

APHRC Research study on menstruation in Nairobi

Structured Survey, Phase 2, Baseline

Interviewer Code:
 Date: [DD/MM/YYYY]
 Participant identifier:
 Interview site [study site]
 Location [Venue¹]: _____
 Recorder Number: _____
 Folder/File Name (location on recorder): _____
TIME START:

1. Background characteristics

1.1. How old are you? [RECORD IN COMPLETED YEARS]

1.2. On what date were you born? [DD/MM/YYYY]

1.3. Are you currently in school? **01** [Yes] **02** [No] *If No, skip to 1.4*

If yes, name of school _____

Class/form currently in _____

1.4. Are you currently in higher education? **01** [Yes] **02** [No] *If No, skip to 1.5*

If yes, name of college _____

Name of course _____

Level of course _____

Year of course _____

[If not currently in school or higher education]:

1.5. Highest level of education achieved so far

No Education **01**

Incomplete Primary **02**

Complete Primary **03**

Incomplete Secondary **04**

Complete Secondary **05**

Higher **06**

Other (*specify*) _____ **96**

1.6. Ethnic group

What is your ethnic group/tribe?

¹ For example, respondent's house, name of school, hall, other.

(Then provide the relevant codes) e.g.

LIST numerical codes for the following:

KIK=Kikuyu;	01
LUH=Luhya;	02
LUO=Luo;	03
KAM=Kamba;	04
MER=Meru;	05
EMB=Embu;	06
KIS=Kisii;	07
MIJ=Mijikenda;	08
SWA=Swahili;	09
SOM=Somali;	10
TAI=Taita;	11
TAV=Taveta;	12
MAS= Masai	13
KAL=Kalenjin	14
OTHER [SPECIFY] _____	96

1.7 What is your religion?

CATHOLIC	01
PROTESTANT	02
PENTECOSTAL/CHARISMATIC	03
OTHER CHRISTIAN	04
MUSLIM	05
NO RELIGION	06
OTHER [SPECIFY] _____	96

1.8. Relationship/marital status

Are you currently married or living with someone as if married?

01 = YES IF YES, GO TO 1.12**02= NO IF NO, GO TO 1.9**

1.9 a). Have you ever been married? [01=YES; 02=NO]

☐☐**IF YES, SKIP TO 1.10**

b). Have you ever lived with someone as if married? [01=YES; 02=NO]

☐☐**IF YES, GO TO 1.10, IF NO, GO TO 1.11**

1.10 How did your last marriage/union end; are you widowed, divorced or separated?

W=WIDOWED; 01

D=DIVORCED; 02

S=SEPARATED (Go to 1.11) 03

1.11 If no, Are you in a romantic relationship with anyone?

01 =yes, currently in a relationship**02 =No, not in a relationship**

1.12. a). Please tell me the total number of people living in the same house where you live excluding you? (*Insert the number*)

1.12. b). Please tell me your relationship with them and their corresponding numbers.

- | | | |
|----------------------------|----------------------|----------------------|
| i. Mother | <input type="text"/> | <input type="text"/> |
| ii. Father | <input type="text"/> | <input type="text"/> |
| iii. Stepmother(s) | <input type="text"/> | <input type="text"/> |
| iv. Stepfather(s) | <input type="text"/> | <input type="text"/> |
| v. Female Guardian(s) | <input type="text"/> | <input type="text"/> |
| vi. Male Guardian(s) | <input type="text"/> | <input type="text"/> |
| vii. Older Brother(s) | <input type="text"/> | <input type="text"/> |
| viii. Younger Brother(s) | <input type="text"/> | <input type="text"/> |
| ix. Older Sister(s) | <input type="text"/> | <input type="text"/> |
| x. Younger Sister(s) | <input type="text"/> | <input type="text"/> |
| xi. Aunt(s) | <input type="text"/> | <input type="text"/> |
| xii. Uncle(s) | <input type="text"/> | <input type="text"/> |
| xiii. Grandmother(s) | <input type="text"/> | <input type="text"/> |
| xiv. Grandfather(s) | <input type="text"/> | <input type="text"/> |
| xv. Boyfriend(s) | <input type="text"/> | <input type="text"/> |
| xvi. Husband | <input type="text"/> | <input type="text"/> |
| xvii. Daughter(s) | <input type="text"/> | <input type="text"/> |
| xviii. Son(s) | <input type="text"/> | <input type="text"/> |
| xix. Other (specify) _____ | <input type="text"/> | <input type="text"/> |

1.13. During the last month did you or any of your family members do any activity that generated income (in cash/kind)? **IF NONE, GO TO 1.14**

For each person mentioned: What was the activity that generated the most income of (.) in the last month?

