

Evaluation of a Family Planning Mass Media Campaign in Kinshasa, Democratic Republic of the Congo

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Evaluation Summary

Background - Development Media International (DMI) conducted a mass media family planning campaign in Kinshasa in 2015. The campaign aimed to increase the rate of modern contraceptive use among women of reproductive age (15 to 49 years) by increasing demand through a TV and radio campaign advertising the benefits of family planning. DMI produced 13 radio adverts and 2 TV adverts, which were broadcast on 6 radio stations and 6 TV stations over a 6 month period from July to December 2015.

Methods - A before-and-after study was designed to evaluate the impact of the media campaign. Cross-sectional surveys of women of reproductive age living in Kinshasa were conducted at baseline (n=1125) in May 2015 and endline (n=1152) in November to December 2015. Data collection was independently carried out by the Kinshasa School of Public Health.

Main Findings - Exposure to family planning messages on radio and TV was high during the campaign period. Only 12.4% of women had heard family planning messages on the radio at baseline, which increased to 30.0% at endline ($p<0.001$). There was also a large increase in the proportion of women who had seen family planning messages on TV, rising from 30.4% at baseline to 65.9% at endline ($p<0.001$). At baseline 21.2% of women were currently using a modern method of contraception, which increased by 2.3 percentage points to 23.5% at endline ($p=0.188$). At baseline 10.8% of women had started using contraception in the last 6 months, compared with 25.7% at endline ($p<0.001$). Women who had been exposed to family planning messages on the radio or TV were more likely to report adopting contraception in the last 6 months, compared with those who were unexposed (27.7% versus 24.8% for radio, $p=0.295$; 27.6% versus 20.9% for TV, $p=0.018$). At baseline 16.0% of women had spoken to a health agent about family planning in the last six months, which increased to 20.2% at endline ($p=0.009$) and was higher among women exposed to family planning media compared with women who were not (23.8% versus 18.6% for radio, $p=0.041$; 22.1% versus 15.8% for TV, $p=0.016$). At baseline 36.1% of women had discussed family planning with their partner during the last six months, which increased slightly to 38.3% at endline ($p=0.278$), and was higher among women exposed to family planning media messages compared to those who were not (46.1% versus 35.0% for radio, $p<0.001$; 41.2% versus 31.4% for TV, $p=0.002$).

Conclusion - This evaluation provides evidence that DMI's intensive radio and television campaign in Kinshasa in 2015 achieved high exposure among the target population of women of reproductive age. Among women reached by media messages there were significantly higher rates of adoption of modern contraception, spousal discussion about family planning, and seeking family planning advice from a health professional, compared with those who were unexposed to media messages. These effects occurred despite the relatively short duration of the campaign, so it is likely that an extended second phase of the media campaign should achieve further significant and sustained changes in family planning behaviours.

Introduction: Project Description

Development Media International (DMI) conducted a mass media campaign in Kinshasa in 2015, which aimed to increase the rate of modern contraceptive use among women of reproductive age (15 to 49 years). The television (TV) campaign consisted of two 60 second adverts containing the key message “For a healthy and prosperous life space out your pregnancies using a modern method of contraception.” The TV adverts were on air from July 2015 until the end of December 2015. They were broadcast on 6 different TV channels. The radio campaign consisted of 13 one minute radio adverts that were also on air from July to December 2015. The radio adverts contained a number of different family planning messages and were also broadcast across 6 stations.

Objective

The aim of this study was to evaluate the impact of DMI’s mass media campaign in Kinshasa on the prevalence of modern contraceptive use among women of reproductive age (15 to 49 years). The secondary objective of the evaluation was to investigate the impact of DMI’s campaign on other family planning knowledge, attitudes and behavioural indicators.

Methods

Study Design

A before-and-after study design was developed, with cross-sectional surveys of women of reproductive age conducted at baseline (May 2015) and endline (November-December 2015) across Kinshasa.

