

Kenya 2010: Menstruation Study Structured Survey
APHRC Research study on menstruation in Nairobi

Structured Survey, Phase 2, Follow up		
1.0	Background Characteristics	
1.1	How old are you? [RECORD IN COMPLETED YEARS]	<input type="text"/>
1.2	On what date were you born? (DD/MM/YYYY) [CHECK FROM BASELINE EDUCATION QUESTIONS]	<input type="text"/>
1.3	Since the start of the menstrual cup trial, has your marital/relationship status changed?[YES=01; NO=02]	<input type="text"/>
1.4	Relationship/marital status <i>Marital/cohabitation status as of survey 1:</i>	<input type="text"/>
	Married/Cohabiting=01, [Skip to Q.1.9]	
	Not married/cohabiting =02	
1.5	Since the start of the menstrual cup study, have you stopped being married or living with someone as if married?? [YES=01; NO=02] If YES, go to 1.17; If NO, Go To	<input type="text"/>
1.6	How did the marriage/union end; are you widowed, divorced or separated?widowed=01, divorced=02, or separated =03	<input type="text"/>
1.7	Since the start of the menstrual cup study, have you got married or started living with someone as if married? [YES=01; NO=02] <i>Romantic relationship status as of survey 1</i>	<input type="text"/>
1.8	Are you in a romantic relationship with anyone? (yes, currently in a relationship=01; no, not in a relationship = 2) [YES=01; NO=02]	<input type="text"/>
1.9	Please tell me the other people living in the same house where you live? (<i>insert the number for each category</i>) _____ (<i>Mother, Father, Stepmother, Stepfather, Female Guardian, Male Guardian, Older Brother, Younger Brother, Older Sister, Younger Sister, Aunt, Uncle, Grandmother, Grandfather, Boyfriend, husband, Daughter, Son, Other (specify)</i>)	
i	Mother	<input type="text"/>
ii	Father	<input type="text"/>
iii	Stepmother(s)	<input type="text"/>
iv	Stepfather(s)	<input type="text"/>
v	Female Guardian(s)	<input type="text"/>
vi	Male Guardians(s)	<input type="text"/>
vii	Older Brother(s)	<input type="text"/>
viii	Younger Brother(s)	<input type="text"/>
ix	Older Sister(s)	<input type="text"/>
x	Younger Sister(s)	<input type="text"/>
xi	Aunt(s)	<input type="text"/>
xii	Uncle(s)	<input type="text"/>
xiii	Grandmother(s)	<input type="text"/>
xiv	Grandfather(s)	<input type="text"/>
xv	Boyfriend(s)	<input type="text"/>
xvi	Husband	<input type="text"/>
xvii	Daughter(s)	<input type="text"/>
xviii	Son(s)	<input type="text"/>
xix	Other (specify)	<input type="text"/>
Access to Facilities		
1.10	During the menstrual cup trial, what kind of toilet facilities did you usually use when you were at home? (Then provide the relevant options) e.g	
	Flush Toilet	
	Own flush toilet 01	<input type="text"/>
	Shared flush toilet 02	<input type="text"/>
	Pit toilet/latrine	
	Own traditional pit toilet 03	<input type="text"/>
	Shared traditional pit toilet 04	<input type="text"/>
	Ventilated improved pit toilet	
	Own (VIP) latrine 05	<input type="text"/>
	Shared (VIP) latrine 06	<input type="text"/>
	Flush trench toilet 07	<input type="text"/>
	Toilet without pit/working flush 08	<input type="text"/>
	No facility/bush/field 09	<input type="text"/>
	Flying toilet 10	<input type="text"/>
	Other (specify) 96 _____	<input type="text"/>
	Not applicable 99	<input type="text"/>

1.11 During the menstrual cup trial, did you have to pay to use the toilet facility? [YES=01; NO=02] ☐

1.12 [If YES] What is the pattern of payment?