Person Involved (<i>Relationship to Respondent e.g. Father</i>)	Activity/Employment category	Income
1.		
2.		
3.		
4.		
5.		

Categories of activities/employment) **01**=Established own business, **02**=Unestablished own business, **03**=Formal casual, **04**=Formal salaried, **05**=Informal casual, **06**=Informal salaried, **07**=Rural agric., **08**=Urban agriculture.

1.14. Type of house

MAIN MATERIAL OF THE FLOOR

FW: OBSERVE AND RECORD MAIN FLOOR MATERIAL. IF NOT SURE ASK RESPONDENT

(Then provide the relevant categories) e.g.

Natural floor [Earth/Mud/dung/sand]	01
Rudimentary floor [Wood planks]	02
Finished floor	
Vinyl (PVC)	03
Cement	04
Polished wood/tiles/carpets	05
Other (specify)_____	96

1.15. MAIN MATERIAL OF THE ROOF

FW: OBSERVE AND RECORD MAIN ROOF MATERIAL. IF NOT SURE ASK RESPONDENT

(Then provide the relevant categories) e.g.

Grass/thatch	01
Plastic sheets	02
Cardboard sheets	03
Wood/timber	04
Metal sheets/tin	05
Iron sheet (corrugated)	06
Tiles	07
Other (specify)_____	96

1.16. MAIN MATERIAL OF THE WALL

FW: OBSERVE AND RECORD MAIN WALL MATERIAL. IF NOT SURE ASK RESPONDENT

(Then provide the relevant categories) e.g.

Mud	01
Wood/timber	02
Iron sheets (mabati)	03
Burnt Bricks	04
Stone/quarry stones	05
Concrete blocks	06
Cardboard sheets	07
Cemented mud	08
Carton/plastic	09
Tin/metal sheets	10
Other (specify)_____	96

1.17. Is your household renting or does it own this dwelling unit

[ADDITIONAL PROBE NEEDED TO GET THE VARIOUS CATEGORIES OF EACH]

(Then provide the relevant categories) e.g.

Owned	
Purchase	01
Constructed	02
Inherited	03
Renting from	

Individual	04
Government	05
Local authority	06
Parastatal	07
Private company	08
Free of charge	09
Other (specify) _____	96

1.18. Now I am going to read several statements that people usually make about the food situation in their houses. Please tell me whether each of these statements was **[often true, sometimes true, or never true]**

[READ STATEMENT] Would you say this was: **[Often true=01, sometimes true=02, or never true=03, Refused=04]**?

- a. During the past 30 days the food in your household got finished and you didn't have money to get more. ☐☐
- b. During the past 30 days, children in your household failed to eat for a whole day/slept hungry because there wasn't enough money for food ☐☐
- c. During the past 30 days, you or other adult(s) in your household failed to eat for a whole day because there wasn't enough food. ☐☐
- d. In our household, we always struggle to have enough food ☐☐

Access to facilities

1.19. What kind of toilet facility do you usually use when you are at home?

(Then provide the relevant options) e.g

Flush Toilet	
Own flush toilet	01
Shared flush toilet	02
Pit toilet/latrine	
Own traditional pit toilet	03
Shared traditional pit toilet	04
Ventilated improved pit toilet	
Own (VIP) latrine	05
Shared (VIP) latrine	06
Flush trench toilet	07
Toilet without pit/working flush	08
No facility/bush/field	09
Flying toilet	10

Other (specify)_____ 96

1.20. Do you pay to use the toilet facility? [01=YES; 02=NO]

☐ ☐

What is the pattern of payment?

