



Connect Tanzania Impact Evaluation Baseline Survey First-time Mother Questionnaire

JANUARY 2024

Authors

Sarah Baird, Emma K. Cook and Jennifer Seager



Milken Institute School
of Public Health

THE GEORGE WASHINGTON UNIVERSITY

Acknowledgements

We would like to thank Melanie Yahner and Sarah Elaraby from Save the Children for their contributions to the content and refinement of the survey instrument. We would like to thank Lilian Kapinga, Judith Kimambo, and Aisha Mloly from Save the Children Tanzania for providing important local context to improve the instrument and for their contributions in reviewing the instrument. We would like to thank our partners at EDI Global for conducting the surveys. Specifically, we would like to thank Renatus Mbamilo and Rachel Bowers for their roles in leading data collection activities, Sosthenes Alex for his role in overseeing field work, Patrick Minja and Prisca Roman for their extensive work in programming the survey instrument, Luz Azlor del Valle and Dan Bunter for their contributions to data collection activities, and all of the enumerators who carried out the surveys. Finally, we would like to thank all the first-time mothers for sharing their experiences—without their participation, this study would not have been possible.

Suggested citation:

Baird, S., Cook, E.K., & Seager, J. (2024) *Connect Tanzania impact evaluation baseline survey: First-time mother questionnaire*. Washington, DC: The Connect Project

Front cover image: Amani Dawai, Save the Children

About the Connect Project

Led by Save the Children in partnership with the George Washington University Milken Institute School of Public Health, the Connect project uses a phased approach to leverage the reach of large-scale “host projects” and existing government platforms in Bangladesh and Tanzania. Drawing from formative work, Connect designed “program enhancements”—additional activities layered onto the host projects’ existing facility- and community-level approaches to address key barriers to increase First-Time Mothers’ (FTMs’) use of postpartum family planning in Bangladesh and Tanzania, and postnatal care in Bangladesh. For more information, visit:

<https://resourcecentre.savethechildren.net/collection/the-connect-project/>.

First-time Mother Questionnaire

The FTM Questionnaire aims to capture information about adolescent and young first-time mothers (FTMs; ages 15-24) in Tanzania. The questions were developed specifically for baseline data collection for the quantitative impact evaluation of Save the Children’s Connect Project in Tanzania to capture information about the sample of FTMs who were recruited to participate in Connect programming. The survey was implemented in Tanzania from February to March 2023 by George Washington University and EDI Global.

The survey instrument collects demographic and sociocultural information and details regarding FTMs’ experiences with and perceptions of family planning and other maternal health services. The survey requires an average of 60 minutes for administration to each participant. Modules include:

- Demographics
- Standard of living
- Marriage history
- Pregnancy history
- Antenatal care and delivery
- Postnatal care
- Traditional family planning methods
- Postpartum family planning
- Contraceptive use before pregnancy
- Contraceptive preferences
- Family planning counseling
- Programming
- Communication and agency
- Breastfeeding and nutrition
- Attitudes, norms, and knowledge
- Fertility preferences
- Unmet need for family planning
- Intimate partner violence
- Mental health

For questions, please contact Sarah Baird, principal investigator for the Connect Quantitative Impact Evaluation, at sbaird@email.gwu.edu.

Abbreviations

ANC	Antenatal care
CHW	Community health worker
FPC	Family planning counseling
FTM	First-time mother
IUD/IUCD	Intrauterine device/intrauterine contraceptive device
LAM	Lactational Amenorrhea Method
PNC	Postnatal care
PPFP	Postpartum family planning

Connect Tanzania Impact Evaluation Baseline Survey		
First time Mother Questionnaire		
February-March 2023		
1. Date and start time of interview	[]/[]/[]	
2. Supervisor name (ID)	[]	
3. Interviewer name (ID)	[]	
4. District	[]	
5. Ward	[]	
6. Village	[]	
7. Community health worker (CHW) name	[]	
7a. Is this the correct CHW name?	Yes..... 1	>> Q8
	No..... 0	
7b. Write correct CHW name	_____	
8. Hamlet	[]	
9. FTM UID	[]	
10. Please record the GPS of the Household		
10a. Location of interview	FTM's house..... 1	
	FTM's mother's house..... 2	
	FTM's mother-in-law's house..... 3	
	Place of work..... 4	
	Other (specify)..... -96	
11. The name of the FTM is [FTM NAME]. Please confirm the name and spelling with the respondent.	Correct name and spelling..... 1	
	Correct name, incorrect spelling (enter correct spelling):..... 2	>> update FTM NAME
	Incorrect name (i.e., incorrect FTM)..... 3	>> end survey & record survey outcome
11a. Did you find the respondent / is the respondent available?	Yes..... 1	
	No..... 0	>> Survey outcome
11b. Does the respondent speak English or Kiswahili?	Yes..... 1	
	No..... 0	>> Survey outcome
12. Did [FTM NAME] consent to be surveyed?	Yes..... 1	
	No..... 0	>> Survey outcome
13. What is [FTM NAME]'s date of birth (dd/mm/yyyy)? <i>(Enumerator: Try to get day, month, and year. If FTM does not know day, enter 15. If FTM does not know month, enter June.)</i>	[]/[]/[]	
If day entered is the 15th, enumerator must answer Q13a. Otherwise >> 13b		
13a. Enumerator: Did the FTM know her day of birth?	Yes..... 1	>>13b
	No..... 0	
If Month entered is June, enumerator must answer Q13ai. Otherwise >> 13b		
13ai. Enumerator: Did the FTM know her Month of birth?	Yes..... 1	>>13b
	No..... 0	
13b. Confirm age with respondent	[] years <i>[PREFILL from Q13]</i>	
13c. Enumerator: Confirm age <i>If age is incorrect, enter correct date of birth (Q12)</i>	Confirmed..... 1	
If FTM age is <=13 or age>=26 >>Survey outcome		
14. Is [FTM NAME] currently pregnant?	Yes..... 1	
	No..... 0	

15. Has [FTM NAME] given birth in the past 12 months to a child that is still alive today?	Yes, one child..... 1 Yes, twins..... 2 Yes, more than 2 children (specify):..... 3 No..... 0	>> inst before Q16
Do not read options aloud		
15a.i. If one child (Q15==1): Is the child a boy or a girl?	Boy..... 1 Girl..... 2	
15a.ii. If more than one child (Q15==2,3): Is the first born child a boy or a girl?	Refused..... -97	
If FTM had only one child (Q15==1) >> Instructions before Q16		
15b. Was the second child a boy or a girl?	Boy..... 1 Girl..... 2 Refused..... -97	
If FTM had twins (Q15==2) >> Instructions before Q16		
15c. Was the third child a boy or a girl?	Boy..... 1 Girl..... 2 Refused..... -97	
If FTM had triplets (Q15 specify==3) >> Instructions before Q16		
15d. How many boys and how many girls in total? (-97=Refused)	[] boys [] girls	
If FTM is not currently pregnant and did not give birth in the past 12 months (Q14==0 & Q15==0) >> Survey outcome		
16a.i. If currently pregnant and did not give birth in the past 12 months (Q14==1 & Q15==0): Do you have any living children?	Yes...(Specify)..... 1 No..... 0	
16a.ii. If gave birth in the past 12 months to one child (Q15==1): Do you have any living children other than the child you gave birth to in the past 12 months?		
16a.iii. If gave birth in the past 12 months to more than one child (Q15==2,3): Do you have any living children other than the children you gave birth to in the past 12 months?		
If FTM is currently pregnant but has other living children (Q14==1 & (Q15=1, 2, 3 Q16a.i.==1)) > Read: For the rest of this interview, please focus on your current pregnancy		
If FTM is not pregnant and has child under 12 months and child over 12 months (Q14=0 & (Q16a. ii.==1 Q16a. iii.==1)) > Read: For the rest of this interview, please focus on the child who is under 12 months.		
If FTM is not pregnant and gave birth to more than one child in past 12 months (Q14==0 & Q15==2,3) > Read: For the rest of this interview, please focus on the child who was born first in the last 12 months and answer the questions accordingly.		
If FTM is pregnant >> Q17		
16b. When did [FTM NAME] give birth (dd/mm/yyyy)? (Enumerator: Try to get day, month, and year. If FTM does not know day, enter 15. If FTM does not know month, enter June.)	[]/[]/[]	
If day entered is the 15th, enumerator must answer Q16b.i. Otherwise >> 13b		
16b.i Enumerator: Did the respondent know date of birth?	Yes..... 1 No..... 0	
16b.ii. Confirm child age with respondent	[] months [PREFILL from Q16b)	
16c. Did [FTM NAME] give birth in a facility?	Yes..... 1 No..... 0	
16d. What is your child's name? If more than one child (Q15==2,3), Read: Please answer for the child born first		

<p>16e. How old is [CHILD NAME]?</p> <p><i>Do not read options aloud</i> <i>Categorize response appropriately</i></p>	<p>0-6 weeks..... 1 > 6 weeks to 3 months..... 2 > 3 months to 6 months..... 3 > 6 months to 9 months..... 4 > 9 months to 12 months..... 5 > 12 months..... 6</p> <p style="text-align: right;">>> <i>contact sheet</i></p>
<p>17. What is [FTM NAME]'s current relationship status</p> <p><i>Do not read options aloud</i> <i>Categorize response appropriately</i></p>	<p>Legally married..... 1 Living together as if married..... 2 Engaged to be married..... 3 Has a boyfriend..... 4 Single, separated..... 5 Single, divorced..... 6 Single, widowed..... 7 Single, never married..... 8</p> <p style="text-align: right;">} >> Q18</p>
<p>17a. What is [FTM NAME]'s husband/partner's name? (<i>First Middle Last</i>):</p>	
<p>17b. Does [FTM NAME] have a living mother-in-law? (<i>If FTM is not legally married but considers partner's mother to be her mother-in-law, select yes</i>)</p>	<p>Yes..... 1 No..... 0</p>
<p>18. Are you currently living at your mother's house for care around delivery of your child?</p>	<p>Yes..... 1 No..... 0</p>

Demographics	
Read: I would like to ask some questions about your household. Now I would like to find out about all of the individuals in your household. By household, I mean the place where you usually sleep, not necessarily your ancestral lands or family home. By the individuals in the household, I mean those who "eat from the same pot." If you are currently living somewhere other than your normal home during your post-partum period, please answer these questions about your permanent home, not where you are currently living.	
1. How many individuals aged 18 or older live in this household? Please include all adults who typically live in this household, even if they did not sleep here last night.	[] adults
2. How many individuals aged 0-17 live in this household? Please include all children who typically live in this household, even if they did not sleep here last night.	[] children
If no current husband/partner (Coversheet Q17>3) >> instructions before Q5	
3. Does [HUSBAND/PARTNER NAME] live in this household?	Yes..... 1 >> <i>Instructions before Q4</i> No..... 0
3a. Why do you not live with [HUSBAND/PARTNER NAME]?	Husband/partner lives abroad..... 1 Husband/partner lives elsewhere in Tanzania (specify):..... 2 Not yet living together..... 3 FTM is student living elsewhere..... 4 Other (specify)..... -96 Refused..... -97 Don't know..... -99
<i>Do not read options aloud Categorize response appropriately</i>	
If not married or engaged (CS17>3) OR no living mother-in-law (CS Q17b==0) >> instructions before Q5	
4. Does your mother-in-law live in this household?	Yes..... 1 No..... 0
Household Head	
Read: Now I would like to ask about the head of household	
5. What is the relationship of this household head to you? This person is your _____ <i>Constraint message: If Q3==0 & Q5==2 >> Said Husband is not living in household but said HH head is Partner/Husband, double check this.</i>	[] _____ (Use G1 Rel codes.)
If Q5 == 01-10 >> Instructions before Q5b	
5a. What is the household head's sex?	Female..... 1 Male..... 0 Refused..... -97 Don't know..... -99
If household head is self or husband/partner (Q5==01 or 02) >> Q6	
5b. What is the household head's highest educational qualification (certificate)?	[] _____ (Use E2 Ed Cert codes.)
5c. What is the household head's primary daily activity? By primary daily activity, we mean the activity which the head of household spends the most time on.	[] _____ (Use L1 Job codes.)
5d. Is the household head paid for this activity?	Yes, salaried..... 1 Yes, wage (piece work/day laborer)..... 2 Yes, self-employed..... 3 No..... 0 Other (specify)..... -96 Refused..... -97 Don't know..... -99
<i>Read options aloud</i>	