Power

Simulations were run in Stata (SE version 13.1) to determine the sample size that was required to provide 80% statistical power, to detect the effect of the intervention on modern contraceptive use, with a confidence level of 0.05. A sample size of 1,100 women of reproductive age was set as the target at baseline and endline, including a 10% contingency to allow for any incomplete or unreliable data.

Research Partner

Data collection was independently carried out by academic partners at the Kinshasa School of Public Health (KSPH) at the University of Kinshasa. Before data collection began, a research protocol was written and submitted to the KSPH ethics committee and ethical approval to conduct this research study was obtained (appendix 1).

Data collection

Data collection was overseen by an experienced team of supervisors from KSPH, led by the principal investigator Professor Patrick Kayembe. Professor Kayembe has experience leading many large surveys in the DRC, including the DHS and PMA2020 family planning surveys. In

April 2015 supervisors from KSPH travelled to the survey areas and recruited and trained local enumerators. The training included an explanation of the study design and objectives, thorough training in using the questionnaire and its translation into local languages, followed by group and role-play sessions and piloting of the questionnaire in the field. The baseline survey began in late-April and was completed before broadcasting of DMI spots began in May 2015. The endline survey was carried out in late November and early December 2015 while DMI's campaign was still being broadcast across Kinshasa.

Questionnaire

The surveys were carried out using paper based questionnaires. Questionnaires were designed to capture data on the study population's socio-demographic characteristics, radio and TV ownership, listening/viewing habits and exposure to DMI's campaign, knowledge, attitudes and behaviours relating to family planning and use of contraception. The endline questionnaire can be found in appendix 2.

Sampling approach

A census list of villages and households was used to select the areas and households to be sampled. In each of the selected locations, a proportional number of households (relative to the total sample size) were randomly sampled using a random walk approach. Interviews were conducted with women of reproductive age (15 to 49 years) as this was the main target audience for this campaign and the primary outcome measure of modern contraceptive use. Informed written consent was obtained from all participants as per the study protocol approved by the ethics committee.

Data processing and analysis

Data from the paper based questionnaires was electronically entered into a database, then checked, coded and cleaned by a team of data clerks at KSPH. The raw dataset was then sent to DMI's Head of Research, Dr Joanna Murray, for analysis to be carried out in London. Data were analysed using Stata SE version 13.1. The z score statistical test for comparing two sample proportions was used where applicable and related p values are displayed in the results section.

Main Findings

Survey population

In total, 1,125 women of reproductive age (15 to 49 years) who lived in Kinshasa were interviewed at baseline and a further 1,152 were interviewed at endline. The average age of women interviewed in both surveys was 29 years (standard deviation=8). At baseline 46.0% (518/1125) of women surveyed reported that they were married or in a union, at endline this figure was 51.0% (588/1152).

The majority of women interviewed were of Christian religion: evangelical (56.4% at baseline, 57.1% at endline), catholic (14.5% at baseline, 15.5% at endline) or protestant (14.3% baseline at 8.8% at endline). Most women had completed secondary education (71% at baseline and endline) and many were currently in employment (46.6% at baseline and 43.5% at endline). Almost all women (95.1% at baseline and 91.1% at endline) reported that Lingala was the main language they spoke on a daily basis.

The mean number of births women interviewed had had was 2 at both baseline and endline. At baseline 34.0% had had no children (383/1125), compared with 23.5% (243/1152) at endline. There were 88 (7.8%) women at baseline and 97 (8.4%) women at endline who were pregnant at the time they were interviewed.

Media Ownership and Penetration

Most women reported that they had access to a functioning radio, 75.1% (845/1125) at baseline and 67.1% (773/1152) at endline. An even higher proportion of women reported that they had access to a television in their household or compound (89% at both baseline and endline). Mobile phone ownership was high, with 73.4% (826/1125) of women owning a mobile phone at baseline and 70.8% (816/1152) at endline. In the last week 49.8% (560/1125) of women at baseline and 47.9% (552/1152) at endline, had listened to the radio. Television viewing in the last week was 71.6% (805/1125) at baseline and 79.1% (911/1152) at endline. At endline the most popular times of day that women reported listening to the radio were: 31.2% (359/1152) early in the morning from 6am to 8am, and 36.4% (419/1152) in the evening after 7pm.

