'S/MEN GROUP…… EJ OTHER (SPECIFY)_____ XX HAS NOT SEEN OR HEARD IN THE LAST YEAR…… YY DON'T KNOW …….. ZZ	

Q305	CHECK 302: AT LEAST ONE "YES" (EVER USED) ☐ ↓	NOT A SINGLE "YES" (NEVER USED) ☐ → Q322	
Q306	Now I would like to ask you about the **first** time that you or your partner did something or used a method to avoid your spouse getting pregnant. How many living children did you have at that time, if any? Number of boys ? Number of Girls? *Sasa ningependa kukuuliza kuhusu mara ya **kwanza** wewe au mkeo/mpenzi wako* alipofanya/*ulipofanya kitu ama kutumia njia kuzuia mkeo/mpenzi wako kupata mimba? Kama ulikuwa na watoto waliokuwa hai wakati huo, Ulikua na watoto wangapi?* Number of boys ? Vijana ni wangapi? Number of Girls? Wasichana wangapi? IF NONE, RECORD '00'.	NUMBER OF CHILDREN . . . . ☐☐ NUMBER OF BOYS ☐☐ NUMBER OF GIRLS ☐☐	
Q307	Are you (or your partner) **currently** doing something or using any method to delay or avoid your spouse getting pregnant? *Je wewe au mkeo/mpenzi wako mnafanya lolote ama mwatumia njia yoyote **kwa wakati huu** ya kuchelewesha au kuzuia kupata mimba?*	YES……..…..…… 1 NO……. 2 → **Q322** DON'T KNOW…… 8 → **Q322**	
Q308	Which method(s) are you (or your partner) currently using? *Ni njia gani wewe au mkeo/mpenzi wako anatumia kwa sasa?* MULTIPLE METHODS – CIRCLE ALL MENTIONED PROBE: is there any other method that you are using currently? IF RESPONDENT SAYS "PILL", PROBE FURTHER TO ESTABLISH IF THEY MEAN THE "DAILY PILL" OR THE "EMERGENCY PILL" IF RESPONDENT OR SPOUSE IS EVER STERILIZED THEN RECORD UNDER MALE OR FEMALE STERLIZATION *ULIZA: kuna njia nyingine yoyote ambayo mwatumia kwa sasa?*	FEMALE STERILIZATION…….. A MALE STERILIZATION…….. B IMPLANT…….. C IUCD…….. D INJECTABLE... . . . . …… E DAILY PILL …… F EMERGENCY PILL (Postnor2, etc.)…… G MALE CONDOM . . . . . ……..... H FEMALE CONDOM . .. . . …. . . …… I SPERMICIDE/FOAM/JELLY..…….... J NATURAL METHODS (STANDARD DAYS/SAFE DAYS/ WITHDRAWAL) …… K BREASTFEEDING/LAM . . . . . L OTHER _____ X (SPECIFY)	
Q309	CHECK Q308: IF MULTIPLE METHODS MENTIONED ABOVE, CIRCLE THE HIGHEST METHOD ON THE LIST AND PROCEED WITH QUESTIONS REGARDING THIS METHOD. IF ONLY ONE METHOD IS CIRCLED ABOVE, CIRCLE THE SAME METHOD AGAIN HERE.	FEMALE STERILIZATION…….. 01 MALE STERILIZATION…….. 02 IMPLANT…….. 03 IUCD…….. 04 INJECTABLE... . . . . …… 05 DAILY PILL …… 06 EMERGENCY PILL (Postnor2, etc.)…… 07 MALE CONDOM . . . . . ……..... 08 FEMALE CONDOM . .. . . …. . . …… 09 SPERMICIDE/FOAM/JELLY..…….... 10 NATURAL METHODS (STANDARD DAYS/SAFE DAYS/ WITHDRAWAL) …… 11 BREASTFEEDING/LAM . . . . . 12 OTHER _____ 96 (SPECIFY)	

Q310	Why are you (your partner) using this method [CIRCLED IN Q309]? *Ni kwanini wewe au mkeo/mpenzi wako unatumia/anatumia njia hii [CIRCLED IN Q309]?* PROBE: Is there any other reason you are using this method? *Kuna sababu nyingine?*	TO PREVENT PREGNANCY…….… A SAFE/FEW OR NO SIDE EFFECTS… B DON'T WANT TO GET INFECTED WITH HIV OR OTHER STIs…….. C CONVENIENT TO USE…… D DISCRETE…… E AFFORDABLE…… F EASY TO OBTAIN…… G EASY TO USE…… H MANY PEOPLE USE IT…… I LIKE METHOD THAT PARTNER/YOU TAKE IT EVERY DAY…… J LIKE THAT PARTNER/ YOU DON'T HAVE TO TAKE EVERY DAY……. K HELPS YOU/PARTNER TO LOSE WEIGHT…….. L HELPS YOU/PARTNER TO GAIN WEIGHT…….. M MAKES YOUR/PARTER SKIN LOOK HEALTHIER…….. N RECOMMENDED BY PROVIDER……. O PARTNER PREFERS…… P DON'T HAVE TO WORRY ABOUT IT; PARTNER IS RESPONSIBLE FOR IT… Q OTHER _____ X	

311	Who decided which type of family planning/ birth spacing/child spacing method to use? Is it mainly your decision, mainly your partner's decision, or did you both decide together? *Ni nani aliyeamua aina ya njia ya kupanga uzazi/kuweka nafasi kati ya watoto? Je ni uamuzi wako wewe, ama ni uamuzi wa mkeo/mpenzi wako ama mliamua kwa pamoja?*	MAINLY YOURS…… 1 MAINLY PARTNER…… 2 JOINTLY…… 3 OTHER_____ 6 (SPECIFY)	

Q312	CHECK Q309: IF CIRCLED MALE CONDOM (CODE="8") ☐	IF CIRCLED MALE STERILIZATION (CODE="2") ☐ → **Q318** IF CIRCLED FEMALE STERILIZATION "1", IMPLANT "3", IUCD "4", INJECTABLE "5", DAILY PILL "6", EMERGENCY PILL "7", FEMALE CONDOM "9", SPERMICIDE "10", OR OTHER PRODUCT "96" ☐ → **Q316** IF CIRCLED NATURAL METHODS "11", LAM "12", OR OTHER NATURAL METHOD IN "96" (POSTPARTUM ABSTINENCE, ETC) ☐ → **Q329**	
Q313	From where or whom did you obtain condoms last time? *Mara ya mwisho kupata mipira ya KONDOM uliipata wapi au kutoka kwa nani ?* IF RESPONDENT GIVES NAMES OF PEOPLE/PERSON, ASK FOR THE NAME OF THE FACILITY IF APPLICABLE	NAME OF FACILITY_____ PHYSICAL LOCATION_____ _____ LANDMARK_____ _____	

Q314	What type of place/person is this? *Ni mahali gani hapo/ni mtu wa aina gani huyo?* SINGLE MENTION.	PUBLIC SECTOR GOVERNMENT HOSPITAL ……11 GOVT. HEALTH CENTER ……12 GOVERNMENT DISPENSARY ……..13 OTHER PUBLIC_____ 14 (SPECIFY) PRIVATE MEDICAL SECTOR FAITH-BASED, CHURCH, MISSION HOSPITAL/CLINIC…….....21 PRIVATE HOSPITAL/CLINIC.....22 NURSING/MATERNITY HOME……23 CHW/TBA……24 TRADITIONAL HEALER……25 PHARMACY……26 CHEMIST/DUKA LA DAWA……..27 OTHER PRIVATE _____ 28 (SPECIFY) OTHER SOURCE WORKSITE CLINIC……31 MOBILE CLINIC . . . . . ……..32 YOUTH CENTER……..33 VENDING MACHINE/DISPENSER……..34 VCT/CCC…….....35 BAR……36 KIOSK/SHOP/MARKET……..37 OTHER _____ 38 (SPECIFY) DON'T KNOW . . . . . ……..96	
Q315	How many condom **pieces** did you buy/get the last time? **KWA WANAOTUMIA MPIRA? KONDOMU:** *Ulinunua mipira/kondomu ngapi mara ya mwisho?* EXAMPLE: IF RESPONDENT BOUGHT ONE 3-PACK, WRITE "3"	NUMBER OF CONDOM PIECES ☐☐☐ DON'T KNOW……998	
Q316	What price did you (your partner) pay for this current method [CIRCLED IN Q309]? *Ni pesa ngapi wewe (mkeo/mpenzi wako) ulilipa/alilipa kwa njia hii?*[CIRCLED IN Q309]	AMOUNT (in KE Shillings) ☐☐☐☐☐ FREE……..…..00000 → **Q329** DON'T KNOW……99998 → **Q329**	
Q317	Do you think this price was cheap, fair, or expensive? *Unafikiria bei hii ilikuwa rahisi, ya sawa, au ni ghali?*	CHEAP……...1 FAIR……2 EXPENSIVE……..…..3 → **ALL SKIP Q329**	
Q318	FOR A MAN WHO HAS BEEN STERILIZED, In what month and year was the vasectomy performed? **KWA MWANAMUME ALIYEFUNGWA UZAZI.** *Ni mwezi na mwaka gani ulipo fungwa uzazi?* How many children did you have at that time? Number of sons? Number of daughters? *Ulikuwa na watoto wangapi wakati huo?* *Wavulana wangapi? Wasichana wangapi?*	MONTH…….[__|__] DON'T KNOW MONTH……..98 YEAR…….[__|__][__|__] DON'T KNOW YEAR……..9998 NUMBER OF CHILDREN……..[__|__] SONS …….. [__|__] DAUGHTERS …… ……[__|__]	
Q319	Where was the vasectomy done? What type of facility was this? *Ulifungwa uzazi wapi?* *Palikuwa ni kituo cha aina gani?*	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . 11 GOVT. HEALTH CENTER . . . . . 12 GOVERNMENT DISPENSARY . . 13 OTHER PUBLIC_____ 14 (SPECIFY) PRIVATE MEDICAL SECTOR FAITH-BASED, CHURCH, MISSION HOSPITAL/CLINIC…….... 21 PRIVATE HOSPITAL/CLINIC..... 22 NURSING/MATERNITY HOME…… 23 OTHER PRIVATE _____ 24 (SPECIFY) OTHER SOURCE WORKSITE CLINIC…… 31 MOBILE CLINIC . . . . . 32 YOUTH CENTER…… 33 OTHER _____ 34 (SPECIFY) DON'T KNOW . . . . . ……. . . 98	

Q320	What price did you pay for the vasectomy? *Ulilipa pesa ngapi kwa shughuli hiyo ya kufungwa uzazi?*	AMOUNT (in KE Shillings) ☐☐☐☐☐ FREE……00000 → **Q329** DON'T KNOW……99998 → **Q329**	
Q321	Do you think this price was cheap, fair, or expensive? *Unafikiria bei hii ni rahisi, ni ya sawa, au ni ghali?*	CHEAP……..... 1 FAIR…… 2 EXPENSIVE…… 3	**All skip to Q329**

Q322	What are the main reasons why you are not **currently** using a method of family planning/ birth spacing/child spacing to delay or avoid pregnancy? *Ni sababu gani haswa zinazofanya usitumie **kwa sasa** njia ya kupanga uzazi/kuweka nafasi kati ya watoto/kuchelewesha au kuzuia mimba?* CIRCLE ALL MENTIONED. PROBE: Any other? ULIZA : *Gani ingine* RECORD THE ANSWERS IN ORDER OF RESPONSE BY WRITING THE LETTER CODE(S) OF THE REASON(S) IN THE BOX(ES) ON THE RIGHT. WRITE "Z" IF THE RESPONDENT DOES NOT KNOW A 1ST, 2ND, OR 3RD REASON.	FERTILITY RELATED REASONS: A. INFREQUENT SEX/NO SEX B. AWAY FROM SPOUSE C. PARTNER IS ALREADY PREGNANT D. PARTNER IS BREASTFEEDING E. WANTS MORE CHILDREN/TRYING TO GET PREGNANT F. PARTNER IS MENOPAUSAL/ HYSTERECTOMY → **Q329** G. PARTNER/YOU CAN'T HAVE (MORE) CHILDREN → **Q329** OPPOSITION TO USE: H. RESPONDENT OPPOSES I. PARTNER OPPOSES J. OTHERS OPPOSE K. RELIGIOUS PROHIBITION LACK OF KNOWLEDGE: L. DOESN'T KNOW WHICH METHOD TO USE M. DON'T KNOW HOW TO USE METHOD N. KNOWS NO SOURCE METHOD-RELATED REASONS: O. HEALTH CONCERNS FOR SELF/PARTNER P. FEAR OF SIDE EFFECTS Q. LACK OF ACCESS/TOO FAR R. COSTS TOO MUCH S. INCONVENIENT TO USE T. DON'T LIKE EXISTING METHODS U. BAD EXPERIENCE WITH EXISTING METHODS FATALISTIC: V. UP TO GOD OTHER: W. OTHER _____ X. OTHER _____ Y. OTHER _____ Z. DON'T KNOW	☐ 1ST MENTION ☐ 2ND MENTION ☐ 3RD MENTION

Q323	Do you or your partner intend to use a method to delay or avoid pregnancy within the next twelve (12) months? *Je wewe ama mkeo/mpenzi wako mnanuia kutumia njia ya kuchelewesha ama kuzuia kupata mimba kwa miezi 12 ijayo?*	YES . . . . . 1 NO . . . . . 2 → **Q329** DON'T KNOW . . . . . 8 → **Q329**	
Q324	What method would you prefer MOST to use, if you do use a method in the future? *Ni njia gani ungependelea kutumia SANA iwapo utatumia njia yoyote katika siku zijazo?* SINGLE MENTION IF RESPONDENT SAYS "PILL", PROBE FURTHER TO ESTABLISH IF THEY MEAN THE "DAILY PILL" OR THE "EMERGENCY PILL"	FEMALE STERILIZATION….. …… 01 MALE STERILIZATION. . . . …….. 02 IMPLANT . . . . . 03 IUCD……... . . . . 04 INJECTABLES . . . . . 05 DAILY PILL …… 06 EMERGENCY PILL (Postnor2, etc.)…… 07 MALE CONDOM . . . . . 08 FEMALE CONDOM . .. . . …. . . …… 09 SPERMICIDE/FOAM/JELLY..…….... 10 NATURAL METHODS (STANDARD DAYS/SAFE DAYS/ WITHDRAWAL) …… 11 → **Q329** BREASTFEEDING/LAM . . . . . 12 → **Q329** OTHER _____ (SPECIFY) 96 DON'T KNOW…… 98 → **Q329**	

Q325	Do you know of a place where or person from whom you can obtain this method? *Unajua mahali ambapo unawezapata au unajua mtu yeyote ambaye anaweza kukupatia njia hii ya kupanga uzazi?*	YES……. 1 NO……. 2 →	**Q327**
Q326	Which is this place or person where/from whom you think you can obtain or purchase this method? *Ni wapi huko au ni nani huyo ambaye unafikiri anaweza kukupa/unaweza nunua njia hii ya kupanga uzazi?* SINGLE RESPONSE.	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . 11 GOVT. HEALTH CENTER . . . . . 12 GOVERNMENT DISPENSARY . . 13 OTHER PUBLIC_____ 14 (SPECIFY) PRIVATE MEDICAL SECTOR FAITH-BASED, CHURCH, MISSION HOSPITAL/CLINIC……..... 21 PRIVATE HOSPITAL/CLINIC..... 22 NURSING/MATERNITY HOME…… 23 CHW…… 24 TBA…….. 25 TRADITIONAL HEALER……. 26 PHARMACY…… 27 CHEMIST/DUKA LA DAWA……... 28 OTHER PRIVATE _____ 29 (SPECIFY) OTHER SOURCE WORKSITE CLINIC…… 31 MOBILE CLINIC . . . . . 32 YOUTH CENTER…… 33 VENDING MACHINE/DISPENSER.. 34 VCT/CCC……..... 35 BAR…… 36 KIOSK/SHOP/MARKET…… 37 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
Q327	Would you be willing to pay for this method? *Utakua tayari kuilipia njia hii?*	YES . . . . . 1 NO . . . . . 2 → **Q329** DON'T KNOW…….. ……. 8 → **Q329**	
Q328	How much are you willing to pay? *Ni bei gani ambayo ungekua tayari kulipa?*	AMOUNT (in KE Shillings)	

Q329	CHECK Q301: HAS HEARD OF *(07)* MALE CONDOMS (code=1 or 2) ↓	HAS NEVER HEARD OF *(07)* MALE CONDOMS (code = 3) →	**Q336**
Q330	Is it easy to get condoms when you need them? *Je, ni rahisi kupata mipira/kondomu wakati unapozihitaji?*	YES……. 1 NO…….. 2 DON'T KNOW…..... 8	
Q331	Have you ever recommended the condom for family planning/contraception to your friends and relatives? *Umewahi kupendekeza mpira/kondomu kwa kutumika kama njia ya kupanga uzazi kwa marafiki au jamaa zako?*	YES……. 1 NO…….. 2	
Q332	If a male condom is used correctly, do you think that it protects against pregnancy most of the time, only sometimes, or not at all? *Ikiwa mpira wa wanaume utatumika kwa njia inayofaa, unadhani inaweza kuzuia kupata mimba wakati mwingi, wakati mchache tu, ama haiwezi kamwe?*	MOST OF THE TIME . . . . . 1 SOMETIMES . . . . . 2 NOT AT ALL . . . . . 3 DON'T KNOW/UNSURE 8	
Q333	Do you think using a male condom reduces a woman's sexual pleasure? *Je, unafikiri matumizi ya mpira (kondomu) ya wanaume hupunguza utamu wa ngono kwa mwanamke?*	YES……. 1 NO……. 2 DON'T KNOW 8	
Q334	Do you think using a male condom reduces a man's sexual pleasure? *Unafikiri matumizi ya mpira (kondomu) hupunguza utamu wa ngono kwa mwanamume?*	YES……. 1 NO……. 2 DON'T KNOW 8	

Q335	Do you think using a male condom is a sign of cheating? *Unafikiri matumizi ya mpira (kondomu) ya wanaume ni ishara ya kwamba mtu si mwaminifu?*	YES…… 1 NO…… 2 DON'T KNOW 8	