Read: Now I would like to ask you some questions about yourself	
6. What is the highest level of education you have completed ? Include education such as kindergarten/O-class, preschool, vocational or religious schooling.	[][] [][][][] (Use E1 Ed codes.)
	If "no school" (code 0) >> Q7
6a. What is your highest educational qualification (certificate)?	[][] [][][][] (Use E2 Ed Cert codes.)
	Note to programmer: please restrict response options based on highest level of education in Q6
6b. Are you currently enrolled in school? (Were you enrolled in school in the most recent session?)	Yes..... 1 >> Q7 No..... 0 Refused.....-97 Don't know.....-99
6c. In what month and year did you last attend a day of school? (mm/yyyy) (-97=ref; -99=DK)	[][]/[][][][][]
6d. What is the main reason you are no longer in school? Record MAIN reason Do not read options aloud	Pregnancy..... 1 Covid-19 pandemic..... 2 Distance to school..... 3 Too expensive..... 4 Work..... 5 Not interested..... 6 Failed exams..... 7 Parent does not permit FTM to attend school..... 8 Reached level of education desired..... 9 Other (specify):.....-96 Refused.....-97 Don't know.....-99
	} >>Q7
6e. What is the main reason that your pregnancy caused you to drop out of school? Record MAIN reason Do not read options aloud	To take care of child..... 1 Stigma..... 2 Not permitted to stay in school..... 3 Need to earn money..... 4 Other (specify).....-96 Refused.....-97 Don't know.....-99
7. Can you read and write?	Yes, read only..... 1 Yes, read and write..... 2 No..... 0 Refused.....-97
8. What is your primary daily activity?	[][] [][][][] (Use L1 Job codes.)
	If 46,47,48,49 >> Q8
8a. Are you paid for this activity? Read options aloud	Yes, salaried..... 1 Yes, wage (piece work/day laborer)..... 2 Yes, self-employed..... 3 No..... 0 Other (specify).....-96 Refused.....-97 Don't know.....-99

Standard of Living											
<i>Read: Now I would like to ask questions about the household. Remember, by household, I mean the place where you usually sleep, not necessarily your ancestral lands or family home. If you are currently living somewhere other than your normal home during your post-partum period, please answer these questions about your permanent home, not where you are currently living.</i>											
Questions 1-4 from Tanzania PPI. <i>Source: Innovations for Poverty Action. 2022. Tanzania's 2018 Poverty Probability Index (PPI). Washington, D.C.: IPA. https://www.povertyindex.org/country/tanzania</i>											
<table border="1"> <tr> <td colspan="2">Response options for Q1-Q4</td> </tr> <tr> <td>1=Yes</td> <td></td> </tr> <tr> <td>0=No</td> <td></td> </tr> <tr> <td>-97=Refused</td> <td></td> </tr> <tr> <td>-99=Don't know</td> <td></td> </tr> </table>		Response options for Q1-Q4		1=Yes		0=No		-97=Refused		-99=Don't know	
Response options for Q1-Q4											
1=Yes											
0=No											
-97=Refused											
-99=Don't know											
1. Does your household own an Iron (electric or charcoal)?	[__]										
2. Does your household own a table?	[__]										
3. What is the main building material of the walls of this household?	Stones..... 1 Cement bricks..... 2 Sundried bricks..... 3 Baked bricks..... 4 Timber..... 5 Poled and mud..... 6 Grass..... 7 Other (specify):..... -96 Refused..... -97 Don't know..... -99										
4. What is the main source of energy for lighting?	Electricity..... 1 Solar..... 2 Generator/private sources..... 3 Gas (industrial)..... 4 Natural gas..... 5 Gas (Biogas)..... 6 Electric (wind)..... 7 Acetylene lamp..... 8 Kerosene (Lantern/ chimney)..... 9 Kerosene (Wick lamps)..... 10 Candles..... 11 Firewood..... 12 Paraffin..... 13 Torch/Rechargeable lamps..... 14 Other (specify):..... -96 Refused..... -97 Don't know..... -99										
<i>Read: Now I would like to ask questions about your access to a mobile phone.</i>											
5. Does your household have a working mobile phone?	Yes..... 1 No..... 0 Refused..... -97 Don't know..... -99										
5a. Do you have access to use the households' mobile phone?	Yes..... 1 No..... 0 Refused..... -97 Don't know..... -99										

>> Instr
bef Q6

5b. Do you have access to your own personal mobile phone that is only for you to use?	Yes..... 1 No..... 0 Refused..... -97 Don't know..... -99
If Q5a==0 & Q5b==0 (no access to household or own mobile phone) >> Instr bef Q6	
5c.i. <i>If ftm has own phone (5b==1)</i> : Does your mobile phone have access to the internet?	Yes..... 1 No..... 0 Refused..... -97 Don't know..... -99
5c.ii. <i>If ftm doesn't have own phone (5b==0,-97,-99)</i> : Does your household's mobile phone have access to the internet?	
5d.i. <i>If ftm has own phone (5b==1)</i> : Does your mobile phone receive SMS/text?	Yes..... 1 No..... 0 Refused..... -97 Don't know..... -99
5d.ii. <i>If ftm doesn't have own phone (5b==0,-97,-99)</i> : Does your household's mobile phone receive SMS/text?	
Read: Now I would like to ask questions about the availability of food over the past 1 week to 4 weeks. Please answer these questions about the household(s) where you were staying during the time period in question even if it is not where you normally stay.	
Question 6-9 from Tanzania PPI. Source: Innovations for Poverty Action. 2022. Tanzania's 2018 Poverty Probability Index (PPI). Washington, D.C.: IPA. https://www.povertyindex.org/country/tanzania	
Questions 10-12 from HFIAS. Source: Coates, J., Swindale, A., & Bilinsky, P. (2007). Household Food Insecurity Access Scale (HFIAS) for measurement of household food access: Indicator guide (v. 3). Washington, D.C.: FHI 360/FANTA. https://www.fantaproject.org/sites/default/files/resources/HFIAS_ENG_v3_Aug07.pdf	
6. In the past one week, did the household consume beef?	Yes..... 1 No..... 0 Refused..... -97 Don't know..... -99
7. In the past one week, did the household consume cattle milk?	Yes..... 1 No..... 0 Refused..... -97 Don't know..... -99
8. In the past one week, did the household consume rice?	Yes..... 1 No..... 0 Refused..... -97 Don't know..... -99
9. In the past one week, did the household consume wheat flour?	Yes..... 1 No..... 0 Refused..... -97 Don't know..... -99
10. In the past 4 weeks, was there ever no food to eat of any kind because of lack of resources to get food?	Yes..... 1 No..... 0 Refused..... -97 Don't know..... -99
	>> Q11

10a. How often did this happen in the past 4 weeks?	Rarely (1-2 times)..... 1 Sometimes (3-10 times)..... 2 Often (more than 10 times)..... 3 Do not read: Refused.....-97 Do not read: Don't know.....-99
11. In the past 4 weeks, did you or any household member go to sleep at night hungry because there was not enough food?	Yes..... 1 No..... 0 >> Q12 Refused.....-97 Don't know.....-99
11a. How often did this happen in the past 4 weeks?	Rarely (1-2 times)..... 1 Sometimes (3-10 times)..... 2 Often (more than 10 times)..... 3 Do not read: Refused.....-97 Do not read: Don't know.....-99
12. In the past 4 weeks, did you or any household member go a whole day and night without eating anything at all because there was not enough food?	Yes..... 1 No..... 0 >> NS Refused.....-97 Don't know.....-99
12a. How often did this happen in the past 4 weeks?	Rarely (1-2 times)..... 1 Sometimes (3-10 times)..... 2 Often (more than 10 times)..... 3 Do not read: Refused.....-97 Do not read: Don't know.....-99

Respondent Marriages/Partnerships	
Read: Now I would like to ask you a few questions about the partnerships you have been in during your life.	
If married or living together as if married (CS Q17=1,2) >> Q1a	
1. Have you ever been married or in a formal partnership? (This does not include being engaged)	Yes..... 1 No..... 0 Refused.....-97 Don't know.....-99
	} >>skip bef Q10
1a. How many marriages and/or formal partnerships have you been in?	[]
If only 1 marriage and/or formal partnership & currently married (Q1a==1 & CS Q17==1, 2) >> Instructions before Q3	
Read: Now I would like to discuss your first marriage or formal partnership	
2. How old were you when you first got married and/or were in a formal partnership? If never had a formal ceremony, inquire about age respondent started to consider herself married. (Ref = -97; DK = -99)	[][] years old Note to programmer: restrict response options based on current age
2a. How old was your partner when you first got married and/or had formal wedding ceremony? If never had a formal ceremony, inquire about age respondent started to consider herself married. (Ref = -97; DK = -99)	[][] years old
2b. When you were first married, were you ready to marry or would you have rather waited? Do not read options aloud	Ready to be married..... 1 Would have rather waited..... 2 Refused.....-97 Don't know.....-99
2c. When you were first married, who was the main decision-maker in the decision for you to get married? Do not read options aloud	Self, for love..... 1 Self, for other reasons (specify):..... 2 Own parents..... 3 Own other relatives..... 4 Friends..... 5 Former husband/partner..... 6 Religious authority/Mosque/Church..... 7 Other (specify):.....-96 Refused.....-97 Don't know.....-99
If Q2b==2 & Q2c==1 >> Warning note: Said FTM Would rather have waited to get married yet you have selected that she herself decided to marry out of love in 2c, please double check	
2d. Did this marriage/partnership end with divorce/seperation or did your partner die? Do not read options aloud	Divorce/separation..... 1 Husband/partner died..... 2 Refused.....-97
	} >> Instr bef Q3
2e. What was the main reason for divorce/seperation? Do not read options aloud Categorize response appropriately	Family pressure..... 1 Violence..... 2 Polygamy..... 3 Fertility pressure..... 4 Cheating..... 5 Husband/partner was a drunk..... 6 Husband/partner imprisoned..... 7 Husband/partner unable to financially support FTM..... 8 Other (specify):.....-96 Refused.....-97 Don't know.....-99

If currently unpartnered (CS Q17=3,4,5,6,7,8) >> Instructions before Q10		
Read: Now I would like to discuss your CURRENT marriage/partnership with [HUSBAND/PARTNER NAME].		
3. How old were you when you got married to [HUSBAND/PARTNER NAME]? <i>If never had a formal ceremony, inquire about age of her partner when respondent started to consider herself married. (Ref = -97; DK = -99)</i>	[][] years old	Note to programmer: restrict response options based on current age
3a. How old was [HUSBAND/PARTNER NAME] when you got married and/or had formal wedding ceremony? <i>If never had a formal ceremony, inquire about age of her partner when respondent started to consider herself married. (Ref = -97; DK = -99)</i>	[][] years old	
3b. Were you ready to marry [HUSBAND/ PARTNER NAME] or would you have rather waited?	Ready to be married..... 1 Would have rather waited..... 2 Refused..... -97 Don't know..... -99	Do not read options aloud
3c. Who was the main decision-maker in the decision for you to get married to [HUSBAND/PARTNER NAME]?	Self, for love..... 1 Self, for other reasons (specify): ____ 2 Own parents..... 3 Own other relatives..... 4 Friends..... 5 [HUSBAND/PARTNER NAME]..... 6 Religious authority/Mosque/Church..... 7 Other (specify)..... -96 Refused..... -97 Don't know..... -99	Do not read options aloud
4. How old is [HUSBAND/PARTNER NAME] now? (Ref = -97; DK = -99)	[][] years old	
5. What is [HUSBAND/PARTNER NAME]'s highest educational qualification (certificate)?	[] _____ (Use E2 codes)	
6. What is [HUSBAND/PARTNER NAME]'s primary daily activity?	[][] _____ (Use L1 codes.)	If 46,47,48,49 >> Instr bef Q8
7. Is [HUSBAND/PARTNER NAME] paid for this activity?	Yes, salaried..... 1 Yes, wage (piece work/day laborer)..... 2 Yes, self-employed..... 3 No..... 0 Other (specify)..... -96 Refused..... -97 Don't know..... -99	Read options aloud
If currently pregnant (CS Q14==1) >> Q9		
8. Is [HUSBAND/PARTNER NAME] the father of [CHILD NAME]?	Yes..... 1 No..... 0 Refused..... -97 Don't know..... -99	>> NS >> Instr bef Q11
If has given birth (CS Q15==1,2,3) >> Q11		
9. Is [HUSBAND/PARTNER NAME] the father of your current pregnancy?	Yes..... 1 No..... 0 Refused..... -97 Don't know..... -99	>> NS >> Instr bef Q11

