

### Online Supplementary Material 3

#### Household questionnaire - Part B: Maternal and child health

- a. Note the household code <Note the GHQ code and paste the sticker.>
- b. Have I explained adequately the purpose of the survey?
- c. Do you understand that you do not have to answer any questions you do not wish to and that you can stop the interview at any point?  
<Only proceed with the interview if answer to b and c is yes. If the answer to any of these questions is no, try to explain the purpose again.>
- d. Do you agree to participate? <Yes/No><If No, write refused. Thank the respondent. Move to the next mother/caregiver or to the next household.>

#### Section A: Woman section

1. What is your age? <Ask from the respondent. **Do not copy from the household slip.** Write age in completed years>
2. What is your education? <write highest completed class, diploma or degree/ Islamia or Arabic/no education>
3. What is your marital status? <Single/Married/Co-habiting/Widow/Divorced/Separated>
4. Did you have enough food for yourself during the last week?
5. Do you have any income of your own?
6. Who decides how to spend this income?
7. What danger signs during pregnancy, before starting labour, do you know of?
8. What danger signs during childbirth do you know of?
9. How often do you speak to your husband or partner about issues related to pregnancy and childbirth? <Never/Rarely/Sometimes/Often>
10. How many children do you have? <write 0 or the exact number of children>
11. How many times have you been pregnant? <write 0 or the number of times pregnant> <If 0, go to section on DV>
12. **Have you been pregnant in the last two years?** <If yes, exclude a current pregnancy> <If no, write N/A for Q13-Q30 and go to Q31>
13. For your last pregnancy, after how many months of pregnancy did you reduce your routine heavy work? <Write 'never' or months of pregnancy>
14. How many government antenatal checkups did you have during this last pregnancy? <Write none or number of checkups>
15. How many times did you go anywhere else or see anyone else for care during your pregnancy? <Write 'none'/number of checkups>
16. How many times did you get your urine tested during pregnancy? <write none or number of times>
17. Did anyone tell you that you had anything wrong with your urine during that pregnancy?
18. How many times did you get your blood pressure checked? <write none or number of times>
19. Did anyone tell you that you had high blood pressure during that pregnancy?
20. Did you get swelling of the face or hands?
21. During this last pregnancy did you have fits or convulsions?
22. What was the outcome of your last pregnancy <live baby, miscarriage, abortion, stillbirth>
23. In what month and year did you have your last delivery? <write month and year of last

*delivery>*

24. Where did you deliver? *<Write the type of facility from laminated card >*
25. Who conducted the delivery? *<Write the type of person from laminated card>*
26. Did you have a caesarean section or was your vagina cut or had a tear when you gave birth? *<CS/ vagina cut/vaginal tear/neither > <If neither write NA against Q27>*
27. Did the wound open up afterwards or become infected?
28. Did you develop high fever within six weeks after this delivery?
29. Did you develop foul smelling discharge from vagina within six weeks after this delivery?
30. How long after the delivery did you have a check-up on your health by anyone? *<Write never or period and units as mentioned by the respondent>*
31. **How many children do you have who are 3 years or less than 3 years of age? <Write number/none><If none, write N/A for Q32-Q98. Go to section on domestic violence >**
32. From where have you heard about immunizations for children? *<write 'nowhere' or source/person>*
33. Do your neighbours think it's worthwhile to immunize children?
34. Do you think it's worthwhile to immunize children?
35. Have you discussed in the family about immunization for children?
36. What do you think is the main cause of diarrhoea in children?
37. If a child has diarrhoea, should you give him/her fluids other than milk, such as water more than usual, the same as usual or less than usual? *<more than usual, the same as usual or less than usual>*
38. If a child has diarrhoea, should you give him/her food including breast milk /milk more than usual, the same as usual or less than usual? *<more than usual, the same as usual or less than usual>*

#### Section B: Child section

*I will now ask you about your child/ren 3 years of age or less.*

39. Note sex of the child.
40. What is the date of birth of the child? *<record the date of birth as DD/MM/YY. If date of birth not available help mother to give you exact age in months with reference to the child's last birthday>*
41. What is your relationship to this child? *<write relationship of the respondent to the child.>*
42. What is the education of the mother of this child? *<write highest completed class, diploma or degree/ Islamia or Arabic/no education>*
43. What is the education of the father of this child? *<write highest completed class, diploma or degree/ Islamia or Arabic/no education>*
44. Who usually takes care of this child? *<write relationship of the caregiver to the child>*
45. Would you say this child is small for his/her age, about right for age, or big for age?
46. During the malaria season how often does this child sleep under a bed net?  
*<always/mostly/sometime/never/don't know. If never write N/A against Q47>*
47. Is this bed net treated?