Exposure to Media Messages on Family Planning

At baseline just 7.1% (80/1125) of women had read about family planning in a magazine or newspaper, which increased slightly to 10.8% (124/1152) at endline ($p=0.002$). Only 12.4% (140/1125) of women had heard family planning messages on the radio at baseline, which increased to 30.0% (345/1152) at endline ($p<0.001$). There was a large increase in the

proportion of women who reported that they had seen family planning messages on television, from 30.4% (342/1125) at baseline, to 65.9% (759/1152) at endline ($p < 0.001$).

Family Planning Knowledge, Intentions and Decision-Making

Among women interviewed knowledge of modern contraceptive methods was low at baseline, with just 30.8% (347/1125) being able to list more than two methods. At endline knowledge of more than two methods increased very slightly to 32.6%.

At baseline many women (71.2%) reported that they intended to use a method of contraception in the future to delay or avoid getting pregnant. This increased significantly to 77.6% at endline ($p < 0.001$) and was higher among those who had been exposed to TV messages (80.0%) compared to those who had not (72.1%) ($p = 0.004$). Future intention to use contraception was very similar among women who were exposed to radio messages (77.0%) and those who were not (78.0%) ($p = 0.706$).

When asked who influences decision-making about the number of children they will have:

- 36.6% of women at baseline and 27.7% at endline said it was their choice.
- 25.1% of women at baseline and 15.7% at endline said it was their partner or husband's decision.
- 33.6% of women at baseline and 43.2% at endline said it was a joint decision between them and their partner or husband.
- Only 1.1% of women at baseline and 0.6% at endline mentioned other family members as influencing their decision about how many children they would have.

Family Planning Behaviours

In total, 29.2% of women (328/1125) reported that they were using a modern method of contraception¹ to delay or avoid pregnancy at baseline, compared with 32.4% (373/1152) of women at endline ($p = 0.098$). This represents a 3.2 percentage point increase over the six month period (note that multiple methods could be cited for this question). Modern contraceptive use was higher among women exposed to radio and TV messages about family planning, than among those who were unexposed (38% among women exposed to radio messages versus 30% among unexposed; 36% among women exposed to TV messages versus 24% among unexposed).

After excluding women who mentioned using both modern and traditional methods of contraception, 21.2% of women at baseline (238/1125) were currently using only a modern method of contraception. This increased to 23.5% at endline (271/1152), an increase of 2.3 percentage points ($p = 0.188$). At baseline 10.8% (122/1125) of women said they had started

¹ Using the PMA2020 definitions of modern and traditional contraceptive methods.

using contraception in the last 6 months. At endline 25.7% (295/1152) said they had started using any contraception in the last 6 months ($p < 0.001$): 27.7% among those who had heard the radio campaign versus 24.8% among those who had not ($p = 0.295$), and 27.6% among those who had seen TV family planning messages compared with 20.9% among those who had not ($p = 0.018$).

At baseline 16.0% of women (180/1125) had spoken to a health agent about family planning within the last six months. This increased to 20.2% (233/1152) at endline ($p = 0.009$) and was also higher among women exposed to family planning media compared with women who were not:

- 23.8% among women exposed to radio messages compared with 18.6% among unexposed women ($p = 0.041$).
- 22.1% among women exposed to TV messages versus 15.8% among those who were unexposed ($p = 0.016$).

Just over one third of women (36.1%) had discussed family planning with their partner or husband during the last six months at baseline. This increased to 38.3% at endline ($p = 0.278$) and was higher among women exposed to family planning messages on radio or TV compared to those who were not:

- 46.1% among who had heard radio messages compared with 35.0% among those who were unexposed ($p < 0.001$).
- 41.2% among women who were exposed to TV messages on family planning compared with 31.4% among those who were unexposed ($p = 0.002$).