If not currently engaged or no boyfriend (CS Q17 != 4 & CS Q17 !=3) >> Instructions before Q11	
10. Is your fiancée/boyfriend the father of your child/current pregnancy?	Yes..... 1 } >> NS No..... 0 } Refused.....-97 } >> Instr Don't know.....-99 } bef Q11
If currently pregnant (CS Q14==1): (Read) Now I would like to ask you about the father of your current pregnancy.	
If has given birth (CS Q15==1,2,3): (Read) Now I would like to ask you about [CHILD NAME]'s father.	
11. Is the father still alive?	Yes..... 1 } >> NS No..... 0 } Refused.....-97 } Don't know.....-99 }
11a. If has given birth (CS Q15==1,2,3): Is the father involved in [CHILD NAME]'s life?	Yes..... 1 No..... 0 Refused.....-97 Don't know.....-99
If currently pregnant (CS Q14==1): Will the father be involved in your child's life?	Yes, currently..... 1 No, but in the past..... 2 No, never..... 3 } >>NS Refused.....-97 } Don't know.....-99 }
11b. Does the father provide financial support?	
Do not read options aloud Categorize response appropriately	
11c. When did the father last provide financial support? (mm/yyyy)	[][]/[][][][]

<p>6b. How much did [CHILD NAME] weigh? <i>(Record weight in kilograms from health card, if available)</i></p>	<p>KG from card (specify): [] . [] [] [] 1 KG from recall (specify): [] . [] [] [] 2 Refused.....-97 Don't know.....-99</p>
<p>7. Is [CHILD NAME] still living with you?</p>	<p>Yes..... 1 No, living with father..... 2 No, living with family members. 3 Other (specify):..... 4 Refused.....-97 Don't know.....-99</p>
<p>8. Did you experience any serious problems or danger signs during your pregnancy or delivery?</p>	<p>Yes..... 1 No..... 0 Refused.....-97 Don't know.....-99</p> <p style="text-align: right;">} NS</p>
<p>8a. Which problems or danger signs did you experience? By danger signs, we mean ...</p> <p>Read options aloud Record all mentioned</p>	<p>Severe headache, stiff limbs, seizure, or fainting..... 1 Fever or foul/smelly discharge..... 2 Dizziness, blurred vision, or swollen hands/face/feet..... 3 Bleeding or severe bleeding..... 4 Severe lower abdominal pain..... 5 Delayed delivery of the placenta..... 6 Other (specify):.....-96 Refused.....-97 Don't know.....-99</p>

Antenatal Care (ANC) and Delivery	
<i>If currently pregnant: (Read) Now I would like to ask you a few questions about any pregnancy-related healthcare you may have received during your current pregnancy</i>	
<i>If not pregnant: (Read) Now I would like to ask you a few questions about any pregnancy-related healthcare you may have received during your pregnancy with [CHILD NAME]</i>	
1. Did you seek antenatal care (by this I mean pregnancy-related healthcare) during the pregnancy?	Yes..... 1 No..... 0 Refused..... -97 Don't Know..... -99
} >> Instr bef Q4	
Read: I would like to ask you a few questions about your first antenatal care visit.	
2. How many weeks pregnant were you when you first received antenatal care? <i>If doesn't know weeks, enter months.</i>	Weeks (specify): [__ __] 1 Months (specify): [__ __] 2 Refused..... -97 Don't know..... -99
Read: Now I would like to ask you about your most recent antenatal care visit	
3. <i>i. If pregnant (CS Q14==1):</i> How many weeks pregnant were you during your most recent ANC visit? <i>ii. If not pregnant (CS Q14==0):</i> How many weeks pregnant were you with [CHILD NAME] during your last ANC visit? (By this we mean, the ANC visit closest to the time you gave birth). <i>If doesn't know weeks, enter months.</i>	Weeks (specify): [__ __] 1 Months (specify): [__ __] 2 Only had one visit..... -95 Refused..... -97 Don't know..... -99
}>>Q3b	
3a. How many antenatal care sessions did you attend during the pregnancy (or if still pregnant, how many have you attended thus far)? <i>(-97=Refused; -99=Don't know)</i>	[__ __] sessions
3b. During any of your antenatal care visits, did a health provider do any of the following at least once?	
Yes..... 1 No..... 2 Refused..... -97 Don't know..... -99	i. Talk with you about delivering with a skilled birth attendant (SBA), that is a doctor, nurse, midwife, or auxiliary midwife)? [__] ii. Talk with you about birth spacing? [__] iii. Talk with you about postpartum family planning? [__] iv. Ask you if you had chosen a modern family planning method to adopt after giving birth? [__] v. Talk with you about maternal nutrition? By this I mean did the health service provider talk to you about which foods you should eat? [__] vi. Talk with you about child nutrition? By this I mean did the health service provider talk to you about what to feed your baby? [__]

If currently pregnant >> Next Section	
Read: I would like to ask you a few questions about when you delivered [CHILD NAME]	
If home birth (CS Q16c==0) >> Q4a	
4. Where did you deliver [CHILD NAME]?	If facility delivery (CS Q16c==1): Government District hospital..... 1 Government Health Center..... 2 Government Dispensary..... 3 Private Hospital..... 4 Private Health Center..... 5 Private Dispensary..... 6 If home birth (CS Q16c==0): Own home..... 7 FTM's mother's home..... 8 Other (specify): -96 Refused..... -97 Don't know..... -99
Select one, do not read options aloud	
5. Who had the final say in the decision for where you gave birth?	Self..... 1 Husband/Partner..... 2 Mother (Natural/Step)..... 3 Father..... 4 Sister..... 5 Mother-in-law..... 6 Sister-in-law..... 7 Other female relative..... 9 Other male relative..... 10 Health provider..... 11 Other (specify): -96 Refused..... -97 Don't know..... -99
Select one, do not read options aloud	
If FTM did not give birth in facility (CS Q16c==0) >> Next section	
6. What is the name of the facility where you delivered [CHILD NAME]?	_____ [PREFILL]
(-97=Refused; -99=Don't know)	
7. After you gave birth and prior to being discharged from the health facility, did a provider talk to you about postpartum family planning?	Yes..... 1 No..... 0 Refused..... -97 Don't know..... -99

Postnatal Care (PNC)	
If FTM is pregnant (CS Q14==1) >> Traditional Methods	
<i>Read: Now I would like to talk to you about checks on your health and your baby's health after the delivery</i>	
1. Since giving birth, has anyone checked on your health at a health facility, for example, someone asking you questions about your health or examining you?	Yes..... 1 No..... 0 Refused..... -97 Don't know..... -99
	} >>Q2
1a. During this visit, did the provider check on [CHILD NAME]'s health (for example, examining baby, checking the cord, talking to you about how to care for your baby) at the same time?	Yes..... 1 No..... 0 Refused..... -97 Don't know..... -99
1b. How many postnatal visits did you have to check on your health? Please only include visits that occurred in a health facility. (-97=Refused; -99=Don't know)	[__ __] visits
If child health was checked at same time as FTM health (Q1c==1) >> NS	
2. Since giving birth, has anyone checked on [CHILD NAME]'s health at a health facility, for example someone examining your baby, checking the cord, talking to you about how to care for your baby?	Yes..... 1 No..... 0 Refused..... -97 Don't know..... -99
	} >> NS
2a. How many postnatal care visits for your baby occurred in total? Please only include visits that occurred in a health facility. (-97=Refused; -99=Don't know)	[__ __] visits

Traditional contraceptive methods	
Read: <i>There are many different methods that women can use if they wish to prevent or delay pregnancy. Now I would like to ask you about traditional contraceptive methods (methods to prevent or delay pregnancy) that you may have used or that you know of.</i>	
1. Do you know of young women in your community that use or have used [TRADITIONAL METHOD]? Any other traditional method? Record all mentioned 1=Yes 0=No -97=Refused -95=Never heard of method	a. the calendar method [__] b. withdrawal [__] c. ashes [__] d. castor seeds [__] e. other plants, herbs, or seeds [__] f. cold water or ice [__] g. abstinence [__]
1a. Do you know of any other traditional methods that young women in your community use or have used? <div style="text-align: right;">[_____] (1=Yes, 0=No, -97=Refused) </div> Record all mentioned	
FOR EACH ITEM, ONLY ASK Q2 IF Q1==1.	
2. Have you ever used [TRADITIONAL METHOD]? Any other traditional method? Record all mentioned 1=Yes 0=No -97=Refused	a. the calendar method [__] b. withdrawal [__] c. ashes [__] d. castor seeds [__] e. other plants, herbs, or seeds [__] f. cold water or ice [__] g. abstinence [__]
2a. Have you ever used any other traditional methods? <div style="text-align: right;">[_____] (1=Yes, 0=No, -97=Refused) </div> Record all mentioned	

	Male Condom	Oral Contraceptive Pills	Injectables	Implant	IUCD
3a. When was this relative to giving birth? Note to programmer: restrict responses according to child's age in Coversheet 1= Within 10 minutes of delivery 2=Between 11 minutes and 48 hours after delivery 3=49 hours to 4 weeks 4= >(over) 4 weeks to 6 weeks 5= >(over) 6 weeks to 3 months 6= >(over) 3 months to 6 months 7= >(over) 6 months to 12 months 8=After 12 months -97=Refused -99=Don't know		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you currently using [METHOD]? 0=No 1=Yes >>Q7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. When did you stop using [METHOD]? (mm/yyyy)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5a. When was this relative to giving birth? Note to programmer: restrict responses according to child's age in Coversheet and timing of adoption (Q3a) 1= Within 10 minutes of delivery 2=Between 11 minutes and 48 hours after delivery 3=49 hours to 4 weeks 4= >(over) 4 weeks to 6 weeks 5= >(over) 6 weeks to 3 months 6= >(over) 3 months to 6 months 7= >(over) 6 months to 12 months 8=After 12 months -97=Refused -99=Don't know		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Male Condom	Oral Contraceptive Pills	Injectables	Implant	IUCD
9. Considering what you liked and what you did not like about [METHOD], all things considered, do you believe: <i>Read options aloud</i> 1= advantages outweighed disadvantages 2=disadvantages outweighed advantages 3=disadvantages and advantages were the same -97=Refused -99=Don't know	[]	[]	[]	[]	[]
10. Where did you obtain [METHOD] for the first time post-partum? Government District hospital..... 1 Government Health Center..... 2 Government Dispensary..... 3 Private Hospital..... 4 Private Health Center..... 5 Private Dispensary..... 6 Community health workers..... 7 Pharmacy..... 8 Other (specify): -96 } >>Q10e Refused..... -97 Don't know..... -99		[]	[]	[]	[]
10a. What is the name of the facility? (-96=Other (specify); -97=Refused; -99=Don't know) <i>IPREBU FACILITIES</i>		_____	_____	_____	_____
10b. About how long did/does it take you to travel to this facility? <i>Read options aloud</i> 1 = Less than 15 minutes 2 = Between 15 and 30 minutes 3 = Between 30 and 45 minutes 4 = Between 45 minutes to 1 hour 5 = Over 1 hour (specify hours and minutes) -97 = Refused -99 = Don't know		[]	[]	[]	[]
10c. About how much time did you spend at the health facility for this visit? <i>Read options aloud</i> 1 = Less than 15 minutes 2 = Between 15 and 30 minutes 3 = Between 31 and 45 minutes 4 = Between 46 minutes to 1 hour 5 = Over 1 hour (specify hours and minutes) -97 = Refused -99 = Don't know		[]	[]	[]	[]