(Then provide the relevant options) e.g

Per use 01
Daily 02
Monthly 03
Other_____ (specify) 96

1.21. How often have you had the following experiences with the toilet you use at home: (Please choose from the following: [01 = I have never had the experience, 02= I have had the experience occasionally, 03 = I have had the experience often, 04 = I have the experience all the time].

- i. The toilet door is hard to shut
- ii. The toilet door does not lock from the inside
- iii. I have to ask for a key to use a toilet
- iv. I wash my hands with water
- v. I have to ask for a key to access water for washing hands
- vi. I wash my hands with soap
- vii. I worry about privacy when using school/college toilets
- viii. I use toilet paper
- ix. I use other paper e.g. newspaper

☐ ☐
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1.22. If you have access to toilet paper, who buys it?

parents buy it,

01

participant buys it,

02

other [Specify] _____

96

1.23 What is the main source of water that you use for bathing?

(Then provide the relevant options) e.g

Buying water from:

Taps 01
Tanks 02
Hawkers 03

Piped water

Piped into residence/compound/ plot 04
Public tap 05

Well water

Well on residence/plot 06
Public well 07

Surface water

River/stream 08
Pond/lake 09

Rainwater 10

Other [specify] _____

96

1.24 How easy would you say it is to access water for bathing?

[01= very difficult, 02 = moderately difficult, 03 = moderately easy, 04 = very easy, 98= don't know/no response] ☐☐1.25. During your last three periods, were you able to access water for bathing? 01= never, 02= occasionally, 03= most of the time, 04 = every day ☐☐1.26. During menstruation, do you ever use cloths or anything else that you wash and reuse?
01 [Yes] 02 [No] ☐☐

1.27 If yes, what is the main source of water that you use for washing these items?

FW: ASK FOR THE MAIN SOURCE OF WATER*(Then provide the relevant options) e.g*

Buying water from:

Taps 01

Tanks 02

Hawkers 03

Piped water

Piped into residence/compound/ plot 04

Public tap 05

Well water

Well on residence/plot 06

Public well 07

Surface water

River/stream 08

Pond/lake 09

Rainwater 10

Other [specify] _____ 96

1.28 How easy would you say it is to access water for washing menstrual cloths? [01= very difficult, 02 = moderately difficult, 03 = moderately easy, 04 = very easy, 98= don't know/no response] ☐☐1.29 When washing the cloths, do you use the water as it is, or do you boil it before using it? [01=Use water as it is 02=Boil it] ☐☐**For informants who are attending school or college only:**

1.30 What kind of toilet facility do you usually use when in school or college?

(Then provide the relevant options) e.g

Flush Toilet	01
Pit toilet/latrine	02
Ventilated improved pit toilet	03
Shared (VIP) latrine	04
Flush trench toilet	05
Toilet without pit/working flush	06
No facility/bush/field	07
Flying toilet	08
Other (specify)_____	96

1.31 Are there separate toilet facilities for boys and girls at school?

YES 01

NO 02

1.32 How often have you had the following experiences with the toilets you use at school: (Please choose from the following: [01 = I have never had the experience, 02= I have had the experience occasionally, 03 = I have the experience often, 04 = I have the experience all the time].

- | | | |
|---|--------------------------|--------------------------|
| • The toilet door is hard to shut | <input type="checkbox"/> | <input type="checkbox"/> |
| • The toilet door does not lock from the inside | <input type="checkbox"/> | <input type="checkbox"/> |
| • I have to ask for a key to use a toilet | <input type="checkbox"/> | <input type="checkbox"/> |
| • I wash my hands with water | <input type="checkbox"/> | <input type="checkbox"/> |
| • I have to ask for a key to access water for washing hands | <input type="checkbox"/> | <input type="checkbox"/> |
| • I wash my hands with soap | <input type="checkbox"/> | <input type="checkbox"/> |
| • I worry about privacy when using school/college toilets | <input type="checkbox"/> | <input type="checkbox"/> |
| • I use toilet paper | <input type="checkbox"/> | <input type="checkbox"/> |
| • I use other paper e.g. newspaper | <input type="checkbox"/> | <input type="checkbox"/> |

