

**AFRICAN POPULATION AND HEALTH RESEARCH CENTER
 NAIROBI URBAN HEALTH AND DEMOGRAPHIC SURVEILLANCE SYSTEM (NUHDSS)
 FERTILITY PREFERENCE QUESTIONNAIRE - WOMEN AGED 15-49 YEARS**

BACKGROUND

START TIME

FIELD WORKER'S CODE

DATE OF INTERVIEW

HOUSEHOLD HEAD NAME

ID OF ROOM WHERE HOUSEHOLD HEAD SLEEPS

HOUSEHOLD ID

RESULT OF INTERVIEW(CODE SHEET A⁷)

WOMAN'S PARTICULARS

WOMAN'S NAME

ID OF ROOM WHERE WOMAN SLEEPS

WOMAN'S ID

WOMAN'S DATE OF BIRTH

WOMAN'S AGE AT LAST BIRTH DAY

INTRODUCTION AND CONSENT

Hello. My name is _____ and I am working with the African Population and Health Research Center. We are conducting a survey that asks women about various reproductive health issues. We would very much appreciate your/your daughter's participation in this survey. This information will help the government to plan services aimed at improving the wellbeing of people living in communities like yours.

Whatever information you provide will be kept confidential and will not be shared with anyone other than my supervisor and the research team. Participation in this survey is voluntary, and if we should come to any question you feel uncomfortable to answer, just let me know and I will move on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are very important.

The interview will take between 30 to 45 minutes to complete.

Do you agree to take part/your daughter to take part in this survey? Yes=1; No=2

Signature of Interviewee/Parent or Guardian: _____

OFFICE/FIELD CHECKER'S DETAILS

FIELD SUPERVISOR/TEAM LEADER'S CODE

DATA ENTRY CLERK'S CODE

SECTION 1. MARRIAGE, REPRODUCTION AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
01	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3	→ 05A
02	Do you currently have a regular sexual partner, an occasional sexual partner or no sexual partner?	REGULAR SEXUAL PARTNER 1 OCCASIONAL SEXUAL PARTNER ... 2 NO SEXUAL PARTNER 3	
02A	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	→ 05
03	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→ 05A
04	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
05	Now I would like to ask you some questions about sexual activity in order to have a better understanding of certain life issues. Have you ever had sexual intercourse?	NEVER HAD SEXUAL INTERCOURSE ... 01 YES 02	→ 16
05A	How old were you when you had sexual intercourse for the very first time?	AGE IN YEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED ... <input type="text"/> LIVING WITH (FIRST) HUSBAND/PARTNER 94 DON'T KNOW 98	
06	Now I would like to ask you about reproduction in your life. Have you ever given birth in your life time?	YES 1 NO 2	
07	Do you have your biological children (boys and girls) who are living with you?	YES 1 NO 2	
08	How many boys live with you? How many girls live with you? IF NONE, RECORD '00'	SONS AT HOME..... <input type="text"/> <input type="text"/> DAUGHTERS AT HOME..... <input type="text"/> <input type="text"/>	
09	Do you have your biological children who do not live with you?	YES 1 NO 2	
10	How many boys live elsewhere? How many girls live elsewhere?	SONS ELSEWHERE..... <input type="text"/> <input type="text"/> DAUGHTERS ELSEWHERE.... <input type="text"/> <input type="text"/>	
11	Sometimes we give birth to children and later they die. It is usually difficult to talk about this, because it brings painful memories one would rather forget. You will forgive me to ask this so as to get the exact information. Have you ever given birth to a boy or a girl who died later? IF NO, PROBE: Any child who showed signs of life but died later?	YES 1 NO 2	
12	How many boys have died? How many girls have died?	BOYS DEAD <input type="text"/> <input type="text"/> GIRLS DEAD..... <input type="text"/> <input type="text"/>	
13	SUM ANSWERS TO 08, 10, AND 12, AND ENTER TOTAL IF NONE, RECORD '00'	TOTAL <input type="text"/> <input type="text"/>	
14	CHECK 14: Just to be sure that I got you correctly; in total you have had _____ in your life time. Is that true? IF NO, PROBE AND CORRECT 08,10 AND12	YES..... 1 NO..... 2	
15	Are you currently pregnant?	YES..... 1 NO 2 UNSURE..... 8	
15A	How many months pregnant?	MONTHS..... <input type="text"/> <input type="text"/> DONT KNOW 9 8	

SECTION 2: CONTRACEPTION

Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.

CIRCLE CODE 1 IN 16 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 16, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 16, ASK 17-19.