Among women who had used contraception, most obtained it from pharmacies ($n = 229$ at baseline, $n = 286$ at endline), health centers ($n = 180$ at baseline, $n = 166$ at endline) or from a friend or parent ($n = 206$ at baseline, $n = 130$ at endline). A similar proportion at baseline (22.8%) and endline (22.2%) said that they had paid for some form of family planning services within the last 6 months.

Discussion

Campaign Exposure

The survey data suggests DMI's radio and TV campaigns achieved high exposure among the target population of women of reproductive age. The latest PMA 2015 data collected in Kinshasa supports and triangulates our survey findings, as it showed that recent exposure to family planning messages in the media was 55.8% in round 2, 58.1% in round 3 (before DMI's campaign launched) and then increased to 69.1% in round 4 (following DMI's campaign). High campaign exposure was also confirmed through our qualitative research (findings reported in previously submitted final project report) in which many women participating in focus group discussions reported exposure to DMI's campaign spots, across the range of TV and radio stations on which they were broadcast.

Knowledge and Attitudes

There was a negligible change in the proportion of women who were able to list more than two methods of contraception at endline compared with baseline. This is not surprising given that DMI's media campaign did not include any technical spots about specific contraceptive methods, so this was not an indicator we were expecting campaign exposure to have a direct impact upon. Intention to use contraception was already quite high among women, but we did find evidence of higher intention to use contraception among women exposed to TV messages compared to those who were not.

Behaviours

This evaluation showed an increase over the study period in use of any contraception and more specifically of modern contraception, among the women sampled. The modern contraceptive prevalence rate (mCPR) was very similar to that measured in the most recent PMA2015 data collection round 4, which estimated mCPR to be 20.9% among all women of reproductive age. The evaluation was designed to be powered to detect an increase in mCPR of 5 percentage points. We hypothesized that the campaign may be able to achieve a 2% increase the proportion of women adopting modern contraception and the evaluation showed a 2.3 percentage point increase in mCPR though this was not statistically significant.

The exposed and unexposed analysis conducted for this evaluation has provided evidence that DMI's family planning radio and TV campaigns in Kinshasa have contributed to increased use of modern contraception, increased spousal discussion of family planning and an increase in seeking family planning advice from a health professional, among the target audience of women of reproductive age. This is a very satisfactory result particularly in light of the relatively short duration of the campaign. Changing sexual and reproductive health behaviours takes time, as there are complex individual as well as societal and cultural barriers

to contraceptive uptake to overcome. So it is particularly pleasing to see that despite the relatively short duration, this intensive campaign, supported by other family planning interventions being implemented in Kinshasa, has already contributed to increased use of modern contraception.

Reported TV ownership and regular TV viewing were higher among the sample surveyed than radio ownership and regular listening. So it is perhaps not surprising to see that women who had seen the TV messages were most likely to report these improved practices when compared to women who were unexposed. The same trend occurred for women who reported exposure to radio messages but to a lesser extent.

DMI has strong evidence from the only cluster randomized controlled trial (RCT) to show that a Saturation+ approach to mass media campaigns can change behaviours.² Data from the RCT in Burkina Faso shows a correlation between the amount of broadcasting on a message and impact on behaviour change: a regression coefficient of 0.9 suggests that on average, each additional week of broadcasting represents a 0.9 percentage point change in behaviour. Though family planning behaviours may be even more complex to change than those targeted in this child survival RCT, and the rate at which social and behavior changes occur is likely to vary considerably according to type of behaviour, our RCT results do support the need achieve sufficient intensity and saturation of messaging in order to achieve significant shifts in behaviours. DMI is now conducting a similar cluster RCT in Burkina Faso to test the impact that a radio campaign alone can have on modern contraceptive use among women in rural communities.

Limitations

The evaluation was limited to a simple before and after study design. In the absence of comparable control groups it is not possible to draw strong conclusions about causation or to conclusively attribute measured effects specifically to DMI's media campaign. However, it is clear from both our evaluation data and the latest PMA survey, that exposure to mass media messaging about family planning must have increased as a result of DMI's campaign. Though some other family planning media interventions were delivered at the same time, we believe DMI's campaign was unique in the intensity of messaging and range of radio and television channels that messages were broadcast on. We are not aware of any other media campaigns which achieved similar levels of saturation among the target audience during the project period.