1.33 If you have access to toilet paper, who buys it? (Parents buy it, participant buys it, other)

Parents buy it 01

Participant buys it 02

Other (specify) 96

2. Attitudes and beliefs about menstruation and menstrual hygiene products

2.1. Knowledge of menstruation, reproduction and body awareness

Please state whether the following statements are true of false. (Please Tick One)

a) for Under 18s ONLY [IF ABOVE 18, SKIP TO 2.3] [01=TRUE; 02=FALSE]

- a. Changes in a girl's/woman's routine such as travelling can cause changes in her menstrual cycle. ☐☐
- b. It is normal to put on weight at the time of puberty. ☐☐
- c. Girls usually reach puberty before boys. ☐☐
- d. Periods come approximately every 28 days, but it can be much longer or shorter, especially when she first starts to menstruate. ☐☐
- e. Girls cannot use tampons until they are about 17 because their vaginas are too small. ☐☐
- f. Other people can tell when a girl/woman is having her period without her telling them. ☐☐
- g. It is dangerous for a girl/woman to go swimming when she is having her period. ☐☐
- h. Female athletes and dancers in heavy training sometimes stop menstruating ☐☐
- i. Menstruation (periods) cleans the body of dirty blood. ☐☐
- j. Girls/women usually lose about a cup of blood during a period. ☐☐
- k. The sole purpose of menstrual blood is to help flush out an egg every month. ☐☐
- l. Menstrual blood comes from the uterus, which is the place in a woman's body where babies grow. ☐☐
- m. Menstrual blood leaves the body through the urethra, the passage that urine flows through. ☐☐
- n. All girls/women get bad tempered or have mood swings before they get their periods. ☐☐

2.2 Questions on attitudes to menstruation for under 18s only: (IF ABOVE 18, SKIP TO 2.3)

For each: 4-point Lickert scale [01 = "definitely no," 02 = "probably no," 03 = "probably yes," 04 = "definitely yes"].

- a. Having periods is great because it means you are growing up ☐☐
- b. Having your period is something to be proud of ☐☐
- c. I feel sorry for girls who get their periods at a very young age, eg 10 years ☐☐
- d. Periods are a nuisance ☐☐
- e. Periods are embarrassing ☐☐
- f. Your first period is a great event in your life ☐☐
- g. Getting your period is something to keep quiet about ☐☐
- h. Periods are uncomfortable ☐☐
- i. Because of periods, I would rather stay a girl than become a woman ☐☐
- j. Having periods makes you feel special ☐☐
- k. Periods are exciting and interesting ☐☐

2.3. Menstruation as a debilitating event

Please rate how much you agree or disagree with the following statements according to [disagree strongly = 01, disagree = 02, agree a little = 03, agree strongly = 04, don't know = 05]

- a. A girl's/woman's performance in sports is not affected negatively by menstruation. ☐☐
- b. Girls/women are more tired than usual when they are menstruating. ☐☐
- c. I expect extra consideration from my friends when I am menstruating. ☐☐
- d. The physical effects of menstruation on the body are usually no greater than other usual variations in physical state. ☐☐
- e. Menstruation can adversely affect my performance in sports. ☐☐
- f. I feel as fit during menstruation as I do during any other time of the month. ☐☐
- g. I don't allow the fact that I'm menstruating to interfere with my usual activities. ☐☐
- h. Avoiding certain activities during menstruation is often very wise. ☐☐
- i. I am more easily upset during my premenstrual or menstrual periods than at other times of the month. ☐☐
- j. I don't believe my menstrual period affects how well I do on intellectual tasks. ☐☐
- k. I realize that I cannot expect as much of myself during menstruation compared to the rest of the month. ☐☐
- l. Girls/women just have to accept the fact that they may not perform as well in their daily activities when they are menstruating. ☐☐
- m. I often worry about blood leaking onto my clothes during my period ☐☐
- n. It is easy for others to guess when I have my period ☐☐
- o. I feel confident that no one will know when I have my period ☐☐

3. Sexual and reproductive history

3.1. Have you ever had sexual intercourse?

YES.....

01

NO.....