(Then provide the relevant options) e.g

Per Use [Kila ukitumia] 01

Daily [Kila siku] 02

Monthly [Kila mwezi] 03

Other (specify) 96

1.13 During the menstrual cup trial, how often did you have the following experiences with the toilet you use at home? (Please choose from the following: 01 = I never had the experience, 02= I had the experience occasionally, 03 = I had the experience often, 04 = I had 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

Access to Water

1.14 During the menstrual cup trial, what was the main source of water that you used 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

1.15 During the menstrual cup trial, were you able to access water for bathing?

1= never, 2= occasionally, 3= most of the time, 4 = every day

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1.16 During the menstrual cup trial, did you use water for washing the menstrual cup?

[YES=01; NO=02]

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1.17 If yes, what was the main source of water that you used for washing the cup?

(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

1.18. How easy would you say it was to access water for washing the menstrual cup? 1= very difficult,

2 = moderately difficult, 3 = moderately easy, 4 = very easy, 5= don't know/no response

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ONLY ASK FOR RESPONDENTS WHO ARE CURRENTLY IN SCHOOL																										
1.19	<p>During the menstrual cup trial, how often did you have the following experiences with the toilet you use at school: (Please choose from the following: 1 = I never had the experience, had the experience all the time.) 2= I had the experience occasionally, 3 = I had the experience often, 4 = I</p> <p>i The toilet door is hard to shut</p> <p>ii The toilet door does not lock from the inside</p> <p>iii I have to ask for a key to use a toilet</p> <p>iv I wash my hands with water</p> <p>v I have to ask for a key to access water for washing hands</p> <p>vi I wash my hands with soap</p> <p>vii I worry about privacy when using school/college toilets</p> <p>viii I use toilet paper</p> <p>ix I use other paper eg newspaper</p>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																								
2.0 Sexual and Reproductive History																										
2.1	Since the start of the menstrual cup trial, have you had sexual intercourse? Yes=1, No=2	<table border="1"><tr><td></td><td></td></tr></table>																								
2.2	<p>During the study trial, were you ever diagnosed with an RTI, STI, urinary tract infection?</p> <p>Do you remember the name(s) of these infections? (1=NO; 2=YES)</p> <p>If yes, what was/were the name(s)? _____</p>	<table border="1"><tr><td></td><td></td></tr></table>																								
2.3	Did you receive treatment for this infection? Yes=1, No=2	<table border="1"><tr><td></td><td></td></tr></table>																								
2.4	<p>During the menstrual cups trial, did you ever have any of the following symptoms: pain, itching, unusual discharge in or around the vagina?</p> <p>Do you remember the name(s) of these infections? (1=NO; 2=YES)</p> <p>If yes, what was/were the name(s)? _____</p>	<table border="1"><tr><td></td><td></td></tr></table>																								
2.5	Do you currently have any of the following symptoms: pain, itching, unusual discharge in or around the vagina? [YES=01; NO=02]	<table border="1"><tr><td></td><td></td></tr></table>																								
3.0 The Frequency and Quality of Menstrual Periods																										
3.1	How would you describe the quantity of your menstrual flow During the menstrual cup trial? (light, moderate, heavy, very heavy, excessively heavy)	<table border="1"><tr><td></td><td></td></tr></table>																								
3.2	During the menstrual cup trial, how many days, on average, did your periods last?	<table border="1"><tr><td></td><td></td></tr></table>																								
3.3	Would you describe your menstrual periods as regular? [YES=01; NO=02]	<table border="1"><tr><td></td><td></td></tr></table>																								
3.4	Are you menstruating now? [YES=01; NO=02]	<table border="1"><tr><td></td><td></td></tr></table>																								
3.5	When did your last period begin?	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																								
3.6	When do you expect your next period to begin?	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																								
3.7	<p>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:</p> <p>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?</p>	<table border="1"><tr><td></td><td></td></tr></table>																								
3.8	Has this interval been the same for the last three periods, or has it varied? [YES=01; NO=02]	<table border="1"><tr><td></td><td></td></tr></table>																								
3.9	<p>During the menstrual cup trial, have you had any of the following health problems:</p> <table border="0"> <thead> <tr> <th>Symptom</th> <th>Y/N</th> <th>Severity (moderate, strong, or Very Strong)</th> </tr> </thead> <tbody> <tr><td>abdominal pains</td><td></td><td></td></tr> <tr><td>Back pains</td><td></td><td></td></tr> <tr><td>Irregular periods</td><td></td><td></td></tr> <tr><td>Lack of sleep</td><td></td><td></td></tr> <tr><td>Lack of energy</td><td></td><td></td></tr> <tr><td>Negative moods</td><td></td><td></td></tr> <tr><td>Other</td><td></td><td></td></tr> </tbody> </table>	Symptom	Y/N	Severity (moderate, strong, or Very Strong)	abdominal pains			Back pains			Irregular periods			Lack of sleep			Lack of energy			Negative moods			Other			
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3.10	<p>During the menstrual cup trial, did having your period stop you from attending any school classes? Y/N If yes, why did it stop you doing the activity? (1. lack of access to pads, 2. access to pads but fear of staining clothes, 3. taboos, 4. pain/discomfort, 5. moods, 6. reasons related to use of the menstrual cup (if so, specify _____), 6. other (specify _____) specify _____). 96=Other (specify _____) [Select as many as are relevant.]</p>																									
3.11	How many classes did you miss during the menstrual cup trial?	<table border="1"><tr><td></td><td></td></tr></table>																								
3.12	Which was the main reason?																									