	FAMILY PLANNING METHODS	16 Which ways or methods have you heard about?	17 Have you or your partner ever used (METHOD)?	18 How old were you when you first used (METHOD)? [IF AGE IS NOT KNOWN CODE 98]	CHECK Q07: IF YES, ASK: 19 How many children did you have when you first USED (method)? [IF # IS NOT KNOWN CODE 98]																																										
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES 1 NO 2 ↘	Have you ever had an operation to avoid having any more children? YES 1 NO 2	AGE (YEARS) <input type="text"/> <input type="text"/>	NUMBER <input type="text"/> <input type="text"/>																																										
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES 1 NO 2 ↘	Have you ever had a partner who had an operation to avoid having any more children? YES 1 NO 2	AGE (YEARS) <input type="text"/> <input type="text"/>	NUMBER <input type="text"/> <input type="text"/>																																										
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2 ↘	YES 1 NO 2	AGE (YEARS) <input type="text"/> <input type="text"/>	NUMBER <input type="text"/> <input type="text"/>																																										
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2 ↘	YES 1 NO 2	AGE (YEARS) <input type="text"/> <input type="text"/>	NUMBER <input type="text"/> <input type="text"/>																																										
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2 ↘	YES 1 NO 2	AGE (YEARS) <input type="text"/> <input type="text"/>	NUMBER <input type="text"/> <input type="text"/>																																										
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2 ↘	YES 1 NO 2	AGE (YEARS) <input type="text"/> <input type="text"/>	NUMBER <input type="text"/> <input type="text"/>																																										
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2 ↘	YES 1 NO 2	AGE (YEARS) <input type="text"/> <input type="text"/>	NUMBER <input type="text"/> <input type="text"/>																																										
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2 ↘	YES 1 NO 2	AGE (YEARS) <input type="text"/> <input type="text"/>	NUMBER <input type="text"/> <input type="text"/>																																										
09	LACTATIONAL AMENORRHEA METHOD (LAM)	YES 1 NO 2 ↘	YES 1 NO 2	AGE (YEARS) <input type="text"/> <input type="text"/>	NUMBER <input type="text"/> <input type="text"/>																																										
10	RHYTHM METHOD 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.	YES 1 NO 2 ↘	YES 1 NO 2	AGE (YEARS) <input type="text"/> <input type="text"/>	NUMBER <input type="text"/> <input type="text"/>																																										
11	WITHDRAWAL Men can be careful and pull out before climax.	YES 1 NO 2 ↘	YES 1 NO 2	AGE (YEARS) <input type="text"/> <input type="text"/>	NUMBER <input type="text"/> <input type="text"/>																																										
12	EMERGENCY CONTRACEPTION As an emergency measure after unprotected sexual intercourse, women can take special pills at any time within five days to prevent pregnancy.	YES 1 NO 2 ↘	YES 1 NO 2	AGE (YEARS) <input type="text"/> <input type="text"/>	NUMBER <input type="text"/> <input type="text"/>																																										
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy? _____	YES 1 (SPECIFY) NO 2	YES 1 NO 2 YES 1 NO 2	AGE (YEARS) <input type="text"/> <input type="text"/> AGE (YEARS) <input type="text"/> <input type="text"/>	NUMBER <input type="text"/> <input type="text"/> NUMBER <input type="text"/> <input type="text"/>																																										
20	Would you say that using contraception is mainly your decision, your husband's/partner's decision or was it a joint decision between both of you?	Mainly respondent's.....1 Mainly husband/partner.....2 Joint decision.....3 Other.....6 Specify.....																																													
21	Are you currently using any method of contraception?	Yes1 No.....2			→ 22																																										
21A	Which method are you currently using? (RECORD ALL THE ANSWERS MENTIONED)	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>A FEMALE STERILIZATION ...</td><td>1</td><td>2</td></tr> <tr><td>B MALE STERILIZATION</td><td>1</td><td>2</td></tr> <tr><td>C IUD.....</td><td>1</td><td>2</td></tr> <tr><td>E IMPLANTS</td><td>1</td><td>2</td></tr> <tr><td>F PILL</td><td>1</td><td>2</td></tr> <tr><td>G CONDOM</td><td>1</td><td>2</td></tr> <tr><td>H FEMALE CONDOM</td><td>1</td><td>2</td></tr> <tr><td>I DIAPHRAGM</td><td>1</td><td>2</td></tr> <tr><td>J FOAM/JELLY</td><td>1</td><td>2</td></tr> <tr><td>K LACTATIONAL AMENORRHEA</td><td>1</td><td>2</td></tr> <tr><td>L RHYTHM METHOD</td><td>1</td><td>2</td></tr> <tr><td>M WITHDRAWAL METHOD</td><td>1</td><td>2</td></tr> <tr><td>X OTHER.....</td><td>1</td><td>2</td></tr> </tbody> </table> (SPECIFY)				YES	NO	A FEMALE STERILIZATION ...	1	2	B MALE STERILIZATION	1	2	C IUD.....	1	2	E IMPLANTS	1	2	F PILL	1	2	G CONDOM	1	2	H FEMALE CONDOM	1	2	I DIAPHRAGM	1	2	J FOAM/JELLY	1	2	K LACTATIONAL AMENORRHEA	1	2	L RHYTHM METHOD	1	2	M WITHDRAWAL METHOD	1	2	X OTHER.....	1	2	
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X OTHER.....	1	2																																													