02 IF NO, SKIP TO 3.8

3.2. In what month and year did you first have sexual intercourse?

Month ☐☐

Don't know month: 98

Year ☐☐☐☐

Don't know year: 9998

3.3 How old were you when you first had sexual intercourse?

Age in years ☐☐

Don't know: 98 ☐☐

3.4. In your lifetime, how many people have you had sexual intercourse with? ☐☐

3.5. Have you ever been pregnant? **[01=YES; 02=NO]**

3.6. How many times have you given birth? ☐☐

3.7. How many times have you given birth through vaginal delivery? ☐☐

3.8. a). Have you ever been treated for an STI? [01=YES; 02=NO] ☐☐ IF NO, **SKIP TO 3.10**

b). Do you remember the name(s) of these infections? [01=YES; 02=NO] ☐☐ IF NO, **SKIP TO 3.8 d.**

c). If yes, what was/were the name(s)? _____

d). If you don't remember the names, what were some of the symptoms? _____

3.9. a). During the past 3 months, were you treated for an STI? [01=YES; 02=NO] IF NO, **SKIP TO 3.10**

b). Do you remember the name(s) of these infections? [01=YES; 02=NO] IF NO, **SKIP TO 3.9 d.**

c). If yes, what was/were the name(s)? _____

d). If not, what were some of the symptoms? _____

3.10 Have you ever had any of the following symptoms: lower abdominal pain, pain when passing urine, itching, unusual discharge in or around the vagina? [01=YES; 02=NO] ☐☐

3.11 Do you currently have any of the following symptoms: lower abdominal pain, pain when passing urine, itching, unusual discharge in or around the vagina? [01=YES; 02=NO] ☐☐

4. The frequency and quality of menstrual periods

[01=Extremely light, 02=Light, 03=Moderate, 04=Heavy, 05=Extremely heavy]

4.1. How would you describe the quantity of your menstrual flow **during your last 3 months' periods?** ☐☐

4.2. Thinking about your **last 3 periods**, how many days, on average, does your period last? ☐☐

4.3. Would you describe your menstrual periods as 01=regular or 02=Irregular? ☐☐

4.4. Are you menstruating now? [01=YES; 02=NO] ☐

4.5. When did your last period begin? [DD/MM/YYYY] ☐☐☐☐☐☐☐☐

4.6. When do you expect your next period to begin? ☐☐☐☐☐☐☐☐

4.7. For your second to last period, how many days were there between the first day of that period and the first day of the next period? [Probe to explain this question further: For example if you had the first day your menstruation today, how many days are in between before you get the first day of your next menstruation?] ☐☐

4.8. Has this interval been the same for the last three periods, or has it varied?

[Same=**01**; Varied=**02**]

☐ ☐

4.9. During your **last three periods**, have you had any of the following health problems:

Symptom	[01=YES; 02=NO] IF NO, SKIP SEVERITY COLUMN	Severity [moderate=01, strong=02; very strong=03]
1. Abdominal pains		
2. Back pains		
3. Irregular periods		
4. Lack of sleep		
5. Lack of energy		
6. Negative moods		
7. Other		

5. Menstrual practices and menstrual method/product choice

5.1. Which methods have you **ever used** for collecting blood during menstruation?

METHOD	YES	NO
Cloths	01	02
Sanitary Towels	01	02
Tampons	01	02
Cotton Wool	01	02
Socks	01	02
Mattress	01	02
Tissue Paper	01	02
Other (specify)	01	02

5.2. Which **method/product** did you use during your **last 3 periods**? Please name all the methods.

METHOD	YES	NO
Cloths	01	02
Sanitary Towels	01	02
Tampons	01	02
Cotton Wool	01	02
Socks	01	02
Mattress	01	02
Tissue Paper	01	02
Other (specify)	01	02

5.3. a). Do you use a different kind of menstrual **method/product at night**?

[01=YES; 02=NO]

☐ ☐ IF NO, SKIP TO 5.4

b). If yes, what? **01**=cloths, **02**= sanitary towels, **03**=tampons, **04** = cotton wool, **05**= socks, **06**= mattress, **07**=Tissue, **96**=other (specify_____)

 ; ; ;

5.4. Which **method/product** do you **use most**? **01**=cloths, **02**= sanitary towels, **03**=tampons, **04** = cotton wool, **05**= socks, **06**= mattress, **07**=Tissue, **96**=other (specify_____)

5.5. How would you rate the **method/product** that you **use the most** in terms of the following criteria: [**01**="disagree a lot," **02**= "kind of disagree," **03** = "kind of agree and **04**= "agree a lot", **98**= "don't know/no response"].