Beliefs					
Please tell me how you would agree or disagree with the following statements. If you say you disagree, I will ask you to tell me if you strongly disagree or just disagree. If you say you agree, I will ask you to tell me if you strongly agree or just agree. *Tafadhali niambie vile ungekubaliana au hungekubaliana na sentensi zifuatazo. Ukikubaliana nazo nitakuuliza kama wakubaliana nazo kabisa au kiasi tu. Ikiwa hukubaliani nazo nitakuuliza kama hukubaliani nazo kabisa au kiasi tu.*		**Strongly Agree** *Nakubaliana kabisa*	**Agree** *Nakubaliana*	**Disagree** *Sikubaliani*	**Strongly disagree** *Sikubaliani kabisa*
Q336	Use of a contraceptive injection can make a woman permanently infertile. *Matumizi ya sindano ya kupanga uzazi yanaweza kumfanya mwanamke asiweze kupata mimba tena.*	4	3	2	1
Q337	People who use contraception end up with health problems. *Watu ambao hutumia njia za kupanga uzazi, mwishowe huwa na matatizo ya kiafya.*	4	3	2	1
Q338	Contraceptives reduce women's sexual urge. *Njia za kupanga uzazi hupunguzia mwanamke hamu ya kufanya mapenzi.*	4	3	2	1
Q339	Contraceptives can cause cancer. *Njia za kupanga uzazi zinaweza kuleta ugonjwa wa saratani/cancer.*	4	3	2	1
Q340	Contraceptives can give you deformed babies. *Njia za kupanga uzazi zinaweza kukufanya upate watoto walemavu.*	4	3	2	1
Q341	Contraceptive are dangerous to women's health. *Njia za kupanga uzazi ni hatari kwa afya ya wanawake.*	4	3	2	1
Q342	Family planning/contraception is women's business and a man should not have to worry about it. *Kupanga uzazi/kuzuia mimba ni shughuli za wanawake, na mwanamume hafai kushughulika nazo.*	4	3	2	1
Q343	Women who use family planning/contraception may become promiscuous. *Wanawake ambao wanatumia njia za kupanga uzazi/kuzuia mimba wanaweza kuwa Malaya.*	4	3	2	1

SECTION 4: SEXUAL ACTIVITY AND MARRIAGE

	Questions and filters	Coding categories	Skips
Q401	Now I would like to ask you some questions about your marriage and relationships. Remember that your responses will be kept confidential. How old were you when you had sexual intercourse for the very first time? *Sasa ningetaka kukuuliza kuhusu hali yako ya ndoa na uhusiano wa kimapenzi.* *Ulikuwa na umri gani ulipofanya ngono kwa mara ya kwanza?*	AGE……. ☐☐ NEVER HAD SEXUAL INTERCOURSE……00 →	**Q415**
Q402	The **first** time you had sexual intercourse; did you or your partner use a contraceptive method to avoid pregnancy? *Wakati ulipofanya ngono kwa mara ya kwanza, je wewe ama mpenzi wako mlitumia njia yoyote ya kuzuia kupata mimba?*	YES…… 1 NO…… 2 → **Q404** CAN'T REMEMBER…… 8 → **Q404**	
Q403	Which method(s) was used? *Ni njia gani iliotumika?* CIRCLE ALL MENTIONED IF RESPONDENT SAYS "PILL", PROBE FURTHER TO ESTABLISH IF THEY MEAN THE "DAILY PILL" OR THE "EMERGENCY PILL"	FEMALE STERILIZATION…….. A MALE STERILIZATION…….. B IMPLANT…….. C IUCD…….. D INJECTABLE... . . . . . E DAILY PILL …… F EMERGENCY PILL (Postnor2, etc.)…… G MALE CONDOM . . . . . H FEMALE CONDOM . .. . . … I SPERMICIDE/FOAM/JELLY…….. J NATURAL METHODS (STANDARD DAYS/SAFE DAYS/ WITHDRAWAL) …… K BREASTFEEDING/LAM . . . . . L OTHER _____ X (SPECIFY)	
Q404	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to a question that you don't want to answer, just let me know and we will go to the next question. *Sasa ningetaka kukuuliza kuhusu shughuli zako za ngono za hivi karibuni. Nakuhakikishia tena kuwa majibu yako ni ya siri na sitamwambia yeyote. Kama tukifikia swali ambalo hutaki kulijibu, nieleze niliwache na niende kwenye swali litakalofuata*		
Q405	When was the last time you had sexual intercourse? *Ni lini ulifanya ngono mara ya mwisho ?* IF 12 MONTHS OR LESS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF MORE THAN 12 MONTHS ANSWER MUST BE RECORDED IN YEARS. WHEN LESS THAN A DAY, RECORD "00" DAYS.	DAYS AGO……1 [__|__] OR WEEKS AGO……2 [__|__] OR MONTHS AGO…… 3 [__|__] OR YEARS AGO……4 [__|__] → **Q415**	

I**NSTRUCTIONS**: ASK QUESTION Q407, THEN QUESTION Q408, Q409 Q410, Q411, Q412, AND Q413 FOR THE LAST SEXUAL PARTNER BEFORE MOVING ON TO THE SECOND MOST RECENT SEXUAL PARTNER.				
		LAST SEXUAL PARTNER	SECOND MOST RECENT SEXUAL PARTNER	THIRD MOST RECENT SEXUAL PARTNER
Q406	When was the last time you had sexual intercourse with this person? *Ni lini mara ya mwisho umefanya ngono na mtu huyu?*		DAYS ……..1 [__|__] WEEKS ……2 [__|__] MONTHS …… 3 [__|__]	DAYS ……..1 [__|__] WEEKS ……2 [__|__] MONTHS …… 3 [__|__]
Q407	The last time you had sexual intercourse with this (second/third) person, did you or she do something or use any method to avoid a pregnancy? *Mara ya mwisho ulipofanya ngono na mtu (wa pili/tatu), je yeye ama wewe mulitumia njia yoyote ya kuzuia kupata mimba?*	YES..... 1 NO..... 2 → **Q411** UNSURE/DON'T KNOW..... 8 →**Q411**	YES..... 1 NO..... 2 → **Q411** UNSURE/DON'T KNOW..... 8 →**Q411**	YES..... 1 NO..... 2 → **Q411** UNSURE/DON'T KNOW..... 8 →**Q411**
Q408	What method(s) were used? CIRCLE ALL THAT APPLY IF RESPONDENT SAYS "PILL", PROBE FURTHER TO ESTABLISH IF THEY MEAN THE "DAILY PILL" OR THE "EMERGENCY PILL" *Njia gani ilitumika/zilitumika?*	FEMALE STERILIZATION..A MALE STERILIZATION……B IMPLANT……C IUCD…..……D INJECTABLE... . . . . ….E DAILY PILL ……..F EMERGENCY PILL (Postnor2, etc.)……G MALE CONDOM . . . . . .H FEMALE CONDOM . .. .I SPERMICIDE/JELLY……J NATURAL METHODS (STANDARD DAYS/SAFE DAYS/WITHDRAWAL)...K BREASTFEEDING/LAM…..L OTHER _____X (SPECIFY)	FEMALE STERILIZATION..A MALE STERILIZATION……B IMPLANT……C IUCD…..……D INJECTABLE... . . . . ….E DAILY PILL ……..F EMERGENCY PILL (Postnor2, etc.)……G MALE CONDOM . . . . . .H FEMALE CONDOM . .. .I SPERMICIDE/JELLY……J NATURAL METHODS (STANDARD DAYS/SAFE DAYS/WITHDRAWAL)...K BREASTFEEDING/LAM…..L OTHER _____X (SPECIFY)	FEMALE STERILIZATION..A MALE STERILIZATION……B IMPLANT……C IUCD…..……D INJECTABLE... . . . . ….E DAILY PILL ……..F EMERGENCY PILL (Postnor2, etc.)……G MALE CONDOM . . . . . .H FEMALE CONDOM . .. .I SPERMICIDE/JELLY……J NATURAL METHODS (STANDARD DAYS/SAFE DAYS/WITHDRAWAL)...K BREASTFEEDING/LAM…..L OTHER _____X (SPECIFY)

Q409		**CHECK Q408:** METHOD USED OTHER THAN CONDOM → **Q412** MALE OR FEMALE CONDOM (CODE=H OR I) WERE USED A LAST SEX	**CHECK Q408:** METHOD USED OTHER THAN CONDOM → **Q412** MALE OR FEMALE CONDOM (CODE=H OR I) WERE USED A LAST SEX	**CHECK Q408:** METHOD USED OTHER THAN CONDOM → **Q412** MALE OR FEMALE CONDOM (CODE=H OR I) WERE USED A LAST SEX	
Q410	USED A CONDOM AT LAST SEX: What was the main reason you used a condom on that occasion? *Ni sababu gani kuu ilikufanya utumie mpira/kondomu wakati huo?*	PREVENT DISEASE……..1 PREVENT PREGNANCY.....2 PREVENT BOTH STI/HIV AND PREGNANCY.....3 DO NOT TRUST PARTNER..4 PARTNER REQUESTED/ INSISTED.....5 OTHER _____6 (SPECIFY) **ALL SKIP TO Q412**	PREVENT DISEASE……..1 PREVENT PREGNANCY.....2 PREVENT BOTH STI/HIV AND PREGNANCY.....3 DO NOT TRUST PARTNER..4 PARTNER REQUESTED/ INSISTED.....5 OTHER _____6 (SPECIFY) **ALL SKIP TO Q412**	PREVENT DISEASE……1 PREVENT PREGNANCY....2 PREVENT BOTH STI/HIV AND PREGNANCY.....3 DO NOT TRUST PARTNER.4 PARTNER REQUESTED / INSISTED.....5 OTHER _____6 (SPECIFY) **ALL SKIP TO Q412**	

Q411	What is the main reason a method was not used (OR DON'T KNOW IF USED)? *Ni sababu gani kuu njia yoyote haikutumika.* **[AMA HUJUI KAMA ILITUMIKA]**	CASUAL PARTNER, DOESN'T CARE….. 11 CONTRACEPTION IS WOMEN'S BUSINESS…… 12 WOMAN IS MENOPAUSAL……..21 COUPLE INFERTILE/ SUB-FERTILE..... 22 WOMAN WAS PREGNANT..... 23 WOMAN WAS NOT HAVING PERIOD..... 24 WOMAN WAS BREASTFEEDING ... 25 WANTED (MORE) CHILDREN ..... 26 RESPONDENT OPPOSED…….. 31 WOMAN OPPOSED .....32 OTHERS OPPOSED..... 33 RELIGIOUS PROHIBITION…….34 KNOWS NO METHOD...41 KNOWS NO SOURCE.. 42 HEALTH CONCERNS ...51 FEAR OF SIDE EFFECTS…….. 52 LACK OF ACCESS/ TOO FAR..... 53 COST TOO MUCH..... 54 INCONVENIENT TO USE..... 55 INTERFERES WITH BODY'S NORMAL PROCESSES ……. 56 DON'T USE WITH REGULAR PARTNER/ TRUST PARTNER.....61 REGULAR PARTNER WOULD BECOME SUSPICIOUS……62 OTHER_____96 (SPECIFY) DOES NOT KNOW 98	CASUAL PARTNER, DOESN'T CARE….. 11 CONTRACEPTION IS WOMEN'S BUSINESS…… 12 WOMAN IS MENOPAUSAL……..21 COUPLE INFERTILE/ SUB-FERTILE..... 22 WOMAN WAS PREGNANT..... 23 WOMAN WAS NOT HAVING PERIOD.. 24 WOMAN WAS BREASTFEEDING ... 25 WANTED (MORE) CHILDREN ..... 26 RESPONDENT OPPOSED…….. 31 WOMAN OPPOSED .....32 OTHERS OPPOSED..... 33 RELIGIOUS PROHIBITION…….34 KNOWS NO METHOD...41 KNOWS NO SOURCE.. 42 HEALTH CONCERNS ...51 FEAR OF SIDE EFFECTS…….. 52 LACK OF ACCESS/ TOO FAR..... 53 COST TOO MUCH..... 54 INCONVENIENT TO USE..... 55 INTERFERES WITH BODY'S NORMAL PROCESSES ……. 56 DON'T USE WITH REGULAR PARTNER/ TRUST PARTNER.....61 REGULAR PARTNER WOULD BECOME SUSPICIOUS……62 OTHER_____..96 (SPECIFY) DOES NOT KNOW 98	CASUAL PARTNER, DOESN'T CARE….. 11 CONTRACEPTION IS WOMEN'S BUSINESS…… 12 WOMAN IS MENOPAUSAL……..21 COUPLE INFERTILE/ SUB-FERTILE..... 22 WOMAN WAS PREGNANT..... 23 WOMAN WAS NOT HAVING PERIOD.. 24 WOMAN WAS BREASTFEEDING ... 25 WANTED (MORE) CHILDREN ..... 26 RESPONDENT OPPOSED…….. 31 WOMAN OPPOSED .....32 OTHERS OPPOSED..... 33 RELIGIOUS PROHIBITION…….34 KNOWS NO METHOD...41 KNOWS NO SOURCE.. 42 HEALTH CONCERNS ...51 FEAR OF SIDE EFFECTS…….. 52 LACK OF ACCESS/ TOO FAR..... 53 COST TOO MUCH..... 54 INCONVENIENT TO USE..... 55 INTERFERES WITH BODY'S NORMAL PROCESSES ……. 56 DON'T USE WITH REGULAR PARTNER/ TRUST PARTNER.....61 REGULAR PARTNER WOULD BECOME SUSPICIOUS……62 OTHER_____..96 (SPECIFY) DOES NOT KNOW 98	
Q412	What is your relationship to the woman? *Una uhusiano gani na mwanamke huyo?* IF WOMAN IS "GIRLFRIEND" , "FIANCÉE", OR ''LOVER''' ASK: Is this somebody you are currently living with IF YES, RECORD '02'. IF NO, RECORD '03', '04' OR '05' **IKIWA MWANAMKE NI "MPENZI" AU "MCHUMBA"** *Je unaishi na huyu mtu kwa sasa?*	WIFE.....01 PARTNER YOU LIVE WITH AS IF MARRIED ...02 FIANCÉE……03 LOVER…….....04 GIRLFRIEND……..05 OTHER FRIEND .....06 CASUAL PARTNER ……..07 COMMERCIAL SEX WORKER ....08 EX-GIRLFRIEND……....09 EX-WIFE……10 OTHER _____96 (SPECIFY)	WIFE.....01 PARTNER YOU LIVE WITH AS IF MARRIED ...02 FIANCÉE……03 LOVER…….....04 GIRLFRIEND……..05 OTHER FRIEND .....06 CASUAL PARTNER ……..07 COMMERCIAL SEX WORKER ....08 EX-GIRLFRIEND……....09 EX-WIFE……10 OTHER _____96 (SPECIFY)	WIFE.....01 PARTNER YOU LIVE WITH AS IF MARRIED ...02 FIANCÉE……03 LOVER…….....04 GIRLFRIEND……..05 OTHER FRIEND .....06 CASUAL PARTNER ……..07 COMMERCIAL SEX WORKER ....08 EX-GIRLFRIEND……....09 EX-WIFE……10 OTHER _____96 (SPECIFY)	

Q413	For how long have you had (or did you have) a sexual relationship with this woman? *Ni kwa muda gani umekuwa (ama ulikuwa) na uhusiano na mwanamke huyu?* IF ONLY HAD SEX WITH THIS WOMAN ONCE, WRITE '01' DAYS.	DAYS ……..1 [__|__] WEEKS ……2 [__|__] MONTHS …..... 3 [__|__] YEARS ……4 [__|__]	DAYS ……..1 [__|__] WEEKS ……2 [__|__] MONTHS …..... 3 [__|__] YEARS ……4 [__|__]	DAYS ……..1 [__|__] WEEKS ……2 [__|__] MONTHS …..... 3 [__|__] YEARS ……4 [__|__]	
Q413b	Apart from this person, have you had sexual intercourse with any other person in the last 12 months? *Mbali na huyu, je umefanya ngono na mwanamke mwingine katika muda wa miezi 12 iliyopita?* YES…1 -> Go back to Q406 NO….2 -> skip to Q414		Apart from these two people, have you had sexual intercourse with any other person in the last 12 months? *Mbali na hawa wawili, je umefanya ngono na mwanamke mwingine katika muda wa miezi 12 iliyopita?* YES…1 -> Go back to Q406 NO….2 -> skip to Q414		

Q414	In total, with how many women have you had sex in the last twelve (12) months? *Kwa muda wa miezi 12 iliyopita, umefanya ngono na wanawake wangapi?*	IF MORE THAN 95, WRITE 95	NUMBER OF PARTNERS…..[__|__]	
Now I would like to ask you some questions about marriage. Remember that your responses will be kept confidential. *Sasa ningependa nikuulize maswali kuhusu Ndoa. Kumbuka majibu yote yatawekwa siri.*				
Q415	Have you ever been married or lived together with a woman as if married? *Umewahi kuoa ama kuishi na mwanamke kama mliyeoana?*	YES, EVER MARRIED……..… 1 YES, LIVED WITH A WOMAN…… 2 NO…… …… 3 →		**Q501**
Q416	What is your marital status now? Are you currently married or living with a woman as if married, widowed, divorced, or separated? *Hali yako ya ndoa iko vipi kwa sasa? Hivi sasa umeoa ama unaishi na mwanamke kama muliyeoana, u-mjane, umetalakiana au kutengana na mkeo?*	CURRENTLY MARRIED…… 1 LIVING WITH WOMAN AS IF MARRIED…… 2 WIDOWED…… 3 DIVORCED…… 4 SEPARATED…… 5 →		**Q420**
Q417	Is your wife/partner living with you now, or is she staying elsewhere? *Je, mkeo/mpenzi wako anaishi na wewe pamoja ama anaishi mahali pengine?*	LIVING WITH YOU…….…….. 1 STAYING ELSEWHERE …….... 2		
Q418	Do you have more than one wife or woman you live with as if married? *Una wake zaidi ya mmoja ama wanawake unaoshi nao kama muliyeoana?*	YES……1 NO……2 →		**Q420**
Q419	Altogether, how many wives do you have or other partners do you live with as if married? *Kwa jumla, una wake wangapi ama una wanawake wangapi ambao unaishi nao kama muliyeoana?*	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS [__|__]		
Q420	Have you been married or lived with a woman as if married only once or more than once? *Je umewahi kuoa au kuishi na mwanamke kama mliyeoana mara moja tu ama zaidi ya mara moja?*	ONLY ONCE…… 1 MORE THAN ONCE…… 2		

Q421	CHECK Q420: MARRIED/ LIVED WITH A WOMAN ONLY ONCE ☐→ In what month and year did you start living with your wife/partner? *Ni mwezi na mwaka gani ulipoanza kuishi na mke/mpenzi wako?* MARRIED/LIVED WITH MORE THAN ONE WOMAN ☐→ Now I would like to ask about when you started living with your first wife/partner. In what month and year was that? *Sasa ningetaka kukuuliza kuhusu ni lini ulipoanza kuishi na mke wako wa kwanza. Ni mwaka gani na mwezi gani?*	MONTH……☐☐ DON'T KNOW MONTH……98 YEARS……☐☐☐☐ DON'T KNOW YEAR……..9998	