	Male Condom	Oral Contraceptive Pills	Injectables	Implant	IUCD
10d. What proportion of this time was spent waiting vs. spent with the provider? Read options aloud 1 = One quarter or less of the time was spent waiting 2 = Between one quarter and one half of the time was spent waiting 3 = More than half of the time was spent waiting -97 = Refused -99 = Don't know		[]	[]	[]	[]
10e. Did you learn about [METHOD] from ... ? Read options aloud, select all that apply 1=Community health worker 2=Lishe Endelevu Community Support Group 3=ANC provider 4=PNC provider 5=Family planning counseling provider -96=Other (specify)	[]	[]	[]	[]	[]
10f. At which type of healthcare interaction did you adopt [METHOD] for the first time postpartum? Read options aloud 1=Intrapartum care 2=Pre-discharge counselling after delivery 3=PNC visit at facility 4=Community health worker home visit 5=During an immunization or well-baby visit 6=During a facility visit made for the purpose of accessing modern contraceptive methods -95=Not a healthcare interaction -96=Other (specify) -97=Refused -99=Don't know		[]	[]	[]	[]
11. At the time you adopted [METHOD] for the first time postpartum, were you told about side effects or problems you might have with the method? 0=No 1=Yes -97=Refused -99=Don't know		[]	[]	[]	[]
12. At that time, were you told of other modern postpartum family planning methods that you could use? 0=No 1=Yes -97=Refused -99=Don't know		[]	[]	[]	[]
If FTM is single (CS Q17>4) >> Instr before Q14					

17.	Do you think you will use a medical method of family planning to delay or avoid pregnancy at any time in the future? <i>Medical methods include oral contraceptive pills, injectables, implants, and IUCDs.</i>	Yes..... 1 No..... 0 Refused..... -97 DK..... -99	>>NS
<i>If using Condom or LAM (Q4[Condoms]=1 Q15d=1) >> Next section</i>			
18.	Do you think you will use any other family planning methods to delay or avoid pregnancy at any time in the future? <i>By other family planning methods, I mean condoms, LAM (continuous breastfeeding), standard days method, or p2.</i>	Yes..... 1 No..... 0 Refused..... -97 DK..... -99	>>NS
19.	Do you think you will use any other strategies for birth spacing to delay or avoid pregnancy at any time in the future? <i>By other strategies for birth spacing I mean rhythm method, withdrawal, or other traditional methods.</i>	Yes..... 1 No..... 0 Refused..... -97 DK..... -99	

	Male Condom	Oral Contraceptive Pills	Injectables	Implant	IUCD
7. At the time you adopted [METHOD] most recently, were you told about side effects or problems you might have with the method? 0=No 1=Yes -97=Refused -99=Don't know		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. At that time, were you told of other modern family planning methods that you could use? 0=No 1=Yes -97=Refused -99=Don't know		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Go to next [METHOD], If no additional methods >> Continue</i>					
<i>If FTM has given birth (CS Q15==1,2,3) >> Q12c.</i>					
<i>If FTM has used method (Q1i[METHOD]==1,2 Q1ii[METHOD]==1,2) >> Next Method. If no additional methods >> Q12</i>					
9. Is this a reason you haven't used [METHOD]? Read options aloud. Select all that apply. Cannot select "Never heard of method" with another answer. 1=Respondent opposed to using 2=Husband/partner opposed 3=Mother-in-law opposed 4=Never heard of method 5=Method not available 6=Side effects 7=Health concerns 8=Health facility inaccessible 9=Costs too much 10=Inconvenient to use 11=Interferes with body's normal processes -96=Other reason (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Go to next [METHOD], If no additional methods >> Continue</i>					
<i>If ever used any medical method (Q1[Pills]==0,-95 & Q1[Injectables]==0,-95 & Q1[Implant]==0,-95 & Q1[IUD]==0,-95) >> Q12c</i>					
10. Based on your answers to previous questions, I understand that you have never used any of the following medical method of family planning: pills, injectables, implants, IUCDs. Is this correct? If not correct (i.e., FTM has used a medical method of family planning) need to go back and correct the error and fill the questions corresponding to the method. (Relevance for programming: ask if FTM has NEVER USED ANY MEDICAL METHOD)	Yes..... 1 No..... 0 Refused..... -97 DK..... -99				
<i>If has given birth (CS Q15==1,2,3) >> Q12c</i>					

11.	Can you tell me the main reason why you have never used any medical method of family planning to delay or avoid getting pregnant? <i>(medical methods of family planning include: oral contraceptive pills, injectables, implants, IUCDs)</i> Select one option Don't read options aloud	Not married..... 1 Not having sex..... 2 Infrequent sex..... 3 Menopausal/Hysterectomy..... 4 Can't get pregnant..... 5 Not menstruated since last birth..... 6 Breastfeeding..... 7 It's God's will..... 8 Respondent opposed to using..... 9 Husband/partner opposed..... 10 Mother-in-law opposed..... 11 Religious prohibition..... 12 Knows no method..... 13 Knows no source..... 14 Side effects..... 15 Health concerns..... 16 Health facility inaccessible..... 17 Costs too much..... 18 Preferred method not available..... 19 No method available..... 20 Inconvenient to use..... 21 Interferes with body's normal processes... 22 Standard days method..... 23 Using a traditional method (specify)..... 24 Using condoms..... 25 Other (specify)..... -96 Refused..... -97 Don't know..... -99
12.	Do you think you will use a medical method of family planning to delay or avoid pregnancy at any time in the future? <i>Medical methods include oral contraceptive pills, injectables, implants, and IUCDs.</i>	Yes..... 1 >>12c No..... 0 Refused..... -97 DK..... -99
12a.	Do you think you will use any other family planning methods to delay or avoid pregnancy at any time in the future? <i>By other family planning methods, I mean condoms, LAM (continuous breastfeeding), standard days method, p2.</i>	Yes..... 1 >>12c No..... 0 Refused..... -97 DK..... -99
12b.	Do you think you will use any other strategies for birth spacing to delay or avoid pregnancy at any time in the future? <i>By other strategies for birth spacing I mean rhythm method, withdrawal, or other traditional methods.</i>	Yes..... 1 No..... 0 Refused..... -97 DK..... -99

Contraceptive Preferences	
Read: Now I would like to ask you some questions about your preferences regarding birth spacing	
<p>1. If there were no constraints (e.g., cost, access, opinions of others, etc.), which strategy for birth spacing, if any, would you choose? <i>(Which would be your ideal method)</i></p> <p>Choose one method, do not read options aloud</p> <p><i>Traditional methods include calendar method, rhythm method, withdrawal, etc.</i></p>	<p>Male condom..... 1</p> <p>Oral contraceptive pill..... 2</p> <p>Injectables..... 3</p> <p>Implants..... 4</p> <p>IUCD..... 5</p> <p>Female condom..... 6</p> <p>Standard days method..... 7</p> <p>Other traditional method (specify):..... 8</p> <p>Female sterilization..... 9</p> <p>Male sterilization..... 10</p> <p>No method..... 11</p> <p>Abstinence..... 12</p> <p>Calendar method..... 13</p> <p>Withdrawal..... 14</p> <p>Other (specify):..... -96</p> <p>Refused..... -97</p> <p>Don't know..... -99</p>
<p>2. When considering a strategy for birth spacing, which of these would be the most important reason for you?</p> <p>Choose one, read options aloud</p>	<p>To be able to stop using it the moment you choose..... 1</p> <p>To not have to think about it..... 2</p> <p>Would not interrupt sexual activity..... 3</p> <p>Don't have to take it every day..... 4</p> <p>Easily available..... 5</p> <p>Cost..... 6</p> <p>Minimal side effects..... 7</p> <p>Can use privately without anyone knowing... 8</p> <p>Other (specify):..... -96</p> <p>Refused..... -97</p> <p>Don't know..... -99</p>

Contraceptive Choice and Autonomy

Question 3 was adapted from EMERGE.
 Source: EMERGE. (2020). EMERGE gender questions: Women's agency in family planning. EMERGE. <https://emerge.ucsd.edu/wp-content/uploads/2020/11/emerge-gender-questions-family-planning-agency.pdf>. (Note: Questions are taken from field studies in Bihar and Uttar Pradesh, India, based on formative research. (Unpublished)).

If FTM is not pregnant and is currently using a medical method of family planning OR If FTM is pregnant and ever used a medical method of contraception ((CS Q15==1,2,3 & (S12 Q4[pill]==1 | S12 Q4[injectable]==1 | S12 Q4[implant]==1 | S12 Q4[IUCD]==1)) | (CS Q14==1 & (S13 Q1.i.[pills]==1,2 | S13 Q1.i.[injectable]==1,2 | S13 Q1.i.[implant]==1,2 | S13 Q1.i.[IUD]==1,2))): Read: Now I would like to ask you about your decision to use a medical method of family planning

If FTM is not pregnant and is not currently using a medical method of family planning OR If FTM is pregnant and never used a medical method of family planning (((CS Q15==1,2,3 & (S12 Q4[pill]==0 & S12 Q4[injectable]==0 & S12 Q4[implant]==0 & S12 Q4[IUCD]==0)) | (CS Q14==1 & (S13 Q1.i.[pills]==0,-95 & S13 Q1.i.[injectable]==0,-95 & S13 Q1.i.[implant]==0,-95 & S13 Q1.i.[IUD]==0,-95))): Read: Now I would like to ask you about your decision not to use a medical method of family planning

<p>3a. 3a.i. If FTM is not pregnant and is currently using a medical method of family planning (CS Q15==1,2,3 & (S12 Q4[pill]==1 S12 Q4[injectable]==1 S12 Q4[implant]==1 S12 Q4[IUCD]==1)): Who mainly decided to use a medical method of family planning?</p> <p>3a.ii. If FTM is pregnant and ever used a medical method of family planning (CS Q14==1 & (S13 Q1.i.[pills]==1,2 S13 Q1.i.[injectable]==1,2 S13 Q1.i.[implant]==1,2 S13 Q1.i.[IUD]==1,2)): Who mainly decided to use most recent medical method of family planning (i.e., the method you used most recently before becoming pregnant)?</p> <p>3a.iii. If FTM is not pregnant and is not currently using any medical method of family planning (CS Q15==1,2,3 & (S12 Q4[pill]==0 & S12 Q4[injectable]==0 & S12 Q4[implant]==0 & S12 Q4[IUCD]==0)): Who mainly decided not to use a medical method of family planning?</p> <p>3a.iv. If FTM is pregnant and never used a medical method of family palanning (CS Q14==1 & (S13 Q1.i.[pills]==0,-95 & S13 Q1.i.[injectable]==0,-95 & S13 Q1.i.[implant]==0,-95 & S13 Q1.i.[IUD]==0,-95)): Who mainly decided not to use a modern method of family planning (before you became pregnant)?</p> <p>Read options aloud, select main reason</p>	<table border="0"> <tr><td>FTM decided alone.....</td><td>1</td></tr> <tr><td>Husband/partner decided alone.....</td><td>2</td></tr> <tr><td>Both decided.....</td><td>3</td></tr> <tr><td>Provider decided.....</td><td>4</td></tr> <tr><td>Own parents.....</td><td>5</td></tr> <tr><td>In-laws.....</td><td>6</td></tr> <tr><td>Someone else (specify):.....</td><td>-96</td></tr> <tr><td>Refused.....</td><td>-97</td></tr> <tr><td>Don't know.....</td><td>-99</td></tr> </table>	FTM decided alone.....	1	Husband/partner decided alone.....	2	Both decided.....	3	Provider decided.....	4	Own parents.....	5	In-laws.....	6	Someone else (specify):.....	-96	Refused.....	-97	Don't know.....	-99
FTM decided alone.....	1																		
Husband/partner decided alone.....	2																		
Both decided.....	3																		
Provider decided.....	4																		
Own parents.....	5																		
In-laws.....	6																		
Someone else (specify):.....	-96																		
Refused.....	-97																		
Don't know.....	-99																		