- 3.13(a) **During your last 3 periods**, do you think that having your menstrual period affected **your concentration in school?** [YES=01; NO=02]
- (b) If yes, why did it affect your concentration? If yes, why did it stop you doing the activity?
 01=lack of access to pads
 02=access to pads but fear of staining clothes
 03=. Taboos
 04=pain/discomfort
 05=moods
 06=reasons related to use of the menstrual cup (if so, specify_____),
 96=Other (specify_____)
- (c) Which was the **main** reason?
- 3.14 (a) **During the menstrual cup trial**, did having your period stop you from doing any other everyday activities? [Select as many as are relevant.]
 01=paid work
 02=housework
 03=church
 04=exercise
 05=socialising
 96=Other (specify_____)
- (b) Why did it stop you doing the activity?
 01=lack of access to pads
 02=access to pads but fear of staining clothes
 03=taboos
 04=pain/discomfort
 05=moods
 06=reasons related to use of the menstrual cup (if so, specify_____)
 96=Other (specify_____)
- (c) Which was the **main** reason?

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4.0 Reported Use Of Menstrual Cups

- [ask respondent to refer to menstrual diary, if they want?]
- 4.1 Since the trial began, did you insert the menstrual cup? [YES=01; NO=02]
- 4.2 Did you use the menstrual cup as a method for managing menstrual flow? [YES=01; NO=02]
- 4.3 **During the menstrual cup trial**, did you use any other methods for managing menstrual flow?
ALLOW MULTIPLE RESPONSES.
 A=cloths
 B=sanitary towels
 C=tampons
 D=cotton wool
 E=socks
 F=mattress
 G=Other (specify_____)
- 4.4 What was the main method you used for managing menstrual flow **during the study trial**?
ALLOW ONLY ONE RESPONSE A=cloths, B= sanitary towels,
 C=tampons, D = cotton wool, E= socks, F= mattress, G=other (specify_____)
- 4.5 How many periods have you had since the start of the trial?
- 4.6 Did you use the menstrual cup in the first period? [YES=01; NO=02; N/A]
ONLY ASK IF RESPONDENT ANSWERED 1 to question 4.2
 For how many days?
 In the second? [YES=01; NO=02; N/A]
 For how many days?
 In the third? [YES=01; NO=02; N/A]
 For how many days?
 In the fourth? [YES=01; NO=02; N/A]
 For how many days?
 In the fifth? [YES=01; NO=02; N/A]
 For how many days?