#### **Breastfeeding**

48. Did you feed this child the colostrum (first milk) after birth? *< use local term for colostrum>*
49. At what age (months) did you stop breast-feeding this child? *<Age in months/still breastfed/never breastfed>*
50. At what age did you give this child other liquids such as water/pap, akamu, ogi/herbal drink? *<Days/months/not yet>*

51. At what age did you give this child other solid foods? *<Days or months/not yet/don't know>*

### ***Immunisation***

52. Who decides / decided about immunizations for this child? *<write relationship of the decision maker with the child>*
53. Has this child received BCG injection given at birth into the left arm? *<Use local term to explain BCG>*
54. How many times has the child received DPT injection to prevent him/her from contracting Diphtheria, Pertussis and Tetanus, that is given into the right thigh at one month interval? *<'none' or number of times or completed course>*
55. How many times has the child received Hepatitis-B injection to prevent him/her from contracting Hepatitis B, that is given into the left thigh at birth and then at six weeks and 14 weeks of age? *<'none' or number of times or completed course>*
56. Has this child received the nine-month injection for Yellow fever given into the right arm at nine months? *<Use local terms to explain Yellow fever>*
57. How many times in the last 12 months has this child received polio drops? *<Use local terms to explain Polio>? <Write none or number of times>*
58. Has this child received the nine-month injection for measles given into the left arm? *<Use local terms to explain Measles> <If no or don't know, go to Q60>*
59. At what age did the child get this measles injection? *<write the age in exact months when the child had the measles vaccination>*  
*<If the child has not received any vaccination write N/A against Q60>*
60. Did you have to pay at the health facility (in cash or kind) for any vaccination?  
*<No/Cash/Kind/Both>*  
*<If the child is more than nine months old AND has received the BCG, complete DPT and complete Hepatitis-B, measles and yellow fever injection and some polio drops, write N/A against Q61. Also write the same if the respondent doesn't know about the immunization status of the child.>*
61. What is the main reason why this child has not received any/all immunizations

### ***Diarrhoea***

62. When did this child last suffer from diarrhoea? *<write never or how long ago, in days, weeks or months. If never go to Q72>*
63. How many days did this last episode of diarrhoea last?
64. Was there any blood in the stool?
65. During this last episode of diarrhoea, did you give the child fluids (other than milk, such as water) to drink more than usual, same as usual or less than usual? *<more than usual, same as usual or less than usual>*
66. During this last episode of diarrhoea, did you give the child food (including breast milk/milk) more than usual, same as usual or less than usual? *<more than usual, same as usual or less than usual>*
67. During this last episode of diarrhoea, did you give the child sugar salt solution or ORS?  
*<sugar salt solution/ORS/none/don't know>*
68. During this last episode of diarrhoea, did you give the child any medicine to stop diarrhoea?
69. Where, if anywhere, did you seek treatment for the child for the diarrhoea? *<Write type of health facility from the laminated card corresponding to the response. If nowhere/home write N/A for Q70. Go to Q71>*
70. Did the provider or facility provide ORS for the child?
71. What other treatment did you give the child for the diarrhoea?

**Severe fever**

72. When did this child last suffer from severe fever? *<Write never or how long ago, in weeks or months. If never go to Q77>*
73. How many days did this last episode of severe fever last?
74. Where, if anywhere, did you seek treatment for the child for this last episode? *<Write type of health facility from the laminated card corresponding to the response. If nowhere/home write N/A for Q75. Go to Q76>*
75. What medicines did they prescribe for the severe fever?
76. What other treatment did you give the child for the severe fever?