Family Planning Counseling (FPC)		
<i>Portions of questions 1-8 were adapted from DHS and PMA.</i>		
<i>Sources:</i>		
<i>Tanzania Ministry of Health (Dodoma), Tanzania Ministry of Health (Zanzibar), Tanzania National Bureau of Statistics (Dodoma), Tanzania Office of the Chief Government Statistician (Zanzibar), & The DHS Program ICF. (2023). Tanzania Demographic and Health Survey and Malaria Indicator Survey (TDHS-MIS) 2022. The DHS Program. https://dhsprogram.com/pubs/pdf/FR382/FR382.pdf Performance Monitoring for Action (PMA). (2019). Female questionnaire (v20).</i>		
1. Have you ever received family planning counseling? For example, did a health care provider ever talk to you about abortion, birth control, or methods you can use to prevent pregnancy?	Yes..... 1 No..... 0 Refused..... -97 Don't know..... -99	>>Q1b
1a. Do you know where you can receive family planning counseling?	Yes (specify): _____ 1 No..... 0 Refused..... -97 Don't know..... -99	>>NS >>NS >>NS
1b. Have you ever been denied care when seeking family planning counseling?	Yes..... 1 No..... 0 Refused..... -97 Don't know..... -99	
If never received family planning counseling (Q1=0,-97, or -99) >> Next section		
2. When did you first receive family planning counseling? (mm/yyyy)	[][]/[][][][]	
2a. When was this relative to your current pregnancy/birth of [CHILD NAME]?	During pregnancy..... 1 Within one week of delivery..... 2 > 1 week to 6 weeks after delivery..... 3 > 6 weeks to 3 months after delivery..... 4 > 3 months to 6 months after delivery..... 5 > 6 months to 12 months after delivery..... 6 Prior to current pregnancy/birth of child..... 7 Refused..... -97 Don't know..... -99	
3. When did you receive family planning counseling most recently? (mm/yyyy) (-95=Only received family planning counseling one time; -97=Refused; -99=Don't know)	[][]/[][][][]	
4. At which type of interaction have you received family planning counseling within the past year? <i>Read options aloud</i> <i>Select all that apply</i>	Intrapartum care..... 1 Pre-discharge counselling after delivery..... 2 PNC visit at facility..... 3 Community health worker home visit..... 4 During an immunization or well-baby visit..... 5 During a facility visit made for the purpose of accessing modern contraceptive methods..... 6 Lishe Endelevu community support group..... 7 Other (specify): _____ -96 Refused..... -97 Don't know..... -99	
4a. Did you receive family planning counseling in a health facility in the past year?	Yes..... 1 No..... 0 Refused..... -97 Don't know..... -99	>>Q5

<p>4b. At which type of facility did you receive family planning counselling in the past year?</p> <p>Select all that apply</p>	<p>Government District hospital..... 1 Government Health Center..... 2 Government Dispensary..... 3 Private Hospital..... 4 Private Health Center..... 5 Private Dispensary..... 6 Other (specify): -96 Refused..... -97 Don't know..... -99</p>	
<p>4c. What is the name of the facility? <i>If more than one facility, which did you visit more frequently for family planning counseling?</i></p>	<p style="text-align: center;">_____</p> <p style="text-align: center;">IPREFILL FACILITIES!</p>	
<p>5. Who provided you with family planning counseling within the past year?</p> <p>Read options aloud Select all that apply</p>	<p>Medical doctor/nurse/midwife..... 1 Pharmacist..... 2 Community health worker..... 3 Traditional birth attendant..... 4 NGO worker..... 5 Other (specify): -96 Refused..... -97 Don't know..... -99</p>	
<p>6. Have you received family planning counseling from a male provider in the past year?</p>	<p>Yes..... 1 No..... 0 Refused..... -97 Don't know..... -99</p> <p style="text-align: right;">} >>Q7</p>	
<p>6a. Were you comfortable receiving counseling from a male provider?</p>	<p>Yes..... 1 No..... 0 Refused..... -97 Don't know..... -99</p>	
<p>If hasn't received FPC in the past year (Q3>12 months before interview) >> Next section</p>		
<p>Read: Now I would like to ask you about your experience with family planning counseling</p>		
<p>If currently using a modern method >> Read: When you first adopted your current method, did the provider:</p>		
<p>If not currently using a modern method >> Read: During any family planning counseling session within the past year, did the provider:</p>		
<table border="1"> <tr> <td> <p>Response options for Q7-Q29 0=No 1=Yes -97=Refused -99=Don't know</p> </td> </tr> </table>		<p>Response options for Q7-Q29 0=No 1=Yes -97=Refused -99=Don't know</p>
<p>Response options for Q7-Q29 0=No 1=Yes -97=Refused -99=Don't know</p>		
<p>Questions 7-28 from Jain, A., Aruldas, K., Mozumdar, A., Tobey, E., & Acharya, R. (2019). Validation of two quality of care measures: Results from a longitudinal study of reversible contraceptive users in India. <i>Studies in Family Planning</i>, 50(2), 179–193. https://doi.org/10.1111/sifp.12093</p>		
<p>7. Ask about whether you would like to have a/another child?</p>	<p style="text-align: right;">[]</p>	
<p>8. Ask about when you would like to have a/another child?</p>	<p style="text-align: right;">[]</p>	
<p>9. Ask about your previous experience with modern family planning?</p>	<p style="text-align: right;">[]</p>	
<p>10. Ask about your modern family planning method preference?</p>	<p style="text-align: right;">[]</p>	
<p>11. Provide information about different modern family planning methods?</p>	<p style="text-align: right;">[]</p>	
<p>12. If currently using: Talk about possible side effects or problems with the method you selected? If not currently using: Talk about possible side effects or problems with different modern family planning methods?</p>	<p style="text-align: right;">[]</p>	

13. If currently using: Tell you what to do if you experience any side effects or problems with the method you selected? If not currently using: Tell you what you should do if you experience any side effects or problems with different modern family planning methods?	[__]
14. If currently using: Talk about warning signs associated with the method you selected? If not currently using: Talk about warning signs associated with different modern family planning methods?	[__]
15. Talk about the possibility of switching to another method if the method you selected was not suitable?	[__]
16. Provide information while strongly encouraging one method?	[__]
If Q16 == 0,-97,-99 >> Q17	
16a. If yes, which method did the provider strongly encourage? Select one. Do not read answer options aloud. 1=Male condoms 2=Oral contraceptive pills 3=Injectables 4=Implant 5=IUCD 6=Traditional method (specify) -97=Refused -99=Don't know	[__]
17. Talk about the methods that protect against HIV/AIDS and STIs?	[__]
If never used a modern method >> Q22	
18. Talk about how to use the method you selected?	[__]
19. Talk about how the method you selected works?	[__]
20. Tell you when to return to the health facility for a follow-up visit?	[__]
21. Give you an appointment card for follow-up visit?	[__]
22. Tell you about other sources of family planning supply?	[__]
23. When meeting with the provider during your visit, do you think other clients could see you?	[__]
24. When meeting with the provider during your visit, do you think other clients could hear what you said?	[__]
25. During your visit, would you say that you were treated well by the provider?	[__]
26. Did the provider allow you to ask questions?	[__]
27. Did the provider answer all of your questions to your satisfaction?	[__]
28. Do you believe that the information that you shared about yourself with the provider will be kept confidential?	[__]
29. Were you required to be accompanied by a male for your visit?	[__]

Programming		
<i>Read: Now I would like to talk about the support you might be receiving in this community</i>		
1. Have you ever been invited to attend a Lishe Endelevu Community Support Group meeting?	Yes..... 1 No..... 0 Refused..... -97 Don't know..... -99	} >> Q2
1a. Have you ever attended a Lishe Endelevu Community Support Group meeting?	Yes..... 1 No..... 0 Refused..... -97 Don't know..... -99	
2. In the past 4 weeks have you received a home visit from any community health worker?	Yes..... 1 No..... 0 Refused..... -97 Don't know..... -99	} >> Q3
2a. Did you receive antenatal care or postnatal care counseling during this home visit?	Yes..... 1 No..... 0 Refused..... -97 Don't know..... -99	
2b. Did you receive family planning counseling during this home visit?	Yes..... 1 No..... 0 Refused..... -97 Don't know..... -99	
3. Is your household currently registered in TASAF?	Yes..... 1 No..... 0 Refused..... -97 Don't know..... -99	
4. Are you currently registered in any cash transfer program other than TASAF?	Yes..... 1 No..... 0 Refused..... -97 Don't know..... -99	

Communication and Agency	
Communication	
If FTM not married/partnered (CS Q17>3) >> Q2a	
Read: Now I would like to ask you about conversations and decision making you have had about family planning	
<p>1a. 1a.i. If pregnant (CS Q14==1): Have you ever talked about strategies for birth spacing with your [HUSBAND/PARTNER] either prior to pregnancy or during pregnancy?</p> <p>1a.ii. If has given birth (CS Q15==1,2,3): Have you ever talked about strategies for birth spacing with your [HUSBAND/PARTNER] either prior to pregnancy, during pregnancy, or after delivery?</p> <p>PROBE: If the term "strategies for birth spacing" is not clear to the FTM, read: By strategies for birth spacing, I mean any modern or traditional family planning methods.</p>	<p>Yes..... 1 No..... 0 Refused.....-97 Don't know.....-99</p> <p style="text-align: right;">} >> Q2a</p>
<p>1b. Did you talk about strategies for birth spacing with your [HUSBAND/PARTNER] [TIME PERIOD (a-b)] Note to programmer: restrict responses according to child's age in Coversheet</p> <p>Yes..... 1 No..... 0 Refused.....-97 Don't know.....-99</p>	<p>a.Prior to pregnancy [] b.During pregnancy [] c.Within one week of delivery [] d. 1 week and 6 weeks after delivery [] e. 6 weeks to 3 months after delivery [] f. 3 months to 6 months after delivery [] g. 6 months to 12 months after delivery []</p>
<p>1c. Which strategies for birth spacing did you talk about with your [HUSBAND/PARTNER]?</p> <p>Do not read options aloud; Select all mentioned</p>	<p>Condoms..... 1 Oral contraceptive pills..... 2 Injectables..... 3 Implants..... 4 IUCDs..... 5 Lactational Amenorrhea Method..... 6 Emergency contraceptive pills..... 7 Standard days method..... 8 Periodic abstinence (rhythm, calendar method)..... 9 Withdrawal..... 10 Other traditional methods (specify).....-95 Other modern methods (specify).....-96 Refused.....-97 Don't know.....-99</p>
<p>2a. 2a.i. If pregnant (CS Q14==1): Have you ever talked about strategies for birth spacing with another member of your family either prior to pregnancy or during pregnancy?</p> <p>2a.ii. If has given birth (CS Q15==1,2,3): Have you ever talked about strategies for birth spacing with another member of your family either prior to pregnancy, during pregnancy, or after delivery?</p>	<p>Yes..... 1 No..... 0 Refused.....-97 Don't know.....-99</p> <p style="text-align: right;">} >> Q2c</p>
<p>2b. Did you talk about strategies for birth spacing with a member of your family who was not your husband/partner.... Note to programmer: restrict responses according to child's age in Coversheet</p> <p>Yes..... 1 No..... 0 Refused.....-97 Don't know.....-99</p>	<p>a.Prior to pregnancy [] b.During pregnancy [] c.Within one week of delivery [] d. 1 week and 6 weeks after delivery [] e. 6 weeks to 3 months after delivery [] f. 3 months to 6 months after delivery [] g. 6 months to 12 months after delivery []</p>

<p>2c. Which strategies for birth spacing did you talk about with the other member of your family?</p> <p>Do not read options aloud; Select all mentioned</p>	Condoms..... 1 Oral contraceptive pills..... 2 Injectables..... 3 Implants..... 4 IUCDs..... 5 Lactational Amenorrhea Method..... 6 Emergency contraceptive pills..... 7 Standard days method..... 8 Periodic abstinence (rhythm, calendar method)..... 9 Withdrawal..... 10 Other traditional methods (specify)..... -95 Other modern methods (specify)..... -96 Refused..... -97 Don't know..... -99
--	---

Reproductive Decision-Making Agency
Questions 3-6 from Hinson, L., Edmeades, J., Murithi, L., & Puri, M. (2019). Developing and testing measures of reproductive decision-making agency in Nepal. SSM - Population Health, 9, 100473. https://doi.org/10.1016/j.ssmph.2019.100473 [Item b added from EMERGE. (2020). EMERGE gender questions: Women's agency in family planning. EMERGE].
If FTM not married/partnered (CS Q17>3) >> Instructions before Q7
Read: Now I would like to ask you about communication and decision-making between you and your husband/partner.

	a. When to have children	b. How many children to have	c. Whether to use modern family planning	d. Which method of family planning to use
<p>3. When discussing ... , I want to know if you shared your opinion about what you wanted with your husband/partner. Would you say that you:</p> <p>Read options aloud. Select one. 1=Shared your opinion 2=Wanted to share your opinion but did not feel comfortable so did not share 3=Wanted to share your opinion but did not think opinion would be valued so did not share 4=Had the same opinion as husband/partner 5=Did not share your opinion because the issue did not matter to you 6=Have never discussed this with partner >>Q5 -97 Refused >> Q5 -99=Don't know >>Q5</p>	[]	[]	[]	[]
<p>4. Do you think your opinion was valued?</p> <p>1=Was valued 0=Was not valued -97=Refused -99=Don't know</p>	[]	[]	[]	[]
<p>5. Who had the final say on ... ?</p> <p>Read options aloud. Select one. 1=Myself 2=Husband/partner 3=Myself and husband/partner 4=Mother-in-law -96 Other (specify) -97=Refused -98=No decision made -99=Don't know</p>	[]	[]	[]	[]
<p>6. Would you prefer to have had more influence in the decision about ... or were you happy with your level of influence?</p> <p>Read options aloud. Select one. 1=More influence 2=Less Influence 3=Satisfied 4=Unsure -97=Refused</p>	[]	[]	[]	[]