- | | |
|---|---|
| a. Comfortable to wear | <input type="text"/> <input type="text"/> |
| b. Easy to use | <input type="text"/> <input type="text"/> |
| c. I don't have to worry about it leaking | <input type="text"/> <input type="text"/> |
| d. I would be happy to tell my close female relatives or friends that I use it | <input type="text"/> <input type="text"/> |
| e. I would be happy to tell female members of this community/school that I use it | <input type="text"/> <input type="text"/> |
| f. It is embarrassing to tell people I use it | <input type="text"/> <input type="text"/> |
| g. I would recommend it to a sister or friend | <input type="text"/> <input type="text"/> |
| h. The product is suitable for women and girls of all ages | <input type="text"/> <input type="text"/> |
| i. The product takes practice to learn how to use correctly | <input type="text"/> <input type="text"/> |
| j. Sometimes it is hard to find somewhere private to change it | <input type="text"/> <input type="text"/> |
| k. For washable items: It is hard to wash | <input type="text"/> <input type="text"/> |
| l. It is unhygienic | <input type="text"/> <input type="text"/> |

5.6. a). Which **method/product** do you prefer to use? **01**=cloths, **02**= sanitary towels, **03**=tampons, **04** = cotton wool, **05**= socks, **06**= mattress, **07**=Tissue, **96**=other (specify_____)

b). Why?

Reason	Yes	No
Its Hygienic	01	02
Its Comfortable	01	02
Affordable	01	02
Other (specify)	01	02 _____

5.7. During your **last 3 periods**, how easy was it to access the sanitary **method/product** of your choice? [**01**=very easy, **02**=moderately easy, **03**=moderately difficult, **04**=very difficult]

5.8. [**If participant uses commercial products:**] *If she uses 02, 03 or 04*

a) Who usually buys the sanitary towels/tampons/cotton wool that you use? [**01**= respondent, **02**= parent/guardian, **03**= other family member, **04**= partner/boyfriend, **96**= other (specify_____)]

ONLY ASK IF RESPONDENT ANSWERED 02, 03 OR 04 TO QUESTION 5.1

b) Has anyone else ever bought them for you? [01=Yes 02=No]

ONLY ASK IF RESPONDENT ANSWERED 02, 03 OR 04 TO QUESTION 5.1c) If yes, who? [*Multiple Responses allowed*] [01= respondent, 02= parent/guardian, 03= other family member, 04= partner/boyfriend, 96= other (specify_____)]☐☐ ☐☐ ☐☐**ONLY ASK IF RESPONDENT ANSWERED 02, 03 OR 04 TO QUESTION 5.1**

d) How much do [they/you] spend on [sanitary towels/tampons] in a month?

☐☐☐☐☐**ONLY ASK IF RESPONDENT ANSWERED 02, 03 OR 04 TO QUESTION 5.1**e) How easy would you say it is to pay for this method? (1=Very easy, 2=moderately easy, 3=moderately difficult, 4=very difficult) ☐☐**ONLY ASK IF RESPONDENT ANSWERED 02, 03 OR 04 TO QUESTION 5.1**5.9. Who chooses the method you use for managing menstrual flow? (01= respondent, 02= parent/guardian, 03= other family member, 04= partner/boyfriend, 96= other (specify_____)) ☐☐5.10 How often do you wash your body? (01= less than 4 times a week, 02= 4-6 times a week, 03= once per day, 04= more than once per day) ☐☐

5.11 How often do you wash when you have your period? (01= less than 4 times a week, 02= 4-6 times a week, 03= once per day, 04= more than once per day)

☐☐5.12 a). Does your clothing choice change across your cycle? YES=1, NO=2 ☐☐**IF NO, SKIP TO 5.13**

b). If yes, how does it change? (01= wear darker clothes, 02= wear loose clothes, 03=wear extra clothes, 96= other (specify_____))