SECTION 5: FERTILITY PREFERENCES

	Questions and filters	Coding categories	Skip to
Q501	CHECK Q415, Q416, AND Q418= MARITAL STATUS CURRENTLY MARRIED/ LIVING TOGETHER (Q416=1 OR 2) ☐↓ NOT IN A UNION (Q415=3 OR Q416=3, 4, OR 5) ☐→		**Q504**
Q502	CHECK Q302 (EVER USED MALE STERILIZATION) MAN IS **NOT** STERILIZED ☐↓ MAN IS STERILIZED ☐→		**Q505B**
Q503	Is your wife (partner)/Are any of your wives (partners) currently pregnant? *Je, mkeo (mpenzi /wapenzi/wake zako) ni mjamzito/wajawazito kwa wakati huu?*	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/UNSURE. 8	
Q504	CHECK Q501 AND Q503: NO WIFE/PARTNER(S) OR WIFE IS NOT PREGNANT OR UNSURE ☐↓ Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? *Sasa niko na mswali kuhusu siku za baadaye. Ungetaka kupata mtoto mwingine au hungependelea kupata mtoto tena?* WIFE (WIVES/PARTNERS) PREGNANT ☐↓ Now i have some questions about the future. After the birth of the child you are expecting now, would you like to have another child, or would you prefer not to have any more children? *Sasa nina maswali kuhusu siku za baadaye. Baada ya kuzaliwa kwa mtoto unayemtarajia sasa, ungependa kupata mtoto mwingine ama hungependelea kupata mtoto tena?*	HAVE (A/ANOTHER) CHILD…… 1 → **continue** NO MORE/NONE . . . . . 2 WIFE/WIVES ALL INFERTILE/STERILIZED…….. 3 RESPONDENT IS INFERTILE… 4 UNDECIDED/DON'T KNOW…… 8 → **Q506**	
Q505	CHECK Q503: NO WIFE/PARTNER(S) OR WIFE IS NOT PREGNANT OR UNSURE ☐↓ How long would you like to wait from now before having (a/another) child? *Ungependa kungoja muda gani kutoka sasa kabla ya kupata mtoto/mtoto mwigine?* WIFE (WIVES/PARTNERS) PREGNANT ☐↓ After the birth of the child you are expecting now, how long would you like to wait before having another child? *Baada ya kuzaliwa kwa mtoto unayemtarajia sasa, ungetaka kungoja muda gani kabla ya kupata mtoto mwingine?*	MONTHS . . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐ *(IF RESPONSE IS IN MONTHS AND YEARS E.G 2.5 YEARS, CONVERT INTO MONTHS E.G 1.5 YRS TO 18MONTHS)* SOON/NOW . . . . . .993 SAYS WIFE/PARTNER CAN'T GET PREGNANT……994 AFTER YOU GET MARRIED……995 → **Q508** OTHER _____ 996 (SPECIFY) DON'T KNOW 998	

Q505B	CHECK Q416 Q415, AND Q418= MARITAL STATUS CURRENTLY MARRIED LIVING TOGETHER (Q416=1 OR 2) ☐↓	NOT IN A UNION (Q415=3 OR Q416=3, 4 OR 5) ☐→	**Q508**
Q506	How many children do you think your wife/partner (all your wives together), would want in life? *Ni watoto wangapi unafikiria mke/mpenzi wako (wake zako/wapenzi wako) wote pamoja wangeka kupata maishani?* IF NONE ENTRER 00 IF DON'T KNOW ENTER 98	[__|__] DON'T KNOW……98	

Q507	Would you say……..That you would want, same number of children, a higher number of children, or fewer children than desired by your wife/partner (wives) all together? *Je, ungesema…..kuwa ungetaka, idadi sawa ya watoto, watoto wachache, ama idadi kuu ya watoto kuliko idadi ile mkeo/mpenzi wako/wake zako/wapenzi wako wangetaka?*	SAME NUMBER OF CHILDREN……1 HIGHER NUMBER OF CHILDREN…...2 FEWER NUMBER OF CHILDREN……3 DON'T KNOW……8	
Q508	CHECK Q202 & Q204: PROBE FOR A NUMERIC RESPONSE. HAS LIVING CHILDREN ☐↓ If you could go back to the time you did not have any children and could have exactly the number of children you wanted to have in your whole life, how many would that be? *Kama ungerudi hapo awali wakati hukuwa na mtoto na ugeweza kuamua idadi kamili ya watoto uliotaka kupata maishani mwako, wangekuwa wangapi?* NO LIVING CHILDREN ☐↓ If you could have exactly the number of children you wanted to have in your whole life, how many would that be? *Kama ungekuwa na watoto idadi kamili unayotaka maishani mwako wangekuwa wangapi?*	NONE . . . . . .00 →	**Q510**
		NUMBER . . . . . ☐☐	
		OTHER _____ 96 → (SPECIFY)	**Q510**

Q509	Of this number, how many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter? *Kati ya hawa watoto, ni wangapi ungetaka wawe wavulana, na ni wangapi ungetaka wawe wasichana, na ni wangapi ungetaka bila kujali jinsia yao?*	BOYS GIRLS EITHER NUMBER ☐☐ ☐☐ ☐☐ OTHER _____ 96 (SPECIFY)	
Q510	Would you be willing to use family planning/contraception in order to have only this number of children? *Je, ungekua tayari kutumia njia ya kupanga uzazi/kuzuia mimba ili kupata idadi kamili ya watoto unayotaka.*	YES……..1 NO……2	

Now, I would like to ask you a few questions about having children and births. *Sasa ningetaka kukuuliza maswali kadhaa kuhusu kupata watoto na kujifungua/kuzaa.*			
Q511	In your opinion, how long should a couple wait to have their first child? *Kwa maoni yako, ni muda upi wazazi wanafaa kungoja kabla ya kupata mtoto wao kwanza?*	IMMEDIATELY…… 1 LESS THAN ONE YEAR……. 2 1 YR OR MORE BUT LESS THAN 2 YRS…… 3 2 OR MORE YEARS……. 4 OTHER _____ 6 (SPECIFY) DON'T KNOW…… 8	
Q512	In your opinion, what should be the ideal age in years for a woman to get her first child/ pregnancy? *Kwa maoni yako ni vizuri mwanamke awe na miaka mingapi kabla ya kupata mtoto/mimba ya kwanza?*	AGE IN YEARS……[__|__] DON'T KNOW……98	

Q513	In your opinion, what should be the ideal age in years for a man to father his first child? *Kwa maoni yako ni vizuri mwanamme awe na miaka mingapi kabla ya kupata mtoto/mimba ya kwanza?*	AGE IN YEARS……[__|__] DON'T KNOW……98	
Q514	In your opinion, what should be the ideal age gap between two children? IF RESPONSE IS IN MONTHS AND YEARS E.G 2.5 YEARS, CONVERT INTO MONTHS *Kwa maoni yako kunafaa kuwe na muda gani kati ya mtoto mmoja ha di mwingine?*	MONTHS……1 [__|__] OR YEARS……2 [__|__] DON'T KNOW……998	

Q515	What are the impacts on the mother if she uses a method of family planning? *Kuna athari/matokeo gani kwa mama ikiwa atatumia njia za kupanga uzazi?* PROBE: ANY OTHER REASONS? DO NOT READ ANSWERS CIRCLE ALL MENTIONED.	NONE……. EASY TO SPACE PREGNANCIES/CHILDREN.. BETTER NUTRITIONAL STATUS…….. LOWER INCIDENCE OF ANEMIA…….. LESS PREGNANCY COMPLICATIONS…….. AVOID STIS/HIV…….. REDUCE UNWANTED PREGNANCIES…….. BETTER HEALTH…….. SPOUSAL HARMONY/MARITAL HAPPINESS... FEWER CHILDREN TO EDUCATE……... SHE HAS MORE FREE TIME…….. FAMILY HAS MORE MONEY…….. PEACE OF MIND…….. PARTNER/SPOUSAL DISCORD…….. FAMILY /PARENT DISCORD…….. SHUNNED/GOSSIPED ABOUT…….. WORRY THAT SPOUSE WILL FIND OUT ABOUT THE METHOD…….. PROBLEMS WITH MENSTRUAL CYCLE…… HEALTH PROBLEMS…….. GAIN WEIGHT…….. LOSE WEIGHT…….. FATIGUE/WEAKNESS …….. SLOW RETURN OF FERTILITY…….. OTHER_____ (SPECIFY) OTHER_____ (SPECIFY) DON'T KNOW……..	Y A B C D E F G H I J K L M N O P Q R S T U V W X Z	
Q516	What are the impacts on the child if the mother uses a method of family planning? *Kuna athari/matokeo gani kwa mtoto ikiwa mama atatumia njia za kupanga uzazi?* PROBE: ANY OTHER REASONS? DO NOT READ ANSWERS CIRCLE ALL MENTIONED.	NONE……. BETTER GROWTH…….. BETTER NUTRITIONAL STATUS…….. BETTER HEALTH…….. BETTER SURVIVAL CHANCE…….. BETTER ATTENTION BY MOTHER…… BETTER EDUCATED…….. MORE OPPORTUNITIES…….. DEFORMATIONS…….. PROBLEMS WITH GROWTH…….. NUTRITIONAL PROBLEMS…….. FREQUENT ILLNESSES…….. OTHER_____ (SPECIFY) OTHER_____ (SPECIFY) DON'T KNOW……..	Y A B C D E F G H I J K W X Z	
Q517	CHECK Q415 AND Q416: EVER MARRIED AND CURRENTLY MARRIED CURRENTLY MARRIED OR LIVING WITH PARTNER (Q416=1 OR 2) ↓ NOT IN A UNION (Q415=3 OR Q416=3, 4, OR 5) →			**Q601**
Q518	Have you ever accompanied your wife/partner (or your child) to a health facility? *Je, umewahi kuandamana na mkeo/mpenzi wako (ama mtoto wako) kwenda katika kituo cha afya?*	YES . . . . . . NO	1 2 →	**Q601**
Q519	How often do you accompany your wife/partner (or your child) to a health facility? *Ni mara ngapi ambapo wewe huandamana na mkeo/mpenzi wako (ama mtoto wako) kwenda katika kituo cha afya?*	RARELY…… SOMETIMES…… OFTEN…… ALWAYS……	1 2 3 4	

	SECTION 6: MEDIA EXPOSURE AND INTERPERSONAL COMMUNICATION		
	Questions and filters	Coding categories	Skip
Q601	Now I would like to talk to you about your information needs and where you get information regarding health issues. What are your main sources for receiving health information? *Sasa nataka kukuzungumzia kuhusu mahitaji yako ya habari na wapi unapopata habari kuhusu afya. Je, njia zako kuu za kupokea habari kuhusu afya ni gani?* PROBE SEPARATELY FOR: A. Media sources *Kupitia njia za vyombo vya habari* B. Health personnel sources *Kupitia kwa wafanyikazi wa afya* C. Community sources *Kutoka kwa jamii* D. Interpersonal sources *Kutoka kwa watu walio karibu nawe* PROBE: Any other source? (FOR EACH CATEGORY) *Kuna njia ingine yoyote?* CIRCLE ALL MENTIONED.	**Media Sources** RADIO.....AA TV ..... AB VIDEOS ..... AC NEWSPAPERS ..... AD MAGAZINES/BOOKS ..... AE FLYERS/LEAFLETS .....AF BILL BOARDS……AG WALL PAINTING……AH FACE BOOK……AI INTERNET……AJ E-MAIL……AK SMS……AL **Health Personnel Sources** CLINICAL OFFICER/DOCTOR ……BA NURSE/MIDWIFE……BB CHW/CBD……BC PHARMACY……BD CHEMIST/DUKA LA DAWA……BE HOSPITAL……BF CLINIC ……BG TBA……BH HERBALIST/TRADITIONAL HEALER……BI **Community Sources** MOBILE CINEMA……CA VIDEO SHOPS/DEN……CB SOCIAL/COMMUNITY HALLS……CC COMMUNITY OUTREACH EVENTS (THEATRE, PUPPETS, ROAD SHOWS, ETC)……CD PEER EDUCATION……CE SCHOOL……CF NGOS……CG FBOS/CHURCH/MOSQUES……CH COMMUNITY MEETINGS (BARAZAS, ETC)……CI MEN/WOMEN'S GROUPS……CJ **Interpersonal Sources** PARENTS……DA IN-LAWS……DB SPOUSE/PARTNER……DC SIBLINGS……DD SISTER/BROTHER IN LAWS……DE FRIENDS/NEIGHBORS…… DF OTHER RELATIVES……DG **OTHER SOURCES: _____XX** NONE……YY DON'T KNOW……ZZ	
Q602	Do you read newspaper(s)? *Wewe husoma gazeti?*	Yes .....1 No .....2 →	**Q604**
Q603	Which newspaper(s) do you read most often? *Ni magazeti yapi ambayo wewe husoma kwa wakati mwingi?* LIST THE FULL NAME OF THE TOP THREE NEWSPAPERS MENTIONED	1._____ |__||__| 2._____|__||__| 3._____ |__||__|	CODE BOXES FOR OFFICE USE ONLY
Q604	Do you read magazine(s)? *Wewe husoma jarida?*	YES .....1 NO.....2 →	**Q606**
Q605	Which magazine(s) do you read most often? *Wewe husoma jarida lipi/majarida yapi kwa wakati mwingi?* LIST THE FULL NAME OF THE TOP THREE MAGAZINES MENTIONED	1._____ |__||__| 2._____|__||__| 3._____ |__||__|	CODE BOXES FOR OFFICE USE ONLY

Q606	CHECK: Q602 & 604: READS NEWSPAPERS OR MAGAZINES? IF YES TO EITHER ↓ ☐ IF NO TO BOTH ☐ →		**Q609**
Q607	Have you read any family planning/contraception related information in newspapers/magazines in the past three months? *Umesoma habari yoyote kuhusu upangaji wa uzazi/kuzuia mimba katika miezi 3 iliyopita kutoka kwa gazeti au jarida?*	YES.....1 NO.....2 →	**Q609**

Q608	What information did you read in the newspapers/magazines about family planning/contraception? *Ni habari gani uliyosoma katika gazeti/jarida kuhusu njia za kupanga uzazi/kuzuia mimba?* CIRCLE ALL MENTIONED. IF RESPONDENT SAYS "PILL", PROBE FURTHER TO ESTABLISH IF THEY MEAN THE "DAILY PILL" OR THE "EMERGENCY PILL"	**METHODS** DAILY PILLS .....A IUCD .....B CONDOMS.....C INJECTABLES……D IMPLANTS……E EC/ MORNING AFTER PILL/ POSTINOR 2 .....F FEMALE STERILIZATION..... G MALE STERILZATION .....H STANDARD DAYS METHOD (SDM) / SAFE DAYS/ CYCLE BEADS ..... I **ISSUE** AGE AT MARRIAGE ..... J DELAYING FIRST BIRTH……K DELAYING FIRST SEX/ABSTINENCE……L SPACING BETWEEN BIRTHS……M LIMITING FAMILY SIZE .....N GOVT STATEMENTS REGARDING FP……O OTHERS (Specify)_____X	
Q609	Do you listen to the radio? *Je wewe husikiza redio?*	YES .....1 NO.....2 →	**Q613**
Q610	Which radio stations do you listen to? *Ni stesheni gani za redio ambazo wewe husikiza?* LIST THE FULL NAME OF THE TOP THREE RADIO STATIONS MENTIONED	1._____ |__||__| 2._____|__||__| 3._____ |__||__|	CODE BOXES FOR OFFICE USE ONLY
Q611	Have you heard any family planning /contraception information on the radio in the past three months? *Umesikia kuhusu habari zozote juu ya mpango wa uzazi/kuzuia mimba kwenye redio kwa muda wa miezi 3 iliyopita?*	YES.....1 NO.....2 →	**Q613**
Q612	What information did you hear on the radio about family planning/contraception? *Ni habari gani ulisikia kutoka kwa redio kuhusu mpango wa uzazi/kuzuia mimba?* CIRCLE ALL MENTIONED. IF RESPONDENT SAYS "PILL", PROBE FURTHER TO ESTABLISH IF THEY MEAN THE "DAILY PILL" OR THE "EMERGENCY PILL"	**METHODS** DAILY PILLS .....A IUCD .....B CONDOMS.....C INJECTABLES……D IMPLANTS……E EC/ MORNING AFTER PILL/ POSTINOR 2 .....F FEMALE STERILIZATION..... G MALE STERILZATION .....H STANDARD DAYS METHOD (SDM) / SAFE DAYS / CYCLE BEADS..... I **ISSUE** AGE AT MARRIAGE ..... J DELAYING FIRST BIRTH .....K DELAYING FIRST SEX/ABSTINENCE…… L SPACING BETWEEN BIRTHS……M LIMITING FAMILY SIZE .....N GOVT STATEMENTS REGARDING FP……O OTHERS (Specify)_____ X	

Q613	In your opinion, how acceptable or not acceptable are the following topics on radio? *Kwa maoni yako ujumbe ufuatao unakubalika au haukubaliki kuzungumzwa kwenye redio?*	ACCEPTABLE	UNACCEPTABLE	
	a. Family planning/contraception *Upangaji wa uzazi/kuzuia mimba*	1	2	
	b. HIV/AIDS *VIRUSI/UKIMWI*	1	2	
	c. Maternal health (antenatal care, delivery services, postpartum care) *Afya ya mama (huduma ya mama wajawazito, huduma za kujifungua, huduma ya baada ya kujifungua)*	1	2	
	d. Child health (immunizations, disease prevention, nutrition) *Afya ya mtoto (chanjo, kuzuia magonjwa,lishe bora)*	1	2	
	e. Reproductive health (STIs, infertility problems) *Afya ya kizazi (magonjwa ya zinaa, shida za kutozaa)*	1	2	
Q614	Do you watch television? *Wewe hutazama televisheni?*	YES .....1 NO.....2 →		**Q618**
Q615	What channels do you generally watch on TV? *Ni stesheni gani ambazo kwa kawaida unatazama kwa televisheni?* LIST THE FULL NAME OF THE TOP THREE TV STATIONS MENTIONED	1._____ |__| |__| 2._____|__| |__| 3._____ |__| |__|		CODE BOXES FOR OFFICE USE ONLY
Q616	Have you seen any family planning /contraception related information on the TV in the past three months? *Je umeona kipindi juu ya upangaji wa uzazi/kuzuia mimba kwenye runinga kwa miezi 3 iliyopita?*	YES.....1 NO.....2 →		**Q618**