SECTION 3: FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
22	CHECK 21A: NEITHER STERILIZED <input type="checkbox"/> NOT ASKED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		29								
23	CHECK 15: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> 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? Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD 01 → 26 NO MORE/NONE 02 → 29 SAYS SHE CAN'T GET PREGNANT . 03 → 29 UNDECIDED/DON'T KNOW AND PREGNANT 04 → 29 UNDECIDED/DON'T KNOW AND NOT PREGNANT OR UNSURE 05 → 29									
24	What is the main reason why you do not want to have a/another child?	ECONOMIC REASONS 1 REACHED DESIRED NUMBER2 HUSBAND OPPOSED 3 TOO OLD/WEAK 4 OTHER 5	27								
25	CHECK 23: IF NO MORE/NONE DO NOT ASK Would you want your next child to be a boy or a girl or it does not matter?	BOY 1 GIRL 2 DOES NOT MATTER3 UP TO GOD 4									
26	CHECK 15: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> SOON/NOW 992 → 28 SAYS SHE CAN'T GET PREGNANT AFTER MARRIAGE 993 → 29 OTHER 996 → 28 (SPECIFY) DON'T KNOW 998									
27	CHECK 26: HOW LONG SHE WOULD LIKE TO WAIT BEFORE GETTING A/ANOTHER CHILD NOT ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> 00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/> CHECK 23: WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/> WANTS NO MORE/NONE <input type="checkbox"/> You have said that you want (a/another) child but you are not using any method to avoid pregnancy. Can you tell me why you are not using a method? Any other reason? You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy. Can you tell me why you are not using a method? Any other reason? CIRCLE ALL REASONS MENTIONED.	Y N NOT MARRIED 1 2 FERTILITY-RELATED REASONS NOT HAVING SEX 1 2 INFREQUENT SEX 1 2 MENOPAUSAL/HYSTERECTOMY 1 2 SUBFECUND/INFECUND . . . 1 2 POSTPARTUM AMENORRHEIC . 1 2 BREASTFEEDING 1 2 FATALISTIC 1 2 OPPOSITION TO USE RESPONDENT OPPOSED . . . 1 2 HUSBAND/PARTNER OPPOSED 1 2 OTHERS OPPOSED 1 2 RELIGIOUS PROHIBITION . . . 1 2 LACK OF KNOWLEDGE KNOWS NO METHOD 1 2 KNOWS NO SOURCE 1 2 METHOD-RELATED REASONS HEALTH CONCERNS 1 2 FEAR OF SIDE EFFECTS . . . 1 2 LACK OF ACCESS/TOO FAR . . 1 2 COSTS TOO MUCH 1 2 INCONVENIENT TO USE . . . 1 2 INTERFERES WITH BODY'S NORMAL PROCESSES . . . 1 2 OTHER (SPECIFY)	31								

28	<p>CHECK 21A: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> YES, CURRENTLY USING <input type="checkbox"/></p> <p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p> <p>→ 32</p> <p>→ 32</p>
29	<p>CHECK 15:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 91</p> <p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>→ 31</p> <p>→ 31</p>
30	<p>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?</p>	<p>NUMBER: BOYS <input type="text"/> <input type="text"/></p> <p> GIRLS <input type="text"/> <input type="text"/></p> <p> EITHER <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>
31	<p>CHECK 2:</p> <p>YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/></p> <p>CHECK 21A: IF B, G, M OR NONE <input type="checkbox"/></p> <p>Does your husband/partner know that you are using a method of family planning?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p> <p>→ 32</p>
32	<p>Have you and your husband/partner ever discussed the number of children you would like to have?</p>	<p>YES 1 NO 2 NOT APPLICABLE 9</p>
33	<p>Do you think that your husband/partner wants the same number of children as you, or more or fewer than you?</p>	<p>SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8 NOT APPLICABLE 9</p>
34	<p>Have you and your husband/partner ever discussed using a method to delay or avoid pregnancy?</p>	<p>YES 1 NO 2 NOT APPLICABLE 9</p>
35	<p>Now I want to ask you about your husband's/partner's views on family planning. Do you think that your husband/partner approves or disapproves of couples using a method to avoid pregnancy?</p>	<p>APPROVES 1 DISAPPROVES 2 DOES NOT KNOW 8</p>
<p>END OF INTERVIEW</p>		
	<p>END TIME</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>