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4.7 . [If stopped using] Why did you stop using the menstrual cup? [Wait for response from informant, **and then code according to the following options (do not read them out):**]

didn't like the fact that it needed to be inserted [YES=01; NO=02]
 found it difficult to insert [YES=01; NO=02]
 found it uncomfortable [YES=01; NO=02]
 leakage [YES=01; NO=02]
 worried about leakage [YES=01; NO=02]
 health problems [YES=01; NO=02]
 health concerns [YES=01; NO=02]
 96=Other (specify _____)

4.8 Please tell me how often **during the trial** you were able to do the following:
 (out of a choice of: every time, sometimes, never)

- a. I was able to boil/sterilise the menstrual cup between each period
- b. I was able to wipe or wash the menstrual cup when emptying it
- c. I was able to wash my hands before inserting it
- d. I was able to wash my hands after inserting it

5.0 Perceptions About Menstrual Cups

5.1 Please tell me about your general experiences with the study. How would you rate the following in terms of very good, good, neither good nor bad, bad or very bad?
 The information about the study that was provided before you decided whether or not to take part
 The information on menstruation and menstrual cups provided at the start of the study
 The support from the study nurse during the trial

- 5.2 Please rate the following characteristics of the menstrual cup (according to this scale: strongly like, like, dislike, strongly dislike) now that you have participated in the trial:

Key: 01=Strongly Like, 02=Like, 03=Dislike, 04=Strongly dislike, 05=Not an important issue for you, 06=Don't Know, 07=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
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							

- 5.3 How would you rate the product in terms of the following criteria: (1 _ "disagree a lot," 2 _ "kind of disagree," 3 _ "kind of agree," and 4 _ "agree a lot")

a The menstrual cup is comfortable to wear		
b When I have inserted the menstrual cup, I can't feel it is there		
c It is easy to insert the menstrual cup		
d The menstrual cup might get lost inside my vagina		
e The menstrual cup might affect the size of my vagina		
f If kept clean, the menstrual cup doesn't smell bad		
g When I wear the menstrual cup, I don't have to worry about it leaking/The menstrual cup doesn't leak		
h Sometimes it is hard to find somewhere private to change it		
i I would be happy to tell my close female relatives or friends that I use it		
j I would be happy to tell female members of this community/school that I use it		
k It would be embarrassed to other people that I use the menstrual cup		
l I would recommend the menstrual cup to a sister or friend		
m The menstrual cup is suitable for women and girls of all ages		
n Menstrual cups take practice to learn how to insert correctly		
o The menstrual cup is unhygienic		
p It is inconvenient to boil the menstrual cup once a month		
q The menstrual cup is suitable for girls and women who have never had sex		
r Inserting the menstrual cup got easier with practice		
s You are no longer a virgin after you have used the menstrual cup, even if you've never had sex		

- 5.4 Did you have any problems with using the menstrual cup? [YES=01; NO=02]

If yes, what was the main problem? _____		
Were you able to overcome the problem? [YES=01; NO=02]		
If yes how did you overcome the problem? _____		

- 5.5 Will you use the menstrual cup in the future? [YES=01; NO=02]

- 5.6 If you didn't have a menstrual cup, would you buy one, or ask your parents/guardians or others for money to buy one? [YES=01; NO=02]

If yes, how much would you be prepared to pay for a menstrual cup?							
A menstrual cup costs between 1125 and 2375 Kenyan Shillings and can be used for up to 10 years. How easy would you say it is to pay for this method (very easy, moderately easy, a little difficult, very difficult, impossible)?							

- 5.7 In your opinion, are menstrual cups an acceptable method of managing menstrual flow?

6.0 Referral to Services

If positive answers to questions on RTIs, STIs, menstrual disorders (LIST QUESTION NUMBERS), then ask participant if they would like to be referred to health services.

7.0 Ending the Interview

Thank participant for taking part in the study

ID1 DC1 submitted to KEMRI-ERC; study # (NON-SSC No. 065)

Last revised 10 May 2010