Q617	What information did you see on the TV about family planning/contraception? *Ni habari gani ulizoziona katika runinga kuhusu mpango wa uzazi?* CIRCLE ALL MENTIONED. IF RESPONDENT SAYS "PILL", PROBE FURTHER TO ESTABLISH IF THEY MEAN THE "DAILY PILL" OR THE "EMERGENCY PILL"	**METHODS** DAILY PILLS..... A IUCD..... B CONDOMS ..... C INJECTABLES……D IMPLANTS……E EC/ MORNING AFTER PILL/ POSTINOR 2..... F FEMALE STERILIZATION .....G MALE STERILZATION..... H STANDARD DAYS METHOD (SDM) / SAFE DAYS/ CYCLE BEADS.....I **ISSUE** AGE AT MARRIAGE.....J DELAYING FIRST BIRTH..... K DELAYING FIRST SEX/ABSTINENCE……L SPACING BETWEEN BIRTHS……M LIMITING FAMILY SIZE..... N GOVT STATEMENTS REGARDING FP……O OTHERS (Specify)_____ X		
Q618	In your opinion, how acceptable or not acceptable are the following topics on TV? *Kwa maoni yako ujumbe ufuatao unakubalika au haukubaliki kuonyeshwa kwenye televisheni/runinga*	ACCEPTABLE	UNACCEPTABLE	
	a) Family planning/contraception *Upangaji wa uzazi/kuzuia mimba*	1	2	
	b) HIV/AIDS *VIRUSI/UKIMWI*	1	2	
	c) Maternal health (antenatal care, delivery services, postpartum care) *Afya ya mama (huduma ya mama wajawazito, huduma za kujifungua, huduma ya baada ya kujifungua)*	1	2	
	d) Child health (immunizations, disease prevention, nutrition) *Afya ya mtoto (chanjo, kuzuia magonjwa,lishe bora)*	1	2	
	e) Reproductive health (STIs, infertility problems) *Afya ya kizazi (magonjwa ya zinaa, shida za kutozaa)*	1	2	

Q619	Do you go to video shows? *Wewe huenda kuona maonyesho ya video?*	YES……1 NO……2 →	**Q622**
Q620	How **often** do you go to video shows? *Ni mara ngapi wewe huenda kuona maonyesho haya?* SINGLE RESPONSE	MORE THAN ONCE PER WEEK……..1 EVERY WEEK ……..2 A COUPLE OF TIMES A MONTH ……..3 AT LEAST ONCE A MONTH ……4 AT LEAST ONCE A YEAR ……5 RARELY……6	
Q621	Where do you go for video shows? *Wewe huenda wapi kuona maonyesho haya ya video?* **CIRCLE ALL MENTIONED**	VIDEO DENS ……...A MOBILE CINEMA……...B CHURCH/MOSQUE ……C SOCIAL HALLS ……..……D BARS AND RESTAURANTS……..E PRIVATE HOUSES (OWN HSE, FRIENDS' HSE, NEIGHBORS' HSE, ETC) ……..F CLINIC……G OTHER _____X (SPECIFY)	
Q622	Do you have access to mobile phone? *Je, kuna simu ya rununu/mkono ambayo waweza kutumia?*	YES……..1 NO……2 DON'T KNOW MOBILE PHONE….8 →	**Q627**
Q623	Do you own a mobile phone that is mainly for your own use? *Una simu ya rununu/mkono ambayo ni ya matumizi yako?*	YES……..1 NO……2	
Q624	Would you be comfortable receiving family planning/contraception and other health messages by SMS? *Je, ungefurahi kupokea habari kuhusu njia ya kupanga uzazi na habari zingine za kiafya kupitia kwa njia ya ujumbe mfupi kwa simu?*	YES……..1 NO……2 DON'T KNOW SMS…… 8 →	**Q626**
Q625	Have you received any family planning/contraception messages via SMS in the last three months? *Umewahi kupokea ujumbe mfupi kuhusu njia za kupanga uzazi/kuzuia mimba kupitia kwa simu katika muda wa miezi 3 iliyopita?*	YES……..1 NO……2	
Q626	In the past three months, have you accessed the internet, web, or email at least once through a mobile phone? *Kwa muda wa miezi 3 iliyopita umeweza japo mara moja kuwa kwenye mtandao, ama kupata barua pepe kupitia kwa simu ya mkono/rununu*	YES……..1 NO……2 DON'T KNOW INTERNET……8 →	**Q628**
Q627	In the past three months, have you accessed the internet, web, or email at least once through a computer? *Kwa muda wa miezi 3 iliyopita umeweza japo mara moja kuwa kwenye mtandao au kupata barua pepe kupitia kwa compta/tarakilishi*	YES……..1 NO……2 DON'T KNOW INTERNET……8	
Q628	Do you belong to any group(s), club(s) or organization(s)? *Wewe ni memba wa kikundi/vikundi, klabu/vilabu, au shirika/mashirika yoyote?*	YES . . . . . ……1 NO . . . . . ……..2 →	**Q636**

Q629. What are the names and types of these organizations to which you belong? *Mashirika ambayo unajihusisha nayo yanaitwaje na ni ya aina gani?*	Q630. How long have you been a member of this group or organization? *Umekua memba wa kikundi ama shirika hili kwa muda gani?*	Q631. How often does this group meet? *Kikundi hiki hukutana kila baada ya muda gani?*	Q632. How often do you talk to persons from this group outside a group meeting? *Ni mara ngapi wewe huongea na washiriki wa kikundi hiki nje ya mkutano wa kikundi?*	Q633. How often do you attend this group's meetings? *Ni mara ngapi wewe huenda kwenye mikutano ya kikundi hiki?*	Q634. Have you heard/seen any family planning/ Contraception related information at these meetings? *Umewahi kusikia ama kuona habari zozote kuhusu upangaji wa uzazi/kuzuia mimba katika mikutano hiyo?*	Q635. What information did you hear/see at these meetings about family planning/contraception? *Ni habari gani ulizosikia/ulizoonaona kuhusu upangaji wa uzazi/kuzuia mimba katika mikutano hiyo?* CIRCLE ALL MENTIONED.
01 _____ **GROUP NAME** _____ **GROUP TYPE** (MENS GROUP, SPORTS ORGANIZATION, THEATRE GROUP, MERRY-GO-ROUND, ETC) ☐☐ CODE BOXES –GROUP TYPE FOR OFFICE USE ONLY	<1/YEAR..1 1-2/YEAR..2 3-5/YEAR..3 6+/YEAR…4 DK…….8	DAILY……..1 WEEKLY……2 MONTHLY….3 YEARLY……4 NO REGULAR TIME……..5 OTHER.....6 _____ SPECIFY	DAILY……..1 WEEKLY…..2 MONTHLY….3 YEARLY…...4 NO REGULAR TIME……5 OTHER.....6 _____ SPECIFY	ALWAYS……1 MOSTLY…….2 SOMETIMES.3 RARELY…….4 NEVER……..5 **IF NEVER SKIP TO NEXT ORGANIZATION**	YES……..1 NO……2 DON'T KNOW..8 **IF NO OR DON'T KNOW SKIP TO NEXT ORGANIZATION**	**METHODS** DAILY PILLS .....A IUCD.....B CONDOMS..... C INJECTABLES……D IMPLANTS……E EC/ MORNING AFTER PILL/ POSTINOR 2.....F FEMALE STERILIZATION ..... G MALE STERILZATION..... H STANDARD DAYS METHOD (SDM) / SAFE DAYS/ CYCLE BEADS .....I **ISSUE** AGE AT MARRIAGE .....J DELAYING FIRST BIRTH……K DELAYING FIRST SEX/ABSTINENCE……L SPACING BETWEEN BIRTHS……..M LIMITING FAMILY SIZE..... N GOVT STATEMENTS REGARDING FP……O OTHERS (Specify)_____ X
02 _____ **GROUP NAME** _____ **GROUP TYPE** ☐☐ CODE BOXES –GROUP TYPE FOR OFFICE USE ONLY	<1/YEAR..1 1-2/YEAR..2 3-5/YEAR..3 6+/YEAR…4 DK…….8	DAILY……..1 WEEKLY……2 MONTHLY….3 YEARLY……4 NO REGULAR TIME……..5 OTHER.....6 _____ SPECIFY	DAILY……..1 WEEKLY…..2 MONTHLY….3 YEARLY…...4 NO REGULAR TIME……5 OTHER.....6 _____ SPECIFY	ALWAYS……1 MOSTLY…….2 SOMETIMES.3 RARELY…….4 NEVER……..5 **IF NEVER SKIP TO NEXT ORGANIZATION**	YES……..1 NO……2 DON'T KNOW..8 **IF NO OR DON'T KNOW SKIP TO NEXT ORGANIZATION**	**METHODS** DAILY PILLS .....A IUCD.....B CONDOMS..... C INJECTABLES……D IMPLANTS……E EC/ MORNING AFTER PILL/ POSTINOR 2.....F FEMALE STERILIZATION ..... G MALE STERILZATION..... H STANDARD DAYS METHOD (SDM) / SAFE DAYS/ CYCLE BEADS .....I **ISSUE** AGE AT MARRIAGE .....J DELAYING FIRST BIRTH……K DELAYING FIRST SEX/ABSTINENCE……L SPACING BETWEEN BIRTHS……..M LIMITING FAMILY SIZE..... N GOVT STATEMENTS REGARDING FP……O OTHERS (Specify)_____ X

Q629. What are the names and types of these organizations to which you belong? *Mashirika ambayo unajihusisha nayo yanaitwaje na ni ya aina gani?*	Q630. How long have you been a member of this group or organization? *Umekua memba wa kikundi ama shirika hili kwa muda gani?*	Q631. How often does this group meet? *Kikundi hiki hukutana kila baada ya muda gani?*	Q632. How often do you talk to persons from this group outside a group meeting? *Ni mara ngapi wewe huongea na washiriki wa kikundi hiki nje ya mkutano wa kikundi?*	Q633. How often do you attend this group's meetings? *Ni mara ngapi wewe huenda kwenye mikutano ya kikundi hiki?*	Q634. Have you heard/seen any family planning/ Contraception related information at these meetings? *Umewahi kusikia ama kuona habari zozote kuhusu upangaji wa uzazi/kuzuia mimba katika mikutano hii?*	Q635. What information did you hear/see at these meetings about family planning/contraception? *Ni habari gani ulizosikia/ulizoona kuhusu upangaji wa uzazi/kuzuia mimba katika mikutano hii?* CIRCLE ALL MENTIONED.
03 _____ **GROUP NAME** _____ **GROUP TYPE** ☐☐ CODE BOXES –GROUP TYPE FOR OFFICE USE ONLY	<1/YEAR..1 1-2/YEAR..2 3-5/YEAR..3 6+/YEAR…4 DK…….8	DAILY…….1 WEEKLY……2 MONTHLY….3 YEARLY……..4 NO REGULAR TIME……..5 OTHER.....6 _____ SPECIFY	DAILY……1 WEEKLY…..2 MONTHLY….3 YEARLY…...4 NO REGULAR TIME…….5 OTHER.....6 _____ SPECIFY	ALWAYS……1 MOSTLY…….2 SOMETIMES.3 RARELY…….4 NEVER……5 **IF NEVER SKIP TO NEXT ORGANIZATION**	YES……1 NO……2 DON'T KNOW..8 **IF NO OR DON'T KNOW SKIP TO NEXT ORGANIZATION**	**METHODS** DAILY PILLS....A IUCD....B CONDOMS....C INJECTABLES....D IMPLANTS....E EC/ MORNING AFTER PILL/ POSTINOR 2....F FEMALE STERILIZATION....G MALE STERILZATION....H STANDARD DAYS METHOD (SDM) / SAFE DAYS/ CYCLE BEADS....I **ISSUE** AGE AT MARRIAGE....J DELAYING FIRST BIRTH....K DELAYING FIRST SEX/ABSTINENCE....L SPACING BETWEEN BIRTHS....M LIMITING FAMILY SIZE....N GOVT STATEMENTS REGARDING FP....O OTHERS (Specify)_____ X
04 _____ **GROUP NAME** _____ **GROUP TYPE** ☐☐ CODE BOXES –GROUP TYPE FOR OFFICE USE ONLY	<1/YEAR..1 1-2/YEAR..2 3-5/YEAR..3 6+/YEAR…4 DK…….8	DAILY…….1 WEEKLY……2 MONTHLY….3 YEARLY…….4 NO REGULAR TIME……5 OTHER.....6 _____ SPECIFY	DAILY……1 WEEKLY…..2 MONTHLY….3 YEARLY…...4 NO REGULAR TIME…….5 OTHER.....6 _____ SPECIFY	ALWAYS……1 MOSTLY…….2 SOMETIMES.3 RARELY…….4 NEVER……5 **IF NEVER SKIP TO NEXT ORGANIZATION**	YES……1 NO……2 DON'T KNOW..8 **IF NO OR DON'T KNOW SKIP TO NEXT ORGANIZATION**	**METHODS** DAILY PILLS....A IUCD....B CONDOMS....C INJECTABLES....D IMPLANTS....E EC/ MORNING AFTER PILL/ POSTINOR 2....F FEMALE STERILIZATION....G MALE STERILZATION....H STANDARD DAYS METHOD (SDM) / SAFE DAYS/ CYCLE BEADS....I **ISSUE** AGE AT MARRIAGE....J DELAYING FIRST BIRTH....K DELAYING FIRST SEX/ABSTINENCE....L SPACING BETWEEN BIRTHS....M LIMITING FAMILY SIZE....N GOVT STATEMENTS REGARDING FP....O OTHERS (Specify)_____ X

Q636	Now, I would like to ask you a few questions on discussions that you might have had with other people on health issues. *Sasa nataka kukuuliza maswali kadhaa kuhusu majadiliano ambayo huenda umekuwa nayo na watu wengine kuhusu mambo ya afya.* CHECK 415 AND Q416: CURRENTLY MARRIED OR LIVING WITH A WOMAN AS IF MARRIED (Q416=1 or 2)	Q415=3 OR Q416=3, 4 OR 5) NOT IN A UNION → **Q644**	
Q637	Have you ever discussed the number of children you would like to have with your spouse/partner (any of your spouses/partners)? *Je wewe na mkeo/mpenzi wako/yeyote kati ya wake zako/wapenzi wako mshawahi kujadiliana kuhusu watoto ambao mungependa kapata?*	YES ..... 1 NO..... 2 →	**Q639**
Q638	How often have you talked with your (any) spouses/partners about this subject in the last six (6) months? *Ni mara ngapi umeongea na mkeo/mpenzi wako/yeyote kati ya wake zako/wapenzi wako kuhusu swala hili kwa muda wa miezi 6 iliyopita?*	NOT DISCUSSED IN LAST 6 MONTHS... 1 ONCE OR TWICE... ..... 2 MORE THAN TWICE..... 3 OTHER (SPECIFY)_____ 6	
Q639	Have you ever discussed the use of a family planning method with your (any) spouse/ partner? *Umeshawahi kujadiliana na mkeo/mpenzi wako/yeyote kati ya wake zako/wapenzi wako kuhusu matumizi ya njia za kupanga uzazi?*	YES ..... 1 NO..... 2 → DON'T KNOW ABOUT FP..... 8	**Q643**
Q640	How often have you talked to any spouse/partner about this subject in the last six (6) months? *Ni mara ngapi umeongea na mkeo/mpenzi wako/yeyote kati ya wake zako/wapenzi wako kuhusu swala hili kwa muda wa miezi 6 iliyopita?*	NOT DISCUSSED IN LAST 6 MONTHS... 1 ONCE OR TWICE... ..... 2 MORE THAN TWICE..... 3 OTHER (SPECIFY)_____ 6	
Q641	Who usually starts the discussion about family planning, you or your spouse/partner? *Ni nani hasa ambaye huanzisha majadiliano kuhusu upangaji wa uzazi, ni wewe ama mkeo/mpenzi wako/ yeyote kati ya wake zako/wapenzi wako?*	YOU..... 1 SPOUSE/PARTNER..... 2 EITHER..... 3	
Q642	How difficult is it to start a conversation about family planning with your partner –is it very difficult, somewhat difficult, or easy? *Ni vigumu kiasi kipi kuanzisha mazungumzo kuhusu kupanga uzazi na mwezio - ni vigumu sana, vigumu kiasi, au ni rahisi?*	VERY DIFFICULT ..... 1 SOMEWHAT DIFFICULT ..... 2 EASY..... 3	
Q643	Do you intend to talk to your spouse/partner about family planning in the next three months? *Una nia kuzungumza na mkeo/mpenzi wako kuhusu kupanga uzazi katika miezi 3 ijayo?*	YES ..... 1 NO..... 2 DON'T KNOW..... 8	

Q644	Do you think that government officials should speak publicly about family planning /contraception? *Je, unadhani kuwa maafisa wa serikali wanafaa kuongea hadharani kuhusu upangaji wa uzazi/kuzuia mimba?*	YES..... 1 NO..... 2 DON'T KNOW 8	
Q645	In the past one year, have you heard or seen a government / municipality official speaking publicly <u>against</u> family planning/ birth spacing/child spacing? *Katika mwaka mmoja uliopita, umewahi kusikia ama kuona afisa wa serikali/manisipaa akiongea wazi wazi kwa umma **<u>akipinga</u>** mpango wa uzazi/kuweka muda kati ya mtoto hadi mwingine?*	YES..... 1 NO..... 2 DON'T REMEMBER 8	
Q646	In the past one year, have you heard or seen a government / municipality official speaking publicly **<u>in favor of</u>** family planning/ birth spacing/child spacing? *Katika mwaka mmoja uliopita, umewahi kusikia ama kuona afisa wa serikali/manisipaa akiongea wazi wazi kwa umma **<u>akipendekeza</u>** mpango wa uzazi/kuweka muda kati ya mtoto hadi mwingine?*	YES..... 1 NO..... 2 DON'T REMEMBER 8	
Q647	Do you think that religious leaders should speak publicly about family planning/contraception? *Je, unadhani kuwa viongozi wa kidini wanafaa kuongea hadharani kuhusu upangaji wa uzazi/kuzuia mimba?*	YES ..... 1 NO ..... 2 DON'T KNOW..... 8	

Q648	In the past one year, have you heard or seen a religious leader speaking publicly **against** family planning/ birth spacing/child spacing? *Kwa mwaka mmoja uliopita, umesikia au kuona mkuu wa dini akiongea hadharani **akipinga** mpango wa uzazi / kuweka muda kati ya mtoto hadi mwingine?*	YES…… 1 NO…… 2 DON'T REMEMBER …… 8	
Q649	In the past one year, have you heard or seen a religious leader speaking publicly **in favor of** family planning/ birth spacing/child spacing? *Kwa mwaka mmoja uliopita, umesikia au kuona kiongozi wa dini akiongea wazi kwa umma **akipendekeza** matumizi ya mpango wa uzazi /kuweka muda kati ya mtoto hadi mwinginie?*	YES…… 1 NO…… 2 DON'T REMEMBER …… 8	
Q650	How many of your friends and relatives would you say use family planning: none, some, most, or all? *Ni marafiki na watu wa familia yako wangapi unaweza kusema kuwa wanatumia mpango wa uzazi: hakuna: wachache: wengi au wote?*	NONE…… 1 SOME…… 2 MOST…… 3 ALL…… 4 DON'T KNOW…… 8	
Q651	Do you think there are some people within the community who will call you bad names or shun your company if they knew that you were using a family planning/birth spacing/child spacing method? *Je, unafikiri kuna watu miongoni mwa jamii ambao watakutukana ama kukukejeli ama kukutenga iwapo watajua kuwa unatumia njia za kupanga uzazi/ kuweka muda kati ya mtoto hadi mwingine?*	YES . . . . . 1 NO . . . . . 2 DON'T KNOW…… 8	
Q652	Do you think there are some people within this community who will praise, encourage, or talk favorably about you if they knew that you were using a family planning method? *Unafikiri kuna watu katika jamii hii ambao wanaweza kukusifu, kukutia moyo, ama kuongea vizuri juu yako wakijua kuwa unatumia njia za kupanga uzazi?*	YES . . . . . 1 NO . . . . . 2 DON'T KNOW…… 8	