☐☐**FW: ONLY ASK IF RESPONDENT IS CURRENTLY IN SCHOOL/COLLEGE:**5.13 During your **last 3 periods**, did having your period stop you from attending any school classes? [YES=01, NO=02] ☐☐**IF NO, SKIP TO 5.14**

a). **[FW: IF YES]**, why did it stop you attending class? **[01.** lack of access to sanitary towels, **02.** access to sanitary towels but fear of staining clothes, **03.** taboos, **04.** pain/discomfort, **05.** moods, **96.** other (specify _____) *[Select as many as are relevant.]*

☐☐ ☐☐ ☐☐

b). Which was the **main** reason?

☐☐

c). How many days did you miss classes due to your menses in the last 3 months?

☐☐

5.14 During your **last 3 periods**, do you think that having your menstrual period affected your concentration in school? **[YES=01, NO=02]**

☐☐

a). If yes, why did it affect your concentration? **[01.** lack of access to sanitary towels, **02.** access to sanitary towels but fear of staining clothes, **03.** taboos, **04.** pain/discomfort, **05.** moods, **96=**other (specify _____) *[Select as many as are relevant.]* ☐☐☐
☐; ☐☐; ☐☐

b). Which was the **main** reason?

☐☐

FW: APPLICABLE TO ALL RESPONDENTS:

5.15 a). During your **last 3 periods**, did having your period stop you from doing any other everyday activities? **[YES=01, NO=02]**

☐☐

IF NO, SKIP TO SECTION 6 (Vaginal Practices)

b). What activities weren't you able to do ***[Multiple Responses allowed]*** (**01=** paid work, **02=** housework, **03=** church, **04=** exercise, **05=** socialising, **96=**other (specify _____)

☐☐ ☐☐ ☐☐ ☐☐

5.16 Why did it stop you doing the activity? **[01.** lack of access to sanitary towels, **02.** access to sanitary towels but fear of staining clothes, **03.** taboos, **04.** pain/discomfort, **05.** moods, **96.** other (specify _____) *[Select as many as are relevant.]*

☐☐ ☐☐ ☐☐ ☐☐

a). Which was the **main** reason?

☐☐

6. VAGINAL PRACTICES

We know that many women already use different things in the vagina for different purposes. We'd like to know about your experiences with any of these products.

6.1. Have you ever inserted anything in the vagina to collect menstrual flow? **[YES=01, NO=02]**

☐☐

IF NO, SKIP TO 6.2

a). [If yes] what have you used? **01=Tampons, 96=Other [Specify]** _____

b). how often do you use it? (**01**=Every day during menstruation, **02**=often during menstruation, **03**=occasionally during menstruation) ☐☐

6.2. Have you ever inserted anything in the vagina to prevent pregnancy?
[YES=**01**, NO=**02**] ☐☐

a). [If yes] what have you used? _____
01=IUCD; 02=Foam tablets; 03=Female condoms 04=Vibrators,
96=Other [Specify] _____ ☐☐

b). Is this your current method of preventing pregnancy? [YES=**01**, NO=**02**] ☐☐

c). [If yes] how often do you use it? (**01**=Daily, **02**=Weekly, **03**=Monthly, **04**=only when having sex, **05**=during menstruation) ☐☐

6.3. Have you ever inserted anything in the vagina to prevent diseases?
[YES=**01**, NO=**02**] ☐☐
IF NO, SKIP TO 6.4

a). [IF YES] what have you used? _____
01=Female condoms 02=Vaginal passerines; 96=Other [Specify] _____

b). Is this your current method of preventing diseases?
[YES=**01**, NO=**02**] ☐☐
IF NO, SKIP TO 6.4

c). [IF YES] how often do you use it? [**01**=Daily, **02**=Weekly, **03**=Monthly, **04**=only when having sex, **05**=during menstruation] ☐☐

6.4. Have you ever had a Papanicolaou smear test [**Pap smear**]? [YES=**01**, NO=**02**] ☐☐

6.5. Do you ever wash inside the vagina for cleaning? [YES=**01**, NO=**02**] ☐☐
IF NO, SKIP TO 6.6

a). [IF YES] what do you use (select all that apply)? (**01**=water, **02**=soap, **03**=cloth,
96=other (specify) _____ ☐☐ ☐☐ ☐☐ ☐☐

b). How often do you use it? [**01**=Daily, **02**=Weekly, **03**=Monthly, **04**=only when having sex, **05**=during menstruation] ☐☐