² Sarraassat et al (2015) Behaviour change after 20 months of a radio campaign addressing key life saving family behaviours for child survival: Midline results from a cluster randomised controlled trial in rural Burkina Faso *Global Health Science and Practice* 3 (4) 530-543

It was possible to explore the effect of exposure to media messages by comparing women who were exposed and unexposed to radio and TV broadcasts on family planning. However, an exposed versus unexposed analysis does not provide as strong evidence of an association between campaign exposure and effects, as a comparison with controls could provide. There may be other potentially confounding variables which could also explain the differences in family planning attitudes and practices between exposed and unexposed women.

Nonetheless, results presented from the comparison of exposed and unexposed women do provide some plausible evidence of an association between exposure to radio and TV messages and improved family planning discussion, as well as increased contraceptive use, among the target population of women.

Though effects of the campaign were measured after several months of broadcasting, we would expect that many months or years of saturation messaging may be required to bring about significant and sustained behavioural changes, especially given the embedded cultural and societal norms that impact on family planning practices. The study was unlikely to yield statistically significant results since it was only powered to detect behavior changes at around the 5% level.

The measure of exposure used in this analysis was reliant upon women reporting that they had heard or seen family planning messages on the radio or television. We know from our qualitative research that some other radio and TV programmes may have featured family planning messages during the project period. While it is possible that other communication campaigns could have contributed to the knowledge and behavior changes measured in this evaluation, we do not think they will have achieved significant impact since we are not aware that any other media campaigns achieved similar levels of saturation among the target audience during the project period. We believe DMI's campaign was unique in its intensity of messaging and range of radio and television channels that messages were broadcast across.

Conclusion

This evaluation provides evidence that DMI's intensive radio and television campaign in Kinshasa in 2015 achieved high exposure among the target population of women of reproductive age. Among women reached by media messages there were significantly higher rates of adoption of modern contraception, spousal discussion about family planning, and seeking family planning advice from a health professional, compared with those who were unexposed to media messages. These effects occurred despite the relatively short duration of the campaign, so it seems likely that an extended second phase of the media campaign should achieve further significant and sustained changes in these behaviours.

Appendix 1: Research Ethics Approval



REPUBLIQUE DEMOCRATIQUE DU CONGO
Ministère de l'Enseignement Supérieur, Universitaire et Recherche Scientifique
Université de Kinshasa
ECOLE DE SANTE PUBLIQUE
COMITE D'ETHIQUE

No d'Approbation: ESP/CE/022/2015

Kinshasa, le 22 avril 2015

**A Monsieur l'Investigateur Principal
République Démocratique du Congo**

Concerne : Décision du Comité d'éthique portant sur l'étude intitulée : « Evaluation de l'impact d'une campagne médiatique pour promouvoir la santé infantile et maternelle en RDC et la planification familiale (Kinshasa seulement) mis en œuvre par Development Media International ».

Monsieur l'Investigateur Principal,

Le Comité d'Ethique de l'Ecole de Santé Publique de l'Université de Kinshasa a bien reçu le protocole dont le titre est repris en marge.

Après examen du protocole selon les normes d'éthique nationales sur les études impliquant les êtres humains, le Comité a donné un avis favorable à cette recherche et autorise sa mise en œuvre pour la période allant du 22 avril 2015 au 21 avril 2016.

Veuillez agréer, Monsieur l'Investigateur Principal, l'expression de nos sentiments les meilleurs.


Prof. BONGOPASI MOKE SANGOL
Vice Président du Comité Ethique

Université de Kinshasa Faculté de Médecine : B.P 11850 Kin I.

Appendix 2: Endline Questionnaire

Endline questionnaire : la planification familiale

Instruction : Ce questionnaire est à adresser à une femme de 15 à 49 ans. La section 1 a pour but d'identifier cette femme.