Please tell me how you would agree or disagree with the following statements. If you say you disagree, I will ask you to tell me if you strongly disagree or just disagree. If you say you agree, I will ask you to tell me if you strongly agree or just agree. *Tafadhali niambie kama unakubaliana au hukubaliani na sentensi zifuatazo. Ukikubaliana nazo nitakuuliza ukiwa wakubaliana nazo kwa nguvu au kiasi tu. Ikiwa hukubaliani nazo nitakuuliza ikiwa hukubaliani nazo kabisa au kiasi tu.*		**Strongly Agree** *Nakubaliana kabisa*	**Agree** *Nakubaliana*	**Disagree** Sikubaliani	**Strongly disagree** Sikubaliani kabisa
Q653	You could start a conversation with your partner about family planning. *Unaweza kuanzisha mazungumzo na mkeo/mwenzio kuhusu kupanga uzazi.*	4	3	2	1
Q654	You could convince your partner that you should use a method of family planning. *Unaweza kumshawishi mkeo/mwenzio kuwa inafaa mutumie njia ya kupanga uzazi.*	4	3	2	1
Q655	You could get to a place where FP is sold/ offered if you decided to use one. *Ungepata mahali njia ya kupanga uzazi inauzwa/inatolewa ikiwa ungeamua kutumia njia mojawapo.*	4	3	2	1
Q656	You could obtain a family planning method if you decided to use one. *Ungeweza kupata njia ya kupanga uzazi ukiamua kutumia mojawapo.*	4	3	2	1
Q657	You could use a method of family planning even if your partner doesn't want you to. *Unaweza kutumia njia ya kupanga uzazi hata kama mkeo/mpenzi wako hataki utumie.*	4	3	2	1
Q658	You could use a method of family planning even if none of your friends or neighbors uses one. *Unaweza kutumia njia ya kupanga uzazi hata kama marafiki na jirani zako hawatumii.*	4	3	2	1

		Strongly Agree *Nakubaliana kabisa*	**Agree** *Nakubaliana*	**Disagree** Sikubaliani	**Strongly disagree** Sikubaliani kabisa
Q659	You could use a method of family planning even if a religious leader did not think you should use one. *Ungetumia njia ya kupanga uzazi hata kama kingozi wa kidini hadhani kuwa unafaa kutumia.*	4	3	2	1
Q660	Excluding your wife/partner, please think of three people, with whom you feel most comfortable discussing private matters, and then give me their FIRST names. *Baada ya mkeo/mpenzi wako tafadhali fikiria kuhusu watu watatu ambao unajihisi huru kabisa kujadiliana nao kuhusu mambo yako ya kibinafsi/ya siri kisha unipe majina yao ya kwanza*.	NAME 1 _____ NAME 2 _____ NAME 3 _____ NONE……..0 → **Q667**			

		Q661	Q662	Q663	Q664	Q665	Q666
RECORD THE THREE NAMES MENTIONED IN Q660 (1-3)		What is your relationship to _____? *Una uhusiano gani na____?*	Does this person live in this city, another city or town, or a rural area (village)? *Je, huyu anaishi katika jiji hili, katika jiji au mji mwingine, au katika eneo la mashambani (kijiji)?*	Have you discussed about family planning or contraception with _____ in the past year? *Uliwahi kuongea na_____ kuhusu upangaji wa uzazi au kuzuia mimba katika muda wa mwaka 1 uliopita?*	Does ____ currently use a family planning/contraceptive method? *Je kwa wakati huu _____ anatumia njia ya kupanga uzazi/kuzuia mimba?*	What method does ____ currently use? *Ni njia gani ambayo _____ anatumia kwa sasa?* Choose all that apply	Does _____ think that you should use a family planning/birth spacing method or that you should not use a family planning/ birth spacing/child spacing method? _____ *anadhani kuwa unafaa kutumia njia ya kupanga uzazi/kuzuia mimba au anadhani hufai kutumia njia ya kupanga uzazi/kuzuia mimba?*
1	_____ (NAME)	FATHER……..01 FATHER-IN-LAW……..02 BROTHER (OR IN-LAW)…03 SON (IN-LAW)……04 UNCLE……..05 OTHER RELATIVE……06 FRIEND……..07 OTHER PERSON…… .96 _____ (SPECIFY)	THIS CITY……1 OTHER CITY/ TOWN……2 RURAL……3 OTHER COUNTRY…….4	YES ..... 1 NO ..... 2 DON'T KNOW... 8	YES ..... 1 NO ..... 2 DON'T KNOW .. 8 ↓ **IF NO OR DK SKIP TO Q666**	STERLIZATION……..A IMPLANT……B IUD……C INJEC-TABLES…… D DAILY PILL……E EC……F CONDOM……G OTHER_____.X (SPECIFY)	THINKS YOU SHOULD USE……..1 THINKS YOU SHOULD NOT USE……2 DON'T KNOW……..8 OTHER……6 _____ SPECIFY
2	_____ (NAME)	FATHER……..01 FATHER-IN-LAW……..02 BROTHER (OR IN-LAW)…03 SON (IN-LAW)……04 UNCLE……..05 OTHER RELATIVE……06 FRIEND……..07 OTHER PERSON…… .96 _____ (SPECIFY)	THIS CITY……1 OTHER CITY/ TOWN……2 RURAL……3 OTHER COUNTRY…….4	YES ..... 1 NO ..... 2 DON'T KNOW... 8	YES ..... 1 NO ..... 2 DON'T KNOW .. 8 ↓ **IF NO OR DK SKIP TO Q666**	STERLIZATION……..A IMPLANT……B IUD……C INJEC-TABLES…… D DAILY PILL……E EC……F CONDOM……G OTHER_____.X (SPECIFY)	THINKS YOU SHOULD USE……..1 THINKS YOU SHOULD NOT USE……2 DON'T KNOW……..8 OTHER……6 _____ SPECIFY

		Q661	Q662	Q663	Q664	Q665	Q666
RECORD THE THREE NAMES MENTIONED IN Q660 (1-3)		What is your relationship to _____? *Una uhusiano gani na____?*	Does this person live in this city, another city or town, or a rural area (village)? *Je mtu huyu anaishi katika jiji hili, katika jiji au mji mwingine, au katika eneo la mashambani (kijiji)?*	Have you discussed about family planning or contraception with _____ in the past year? *Uliwahi kuongea na_____ kuhusu upangaji wa uzazi au kuzuia mimba katika muda wa mwaka 1 uliopita?*	Does ____ currently use a family planning/contraceptive method? *Je kwa wakati huu _____ anatumia njia ya kupanga uzazi/kuzuia mimba?*	What method does ____ currently use? *Ni njia gani ambayo _____ anatumia kwa sasa?*	Does _____ think that you should use a family planning/birth spacing method or that you should not use a family planning/ birth spacing/child spacing method? _____ *anadhani kuwa unafaa kutumia njia ya kupanga uzazi/kuzuia mimba au anadhani hufai kutumia njia ya kupanga uzazi/kuzuia mimba?*
3	_____ (NAME)	FATHER……..…....01 FATHER-IN-LAW……....02 BROTHER (OR IN-LAW)…03 SON (IN-LAW)……..…….04 UNCLE……..…….05 OTHER RELATIVE……..06 FRIEND……..…….07 OTHER PERSON…… .96 _____ (SPECIFY)	THIS CITY…....1 OTHER CITY/ TOWN……2 RURAL……3 OTHER COUNTRY…….4	YES ..... 1 NO ..... 2 DON'T KNOW... 8	YES ..... 1 NO ..... 2 DON'T KNOW .. 8 ↓ **IF NO OR DK SKIP TO Q666**	STERLIZATION……..A IMPLANT……B IUD……..C INJEC-TABLES…… D DAILY PILL……E EC……F CONDOM……G OTHER_____.X (SPECIFY)	THINKS YOU SHOULD USE……..1 THINKS YOU SHOULD NOT USE……2 DON'T KNOW……..8 OTHER……..6 _____ SPECIFY

		YES	NO	DON'T KNOW
Q667	In your opinion, is it okay for a woman to use family planning without her husband's or partner's knowledge if: *Kwa maoni yako, ni sawa kwa mwanamke kutumia njia za kupanga uzazi bila kumjulisha mumewe/mpenzi wake ikiwa:*			
	a) He is against contraceptive use but she wants to use it? *Huyo mume anapinga matumizi ya njia ya kupanga uzazi lakini yeye anataka kutumia?*	1	2	8
	b) They have a lot of children? *Wana watoto wengi?*	1	2	8
	c) The husband is violent towards her and/or the children? *Mume wake ni mwenye kutumia fujo kwake na kwa watoto wake?*	1	2	8
	d) The couple does not have enough money for any more children? *Hawana pesa za kutosha kugharamia watoto wengine?*	1	2	8

SECTION 7: GENDER INEQUITY MEASURES

	Questions and filters	Coding categories	Skip

Now I would like to ask you some questions regarding how you believe that decisions regarding the household should be made. Please remember to be as honest as possible and that your responses will remain confidential; that is, no one will see your answers.
Sasa nataka kukuuliza maswali kuhusu unavyoona juu ya uamuzi wa mambo ya nyumba yako yanavyopasa kufanywa. Tafadhali nieleze ukweli iwezekanavyo na kuwa majibu yako yakuwa siri yaani hakuna mtu mwingine atakaye yajuwa.

Q701	CHECK Q416 AND Q415: CURRENTLY MARRIED OR LIVING WITH A WOMAN (Q416=1 OR 2) ☐	NOT IN A UNION (Q415=3 OR Q416=3, 4, OR 5) ☐ →	**Q706**
Q702	CHECK Q120: IF RESPONDENT EARNS CASH (Q116=1 OR Q120 =1 OR 2) ☐	IF HE DOESN'T EARN CASH (CODE = 3 OR 4) OR DOES NOT WORK AT ALL Q116=2 ☐ →	**Q704**
Q703	Who decides how the money that you earn will be used: mainly you, mainly your wife/partner, or you and your partner jointly? *Ni nani huamua vile pesa unazopata zitatumika: ni wewe sana sana, ni mkeo/mpenzi wako sana sana, ama ni wewe pamoja na mkeo/mpenzi wako?*	RESPONDENT . . . . . 1 PARTNER . . . . . 2 RESPONDENT AND PARTNER JOINTLY. . . . . 3 OTHER _____ 6 (SPECIFY)	
Q704	(Is your wife/partner /Are any of your wives) currently employed or working for cash? *Je, mkeo/mmoja wa wake zako ameajiriwa ama anafanya kazi na kulipwa pesa tasilimu?*	YES . . . . . 1 NO . . . . . 2 →	**Q706**
Q705	Who decides how the money **your wife/partner** earns will be used: mainly you, mainly your wife, or you and your wife jointly? *Ni nani huamua vile pesa ambazo mkeo/mwenzio anapata zitatumika: ni wewe sana sana, ni mke/ mpenzi wako sana sana, ama ni wewe pamoja na mkeo/mpenzi wako?*	RESPONDENT . . . . . 1 WIFE . . . . . 2 RESPONDENT AND WIFE JOINTLY. . . . . 3 OTHER _____ 6 (SPECIFY)	

Q706. Sometimes in a marriage or a relationship, a man prohibits his wife/partner from doing certain things. Would/do you prohibit your wife from: *Wakati mwingine katika ndoa mume humkataza mkewe kufanya mambo fulani. Wewe unamkataza/ungemkataza mkeo:*	YES	NO	DON'T KNOW
a. Working outside the home? *Kufanya kazi nje ya nyumbani*?	1	2	8
b. Having visits from people? *Kutembelewa na watu?*	1	2	8
c. Visiting her friends? *Kwenda kutembelea marafiki zake?*	1	2	8
d. Visiting her family? *Kwenda kuwatembelea jamaa zake*?	1	2	8
e. Using contraceptives? *Kutumia njia za kuzuia kupata mimba?*	1	2	8
f. Using a mobile phone? *Kutumia simu ya rununu/mkono?*	1	2	8

Q707	In a couple, who do you think should have the greater say in each of the following decisions: the husband, the wife, or both equally: *Kati ya mume na mke ni nani anafaa kuwa na uamuzi zaidi kwa mambo yafuatayo: ni mume, ni mke au wote wana uamuzi sawa:*	**HUSBAND**	**WIFE**	**BOTH EQUALLY**	**DK/ DEPENDS**
	a. Making large household purchases? *Kununua vitu vya gharama kubwa vya nyumba?*	1	2	3	8
	b. Making small daily household purchases? *Kununua vitu vidogo vidogo vya kila siku vya nyumbani?*	1	2	3	8
	c. Deciding when to visit family, friends, or relatives? *Kuamua wakati wa kuwatembelea familia, marafiki au jamaa?*	1	2	3	8
	d. Deciding when and where to seek your wife's medical care? *Kuamua wakati gani na ni wapi mkeo atapata huduma za afya?*	1	2	3	8

Q708	Sometimes a man is annoyed or angered by things that his wife does. In your opinion, is a man justified in hitting or beating his wife in the following situations? *Wakati mwingine mwanamume hukasirishwa na mambo ambayo mkewe hufanya. Kwa maoni yako, ni sawa kwa mwanaume kumpiga mkewe wakati mambo kama yafuatayo yanapofanyika?*	**YES**	**NO**	**DON'T KNOW**
	a. If she goes out without telling him? *Akienda nje kutembea bila kumwambia*?	1	2	8
	b. If she neglects the house or the children? *Akipuuza kutunza nyumba ama watoto?*	1	2	8
	c. If she argues with him? *Anapobishana na mume wake?*	1	2	8
	d. If she refuses to have sex with him? *Akikataa kufanya ngono naye?*	1	2	8
	e. If she cooks the food improperly? *Akipika chakula vibaya*?	1	2	8
	f. If he suspects her of being unfaithful? *Akishuku kuwa bibi si mwaminifu*?	1	2	8
	g. If she refuses to have another child? *Akikataa kumzalia mtoto mwingine?*	1	2	8

Now I am going to read some statements to you about relationships and children. For each statement, please tell me your opinion as to whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with it.
Sasa nitakusomea sentensi kuhusu uhusiano wa mume na mke na wa watoto. Kwa kila sentensi tafadhali nieleze maoni yako iwapo unakubaliana kabisa, unakubaliana, hukubaliani, hukubaliani kabisa na yanayosemwa katika sentensi hizo.

		Strongly Agree *Nakubaliana kabisa*	**Agree** *Nakubaliana*	**Disagree** *Sikubaliani*	**Strongly disagree** *Sikubaliani kabisa*
Q709	The husband should be the one to decide whether the couple should use a family planning method. *Mume ndiye anafaa kuamua ikiwa yeye na mke wake watatumia njia ya kupanga uzazi.*	4	3	2	1
Q710	Couples who practice family planning have a better quality of life than those who do not. *Mume na mke wanao tumia njia za kupanga uzazi wana maisha bora kuliko wale ambao hawatumii.*	4	3	2	1
Q711	Husbands and wives should discuss family planning. *Mume na mke wanafaa kujadiliana kuhusu upangaji wa uzazi.*	4	3	2	1
Q712	Men should not allow their wives to use family planning. *Wanaume hawafai kuwaruhusu wake zao kutumia njia za kupanga uzazi.*	4	3	2	1
Q713	A woman who uses family planning without her husband's knowledge should be punished. *Mwanamke anaetumia njia za kupanga uzazi bila mume wake kujua anafaa aadhibiwe.*	4	3	2	1
Q714	A woman who has no children is not complete/fulfilled. *Mwanamke asiyekuwa na watoto si mkamilifu.*	4	3	2	1
Q715	A man who has no children is not complete/fulfilled. *Mwanamume asiyekuwa na watoto si mkamilifu.*	4	3	2	1
Q716	It is good to have many children because one is not sure who among them will survive to care of the parents at old age. *Ni vyema kupata watoto wengi kwa sababu mtu hana uhakika ni yupi atakayeishi ili kuwatunza wazazi wakizeeka.*	4	3	2	1
Q717	The number of children a couple will have is for God only to decide. *Ni mungu tu atakaye amua idadi ya watoto ambayo mume na mke/wapenzi watapata.*	4	3	2	1
Q718	A woman should continue bearing children until she has at least one son. *Mwanamke anafaa kuendelea kuzaa watoto hadi angalau apate mtoto mmoja wa kiume.*	4	3	2	1
Q719	A woman should continue bearing children until she has at least one daughter. *Mwanamke anafaa kuendelea kuzaa watoto hadi angalau apate mtoto mmoja wa kike*	4	3	2	1

SECTION 8: MIGRATION HISTORY

	Questions and filters	Coding categories	Skip
Now I would like to ask you about places you visit most often and your frequency of visit to those places. *Sasa nataka kukuuliza kuhusu mahali unapotembelea mara kwa mara na ni mara ngapi unapopatembelea sehemu hizo.*			
Q801	How long have you been living continuously in this house? *Umeishi katika nyumba hii mfululizo bila kuhama kwa muda gani? (JINA LA MAHALI ANAPOISHI)* IF A FEW WEEKS TO 11 MONTHS, RECORD 00-11. OTHERWISE, RECORD NUMBER OF YEARS.	MONTHS…… 1 [__|__] YEARS…… 2 [__|__] ALWAYS…… 995 → **Q804** VISITOR…… 996	
Q802	Just before you moved here, did you live in NAIROBI, MOMBASA, KISUMU, MACHAKOS, KAKAMEGA, OR ELSEHWERE , ASK AS APPROPRIATE)? *Kabla tu ya kuhamia hapa, uliwahi kuishi NAIROBI, MOMBASA, KISUMU, MACHAKOS, KAKAMEGA au mahali pengine?* **IF THE RESPONDENT MENTION <u>ELSEWHERE,</u> ASK IF THE PLACE IS A RURAL AREA OR A TOWN** *Je hapo ni mjini au ni kijijini au ni mashambani ?*	NAIROBI CITY …….. 01 MOMBASA CITY ……... 02 KISUMU CITY ……..... 03 MACHAKOS TOWN …… 04 KAKAMEGA TOWN …….. 05 ANOTHER TOWN …… 06 RURAL AREA……... 07 ANOTHER COUNTRY…… 08 → **Q804**	01–05: **Q804**
Q803	What is the name of the village/estate, town/city (or sub location if rural), and province of your former residence? *Kabla ya kuja hapa ulikuwa ukiishi mtaa, kijiji, mji, (lokesheni ndogo ikiwa ni mashambani) na mkoa gani?*	NAME OF ESTATE/VILLAGE_____1 TOWN/CITY OR SUBLOCATION:_____2 *CODE BOXES: OFFICE ONLY* [__|__][__| PROVINCE_____3 *CODE BOXES: OFFICE ONLY* [__|	
Q804	Since you started living here, have you stayed away from this estate/village for 6 (six) months or longer? *Tangu ulipoanza kuishi hapa, umewahi kuondoka na kuishi mahali pengine kwa muda wa miezi 6 au zaidi?*	YES . . . . . 1 NO 2	
Q805	In the past **<u>12 months</u>**, have you visited another city/town in Kenya in order to visit family or friends? *Katika miezi 12 iliyopita umewahi kwenda mji mwingine hapa Kenya ili kuwatembelea jamaa au marafiki ?*	YES . . . . . 1 NO . . . . . 2 → **Q815**	
Q806	Which **<u>city or town</u>** did you visit **<u>most often in the past 12</u>** months? *Ni mji gani ulitembelea zaidi katika muda wa miezi 12 iliyopita?* **GIVE NAME OF THE CITY AND PROVINCE** *Mji huo waitwaje na uko katika mkoa gani?*	1 NAME OF TOWN/CITY _____ *CODE BOXES: OFFICE ONLY* [__|__][__| PROVINCE_____ 2 *CODE BOXES: OFFICE ONLY* [__|	
Q807	How often did you visit this city/town [NAME OF CITY/TOWN Q806] in the **<u>last 12 months</u>**? *Ni mara ngapi ulitembelea* **(JINA la MAHALI ULIPOTAJA AWALI KATIKA Q806}** *katika muda wa miezi 12 iliyopita?*	PER WEEK……1 [__|__] PER MONTH……2 [__|__] PER YEAR……3 [__|__]	
Q808	How long do you usually stay when you visit [NAME OF CITY/TOWN? *Kwa kawaida unapotembelea* **(JINA LA MAHALI)** *wewe hukaa huko kwa muda gani?*	HOURS……...1 [__|__] DAYS……..2 [__|__] WEEKS ……3 [__|__] MONTHS ……...4 [__|__]	