**Acute Respiratory Infection (ARI)**

77. During last one year, how many times did this child suffer from an illness with fever, cough and rapid breathing? *<write never or number of times. If never go to Q82>*
78. When did this child last suffer from an illness with fever, cough, and rapid breathing? *<Write how long ago, in days, weeks or months.>*
79. How many days did this last episode of illness last?
80. Where, if anywhere, did you seek treatment for the child for this last episode? *<Write type of health facility from the laminated card corresponding to the response.>*
81. What other treatment did you give the child for this illness?

**Measles**

82. Has this child ever had measles? *<If NO, write N/A against Q83 and Q84>*
83. How old was the child when she/he had measles? *<write the age in exact months when had measles>*
84. How much did it cost you for the medicines and treatment for the measles? *<write 0 or exact amount in Naira>*

**Experience with health services**

85. Who decides about where to seek treatment for this child in case of illness? *<Write relationship of decision maker with the child>*
86. When did you last seek treatment for this child for illness? *<Write how long ago, in days, weeks or months.>*
87. What type of health facility or provider was it? *<use the laminated card>*
88. What is the name of that health facility or provider? *<Write the full name and address of the health facility or provider.>*
89. How much did you have to pay for travel to and from the facility or provider (round trip)?
90. How long did you have to wait to be seen by the doctor or health worker? *<record answer as hours or minutes>*
91. Did the doctor or health worker explain to you about the child's condition fully, partially or not at all? *<fully, partially, not at all>*
92. How many of the medicines prescribed did the provider or facility provide you with? *<all/some/none>*
93. How much did you have to pay for the medical treatment at the health facility or to the provider? *<write 0 or exact amount in Naira>*
94. How much did you have to pay for medicines or tests outside the facility? *<write 0 or exact amount in Naira>*

**<If the child is male, go to Q97>**

95. Has this child had her FGM/circumcision/flesh removed? *<If no/don't know or refused go to Q97.>*
96. When was this done? *<write the age in exact months.>*
97. Does this child have a birth certificate? May I see it? *<has certificate and seen/ has*

*certificate but not seen/ does not have certificate/ unsure if has a certificate>*

98. Now we would like to assess the nutritional status of this child. For this we need to measure his/her upper arm. May we measure his/her arm? *<If Yes, issue a MUAC card for that child and advise the caregiver to take or send the child to the team member measuring MUAC>*

*<Go to the next 0-36 months old child of the same mother/ respondent and ask from Q39-Q98. If there is no other 0-36 months old child with this mother/care giver, continue with the section on domestic violence.*

### Section C: Domestic Violence

*<Before these questions on domestic violence, check to ensure that you and your respondent still have privacy. If there are children around, who are old enough to repeat what is being said, please ask the respondent to send them away. **If you cannot conduct this part of the interview without being overheard, do not continue**>*

*As we both know domestic violence is all too common. But the real size of the problem is not well known because many women keep silent about what is happening to them. I am also a woman and I know how hard it is to talk about this. I would like to ask you some questions about domestic violence. You don't have to answer these questions if you don't want to and you may ask me to stop at any time. Your answers will be kept strictly confidential.*

99. How common is domestic violence in your community? *<very common, common, not common, does not happen>*

100. Have any of your neighbours ever suffered mental or verbal abuse (such as being yelled at, bad names, bickering, criticizing) by a household member?

101. Have any of your neighbours ever suffered physical abuse (such as beating, kicking, slapping) by a household member?

*I am now going to ask you some questions about your own experience. As you have mentioned, domestic violence is common in your community, and some of your neighbours have suffered. I am not surprised to hear this. I myself know of a case of domestic violence<mention something about it>. I also know how hard it can be to talk about this. Please remember that anything you tell me is strictly confidential; nobody will be able to find out what you have told me.*

102. In the last year have you suffered mental/verbal abuse (such as bad names, bickering, criticizing, being shouted at) from any household member?

103. In the last year, have suffered mental/verbal abuse (such as bad names, bickering, criticising, being shouted at) from your husband or partner?

104. In the last year, have you suffered physical abuse (such as beating, kicking, slapping) by any household member?

105. In the last year, have you suffered physical abuse (such as beating, kicking, slapping) by your husband or partner?

106. In your last pregnancy, did your husband or partner physically abuse you (like beating, kicking or slapping you)?

107. Have you ever felt afraid of your husband or partner?

108. Why?

*Thank you very much for your time today. <Close your register>*