6.6. Have you ever inserted anything in the vagina to make it dry?
[YES=**01**, NO=**02**] ☐☐
IF NO, SKIP TO 6.7

a). [if yes] how often do you use it? [**01**=Daily, **02**=Weekly, **03**=Monthly, **04**=only when having sex, **05**=during menstruation] ☐☐

6.7. Have you ever inserted anything in the vagina to heal or treat any health problems?

[YES=1, NO=2]

☐ ☐

IF NO, SKIP TO SECTION 7 (PERCEPTIONS ABOUT MENSTRUAL CUP)

a). [If yes] how often do you use it? [01=Daily, 02=Weekly, 03=Monthly, 04=only when having sex, 05=during menstruation, 06=only during a health problem]

☐ ☐

7. PERCEPTIONS ABOUT MENSTRUAL CUP

7.1. Had you ever heard of menstrual cups before we contacted you about this study?

[YES=01, NO=02]

☐ ☐

a). If yes, how did you hear about menstrual cups? (01=From APHRC staff, 02=from a friend, 03=from a teacher, 04=on the internet, 96=other (specify.....))

☐ ☐

b). What was the main reason why you decided to participate in this study?

(01=Curious about trying the menstrual cup; 02=Problems with existing menstrual products e.g. Tampons, sanitary towels, etc.; 03=Interested in being involved in a research study, 04=friends are taking part, 96=other (specify.....))

☐ ☐

c). I'd like to know what you thought about this study when you learned that we would be asking women to try using menstrual cups

-
- | | |
|--|-----------|
| a. Beneficial | 01 |
| b. They help solve menstruation problems | 02 |
| c. Menstruation cups are better | 03 |
| d. Other [Specify] _____ | 96 |

7.2. Which of the following best describes how you felt about menstrual cups when you first heard about the study? (Indicate 01 for Yes, 02 for No, 96 for Other (specify) 97 for Refusal to answer)

- | | |
|---|---|
| a) very excited to try it | <input type="checkbox"/> <input type="checkbox"/> |
| b) somewhat excited but a little afraid | <input type="checkbox"/> <input type="checkbox"/> |
| c) neutral you wanted to wait and see | <input type="checkbox"/> <input type="checkbox"/> |
| d) mostly afraid, but you were willing to give it a try | <input type="checkbox"/> <input type="checkbox"/> |
| e) You didn't like the idea of a menstrual cup, but you decided to join because of other reasons. (If yes, what?) (specify) _____ | |
| <hr/> | |
| f) <i>Respondent chose not to answer this question</i> | <input type="checkbox"/> <input type="checkbox"/> |

7.3. How did your feelings about the menstrual cup change after you first saw it?

(Indicate **01** for Yes, **02** for No, and **97** for Refusal to answer)

- a) liked it more
- b) liked it less
- c) no change
- d) *Respondent chose not to answer this question*

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

7.4. Please rate the following characteristics of the menstrual cup according to this scale:

01=strongly like, **02**=like, **03**=dislike, **04**=strongly dislike, **05**= Not important issue for you, **98**= Don't Know, **97**= Respondent chose not to answer this question

	Strongly like	Like	Dislike	Strongly dislike	Not important issue for you	Don't Know	Respondent chose not to answer this question
The way the menstrual cup looks							
That you can reuse it many times							
Hands must be washed before removing and inserting the menstrual cup							
The menstrual cup should be boiled for 5 minutes each month							
That it goes inside the vagina							
that you have to touch your vagina to put it in							
The menstrual cup should be wiped with tissue or washed in soap and water when it is emptied							
That you have to see menstrual blood							

8. Any Comments

9. Ending the interview

Thank participant for taking part in the survey, and explain that the nurse will be in touch to arrange follow up meetings. Also inform the participant that they can contact the nurse at any time if they have problems or concerns related to the study, and make sure they have her contact details.

TIME STOP:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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