Q809	**In the last year,** how much time have you spent at [NAME OF TOWN/CITY]? *Kwa mwaka mzima uliopita umekaa* **[NAME OF PLACE***] kwa muda gani?*	HOURS……..1 [__|__] DAYS……..2 [__|__] WEEKS ……3 [__|__] MONTHS ……..4 [__|__]	
Q810	During your visit(s), do you ever discuss family planning/birth spacing/child spacing with anybody? *Wakati wa matembezi yako huko, wewe huzungumza kuhusu Upangaji wa Uzazi/ kuweka muda kati ya mtoto hadi mwingine na mtu mwingine yeyote?*	YES…… 1 NO…….. 2	
Q811	During your visit(s), do you ever seek family planning / birth spacing services? *Wakati wa matembezi yako huko, wewe hutafuta huduma za kupanga uzazi/kuweka muda kati ya mtoto hadi mwingine?*	YES…… 1 NO…….. 2	
Q812	Do friends or family from this city/town [MENTIONED IN Q806] ever come to visit you? *Kuna marafiki ama jamaa kutoka (***MAHALI HAPO Q806)** *ambao huja hapa kukutembelea?*	YES…… 1 NO…….. 2 → **Q815**	
Q813	Do you ever talk about family planning with your friends and family who are visiting you here? *Je wewe hujadiliana kuhusu upangaji wa uzazi na marafiki na jamaa zako wanapo kutembelea hapa?*	YES…… 1 NO…….. 2	
Q814	Do your friends and family who visit ever seeks family planning services when they are visiting? *Je jamaa na marafiki wanaokutembelea hutafuta huduma za upangaji uzazi wanapokuja hapa?*	YES…… 1 NO…….. 2 DON'T KNOW…… 8	
Q815	In the past **12 months**, have you visited a rural area in Kenya in order to visit family or friends? *Katika miezi 12 iliyopita umewahi kwenda sehemu za mashambani hapa Kenya ili kuwatembelea jamaa au marafiki ?*	YES . . . . . 1 NO . . . . . 2 →	**END**
Q816	Which rural area did you visit **most often in the past 12** months? *Ni sehemu gani za mashambani ulitembelea zaidi katika muda wa miezi 12 iliyopita?* **GIVE THE NAME OF THE VILLAGE, SUBLOCATION AND PROVINCE** *Huko kulikuwa kijiji gani na lokesheni ndogo gani na mkoa gani?*	NAME OF VILLAGE_____ 1 SUBLOCATION:_____ 2 *CODE BOXES: OFFICE ONLY* [__|__][__| PROVINCE_____ *CODE BOXES: OFFICE ONLY* [__| 3	
Q817	How often did you visit this rural area [NAME OF PLACE IN Q816] in the **last 12 months**? *Kwa kawaida ni mara ngapi wewe hutembelea* **(JINA LA MAHALI ULIPOTAJA AWALI KATIKA Q816)katika muda wa miezi 12 iliyopita***?*	PER WEEK……1 [__|__] PER MONTH……2 [__|__] PER YEAR……3 [__|__]	
Q818	How long do you usually stay when you visit [NAME OF PLACE)? *Wewe kwa kawaida hukaa kwa muda gani unapotembelea* **(JINA LA MAHALI)?**	HOURS……..1 [__|__] DAYS……..2 [__|__] WEEKS ……3 [__|__] MONTHS ……..4 [__|__]	
Q819	**In the last one year,** how much time have you spent at [NAME OF PLACE]? *Kwa mwaka mzima uliopita umekaa* **[NAME OF PLACE]** *kwa muda gani?*	HOURS……..1 [__|__] DAYS……..2 [__|__] WEEKS ……3 [__|__] MONTHS ……..4 [__|__]	

Q820	During your visit(s), do you ever discuss family planning/birth spacing/child spacing with anybody? *Wakati wa matembezi yako huko, wewe huzungumza kuhusu Upangaji wa Uzazi/ kuweka muda kati ya mtoto hadi mwingine na mtu mwingine yeyote?*	YES…… 1 NO…….. 2	
Q821	During your visit(s), do you ever seek family planning spacing services? *Wakati wa matembezi yako huko, wewe hutafuta huduma za kupanga uzazi/kuweka muda kati ya mtoto hadi mwingine?*	YES…… 1 NO…….. 2	
Q822	Do friends or family from this rural area [MENTIONED IN Q816] ever come to visit you? *Kuna marafiki ama jamaa kutoka mahali hapo ambao huja hapa hukutembelea?* [MENTIONED IN Q816]	YES…… 1 NO…….. 2 →	**END**
Q823	Do you ever talk about family planning with your friends and family who are visiting you here? *Je wewe huzungumza kuhusu upangaji wa uzazi na marafiki na jamaa zako wanapo kutembelea?*	YES…… 1 NO…….. 2	
Q824	Do your friends and family who visit ever seeks family planning services when they are visiting? *Hao jamaa na marafiki wanaokutembelea hutafuta huduma za upangaji uzazi wanapokuja hapa?*	YES…… 1 NO…….. 2 DON'T KNOW…… 8	

RECORD END TIME.

HOUR……..[__|__]

MINUTES……..[__|__]

COMMENTS:

END THE INTERVIEW AND THANK THE RESPONDENT FOR HIS TIME AND PARTICIPATION!

QUESTIONNAIRE NO: [__|__|__|__|__|__|__|__]
(city code 1 digit + cluster code 3 digits + HHH number 3 digits)

KENYA BASELINE SURVEY
MLE/KURHI Household Questionnaire
Eng-Swa

KNBS KENYA NATIONAL BUREAU OF STATISTICS *Keeping you informed*

IDENTIFICATION

URBAN SITE…… (NAIROBI = 1; MOMBASA=2; KISUMU=3; MACHAKOS=4; KAKAMEGA=5)	[__]
DISTRICT ..... ……	[__|__]
SUBLOCATION……	[__|__]
KURHI EA CLUSTER NUMBER……	[__|__|__]
EA TYPE (URBAN – 2; PERI-URBAN – 3)……	[__]
EA STATUS (INFORMAL – 4; FORMAL – 9)……	[__]
STRUCTURE NUMBER ..... ……	[__|__|__]
HOUSEHOLD NUMBER..... ……	[__|__|__]
LINE NUMBER OF RESPONDENT……	[__|__]
IS HOUSEHOLD SELECTED FOR MAN'S SURVEY? YES =1 NO=2	[__]
NUMBER OF HOUSEHOLDS FOUND IN THE PRESELECTED HOUSEHOLD ADDRESS	[__|__]

INTERVIEW VISIT

VISIT NO.	1	2	3	FINAL VISIT
DATE	DAY/ MONTH/ YEAR [____/_____/ **10**]	DAY/ MONTH/ YEAR [____/_____/ **10**]	DAY/ MONTH/ YEAR [____/_____/ **10**]	DAY [____|____] MONTH [____|____] YEAR [**2** | **0** | **1** | **0**]
RESULT*	[____]	[____]	[____]	RESULT [____]
INTERVIEWER NAME	_____	_____	_____	_____
INTERVIEWER CODE	[___|___|___]	[___|___|___]	[___|___|___]	[___|___|___]
NEXT VISIT: DATE: TIME:	[____/_____/ **10**] [__|__] [__|__] HH MM	[____/_____/ **10**] [__|__] [__|__] HH MM		TOTAL NO. OF VISITS [____]

*RESULT CODES:
1. COMPLETED
2. NO HOUSEHOLD MEMBER OR NO COMPETENT RESPONDENT AT HOME AT THE TIME OF VISIT
3. ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME
4. POSTPONED
5. REFUSED
6. DWELLING VACANT OR ADDRESS IS NOT A DWELLING
7 .DWELLING DESTROYED
8. DWELLING NOT FOUND
9.OTHER (SPECIFY) _____

TOTAL PERSONS IN HOUSEHOLD	[__|__]
TOTAL ELIGIBLE WOMEN/MEN IN HH	[__|__] WOMEN 15-49 yr [__|__] MEN 15-59 yr

LANGUAGE

MAIN LANGUAGE OF INTERVIEW [__| INTERPRETER USED? 1=YES 2=NO
LANGUAGE CODES: 1 KISW 2 ENG 3 DHOLUO 4 LUHYA-WANGA 5 KAMBA 6 OTHER (SPECIFY)_____

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____	NAME _____	NAME _____
CODE [____|____|____]	CODE [____|____|____]	CODE [____|____|____]	CODE [____|____|____]
DATE [____/_____/ **10**] DD MM YY	DATE [____/_____/ **10**] DD MM YY	DATE [____/_____/ **10**] DD MM YY	DATE [____/_____/ **10**] DD MM YY

Household Head Consent: Household-Based Survey on Family Planning

Introduction

Hello! My name is _____, I am part of a research team working for the Kenya National Bureau of Statistics. We are carrying out research on family planning in urban areas of Kenya. Your participation in this study will help to improve family planning services in this city. We will be asking questions to all women ages 15-49 and men ages 15-59 from this household for this study. We would also like to ask some questions from you about household assets, a list of the people who usually live in the household, and details about the head of the household.

Are you the head of the household? Are you interested in participating? Please let me tell you more about it. Habari! Jina langu ni _____, mimi ni mojawapo ya watafiti wanao fanya kazi na shirika la Kitaifa la Kenya la Takwimu. Tunafanya utafiti kuhusu upangaji wa uzazi katika miji ya Kenya. Kushiriki kwako katika utafiti huu kutasaidia kuimarisha huduma za upangaji wa uzazi katika jiji hili. Tutawauliza maswali wanawake wote kati ya umri wa miaka 15 hadi 49 na wanaume kati ya umri wa miaka 15 hadi 59 wanaoishi katika nyumba hii kwa ajili ya utafiti huu. Pia tungetaka kuuliza kuhusu vitu vilivyoko katika nyumba hii, orodha ya watu ambao kwa kawaida wanaishi hapa na tutataka kujua zaidi kuhusu kiongozi wa nyumba hii.

Je wewe ndiye kiongozi au msimamizi wa nyumba hii? Ungependa kushiriki? Ngoja nikuelezee zaidi.

Explanation of Procedures

Being part of this study involves answering questions during a short interview that will take about 45 minutes. To join the study is voluntary. You may refuse to participate, or you may stop the interview at any point. If you stop the interview, there will be no effect on the household's access to health services in the future.

Kushiriki katika utafiti huu kunahitaji kujibu maswali wakati wa majadiliano mafupi ambayo yatachukua kama dakika 45 hivi. Kushiriki kwako ni kwa hiyari. Waweza kukataa kushiriki, ama waweza kusimamisha mahojiano wakati wowote. Ukisimamisha mahojiano, watu wa nyumba hii hawataathirika vyovyote kwa siku zijazo wanapokwenda kupata huduma za afya

Confidentiality

Your answers will not be shared with anyone outside the research project. All interviews will be held in private. Your name will not appear on the survey. We will not share your answers with community members, health providers, family or anyone else. At the end of the study, we will put all the answers together and make a report. *Majibu yako hayatajulishwa mtu mwingine kando na watafiti wanaoshiriki katika mradi huu. Majadiliano yote yatafanyika kwa siri. Jina lako halitatumika katika utafiti huu. Hatutatoa majibu yako kwa watu wa jamii hii, wahudumu wa afya, watu wa familia yako wala mtu mwingine yeyote. Mwisho wa utafiti huu tutaweka majibu yote pamoja na tutatoa ripoti.*

In addition to the interview today, we would like to meet with you and other (women/men) of the household twice more to ask you some more questions. We will need to contact you in two years to interview you a second time, and again two years after that to interview you a third time. We would like to interview you three times to see how the circumstances in your life change. So we can find your household again, we need to ask questions on how, where and when to best contact you. We will make every effort to plan the next interview without anyone knowing. Your contact information will be kept in a locked cabinet, and kept apart from your answers to the questions. Once the study is finished, the list of names with your contact information, and the completed questionnaires will be destroyed.

Kadhalika, kando na mahojiano ya leo, tungependa kukuona wewe pamoja na wengine (wanaume/wanawake) wa nyumba hii mara mbili zaidi ili tuwaulize maswali mengine. Tutahitaji kuwasiliana tena baada ya miaka miwili ijayo ili kuwa na majadiliano ya pili, na pia miaka mingine miwili baadaye ili kujadiliana tena kwa mara ya tatu. Tungependa kujadiliana nawe mara tatu ili kuweza kuona vile hali ya maisha yako inavyobadilika.

Ili kuweza kuwapata watu wanaoishi hapa kwa mara nyingine, tutahitaji kuuliza maswali kuhusu vipi, wapi na lini tutakavyo weza kuwasiliana nawe. Tutafanya jitihada zote tuwezavyo kupanga majadiliano yatakayofuata bila mtu mwingine kujua. Habari ya jinsi ya kuwasiliaana nawe zitafungiwa kwenye kabati, mbali na majibu yote ambayo utatupa. Utafiti huu ukishakamilika, orodha ya majina na habari za mawasiliano na pia majibu yote ya maswali yataharibiwa.

Benefits

You may not personally benefit from being in this study, but research helps society by providing new knowledge. The answers to our survey will help us design better programs to improve women's health in Kenya.

Huenda usifaidike kibinafsi kutokana na utafiti huu, lakini utafiti husaidia jamii kwa kuwapa ujuzi mpya. Majibu tutakayopata kupitia utafiti huu yatatusaidia katika kuunda miradi bora zaidi ili kuboresha afya ya kina mama hapa Kenya.

Risks and Discomforts

There is the possibility you may feel uncomfortable about a question I ask. If you feel uncomfortable about any of the questions, you do not have to answer them. I can skip those questions and go on to the next section. You can end the interview at any time.

Kuna uwezekano kuwa utahisi kutopendezwa na swali fulani nitakalo uliza. Ukihisi kutopendezwa kuhusu maswali yoyote, siyo lazima uyajibu. Ninaweza kuruka maswali hayo na kuanza sehemu nyingine. Unaweza kusimamisha majadiliano wakati wowote.

There is also the possibility that someone may approach us during the interview to find out what we are discussing. We intend to do this interview in private, if someone approaches us, we will stop the interview until we can continue in private. Some questions may not apply to you, but the interviewer must ask the same questions of everyone.

Kuna uwezekano pia mtu mwingine aweza kuja karibu wakati tunapoendelea na majadiliano kutaka kujua ninini tunachojadiliana. Tuna nia kufanya majadiliano haya kwa siri, na ikiwa mtu atatukaribia, tutaacha majadiliano hadi tutakapo baki wawili. Maswali mengine yaweza kuwa hayakuhusu lakini ni lazima niulize kila mtu maswali yale yale.

Costs and Payment

There are no costs for being in this study. You will not receive any money for taking part in this study.

Haikugharimu chochote kushiriki katika utafiti huu. Hutapokea pesa zozote kwa kushiriki katika utafiti huu.

Questions /Your rights as Participants

This study has been approved by the Kenya Medical Research Institute, and the University of North Carolina (USA). If you have any questions about this study or the results, you can contact the following: The study coordinator at the Kenyan National Bureau of Statistics Mr Christopher Ndayara Omolo at 020 2244079; the study coordinator at APHRC Mr Paul Kuria 020 2720400, The Secretary, National Ethics Review Committee at Kenya Medical Research Institute at +254 (020) 2722541, 2713349. or the Institutional Review Board at the University of North Carolina at +1 919-966-3113. You have the right to ask, and have answered, any questions you may have about this research. If you have questions or concerns, you should contact the researchers listed above, or ask me before or after the interview. Do you have any questions now?

Utafiti huu umeidhinishwa na Shirika la Kenya la Utafiti wa Matibabu, na Chuo Kikuu cha North Carolina (Marekani). Kama una maswali yeyote kuhusu utafiti huu ama matokeo yake, unaweza kuwasiliana na wafuatao: Mwelekezi wa utafiti wa Shirika la Kitaifa la Kenya la Takwimu Bwana Christopher Ndayara Omolo kwa nambari 020 2244079; Mwelekezi wa utafiti wa shirika la APHRC Bwana Paul Kuria 020 2720400, Katibu wa Kamati ya Kitaifa ya Kuchunga Maadili katika Taasisi ya Kenya ya Utafiti wa Matibabu nambari +254 (020) 2722541, 2713349. ama Bodi ya Kuchunga Taasisi ya Chuo Kikuu cha North Carolina kwa nambari +1 919-966-3113. Una haki ya kuuliza maswali yoyote na kupata majibu yake kuhusiana na utafiti huu. Ikiwa una maswali ama shauku zozote, wasiliana na watafiti walio orodheshwa hapa, ama uniulize mimi maswali kabla au baada ya majadiliano. Je, una maswali sasa?

Consent

Now, can you tell me if you agree to participate in this research? If you say yes, it means that you have agreed to be part of the study.

Yes No

Sasa waweza kuniambia kama unakubali kushiriki katika utafiti huu? Ukisema ndiyo, inamaanisha kuwa umekubali kushiriki katika utafiti huu.

Ndio La

Would you like a copy of this document?

Yes No

Je, Unahitaji nakala ya stakabadhi hii?