Agency	
<p>Questions 7-10 were adapted from Hinson, L., Edmeades, J., Murithi, L., & Puri, M. (2019). <i>Developing and testing measures of reproductive decision-making agency in Nepal</i>. <i>SSM - Population Health</i>, 9, 100473. https://doi.org/10.1016/j.ssmph.2019.100473</p> <p>Questions 11-13 were adapted from GAGE Core Respondent Tools. https://www.gage.odl.org/types/method-tools-and-guides/.</p>	
<p>Read: Now I would like to learn how much say you think you have in the following issues. Please tell me whether you think you have a great deal of say, a little bit, not much, or none at all.</p>	
<div style="border: 1px solid black; padding: 5px;"> <p>Response options for Q7 - Q13</p> <p>1=None at all 2=Not much 3=A little bit 4=A great deal</p> <p>Do not read aloud: -97=Refused Do not read aloud: -98=N/A / FTM lives independently</p> </div>	
<p>After each statement, read response options aloud (unless otherwise noted)</p>	
7.	When to have children <input type="checkbox"/>
8.	How many children to have <input type="checkbox"/>
9.	Whether to use modern family planning <input type="checkbox"/>
9a.	Whether to use strategies for birth spacing <input type="checkbox"/>
10.	Which method of modern family planning to use <input type="checkbox"/>
11.	How much time you spend doing household work <input type="checkbox"/>
12.	Who you want to be friends with <input type="checkbox"/>
13.	Being involved in income generating activities <input type="checkbox"/>
Family Planning Self-Efficacy	
<p>Questions 14-20 from Alemayehu, M., Medhanyie, A. A., Reed, E., & Bezabih, A. M. (2020). <i>Validation of family planning tool in the pastoralist community</i>. <i>Reproductive Health</i>, 17(1), 123. https://doi.org/10.1186/s12978-020-00976-x</p>	
<p>Read: Please tell me if you agree or disagree with the following statements.</p>	
<div style="border: 1px solid black; padding: 5px;"> <p>Response options for Q14-20</p> <p>1=Strongly agree 2=Agree 3=Neither agree nor disagree 4=Disagree 5=Strongly Disagree</p> <p>Do not read: -97=Refused</p> </div>	
<p>Note for programming: randomize the order of questions 14-20</p>	
<p>After each statement, read response options aloud (unless otherwise noted)</p>	
14.	If I want to use modern family planning, I am confident that I can ask health providers how to use it. <input type="checkbox"/>
15.	If I want to use modern family planning, I am certain that I would overcome opposition from others. <input type="checkbox"/>
16.	I am not sure that I can always get modern family planning methods of my choice in health facilities. <input type="checkbox"/>
17.	If I want to use modern family planning, it is up to me and I can do it. <input type="checkbox"/>
If FTM not married/partnered (CS Q17>3) >> Q19	
18.	If I want to use modern family planning, I am confident I can convince my husband/partner that I should use it. <input type="checkbox"/>
19.	If I want to use modern family planning, I am confident that I would always keep the appointment regarding it. <input type="checkbox"/>
20.	If I want to use modern family planning, I am certain that I would be able to afford the cost for it. <input type="checkbox"/>

Fertility Pressure			
Questions 21-22 were adapted from EMERGE.			
Source: EMERGE. (2020). EMERGE Gender Questions: Women's Agency in Family Planning. EMERGE. https://emerge.ucsd.edu/wp-content/uploads/2020/11/emerge-gender-questions-family-planning-agency.pdf . (Note: Questions adapted from multi-country field tested surveys in India, Niger, and Kenya).			
Read: Now I would like to ask you about pressure you have felt related to family planning.			
Instructions: Please ask questions 21-22 for each domain (a-b). Ask all questions in row before moving to next row.			
		21.	22.
		Have you been made to feel pressure to ... ? 1=Yes, in the past year 2=Yes, but not in the past year 0=No, never -97=Refused -99=Don't Know	Who is the main person who put this pressure on you? Select one 02 = Husband/Partner 03 = Mother (Natural/Step) 04 = Father 05 = Sister 06 = Mother-in-law 07 = Sister-in-law 08 = Female friend 09 = Other female relative (specify) 10 = Other male relative (specify) 11 = Religious leader 12 = Community health worker 13 = Other health provider (specify) 14 = Not related female (specify) 15 = Not related male (specify) -97=Refused
a.	Use a medical method of family planning (e.g., oral contraceptive pills, IUCD, implant, injectable) when you were not sure you wanted to.	[]	[]
b.	Use a specific medical method of family planning (e.g., oral contraceptive pill, IUD, implant, injectable) when you were not sure if that was the method you wanted to use.	[]	[]

Breastfeeding and Nutrition	
If FTM is pregnant (CS Q14==1) >> Next section	
1. Did you ever breastfeed [CHILD NAME]?	Yes..... 1 No..... 0 Refused..... -97 Don't know..... -99
	} >> Q2b
1a. How long after birth did you first put [CHILD NAME] to the breast? <i>If immediately or less than 1 hour, record 0 hours; if less than 24 hours, record hours; otherwise, record days (-97=Refused; -99=Don't know)</i>	[][] Hours [][] Days
1b. In the first 2 days after delivery, was [CHILD NAME] given anything other than breast milk to eat or drink – anything at all like water or infant formula?	Yes..... 1 No..... 0 Refused..... -97 Don't know..... -99
1c. Are you still breastfeeding [CHILD NAME]?	Yes..... 1 No..... 0 Refused..... -97 Don't know..... -99
	} >> Instr bef Q2
1d. For how long did you breastfeed [CHILD NAME]? (enter days, weeks, or months) <i>(-97=Refused/ -99=Don't know)</i>	[][] days [][] weeks [][] months <i>Note to programmer: please restrict response options according to child's age in Coversheet Q16e</i>
1e. What is the main reason you stopped breastfeeding [CHILD NAME]? <i>Select the main reason Do not read options aloud</i>	Insufficient supply..... 1 It took too much time..... 2 Husband discouraged breastfeeding..... 3 Inconvenient..... 4 Fatigue..... 5 Had to return to work or school..... 6 Concerns about infant nutrition or growth..... 7 Age of child..... 8 Other (specify):..... -96 Refused..... -97 Don't know..... -99
If child fed anything other than breastmilk (Q1b==1) >> Q2a	
2. For how many long did you exclusively breastfeed [CHILD NAME]? By exclusive breastfeeding, we mean that the child was given no other liquid or solid food or plain water. <i>If less than 1 week, enter days; if less than 1 month, enter weeks; otherwise enter months.</i> <i>(-95 = still exclusively breastfeeding; -97=Refused; 99=Don't know)</i>	[][] days [][] weeks [][] months

<p>2a. Have you introduced other foods (other than breast milk) to [CHILD NAME]?</p>	<p>Yes..... 1 No..... 0 Refused.....-97 Don't know.....-99</p> <p style="text-align: right;">} >>Q3</p>
<p>2b. How old was [CHILD NAME] when you first introduced other foods?</p> <p><i>If less than 1 week, enter days; if less than 1 month, enter weeks; otherwise enter months.</i></p>	<p>[__] days [__] weeks [__] months</p>
<p>2c. What other foods have you introduced?</p> <p>PROBE: Anything else?</p> <p>Select all that apply Do not read options aloud</p>	<p>Ugali..... 1 Green vegetables..... 2 Beans..... 3 Rice..... 4 Porridge/cereal..... 5 Cow's milk..... 6 Fruit..... 7 Juice..... 8 Potato..... 9 Other (specify): -96 Refused.....-97 Don't know.....-99</p>

Attitudes, Social Norms, and Knowledge	
Attitudes	
<i>Portions of questions 1-9 are adapted from EMERGE and PMA.</i>	
Sources: EMERGE. (2020). EMERGE Gender Questions: Women's Agency in Family Planning. EMERGE. https://emerge.ucsd.edu/wp-content/uploads/2020/11/emerge-gender-questions-family-planning-agency.pdf PMA. (2020). Female Cross-Sectional Questionnaire (v8).	
Read: Now I will read a set of statements about your attitudes towards family planning. There are no right or wrong answers. I would like you to tell me whether you strongly agree, agree, disagree or strongly disagree with the following statements.	
<div style="border: 1px solid black; padding: 5px;"> <p>Response options for Q1-Q9</p> <p>1=Strongly agree 2=Agree 3=Neither agree nor disagree 4=Disagree 5=Strongly Disagree -97=(Do not read aloud) Refused -99=(Do not read aloud) Don't know</p> </div>	
<i>After each statement, read response options aloud.</i>	
Note for programming: randomize the order of questions 1-9	
1. Spacing births is good for all mothers, no matter their age or how many children they have.	<input type="text"/>
2. It is better to have one's children close together, while the mother is still young.	<input type="text"/>
3. If a young mother who is married or in a relationship considers using family planning, it is disrespectful to her husband and her family.	<input type="text"/>
4. A young woman should not use medical methods of family planning until she has had at least one child.	<input type="text"/>
5. Young women who use modern family planning are promiscuous.	<input type="text"/>
6. It is appropriate for a husband and wife to talk about strategies for birth spacing to delay or avoid pregnancy.	<input type="text"/>
7. Family planning is only for women who don't want more children.	<input type="text"/>
8. A young woman should not use strategies of birth spacing until she has had at least one child.	<input type="text"/>
9. Women do not have to inform their partners if they use family planning methods.	<input type="text"/>
Knowledge	
<i>Portions of questions 10-17 were adapted from MOMENTUM.</i>	
Source: MOMENTUM. (2020). MOMENTUM baseline and endline survey: First-time mothers (FTM) aged 15-24 questionnaire. Tulane University School of Public Health and Tropical Medicine/MOMENTUM.	
Read: Now I will read a set of statements. I would like you to tell me whether the following statements are True or False.	
<div style="border: 1px solid black; padding: 5px;"> <p>Response options for Q10-17</p> <p>1=True 2=False -97=(Do not read aloud) Refused -99=(Do not read aloud) Don't know</p> </div>	
<i>After each statement, read response options aloud.</i>	
Note for programming: randomize the order of questions 10-17	
10. Medical methods of family planning are likely to cause infertility.	<input type="text"/>

11. If you do not like the family planning method you choose first, you can switch to another method.	[]
12. Young women need to be accompanied by a male partner to access family planning services.	[]
13. Young women need to be accompanied by a male partner to access any health services.	[]
14. Medical methods of family planning are likely to give you deformed babies.	[]
15. Implants and oral contraceptive pills are equally effective at preventing pregnancy.	[]
16. Condoms and implants are equally effective at preventing pregnancy.	[]
17. Oral contraceptive pills are more effective than condoms at preventing pregnancy.	[]
Read: Now I would like you to tell me the correct answer to two questions.	
18. Which methods are the most effective strategies for birth spacing?	[]
<p>Do not read options aloud Categorize response appropriately Select all mentioned</p> <p>1=Condoms 2=Oral Contraceptive Pills 3=Injectables 4=Implants 5=IUCDs 6= Ashes 7=Castor 8=Calendar 9=Cold water or ice cubes 10=Continuous breastfeeding 11= abstinence 12 = female steralization 13 = male steralization -96=Other method (specify) -97=Refused -99=Don't know</p>	
19. What are the benefits of waiting at least two years after a live birth before attempting the next pregnancy?	Mother less likely to die..... 1 Baby less likely to die..... 2 Baby less likely to be premature..... 3 Baby less likely to be underweight..... 4 Mother less likely to miscarry..... 5 Baby grows up stronger and healthier..... 6 No benefits..... 7 Other, specify -96 Refused..... -97 Don't know..... -99
<p>Do not read options aloud Record all mentioned</p>	