SECTION 1 : INTRODUCTION ET CONSENTEMENT				
N°	QUESTIONS ET FILTRES	MODALITES	CODES	PASSER A
100	NOM, PRENOM ET CODE DE L'ENQUETEUR	_____ __		
101	NOM ET NUMERO DE LA COMMUNE	_____ __		
102	NOM ET NUMERO DU QUARTIER	_____ __		
103	NOM, PRENOM DU CHEF DE PARCELLE ET NUMERO D'ORDRE DE LA PARCELLE	_____ ____		
104	NOM, PRENOM DU CHEF DE MENAGE ET NUMERO D'ORDRE DU MENAGE	_____ __		
105	NOM, PRENOM ET NUMERO D'ORDRE DE LA FEMME	_____ __		
106	ENQUÊTEUR : AVEZ-VOUS PU VOIR LA FEMME?	NON OUI	0 1	SI NON, FIN ENTRETIEN: Q500

Consentement éclairé de la femme

Je m'appelle _____ et je suis enquêteur et je travaille pour le compte de l'Ecole de Santé Publique de l'Université de Kinshasa. Vous avez été sélectionnée au hasard pour participer à cette enquête sur la **planification familiale**. Nous menons actuellement une enquête sur plusieurs thèmes liés à la santé reproductive des femmes. Nous apprécierons beaucoup que vous fassiez partie de cette enquête. Les informations que nous collecterons aideront à informer le gouvernement afin de mieux planifier les services de santé. Vos réponses peuvent aider à mieux adapter les interventions en planification familiale mises en place. Le questionnaire prend généralement entre 20-30 minutes. Toutes les informations que vous nous donnerez seront strictement confidentielles et ne seront montrées à personne d'autre que les membres de notre équipe.

La participation à cette enquête est volontaire, et s'il y a une question à laquelle vous ne souhaitez pas répondre, faites le moi savoir et je passerai à la suivante; ou vous pouvez également interrompre l'interview à tout moment. Cependant, nous espérons que vous accepterez de participer à cette enquête car votre point de vue est important.

De plus, toutes vos réponses seront **confidentielles** et votre nom ne sera pas mentionné. Enfin, votre **participation est totalement volontaire** et aucune compensation financière ne vous sera versée.

Avant de continuer, avez-vous des questions sur cette enquête?

107	DONNEZ-VOUS VOTRE CONSENTEMENT POUR PARTICIPER A CETTE ENQUÊTE ?	NON OUI	0 1	SI NON, FIN ENTRETIEN : Q500
108	SIGNATURE DE LA FEMME			
109	ENQUÊTEUR : DANS QUELLE LANGUE MENEZ-VOUS L'ENTRETIEN AVEC LA FEMME ? <i>Instruction : Si vous ne maîtrisez pas la langue de la femme, faites appel à un autre enquêteur de votre équipe, votre superviseur ou, en dernier recours, un interprète</i>	LINGALA KITUBA (KIKONGO YA LETA) FRANCAIS AUTRE : _____	1 2 3 4	

Introduction : Merci d'avoir accepté l'entretien. Toutefois, avant de commencer, j'aimerais vérifier certaines informations concernant votre âge pour savoir si ce questionnaire vous correspond.

110	QUEL EST VOTRE MOIS ET ANNEE DE NAISSANCE ? <i>Instruction : Demandez à voir un document. Si aucun document n'est disponible : - Estimez la date (méthodes appropriées)</i>	MOIS __ NSP 9 8 ANNEE ____ NSP 9 9 9 8	
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	- Si NSP, inscrivez 98 et/ou 9998		
111	QUEL AGE AVIEZ-VOUS A VOTRE DERNIER ANNIVERSAIRE ? <i>Instruction : Si la femme/l'homme NSP : - Estimez l'âge (méthodes appropriées) - Si NSP, inscrivez 98</i>	AGE EN ANNEES REVOLUES NSP 9 8	
112	ENQUÊTEUR : LA FEMME EST-ELLE AGÉE DE 15 A 49 ANS ?	NON..... 0 OUI..... 1 NSP..... 8	SI NON, FIN ENTRETIEN : Q500