Ndio La

Signature of interviewer: _____

Date: _____

RECORD START TIME: HOUR……[__|__] MINUTES……[__|__]

HOUSEHOLD SCHEDULE

Now we would like some information about the people who usually live in your household or who are staying with you now, starting with the household head. *Sasa ningependa kujua kuhusu watu ambao kwa kawaida huishi na kula kwa nyumba yako/ yenu ama wanaoishi nawe kwa sasa tukianza na kiongozi wa nyumba.*

(1)	(2)	(3)	(4)	(5)		(6)	(7)	(8)	(10)
Line No.	**Name Usual residents and visitors**	**Relation to head of household (*use codes below*)**	**Sex**	**Residence**		**Age**	**MARITAL STATUS**	**EDUCATION**	**ELIGIBILITY**
	Please give me the names of the persons who usually live in your household, or who are staying with you now starting with the head of the household. *Tafadhali nipe majina ya watu ambao kwa kawaida huishi hapa, au unaoishi nao kwa sasa ukianza na kiongonzi wa nyumba hii*	What is the relationship of (NAME) to the HH head? *(FULANI…) ana uhusiano gani na kiongozi wa nyumba hii?*	Is (NAME) male or female? *(FULANI) ni mke ama ni mume?* MALE=1 FEMALE=2	Q5A Does (NAME) usually live here? *Kwa kawaida (FULANI) anaishi hapa?* YES=1 NO=2	Q5B Did (NAME) stay here last night? YES=1 NO=2 *Je (FULANI) alilala hapa jana usiku?*	How old is (NAME)? *(FULANI) ana miaka mingapi* **IF BELOW 1 YEAR OLD, ENTER 00**	What is the current marital status of (NAME)? ***(ASK ONLY TO PEOPLE AGED 10 YEARS OR MORE)*** *Hivi sasa (FULANI…) ameowa/ameolewa?* 1= MARRIED OR LIVING TOGETHER 2= DIVORCED/SEPARATED 3= WIDOWED 4= NEVER MARRIED	**IF AGED 3-24 YEARS** Did (NAME) attend school at any time during the 2010 school year? *Je,(FULANI…) aliwahi kwenda shule wakati wowote mwaka wa 2010?* YES=1 NO=2	Circle line number of all Females 15-49 years AND Males 15-59 years Check column 4 and 6
01.	HH Head:	**0 1**	M F 1 2	YES NO 1 2	YES NO 1 2			YES NO 1 2	01
02.			1 2	1 2	1 2			YES NO 1 2	02
03.			1 2	1 2	1 2			YES NO 1 2	03
04.			1 2	1 2	1 2			YES NO 1 2	04

Just to make sure that I have a complete listing. Are there any other persons such as small children or infants that we have not listed? (If yes, add to table).
Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here? (If yes, add to table).
Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? (If yes, add to table).

Ili kuhakikisha kuwa nina orodha kamili, je, kuna watu wengine wowote kama vile watoto wadogo au wachanga ambao hawajaandikwa. **(IF YES, ADD TO TABLE).**
Kuna watu wengine wowote ambao sio wa familia hii, kama vile wafanyikazi wa nyumbani, watu wenye kulala ambao huja kulala hapa, ama marafiki ambao huishi hapa kwa kawaida? **(IF YES, ADD TO TABLE).**
Je, kuna wageni au wageni ambao wamewatembelea kwa muda mfupi ambao wanaishi hapa, ama mtu mwingine yeyote ambaye alilala hapa jana usiku ambao hawajaandikwa? **(IF YES, ADD TO TABLE).**

CODES FOR Q3: RELATIONSHIP TO HEAD OF HOUSEHOLD:

01 HEAD
02 SPOUSE
03 SON OR DAUGHTER
04 SON- OR DAUGHTER-IN LAW
05 GRANDCHILD
06 PARENT
07 PARENT IN LAW
08 BRO OR SISTER
09 BRO OR SISTER –IN- LAW
10 NIECE/NEPHEW
11 OTHER RELATIVE
12 ADOPTED/FOSTER/STEPCHILD
13 DOMESTIC SERVANT
14 NOT RELATED
15 CO-WIFE
96. OTHER_____SPECIFY
98. DON'T KNOW

(1)	(2)	(3)	(4)	(5)		(6)	(7)	(8)	(10)
Line No.	**Name Usual residents and visitors**	**Relation to head of household (*use codes below*)**	**Sex**	**Residence**		**Age**	**MARITAL STATUS**	**EDUCATION**	**ELIGIBILITY**
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05.			M 1 F 2	YES 1 NO 2	YES 1 NO 2			YES 1 NO 2	05
06.			1 2	1 2	1 2			YES 1 NO 2	06
07.			1 2	1 2	1 2			YES 1 NO 2	07
08.			1 2	1 2	1 2			YES 1 NO 2	08
09.			1 2	1 2	1 2			YES 1 NO 2	09
10.			1 2	1 2	1 2			YES 1 NO 2	10
11.			1 2	1 2	1 2			YES 1 NO 2	11

Just to make sure that I have a complete listing. Are there any other persons such as small children or infants that we have not listed? (If yes, add to table).
Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here? (If yes, add to table).
Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? (If yes, add to table).
Ili kuhakikisha kuwa nina orodha kamilifu. Je, kuna watu wengine wowote kama vile watoto wachanga ambao hawajaandikwa. (If yes, add to table). Kuna watu wengine wowote ambao sio wa familia hii, kama vile wafanyikazi wa nyumbani, watu ambao huja kulala hapa, ama marafiki ambao huishi hapa kwa kawaida? (If yes, add to table).Je, kuna wageni au wageni ambao wamewatembelea kwa muda mfupi ambao wanaishi hapa, ama mtu mwingine yeyote ambaye alilala hapa jana usiku ambao hawajaandikwa? (If yes, add to table).

CODES FOR Q3: RELATIONSHIP TO HEAD OF HOUSEHOLD:

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08 BRO OR SISTER
09 BRO OR SISTER –IN- LAW
10 NIECE/NEPHEW
11 OTHER RELATIVE
12 ADOPTED/FOSTER/STEPCHILD
13 DOMESTIC SERVANT
14 NOT RELATED
15 CO-WIFE
96. OTHER_____SPECIFY
98. DON'T KNOW

(1)	(2)	(3)	(4)	(5)		(6)	(7)	(8)	(10)
Line No.	**Name Usual residents and vistors**	**Relation to head of household (*use codes below*)**	**Sex**	**Residence**		**Age**	**MARITAL STATUS**	**EDUCATION**	**ELIGIBILITY**
	Please give me the names of the persons who usually live in your household, or who are staying with you now starting with the head of the household. *Tafadhali nipe majina ya watu ambao kwa kawaida huishi hapa, au unaoishi nao kwa sasa ukianza na kiongonzi wa nyumba hii.*	What is the relationship of (NAME) to the HH head? *(FULANI…) ana uhusiano gani na kiongozi wa nyumba hii?*	Is (NAME) male or female? *(FULANI…) ni mke ama ni mume?* MALE=1 FEMALE=2	Q5A Does (NAME) usually live here? *Kwa kawaida (FULANI…)* YES=1 NO=2	Q5B Did (NAME) stay here last night? *Je (FULANI) alilala hapa jana usiku?* YES=1 NO=2	How old is (NAME)? *(FULANI…) ana miaka mingapi?* **IF BELOW 1 YEAR OLD, ENTER 00**	What is the current marital status of (NAME)? ***(ASK ONLY TO PEOPLE AGED 10 YEARS OR MORE)*** *Hivi sasa, (FULANI…) ameowa/ameolewa?* 1= MARRIED OR LIVING TOGETHER 2= DIVORCED/SEPARATED 3= WIDOWED 4= NEVER MARRIED	**IF AGED 3-24 YEARS** Did (NAME) attend school at any time during the 2010 school year? *(FULANI…) aliwahi kuenda shule wakati wowote mwaka wa 2010?* YES=1 NO=2	Circle line number of all Females 15-49 years AND Males 15-59 years Check column 4 and 6
12.		☐☐	M 1 F 2	YES 1 NO 2	YES 1 NO 2	☐☐	☐	YES 1 NO 2	12
13.		☐☐	1 2	1 2	1 2	☐☐	☐	YES 1 NO 2	13
14.		☐☐	1 2	1 2	1 2	☐☐	☐	YES 1 NO 2	14
15.		☐☐	1 2	1 2	1 2	☐☐	☐	YES 1 NO 2	15
16.		☐☐	1 2	1 2	1 2	☐☐	☐	YES 1 NO 2	16
17.		☐☐	1 2	1 2	1 2	☐☐	☐	YES 1 NO 2	17
18.		☐☐	1 2	1 2	1 2	☐☐	☐	YES 1 NO 2	18

Just to make sure that I have a complete listing. Are there any other persons such as small children or infants that we have not listed? (If yes, add to table).
Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here? (If yes, add to table).
Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? (If yes, add to table).
Ili kuhakikisha kuwa nina orodha kamili, je, kuna watu wengine wowote kama vile watoto wadogo au wachanga ambao hawajaandikwa. **(IF YES, ADD TO TABLE).**
Kuna watu wengine wowote ambao sio wa familia hii, kama vile wafanyikazi wa nyumbani, watu wenye kulala ambao huja kulala hapa, ama marafiki ambao huishi hapa kwa kawaida? **(IF YES, ADD TO TABLE).**
Je, kuna wageni au wageni ambao wamewatembelea kwa muda mfupi ambao wanaishi hapa, ama mtu mwingine yeyote ambaye alilala hapa jana usiku ambao hawajaandikwa? **(IF YES, ADD TO TABLE).**

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09 BRO OR SISTER –IN- LAW
10 NIECE/NEPHEW
11 OTHER RELATIVE
12 ADOPTED/FOSTER/STEPCHILD
13 DOMESTIC SERVANT
14 NOT RELATED
15 CO-WIFE
96. OTHER_____SPECIFY
98. DON'T KNOW

BASIC CHARACTERISTICS			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	FAMILY BACKGROUND		
Q11	How long has your family/household continuously lived in (NAME OF CURRENT PLACE OF RESIDENCE –**ESTATE OR VILLAGE**)? *Familia yako/watu wa nyumba hii wameishi* **(JINA LA MAHALI WANAPOISHI-ESTATE OR VILLAGE)** *kwa muda gani mvululizo bila kuhama?* IF A FEW WEEKS TO 11 MONTHS, RECORD 00-11. OTHERWISE, RECORD NUMBER OF YEARS.	MONTHS…… 1 [__|__] YEARS……2 [__|__] ALWAYS……..995	
Q12	Where is the ancestral home of the household head located? *Nyumbani kwa ukoo ambapo kiongozi wa nyumba hii alizaliwa ni wapi?*	NAIROBI CITY…… 01 MOMBASA CITY…… 02 KISUMU CITY…… 03 MACHAKOS TOWN …… 04 KAKAMEGA TOWN …… 05 OTHER TOWN IN KENYA……..06 RURAL VILLAGE IN KENYA……..07 OUTSIDE KENYA……08	
	LEGAL STATUS		
Q13	Does your household own this structure (house, flat, shack), do you rent it, or do you live here without paying? *Je! (nyumba/gorofa/jengo/sehemu/banda) hii ni yako au unakodisha au unaishi hapa bila malipo?*	OWN……1 RENT/LEASE……2 NO RENT, WITH CONSENT OF OWNER…… 3 NO RENT, SQUATTING…… 4 OTHER_____ 6 (SPECIFY) DON'T KNOW……8	
Q14	Who owns the land on which this structure (house, flat, shack) sits? *Ardhi ambayo (nyumba/ gorofa /jengo/sehemu/banda) hii imejengwa juu yake ni ya nani?*	RESPONDENT/HOUSEHOLD……..01 GOVERNMENT (NON-TENURE LAND) 02 GOVERNMENT (WORKER HOUSING). 03 EMPLOYER (NON-GOVERNMENT)..... 04 LANDLORD ……05 RELATIVE……06 OTHER_____96 (SPECIFY) DON'T KNOW……98	
	BASIC PHYSICAL CHARACTERISTICS		
Q15	How many rooms in total are in your household, including rooms for sleeping and all other rooms? *Nyumba yako ina vyumba (room) vingapi kwa jumla, ukijumulisha vyote hadi vya kulala na vinginevyo?*	ROOMS (TOTAL)…… ☐☐	
Q16	**(EXCLUDING BATHROOM AND KITCHEN),** How many rooms are used for sleeping in your household? *BALI NA VYUMBA VYA KUOGEA, CHOO NA CHUMBA MAALUM CHA KUPIKIA, kuna vyumba (room) vingapi vyatumika kwa kulala katika nyumba hii?*	ROOMS (SLEEPING)…… ☐☐	
Q17	What type of fuel does your household **mainly** use for cooking? *Nyumba yako hutumia moto wa aina gani hasa kwa kupika?* SINGLE RESPONSE	ELECTRICITY……01 LPG (Gas)……..02 KEROSENE/PARAFFIN……03 CHARCOAL……04 WOOD……..05 TRASH/PAPER WASTE……06 STRAW/GRASS……07 ANIMAL DUNG…… …08 OTHER _____96 (SPECIFY) NO FOOD COOKED IN THE HOUSEHOLD……..97	

Q18	Do you have a separate room which is used as a kitchen? *Kuna chumba (room) maalum kinacho tumika kama jikoni?*	YES.....1 NO 2	

Q19	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	NATURAL ROOFING DUNG/MUD……11 THATCH/GRASS/REED/MAKUTI…..12 RUDIMENTARY ROOFING PLASTIC BAGS……21 TIN CANS……22 PALM/BAMBOO…….....23 WOOD PLANKS……..…...24 CARDBOARD……..…...25 FINISHED ROOFING CORRUGATED IRON (MABATI)…..31 ASBESTOS SHEET……32 CONCRETE…..……33 ROOFING SHINGLES……34 TILES……35 OTHER _____96 (SPECIFY)	
Q20	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOORING EARTH/SAND/DUNG……11 RUDIMENTARY FLOORING WOOD PLANKS……..…21 PALM/BAMBOO…….……22 FINISHED FLOORING CEMENT……...31 CERAMIC TILES……..32 VINYL OR ASPHALT STRIPS…….33 PARQUEST OR POLISHED WOOD……...34 CARPET/RUG……..…35 OTHER _____ 96 (SPECIFY)	
Q21	MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION.	NATURAL WALLS NO WALLS . . . . . 11 CANE/PALM/TRUNKS . . . . . 12 DIRT . . . . .13 RUDIMENTARY WALLS BAMBOO WITH MUD . . . . . .21 STONE WITH MUD . . . . . .22 UNCOVERED ABODE. . . . . .23 PLYWOOD . . . .24 CARDBOARD……25 PLASTIC BAGS……26 REUSED WOOD . . . . . .27 FINISHED WALLS CEMENT . . . . . 31 STONE WITH LIME/CEMENT. . . . . 32 BRICKS . . . . . 33 CEMENT BLOCKS . . . . 34 COVERED ADOBE . . . . . 35 METAL/IRON SHEETS……..36 WOOD PLANKS/SHINGLES . . . . . 37 OTHER_____96 (SPECIFY)	
	ELECTRICITY AND WATER		
Q22	Does this household have electricity? *Nyumba hii ina stima/umeme/spaki?*	YES……1 NO……..2 →	**Q24**
Q23	What is the **main** source of electricity? *Stima hii inatoka wapi hasa?*	KPLC MAIN……...1 SOLAR POWER…… 2 GENERATOR…… …… 3 OTHER _____...6 (SPECIFY)	

Q24	What is the **main** source of **drinking water** for your household? *Maji yenu ya kunywa yanatoka wapi sana sana?*	PIPED WATER INTO DWELLING.....11 PIPED TO YARD/PLOT.....12 PUBLIC TAP/STANDPIPE.....13 TUBE WELL OR BOREHOLE.....21 DUG WELL PROTECTED WELL.....31 UNPROTECTED WELL.....32 WATER FROM SPRING PROTECTED SPRING.....41 UNPROTECTED SPRING.....42 RAINWATER WITHIN THE YARD/PLOT…… 51 OUTSIDE THE YARD/PLOT…… 52 TANKER TRUCK.....61 CART WITH SMALL TANK.....71 SURFACE WATER (RIVER/ DAM/ LAKE/ POND/ STREAM/ CANAL).....81 BOTTLED WATER.....91 → **Q30** OTHER_____96	
Q25	Do other households share your household's water source? *Je, watu wa nyumba nyingine pia wanapata maji yao ya kunywa kutoka mahali hapo hapo ambapo nyinyi mwapata??*	YES……1 NO……2 DON'T KNOW……8	
Q26a	**INTERVIEWER: CHECK Q24:** **IF CODE 13, 21, 31, 32, 41, 42, 52, 61, 71, 81, 96** ↓	**CHECK IF CODE 11, 12** **OR 51 IS CIRCLED** → **Q28**	
Q26b	Is your water for drinking piped from the main source (_____mentioned in Q24) into your dwelling unit?	YES……1 → **Q28** NO……2	
Q27	How long does it take to go to [HOUSEHOLD SOURCE OF WATER], **get water,** and **come back?** *Inachukuwa muda gani kwenda na kurudi mahali ambapo mwapata maji?*	MINUTES ☐☐☐	
Q28	Does your household do anything to your water to make it safer to drink? *Je nyinyi hufanya kitu chochote ili kufanya maji yenyu yawe salama kunywa?*	YES……1 NO……2 → **Q30** DON'T KNOW……8 → **Q30**	
Q29	What does your household usually do to your drinking water? *Nyinyi hufanya nini kwa kawaida kwa maji yenu?* Anything else? *Kuna kingine?* **RECORD ALL MENTIONED.**	BOIL . . . . . A CHLORINE TREATMENT (JIK/ PUR /WATERGUARD/AQUAGUARD)……..B COVER/STORE IN COVERED CONTAINER……...C LET IT STAND AND SETTLE. .. . ……...D CLOTH FILTER/DECANTER…..…….. E WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC.) .. . ….. . .….F SUN PURIFICATION……..G ALUM……H OTHER_____X (SPECIFY) DON'T KNOW . . . .Z	

	TOILET FACILITIES		
Q30	What kind of toilet facility do members of your household's usually have? *Kwa kawaida watu wa nyumba hii wana choo cha aina gani?*	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM. .11 FLUSH TO SEPTIC TANK . . . . . 12 FLUSH TO PIT LATRINE . . . . . 13 FLUSH TO SOMEWHERE ELSE……..14 FLUSH, DON'T KNOW WHERE . . . ...15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE . . . . . 21 PIT LATRINE WITH SLAB . . . . 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT . . . . . 23 COMPOSTING TOILET . . . .31 BUCKET TOILET . . . .41 HANGING TOILET/HANGING LATRINE...51 NO FACILITY/BUSH/FIELD . . . . . 61 → **Q34** OTHER_____96 (SPECIFY)	
Q31	Is it inside or outside your dwelling unit? *Je, choo kiko ndani ama nje ya nyumba yenu?*	INSIDE.....1 OUTSIDE.....2	
Q32	Do you share this toilet with other households? *Je mnatumia choo hiki na watu wa nyumba nyingine?*	YES.....1 NO .....2 → **Q34** DON'T KNOW……..8 → **Q34**	
Q33	How many households, including your own, share this toilet? *Ukijumulisha, ni familia ngapi, pamoja na nyumba/familia yako, ambao wanatumia choo hiki?*	IF 9 OR LESS HOUSEHOLDS……☐ **RECORD NUMBER** 10 OR MORE HOUSEHOLDS ……95 DON'T KNOW ……98	