Descriptive social norms related to birth spacing and use of medical methods of family planning															
<p>Portions of questions 20-28 were adapted from EMERGE. Source: EMERGE. (2020). EMERGE Gender Questions: Social norms on family planning. EMERGE. https://emerge.ucsd.edu/wp-content/uploads/2020/11/emerge-gender-questions-social-norms-and-family-planning.pdf</p>															
<p>NOTE FOR PROGRAMMING: Randomize the order of questions 20-27</p>															
<p>Read: The next few items ask about what you think females in your community are doing in terms of their strategies of birth spacing and use of medical methods of family planning. By medical methods of family planning, I mean oral contraceptive pills, an IUCD, implant, or injectable.</p>															
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p>Response options for Q20-28</p> <p>1=None 2=Some 3=Most 4=All -95=Not applicable</p> </div> <p><i>After each statement, read response options aloud.</i></p>															
20. How many females in your community who are married and of a similar age to you and have no children do you think use medical methods of family planning.	[]														
21. How many females in your community who are married and of a similar age to you and have 1 child do you think use a medical methods of family planning?	[]														
22. How many females in your community who are married and of a similar age to you and have 1 child do you think use strategies of birth spacing?	[]														
23. How many females in your community who are married and of a similar age to you and have more than 1 child do you think use medical methods of family planning?	[]														
24. How many females in your community who are unmarried and in sexual relationships and of a similar age to you and have no children do you think use medical methods of family planning?	[]														
25. How many females in your community who are unmarried and of a similar age to you and have 1 child do you think use a medical method of family planning?	[]														
26. How many females in your community who are unmarried and of a similar age to you and have 1 child do you think use strategies of birth spacing?	[]														
27. How many females in your community who are unmarried and of a similar age to you and have more than 1 child do you think use medical methods of family planning?	[]														
28. When you think about females in your community who are of a similar age to you, please indicate who you are speaking of.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding-left: 20px;">Sister.....</td> <td style="text-align: right;">5</td> </tr> <tr> <td style="padding-left: 20px;">Sister-in-law.....</td> <td style="text-align: right;">7</td> </tr> <tr> <td style="padding-left: 20px;">Female friend.....</td> <td style="text-align: right;">8</td> </tr> <tr> <td style="padding-left: 20px;">Other female relative.....</td> <td style="text-align: right;">9</td> </tr> <tr> <td style="padding-left: 20px;">Other (specify).....</td> <td style="text-align: right;">-96</td> </tr> <tr> <td style="padding-left: 20px;">Refused.....</td> <td style="text-align: right;">-97</td> </tr> <tr> <td style="padding-left: 20px;">Don't know.....</td> <td style="text-align: right;">-99</td> </tr> </table> <p>Record all mentioned</p>	Sister.....	5	Sister-in-law.....	7	Female friend.....	8	Other female relative.....	9	Other (specify).....	-96	Refused.....	-97	Don't know.....	-99
Sister.....	5														
Sister-in-law.....	7														
Female friend.....	8														
Other female relative.....	9														
Other (specify).....	-96														
Refused.....	-97														
Don't know.....	-99														

<u>Injunctive norms related to contraceptive use</u>		
Portions of questions 29-38 were adapted from EMERGE. Original source: Costenbader, E., Zisette, S., Martinez, A., LeMasters, K., Dagadu, N. A., Deepan, P., & Shaw, B. (2019). <i>Getting to intent: Are social norms influencing intentions to use modern contraception in the DRC?</i> PLOS ONE, 14(7), e0219617. https://doi.org/10.1371/journal.pone.0219617		
NOTE FOR PROGRAMMING: Randomize the order of questions 29-38		
Read: Now I want to ask you about what people in your community that matter to you think about strategies for birth spacing and use of medical methods of family planning among young women. By modern medical methods of family planning, we are referring to the oral contraceptive pill, IUCD, injectable, and implant. How much do you agree with the following statements?		
<table border="1" style="width: 100%;"> <tr> <td> Response options for Q29-38 1=Strongly agree 2=Agree 3=Neither agree nor disagree 4=Disagree 5=Strongly Disagree -97=(Do not read aloud) Refused -99=(Do not read aloud) Don't know </td> </tr> </table> <p>After each statement, read response options aloud.</p>		Response options for Q29-38 1=Strongly agree 2=Agree 3=Neither agree nor disagree 4=Disagree 5=Strongly Disagree -97=(Do not read aloud) Refused -99=(Do not read aloud) Don't know
Response options for Q29-38 1=Strongly agree 2=Agree 3=Neither agree nor disagree 4=Disagree 5=Strongly Disagree -97=(Do not read aloud) Refused -99=(Do not read aloud) Don't know		
29. Members of my community that matter to me think it is appropriate for young women who are married and have no children to use medical methods of family planning	[]	
30. Members of my community that matter to me think it is appropriate for young women who are married and have one child to use medical methods of family planning.	[]	
31. Members of my community that matter to me think it is not appropriate for young women who are married and have one child to use medical methods of family planning.	[]	
32. Members of my community that matter to me think it is appropriate for young women who are married and have one child to use strategies of birth spacing	[]	
33. Members of my community that matter to me think it is appropriate for young women who are married and have more than one child to use medical methods of family planning	[]	
34. Members of my community that matter to me think it is appropriate for young women who are unmarried and have no children to use medical methods of family planning	[]	
35. Members of my community that matter to me think it is appropriate for young women who are unmarried and have one child to use medical methods of family planning	[]	
36. Members of my community that matter to me think it is not appropriate for young women who are unmarried and have one child to use medical methods of family planning.	[]	
37. Members of my community that matter to me think it is appropriate for young women who are unmarried and have more than one child to use medical methods of family planning.	[]	
38. Members of my community that matter to me think it is appropriate for young women who are unmarried and have more than one child to use strategies of birth spacing	[]	

<p>39. When you think about members of your</p>	<p>Husband/Partner..... 2 Mother..... 3 Father..... 4 Sister..... 5 Mother-in-law..... 6 Sister-in-law..... 7 Female friend..... 8 Other female relative (specify)..... 9 Other male relative (specify)..... 10 Religious leader..... 11 Teacher..... 12 Other (specify)..... -96 Refused..... -97 Don't know..... -99</p>
Sanctions	
<p>40a. 40a.i. <i>If ever used a medical method of family planning:</i> When you decided to use a medical method of family planning, did any of the following consequences occur:</p>	<p>a) Husband/partner/boyfriend was/will be physically violent with me <input type="text"/></p>
<p>40a.ii. <i>If never used a medical method of family planning:</i> If you decide to use a medical method of family planning in the future, are any of the following consequences likely to occur:</p>	<p>b) Husband/partner/boyfriend was/will be angry with me <input type="text"/></p>
<p>1=Yes 0=No -97=Refused -99=Don't know</p>	<p>c) If Married (CSQ17==1 CSQ7==2): Husband/partner divorced/will divorce me <input type="text"/></p>
	<p>d) If Unmarried (CSQ17>2): Was/will be More difficult to get <input type="text"/></p>
	<p>e) You were/will be considered promiscuous by your mother <input type="text"/></p>
	<p>f) You were/will be considered promiscuous by your female friends <input type="text"/></p>
	<p>g) People that I care about in my community spoke/ will speak badly of me. <input type="text"/></p>

Fertility Preferences	
Read: Now I would like you to think about the number of children you'd like to have	
1. Would you like to have another child or would you prefer not to have any more children? <i>If currently pregnant, specify that we mean after giving birth to the child you are expecting.</i> <i>Do not read options aloud.</i>	I would like to have another child/more children..... 1 I do not want any more children..... 2 >> Q1b Says she can't get pregnant..... 3 It is God's will.....-96 Refused.....-97 Don't know.....-99
1a. How many children do you want? (-96=It is God's will, -97=Refused, -99=DK)	[] children
If FTM does not have partner (CS Q17==5,6,7,8) >> Instructions before Q2	
1b. Does [HUSBAND/PARTNER NAME] want the same number of children that you want, or does he want more or fewer than you want? <i>Do not read options aloud</i>	Same number..... 1 More Children..... 2 Fewer Children..... 3 Refused.....-97 Not applicable (no partner).....-98 Don't know.....-99
If pregnant (CS Q14==1) >> Q3	
2. If it was solely your decision, how long would you like to wait from now before the birth of another child? <i>If less than 36 months, enter months; if more than 36 months, enter years.</i>	Months (specify): [][] 1 Years (specify): [][] 2 Soon/now..... 3 Says she can't get pregnant..... 4 Doesn't want another child..... 5 Other (specify):-96 Refused.....-97 Don't know.....-99
2a. In reality, when do you think you are likely to have your next child? (In terms of months/years from now) <i>If less than 36 months, enter months; if more than 36 months, enter years.</i>	Months (specify): [][] 1 Years (specify): [][] 2 Soon/now..... 3 Says she can't get pregnant..... 4 Doesn't want another child..... 5 Other (specify):-96 Refused.....-97 Don't know.....-99
If has given birth (CS Q15==1,2,3) >> Next section	
3. After the birth of the child you are expecting now, if it was solely your decision, how long would you like to wait before the birth of another child? <i>If less than 36 months, enter months; if more than 36 months, enter years.</i>	Months (specify): [][] 1 Years (specify): [][] 2 Soon/now..... 3 Says she can't get pregnant..... 4 Doesn't want another child..... 5 Other (specify):-96 Refused.....-97 Don't know.....-99
3a. After the birth of the child you are expecting now, in reality, when do you think you are likely to have your next child? (In terms of months/years after giving birth to your first child) <i>If less than 36 months, enter months; if more than 36 months, enter years.</i>	Months (specify): [][] 1 Years (specify): [][] 2 Soon/now..... 3 Says she can't get pregnant..... 4 Doesn't want another child..... 5 Other (specify):-96 Refused.....-97 Don't know.....-99

Unmet Need for Contraception	
Source: Bradley, S. E. K., Croft, T. N., Fishel, J. D., & Westoff, C. F. (2012). Revising unmet need for family planning (DHS Analytical Studies No. 25). Article DHS Analytical Studies No. 25. https://dhsprogram.com/publications/publication-as25-analytical-studies.cfm	
Read: Now I would like to ask you some questions about your pregnancy and the postpartum period. Before we start I just want to confirm that your answers are used for research and your responses will be kept confidential. We want you to feel comfortable answering these questions and if we should come to any question that you do not want to answer, just let me know and we will go on to the next question.	
1. If pregnant, ask: When you got pregnant, did you want to get pregnant at that time? (<i>Asking about current pregnancy</i>)	Yes..... 1 >> instr bef Q2 No..... 0 Refused..... -97 Don't know..... -99
If not pregnant, ask: When you got pregnant with [CHILD NAME] did you want to get pregnant at that time?	
1a. Did you want to have a baby later on or did you not want any children?	Later..... 1 No children..... 2 Refused..... -97 Don't know..... -99
If pregnant (CS Q14==1) >> Next section	
2. Has your menstrual period returned since the birth of [CHILD NAME]?	Yes..... 1 No..... 0 >> NS Refused..... -97 Don't know..... -99
3. Have you had sexual intercourse in the last 30 days?	Yes..... 1 No..... 0 Refused..... -97 Don't know..... -99