	BASIC DURABLES GOODS AND ASSETS			
Q34	Does any member of this household own any agricultural land? *Je kuna mtu yeyote wa nyumba hii ambaye ana shamba la ukulima*	YES……..1 NO……2 DON'T KNOW…… ..8		
Q35	Does this household own any livestock, herds, poultry or other animals? *Je, kuna mtu yeyote wa nyumba hii ambaye ana mifugo, ndege wa kufuga ama wanyama wengine wowote?*	YES……..1 NO……2 → **Q37**		
Q36	Does any member of this household own: *Kwa hii nyumba kuna mtu yeyote ambaye ana:* Milk cows or bulls? Donkeys or mules? Goat? Sheep? Chick? Pigs? Rabbits? Horses?		**YES**	**NO**
		COWS/BULLS *(NG'OMBE AU NDUME)*……	1	2
		DONKEYS/MULES (*PUNDA AMA NYUMBU)*.....	1	2
		GOATS *(MBUZI)*…….....	1	2
		SHEEP *(KONDOO)*…….....	1	2
		CHICKEN *(KUKU)*……	1	2
		PIGS *(NGURUWE)*……	1	2
		RABBITS *(SUNGURA)*……..	1	2
		HORSES (*FARASI*)……	1	2

Q37	Does any member of this household own: *Katika nyumba hii kuna mtu yeyote ambaye ana:* A bicycle? A motorcycle or motor scooter? A hand or animal drawn cart? A car/truck/matatu/minibus A boat with a motor?		**YES**	**NO**
		BICYCLE *(BAISIKELI).....*	1	2
		MOTORCYCLE/SCOOTER *(PIKIPIKI*)……	1	2
		HAND OR ANIMAL-DRAWN CART *(MKOKOTENI WA KUVUTWA KWA MKONO AU NA MNYAMA)…*	1	2
		ANY VEHICLE *(GARI LOLOTE)……..…*	1	2
		BOAT WITH MOTOR (*DAU LENYE ENGINE)……*	1	2
Q38	Does any member of this household own: *Katika nyumba hii kuna mtu yeyote ambaye ana:* A clock? A radio? A television? A mobile phone? A landline telephone? A refrigerator? A kerosene stove? A cooker/meko/burner? An electric fan? A mosquito net? A mattress? A bed? Blankets? A table? A kerosene lamp with glass? A torch? A sewing machine? A sofa set? A computer? An electric iron? A charcoal ironbox? A VCR/DVD player?		**YES**	**NO**
		CLOCK *(SAA YA UKUTA)…*	1	2
		RADIO (REDIO)……	1	2
		TELEVISION *(TELEVISHENI)…….*	1	2
		MOBILE PHONE *(SIMU YA MKONO)……..*	1	2
		LANDLINE *(SIMU ISIYO YA MKONO/SIMU TUAMA)…….*	1	2
		REFRIGERATOR *(FRIJI).....*	1	2
		KEROSENE STOVE *(STOVU YA MAFUTA TAA*)..	1	2
		ELECTRIC/GAS COOKER/MEKO/GAS BURNER (*JIKO LA STIMA AU GESI/MEKO)*……....	1	2
		ELECTRIC FAN *(FANI/PANKA)……..*	1	2
		MOSQUITO NET(*NETI YA MBU)*.....	1	2
		MATTRESS *(GODORO)…..*	1	2
		BED *(KITANDA)……*	1	2
		BLANKETS *(BLANKETI)..…*	1	2
		TABLE *(MEZA)……..*	1	2
		KEROSENE LAMP WITH GLASS *(TAA YA CHIMNI AU GLASI)……*	1	2
		TORCH *(TOCHI)……*	1	2
		SEWING MACHINE *(MASHINI YA KUSHONA)....*	1	2
		SOFA SET *(KITI CHA SOFA/KOCHI)……*	1	2
		COMPUTER TARAKLISHI	1	2
		ELECTRIC IRON PASI YA STIMA	1	2
		CHARCOAL IRONBOX PASI YA MAKAA	1	2
		VCR/DVD PLAYER MASHINE YA KUCHEZA KANDA ZA VIDEO	1	2

Q39	Does your household employ any help (such as a house help, shamba man, etc.)? *Je katika nyumba hii mumeajiri mfanyikazi (kama vile msaidizi wa nyumba ama mfanyi kazi wa shambani na kadhalika)*	YES…… ……...1 NO…… ……2 DON'T KNOW…… ……..8	
Q40	Is any usual member of this household covered by health insurance? *Je kuna mtu yeyote wa nyumba hii ambaye ana bima ya afya?*	YES .....1 NO .....2 DON'T KNOW……. . . . . ……8	

Q41	Did your household save any money in the last month? *Je, mmeweka akiba ya pesa zozote katika mwezi uliopita?* **IF YES,** How much? *Pesa ngapi?*	YES, SHILLINGS…….[__|__|__|__|__|__|__] YES, DON'T KNOW AMOUNT….999991 NO……999992 DON'T KNOW……999998	
Q42	In the last three (3) months, has any member of this household missed a meal due to lack of food? *Katika miezi 3 iliyopita, kuna mtu yeyote wa nyumba hii ambaye hakula japo mara moja kwa ajili ya ukosefu wa chakula?*	YES……...1 NO……2 DON'T KNOW…… ..8	

Q43	**CONSUMPTION**	
	Worksheet for recording household consumer expenditure	
	Item groups	**Value of consumption (Shillings)**
	Weekly expenses (food, drinks, tobacco, newspapers)	**Last 7 days** *If did not consume any money enter 000000* *If don't know how much was consumed enter 999998*
	1.1 Grains and flours (such as millet, rice, maize,and other types of flour) *Nafaka na unga(kama vile matama, mchele, mahindi , nduma na unga wa aina nyingine)*	
	1.2 Bread, buns, scones *Mkate, skonzi, maandazi*	
	1.3 Potatoes, cassava, matoke, sweet potatoes, nduma, and other starchy products *Viazi vya kizungu, mihogo, matoke, viazi vitamu, nduma na vyakula vingine vya kuongeza nguvu.*	
	1.4 Pasta (macaroni, spaghetti) *Pasta (makoroni, tambi)*	
	2.1 Beans (such as cow peas, soya beans, grams) *Maharagwe (kama vile kunde, soya, dengu)*	
	2.2 Nuts (such as ground nuts, cashew nuts, macadamia nuts, etc.) *Kokwa Njugu (njugu karanga, korosho. makadamia na kadhalika)*	
	3.1 Edible oil and fats (such as "Blue Band" - margarine, "Kimbo" – cooking fat, vegetable cooking oil, butter, animal fats, coconut oil, olive oil) *Mafuta ya kula na ya kupikia (kama vile "blue band" - siagi, "kimbo" – mafuta ya kupikia, mafuta ya mimea, siagi aina ya 'butter', mafuta kutoka kwa wanyama, mafuta ya nazi, mafuta ya zeti)*	
	4.1 Fresh vegetables *Mboga mbichi kutoka shambani*	
	4.2 Canned vegetables (beans, maize, peas, french beans, spinach, etc) *Mboga za mkebe (maharagwe, mahindi, njegere, mishiri(maharagwe ya loni) spinach na kadhalika)*	
	4.3 Fresh fruits *Matunda kutoka shambani.*	
	4.4 Canned fruits *Matunda ya mikembe*	
	5.1 Milk & milk products, lala, cheese, yoghurt *Maziwa na bidhaa zilizotengezwa kutoka kwa maziwa, maziwa lala, chees, yogati*	
	5.2 Eggs *Mayai*	
	5.3 Fish and seafood (including fresh, frozen, and dried) *Samaki na vyakula vya baharini (ukijumulisha freshi, zilizohifadhiwa na barafu na zilizokaushwa)*	
	5.4 Poultry and meat (include sausages) *Nyama za ndege wakufugwa na wanyama (jumulisha sausage)*	
	6.1 Sugars and sweets (such as sugar, jam, honey, ice cream, sweets) *Sukari na peremende (kama vile sukari, jemu, asali. ice cream, peremende)*	
	7.1 Soft drinks (such as Coca Cola, Sprite, juice, squashes etc.) *Soda (kama vile coca cola, sprite, maji ya matunda, maji matamu na kadhalika)*	
	7.2 Tea, coffee, cocoa, drinking chocolate, Milo *Chai, kahawa, koko, drinking chocolate, Milo*	
	7.3 Alcoholic drinks (bottle and tot, traditional brews) *Vinywaji vya kulewesha (vya chupa na toti,vinywaji vya kienyeji/kitamaduni)*	
	8.0 Tobacco *Tobako*	
	9.0 Newspapers, magazines *Magazeti, jarida*	
	10.0 Mobile phone scratch cards *Kadi za simu*	

	Monthly expenses (utilities, rent, cleaning supplies, transport, etc)	**Last 30 days** *If did not consume any money enter 000000* *If don't know how much was consumed enter 999998*
	1.0 Rent or Mortage *Kodi ya nyumba au malipo ya pole pole ya kununua nyumba*	
	2.0 Energy (gas, firewood, kerosene, petrol, candles, paraffin, charcoal) *Kawi (gesi, kuni,mafuta taa, petroli, mishumaa,makaa*)	
	3.0 Electricity bill *Bili ya stima*	
	4.0 Water *Maji*	
	5.0 Mobile phone postpaid bill *Bili ya simu ya kulipa baada ya kutumia*	
	6.0 Fixed telephone line bill *Bili ya simu ya waya ya nyumbani*	
	7.0 Transport (bus/matatu, boda boda, taxi, and cost of running a personal car) *Nauli na gharama za usafiri (basi/matatu, boda boda, teksi, na gharama ya kuendesha gari lako)*	
	8.0 Loan Servicing *Malipo ya mkopo*	
	9.0 Financial gift/support to others (including payment of fees) *Zawadi za kifedha/ kusaidia wengine (pamoja na kulipa karo)*	
	10.0 Religious offering and tithe *Sadaka na fungu la kumi*	
	11.0 Household cleaning products (including washing soap & other cleaning agents *Bidhaa za kusafisha za nyumbani (pamoja na sabuni za kuoga, kuoshea na bidhaa za kungarishia)*	
	12.0 Cosmetics/toiletries (toothpaste, lotion, shampoo and other haircare products, deodorant, makeup) *Mapambo /vitu vya matumizi ya mwili (dawa ya meno, losheni, shampuu ya nywele na bidhaa zingine za nywele)*	
	13.0 Insect sprays, coils *Dawa za kuua wadudu za kupuliza, coili*	
	14.0 Household paper products (tissue, serviettes, diapers, sanitary pads) *Bidhaa za karatasi za kutumiwa nyumbani (karatasi ya choo, karatasi ya mezani, diapers, visodo)*	
	15.0 Recreation/entertainment (such as cinema, video/DVD rental, sporting events, clubbing, gambling, concerts, etc.) *Starehe/kujitumbuiza (kama vile sinema, video/DVD za kukodesha, kwenda michezoni, kwenda kwenye klabu, kucheza kamari, tamasha na kadhalika*)	
	16.0 Computer/Internet monthly bill *kulipia computer ama kulipia barua pepe/mtandao wa internet*	
	17.0 Cable / Satellite TV *Kulipia Satellite*	
	18.0 Household help (drivers, cleaners) salaries *Mishahara ya mfanyikazi kwa nyumba yako kama shamba boy, yaya ama dereva*	
	19.0 Hair dressers/pedicures/beauty *Kutengeneza nywele, kucha na mahitaji mengine ya kurembesha*	
	20.0 Household repairs/maintence *Kutengeneza au kurekebisha nyumba mahali imeharibika*	
	Annual expenses (school fees, health care costs, household furnishings, recreation)	**Last year**
	1.0 School fees and books & other educational articles (including uniform, pens, etc.) *Karo ya shule na vitabu na vijitabu vingine vya kuelimisha(pamoja na sare, kalamu na kadhalika)*	
	2.0 Health care (medical fees, institutional expenses, medication expenses, etc.) *Matibabu (gharama ya matibabu, gharama katika vituo vya afya, gharama ya madawa)*	
	3.0 Weddings *Harusi*	
	4.0 Funerals *Matanga au mazishi*	
	5.0 Clothing & bedding *Mavazi na malazi*	
	6.0 Footwear *Viatu*	
	7.0 Furniture & fittings (tables, chairs, mattresses, beds, freezer, refrigerator, etc.) *Vyombo vya nyumba (meza, viti, godoro, vitanda, friza, friji na kadhalika)*	
	8.0 Recreational travel/vacations *Safari za starehe na likizo*	

FOLLOW-UP CONTACTS

QUESTIONNAIRE NO: [__|__|__|__|__|__|__]
(city code 1 digit + cluster code 3 digits + HHH number 3 digits

Q44 SURNAME OF RESPONDENT: _____

Q45 FIRST OR GIVEN NAME OF RESPONDENT:_____

Q46 LAST FOUR DIGITS OF

ID NUMBER OF RESPONDENT …… 1. [__|__|__|__|

OR

PASSPORT NUMBER OF RESPONDENT…… 2 [__|__|__|__|

OR

ANY OTHER IDENTIFICATION_____.....3 [__|__|__|__|

SPECIFY

DON'T HAVE IDENTIFICATION ……99997

Q47 ADDRESS/DESCRIPTION OF HOUSEHOLD:_____

_____

As I mentioned earlier, we would like to follow-up with this household in two years and then again in another 2 years to see what, if anything, has changed according to health and information needs. For this reason, I will be asking for the contact information of people that maybe able to tell us where you and your household are in 2 years and in 4 years in case you move. This information will be kept separate from your responses in a locked cabinet in a secured room where only the primary researcher can assess. Remember you are free to skip any questions that you are uncomfortable providing answers to

Kama nilivyo ashiria mbeleni, tungependa kuwatembelea tena baada ya miaka miwili kuona kama kutakua na mabadikiko yoyote kulingana na mahitaji ya afya na ya mawasiliano. Kwa sababu hii, nitakuuliza habari za mawasiliano za watu ambao wanaweza kutuambia mahali ambapo watu wa nyumba hii wako baada ya miaka miwili na miaka minne ikiwa mtahama. Habari hizi zitawekwa kando na majibu yako katika kabati lililofungwa katika chumba ambacho ni salama na ambapo ni mtafiti mkuu pekee ndiye anayeweza kufikia.

Q48	What other names are you commonly known by? *Ni majina yapi mengine ambayo unajulikana sana nayo?*	_____
Q49	Do you have access to a mobile phone OR landline? *Una simu ya mkono ama kunayo simu ya waya ambayo tunaweza kutumia kuwasiliana nawe?*	YES……..1 NO……..2 SKIP TO 52
Q50	If yes, could you please share with me a mobile phone number/land line for contacting you? *Kama ndiyo, tafadhali nipatie nambari ya simu ambayo ninaweza kutumia kuwasiliana nawe?*	PRIMARY MOBILE NUMBER 0 |___|___|___|___|___|___|___|___|___|___| PRIMARY LANDLINE NUMBER_____
Q51	Could you also please share with me a secondary mobile phone number or landline number for contacting you? *Tafadhali nipatie nambari ya pili ya rununu ama simu ya waya ya kuwasiliana nawe?*	SECONDARY MOBILE NUMBER: 0 |___|___|___|___|___|___|___|___|___|___| SECODARY LANDLINE NUMBER_____
Q52	Does your family/household have any plans to move in the next two years? *Je, familia/watu wa nyumba hii wana mipango ya kuhama katika miaka miwili ijayo?* **IF YES**, where does your family plan to move to? **KAMA NDIO,** *Mwapanga kuhamia wapi?*	YES, _____ _____...1 (SPECIFY) NO PLANS TO MOVE……2

Q53	IF RESPONDENT IS **NOT** HH HEAD: What is the name and mobile phone number (if possible) of the head of this household? *Tafadhali nipatie nambari ya simu ya rununu (kama inawezekana) ya kiongozi wa nyumba hii?*	NAME: _____ MOBILE NUMBER: 0 |___|___|___|___|___|___|___|___|___|___| ENTER LINE NUMBER FROM THE HOUSEHOLD SCHEDULE |___|___|
Q54	What is the name and mobile phone number (if possible) of someone else within your household? *Tafadhali nipe jina na nambari ya simu (kama inawezekana) ya mtu mwingine anayeishi katika nyumba hii ni gani?*	NAME: _____ MOBILE NUMBER: 0 |___|___|___|___|___|___|___|___|___|___| ENTER LINE NUMBER FROM THE HOUSEHOLD SCHEDULE |___|___|
Q55	What is the name, location (address and description), and mobile phone number (if possible) of someone outside of your household? *Tafadhali nipe jina la mtu mwingine asiyeishi katika nyumba hii pamoja na mahali/anwani na mahali anapoishi na nambari ya simu (ikiwezekana).*	NAME: _____ LOCATION:_____ MOBILE NUMBER: 0 |___|___|___|___|___|___|___|___|___|___| RELATIONSHIP TO RESPONDENT_____ |___|___|
Q56	What is the name, location (address and description), and mobile phone number (if possible) of another person outside of your household? *Tafadhali nipe jina la mtu mwingine tena anaewajua na asiyeishi katika nyumba hii pamoja na mahali/ anwani na mahali anapoishi na nambari ya simu (ikiwezekana).*	NAME: _____ LOCATION:_____ MOBILE NUMBER: 0 |___|___|___|___|___|___|___|___|___|___| RELATIONSHIP TO RESPONDENT_____ |___|___|
Q57	Other than this place of residence (house), where else does the household head frequently stay? Is there a phone number and contact person there? *Kando na nyumba hii kuna mahali pengine ambapo kiongozi wa nyumba hii huishi sana sana?* *Je, kuna nambali ya simu na mtu wa kuwasiliana naye mahali hapo?*	OTHER RESIDENCE _____ MOBILE PHONE NUMBER 0 |___|___|___|___|___|___|___|___|___|___| OR LAND LINE PHONE NUMBER _____ CONTACT PERSON THERE _____
Q58	Do you have an email address that you check regularly? If possible please share with me *Je una anwani ya barua pepe ambao unatumia mara nyingi? Tafadhali unaweza kunipea*	Yes……1 EMAIL ADDRESS _____ No……2

COMMENTS:

END THE INTERVIEW AND THANK THE RESPONDENT FOR HIS/HER TIME AND PARTICIPATION.

RECORD END TIME

HOUR……[__|__]

MINUTES……[__|__]

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