Intimate Partner Violence											
<p><i>Question 1 was adapted from International Men and Gender Equality Survey (IMAGES). (2016), Women's questionnaire for use in Tanzania, Module G2. IMAGES.</i></p> <p><i>Questions 2-5 were adapted from the Abuse Assessment Screening Tool from the Global Women's Institute, WHO and IRC's Strengthening Women's Agency in Pregnancy program</i></p> <p><i>Original source: Soeken, K. L., McFarlane, J., Parker, B., & Lominack, M. C. (1998). The Abuse Assessment Screen: A clinical instrument to measure frequency, severity, and perpetrator of abuse against women. In J. C. Campbell (Ed.), Empowering survivors of abuse: Health care for battered women and their children (pp. 195-203). Sage Publications, Inc.</i></p>											
<p>Read: Now I would like to ask you some questions about things that might have happened to you with [your husband (CS Q17==1) / your partner (CS Q17==2,3) / your boyfriend (CS Q17==4) / the father of your child (CS Q17>4)]. Before we start I just want to confirm that your answers are used for research, and as a study we do not share any information with government authorities. We want you to feel comfortable answering these questions and If we should come to any question that you do not want to answer, just let me know and we will go on to the next question.</p>											
<p>Read: Now I will ask you the questions, please respond YES or NO for each situation.</p>											
<p>1. Has [your husband (CS Q17==1) / your partner (CS Q17==2,3) / your boyfriend (CS Q17==4) / the father of your child (CS Q17>4)] ever kept you from getting a job, going to work, trading or earning money or taken your earnings against your will?</p>	<table> <tr><td>Yes.....</td><td>1</td></tr> <tr><td>No.....</td><td>0</td></tr> <tr><td>Not applicable.....</td><td>-95</td></tr> <tr><td>Refused.....</td><td>-97</td></tr> <tr><td>Don't know.....</td><td>-99</td></tr> </table> <p style="text-align: right;">} >> Q2</p>	Yes.....	1	No.....	0	Not applicable.....	-95	Refused.....	-97	Don't know.....	-99
Yes.....	1										
No.....	0										
Not applicable.....	-95										
Refused.....	-97										
Don't know.....	-99										
<p>1a. Has this happened in the past 12 months?</p>	<table> <tr><td>Yes.....</td><td>1</td></tr> <tr><td>No.....</td><td>0</td></tr> <tr><td>Refused.....</td><td>-97</td></tr> <tr><td>Don't know.....</td><td>-99</td></tr> </table>	Yes.....	1	No.....	0	Refused.....	-97	Don't know.....	-99		
Yes.....	1										
No.....	0										
Refused.....	-97										
Don't know.....	-99										
<p>2. Has [your husband (CS Q17==1) / your partner (CS Q17==2,3) / your boyfriend (CS Q17==4) / the father of your child (CS Q17>4)] ever yelled at you, humiliated you or told you things that hurt you?</p>	<table> <tr><td>Yes.....</td><td>1</td></tr> <tr><td>No.....</td><td>0</td></tr> <tr><td>Not applicable.....</td><td>-95</td></tr> <tr><td>Refused.....</td><td>-97</td></tr> <tr><td>Don't know.....</td><td>-99</td></tr> </table> <p style="text-align: right;">} >> Q3</p>	Yes.....	1	No.....	0	Not applicable.....	-95	Refused.....	-97	Don't know.....	-99
Yes.....	1										
No.....	0										
Not applicable.....	-95										
Refused.....	-97										
Don't know.....	-99										
<p>2a. Has this happened in the past 12 months?</p>	<table> <tr><td>Yes.....</td><td>1</td></tr> <tr><td>No.....</td><td>0</td></tr> <tr><td>Refused.....</td><td>-97</td></tr> <tr><td>Don't know.....</td><td>-99</td></tr> </table>	Yes.....	1	No.....	0	Refused.....	-97	Don't know.....	-99		
Yes.....	1										
No.....	0										
Refused.....	-97										
Don't know.....	-99										
<p>3. Have you ever been threatened with physical or sexual violence by [your husband (CS Q17==1) / your partner (CS Q17==2,3) / your boyfriend (CS Q17==4) / the father of your child (CS Q17>4)]?</p>	<table> <tr><td>Yes.....</td><td>1</td></tr> <tr><td>No.....</td><td>0</td></tr> <tr><td>Not applicable.....</td><td>-95</td></tr> <tr><td>Refused.....</td><td>-97</td></tr> <tr><td>Don't know.....</td><td>-99</td></tr> </table> <p style="text-align: right;">} >> Q4</p>	Yes.....	1	No.....	0	Not applicable.....	-95	Refused.....	-97	Don't know.....	-99
Yes.....	1										
No.....	0										
Not applicable.....	-95										
Refused.....	-97										
Don't know.....	-99										
<p>3a. Has this happened in the past 12 months?</p>	<table> <tr><td>Yes.....</td><td>1</td></tr> <tr><td>No.....</td><td>0</td></tr> <tr><td>Refused.....</td><td>-97</td></tr> <tr><td>Don't know.....</td><td>-99</td></tr> </table>	Yes.....	1	No.....	0	Refused.....	-97	Don't know.....	-99		
Yes.....	1										
No.....	0										
Refused.....	-97										
Don't know.....	-99										

<p>4. Have you ever been hit, punched, kicked, slapped, choked, hurt with a weapon, or otherwise physically hurt by [your husband (CS Q17==1) / your partner (CS Q17==2,3) / your boyfriend (CS Q17==4) / the father of your child (CS Q17>4)]?</p>	<p>Yes..... 1 No..... 0 Not applicable.....-95 Refused.....-97 Don't know.....-99</p>	<p>} >> Q5</p>
<p>4a. Has this happened in the past 12 months?</p>	<p>Yes..... 1 No..... 0 Refused.....-97 Don't know.....-99</p>	
<p>5. Has [your husband (CS Q17==1) / your partner (CS Q17==2,3) / your boyfriend (CS Q17==4) / the father of your child (CS Q17>4)] ever forced you to have sexual relations with him even if you didn't want to?</p>	<p>Yes..... 1 No..... 0 Not applicable.....-95 Refused.....-97 Don't know.....-99</p>	<p>} >>Q6</p>
<p>5a. Has this happened in the past 12 months?</p>	<p>Yes..... 1 No..... 0 Refused.....-97 Don't know.....-99</p>	
<p>6. Has any previous husband, partner, or boyfriend done any of these things?</p>	<p>Yes..... 1 No..... 0 Not applicable.....-95 Refused.....-97 Don't know.....-99</p>	<p>} >>NS</p>
<p>6a. What did they do? Read options aloud Select all that apply</p>	<p>Kept you from getting a job, going to work, trading or earning money or taken your earnings against your will..... 1 Humiliated you or told you things that hurt you..... 2 Threatened you with physical or sexual violence..... 3 Physically hurt you..... 4 Forced you to have sexual relations with him even if you didn't want 5 Refused.....-97 Don't know.....-99</p>	

Mental Health (Edinburgh Postnatal Depression Scale (EPDS))	
Source: Cox, J. L., Holden, J. M., & Sagovsky, R. (1987). Detection of postnatal depression: development of the 10-item Edinburgh Postnatal Depression Scale. The British journal of psychiatry, 150(6), 782-786. https://doi.org/10.1192/bjp.150.6.782	
Read: Now I would like to talk to you about your mental health over the past 7 days. Please choose the answer which comes closest to how you have felt IN THE PAST 7 DAYS, not just how you feel today.	
Enumerator: for each question, read answer options aloud	
1. In the past 7 days:	
a. I have been able to laugh and see the funny side of things	As much as I always could..... 0 Not quite so much now..... 1 Definitely not so much now..... 2 Not at all..... 3 Refused..... -97
b. I have looked forward with enjoyment to things	As much as I ever did..... 0 Rather less than I used to..... 1 Definitely less than I used to..... 2 Hardly at all..... 3 Refused..... -97
c. I have blamed myself unnecessarily when things went wrong	Yes, most of the time..... 3 Yes, some of the time..... 2 Not very often..... 1 No, never..... 0 Refused..... -97
d. I have been anxious or worried for no good reason	No, not at all..... 0 Hardly ever..... 1 Yes, sometimes..... 2 Yes, very often..... 3 Refused..... -97
e. I have felt scared or panicky for no very good reason	Yes, quite a lot..... 3 Yes, sometimes..... 2 No, not much..... 1 No, not at all..... 0 Refused..... -97
f. Things have been getting on top of me	Yes, most of the time I haven't been able to cope at all..... 3 Yes, sometimes I haven't been coping as well as usual..... 2 No, most of the time I have coped quite well..... 1 No, I have been coping as well as ever.... 0 Refused..... -97
g. I have been so unhappy that I have had difficulty sleeping	Yes, most of the time..... 3 Yes, sometimes..... 2 Not very often..... 1 No, not at all..... 0 Refused..... -97
h. I have felt sad or miserable	Yes, most of the time..... 3 Yes, quite often..... 2 Not very often..... 1 No, not at all..... 0 Refused..... -97
i. I have been so unhappy that I have been crying	Yes, most of the time..... 3 Yes, quite often..... 2 Only occasionally..... 1 No, never..... 0 Refused..... -97
j. The thought of harming myself has occurred to me	Yes, quite often..... 3 Sometimes..... 2 Hardly ever..... 1 Never..... 0 Refused..... -97

Survey outcome		
1.	Survey outcome	Survey complete..... 1
		Household found but eligible respondent is absent..... 2
		Household found but respondent will not be available during the survey..... 3
		Household is temporarily migrated..... 4
		Household not found..... 5
		Respondent not found..... 6
		Respondent refused to be interviewed..... 7
		Household found but child is not eligible (older than 12 months)..... 8
		Household found but mother not eligible..... 9
		Respondent deceased..... 10
		Husband/partner will not allow respondent to be interviewed..... 11
		Other (specify): -96

Codesheet			
G1: Relationship	E1: Education Class/Year	L1: Occupations	L1: Occupations CONT...
1 = Self	000 = No school	Agriculture and Fishing	Professionals
2 = Husband	100 = Pre-school	01 = Farmer	35 = Teacher
3 = Mother (Natural/Step)	101 = Primary (Grade 1)	02 = Agricultural laborer	36 = Clerical and secretarial work
4 = Father (Natural/Step)	102 = Primary (Grade 2)	03 = Livestock care / Sheppard	37 = Manager, accountant, legal
5 = Grandmother	103 = Primary (Grade 3)	04 = Fishing	38 = NGO field worker
6 = Grandfather	104 = Primary (Grade 4)	Retail and commercial	39 = Nurse/health technician
7 = Brother	105 = Primary (Grade 5)	05 = Sell own agricultural products in market	40 = Doctor
8 = Sister	106 = Junior Secondary (Grade 6)	06 = Hawking/selling clothes, food, other items	41 = Police/military officer
9 = Mother-in-Law	107 = Junior Secondary (Grade 7)	07 = Own shop (retail)	42 = Other government job
10 = Father-in-Law	108 = Junior Secondary (Grade 8)	08 = Work in other person's shop	43 = Computer/electronics technician or repair
11 = Husband's Grandmother	109 = Secondary (Grade 9)	09 = Own other commercial or financial business	Other
12 = Husband's Grandfather	110 = Secondary (Grade 10)	10 = Work in other person's commercial or financial business	44 = Religious officiant/leader
13 = Brother-in-Law	111 = Higher Secondary (Grade 11)	Unskilled trades	46 = Student
14 = Sister-in-law	112 = Higher Secondary (Grade 12)	11 = Domestic work (house boy/girl)	47 = No work or school but not
15 = Cousin	114 = Pass Program	12 = Cleaner (other)	48 = Retired
16 = Aunt	115 = Technical / Vocational	13 = Cook/Chef/Caterer	49 = Homemaker / housewife
17 = Uncle	116 = University	14 = Watchman/Guard	50 = Begging
18 = Female friend	117 = Hafezi (Phase III)	15 = Vehicle taxi work	51 = Non-agricultural Day worker
19 = Other female relative	-96 = Other (specify)	16 = Bicycle/motorbike taxi work	52 = Caretaker
20 = Other male relative	-97 = Refused	17 = Unskilled construction laborer	-95 = Other (specify)
-96 = Other (specify)	-99 = Don't know	Skilled & semi-skilled trades	-97 = Refused
-97 = Refused	E2: Education Degrees/Certificates	19 = Bicycle repair	-99 = Don't know
-99 = Don't know	000 = None	20 = Driver (public or private)	
G2: Relationship	101 = PSC	21 = Barber or hairdresser	
1 = Self	102 = JSC	22 = Tailor or seamstress	
2 = Husband	103 = SSC	23 = Shoe maker/ Cobbler/ Shiner	
3 = Mother (Natural/Step)	104 = HSC	24 = Butcher	
4 = Father (Natural/Step)	105 = Pass Program Diploma	25 = Mechanic	
5 = Grandmother	106 = Bachelor's Degree	26 = Welder	
6 = Grandfather	107 = Master's Degree	27 = Carpenter	
7 = Brother	108 = M.Phil/Ph.D	28 = Mason	
8 = Sister	-96 = Other (specify)	29 = Brick baker/Stone dresser	
9 = Mother-in-Law	-97 = Refused	30 = Plumber	
10 = Father-in-Law	-99 = Don't know	31 = Electrician	
11 = Husband's Grandmother		32 = Other skilled construction work	
12 = Husband's Grandfather		33 = Factory job	
13 = Brother-in-Law		34 = Miner	
14 = Sister-in-law			
15 = Cousin			
16 = Aunt			
17 = Uncle			
18 = Female friend			
19 = Other female relative			
20 = Other male relative			
21 = Religious leader			
22 = Family welfare assistant			
23 = Other health provider (specify)			
-96 = Other (specify)			
-97 = Refused			
-99 = Don't know			