SECTION 2 : CARACTERISTIQUES SOCIO-DEMOGRAPHIQUES

Introduction : Je vais commencer par vous poser des questions sur votre identité, votre scolarisation, vos occupations et votre situation matrimoniale

N°	QUESTIONS ET FILTRES	MODALITES	CODES	PASSER A
200	DEPUIS COMBIEN DE TEMPS HABITEZ-VOUS ICI?	MOINS DE 1 AN DE 1 A 2 ANS 2 ANS OU PLUS NE SAIT PAS	1 2 3 4	
201	QUELLE EST VOTRE ETHNIE ?	BAKONGO NORD OUR SUD BAS KASAI..... KWILU- KWANGO..... CUVETTE CENTRAL..... UBANGI ITIMBIRI..... UELE LAC ALBERT... BASELE-K, MAN OU KIVU..... KASAI, KATANGA OU TANGANYIKA..... LUNDA..... PYGMEE..... ETRANGER/NON CONGOLAIS..... AUTRE : _____	01 02 03 04 05 06 07 08 09 10 11 12 13	
202	QUELLE EST LA LANGUE QUE VOUS PARLEZ AU QUOTIDIEN ?	LINGALA..... . SWAHILI FRANÇAIS TSHILUBA KIKONGO AUTRE : _____	01 02 03 04 05 06	

203	QUELLE EST VOTRE RELIGION ?	EGLISES DE REVEIL ANIMISTE CATHOLIQUE MUSULMANE 1 PROTESTANTE 2 KIMBANGUISTE 3 4 AUTRE 5 CHRETIENS 6 7 ARMEE DU SALUT 8 9 BUNDU DIA KONGO 10 ... SANS RELIGION 11 AUTRE : _____	
204	AVEZ-VOUS FREQUENTE L'ECOLE ?	NON 0 OUI 1	SI NON, PASSEZ A Q206
205	QUELLE EST LA <u>DERNIERE</u> CLASSE QUE VOUS AVEZ FREQUENTEE (AVEC SUCCES OU NON) ?	PRIMAIRE 1 2 SECONDAIRE 3 SUPERIEUR 4 NSP	
206	AVEZ-VOUS ETE ALPHABETISEE ?	NON 0 OUI 1	
207	AU COURS DES <u>15 DERNIERS JOURS</u> , AVEZ-VOUS EU UNE OU DES ACTIVITES GENERATRICES DE <u>REVENUS EN ARGENT OU EN NATURE</u> ?	NON 0 OUI 1	SI NON, PASSEZ A Q209
208	QUELLE A ETE VOTRE <u>PRINCIPALE</u> ACTIVITE GENERATRICE DE REVENUS EN ARGENT OU EN NATURE ? Définitions: - L'activité principale est celle qui demande le plus de temps. - Un revenu en nature est par exemple : des produits cultivés, des animaux, ... qui ont une valeur monétaire si ils sont vendus ! * Un <u>commerçant/boutiquier</u> est un homme qui possède un magasin / boutique et qui achète pour revendre * Une <u>commerçante/boutiquière</u> est une femme qui possède un magasin, boutique et qui achète pour revendre * Une <u>vendeur</u> est un homme qui achète pour revendre mais qui n'a pas sa propre boutique * Une <u>vendeuse</u> est une femme qui achète pour revendre mais qui n'a pas sa propre boutique * Un <u>petit commerce</u> est une femme vendant dans la rue du maïs grillé, des arachides, beignets, ... * Un <u>artisan</u> est quelqu'un qui fabrique des « objets d'artisanat » : forgeron, fileur, tisserand, tailleur, vannier, potier, teinturier, cordonnier, menuisier * Un <u>puisatier</u> est un homme qui construit des puits * Un <u>berger</u> garde des troupeaux d'animaux qui ne lui appartiennent pas, alors qu'un <u>éleveur</u> est propriétaire de ses bêtes (qu'il garde également ou pas !)	AGRICULTEUR 01 AGENT ALPHABETISATION 02 AGENT SANTE / RELAIS 03 COMMUNAUTAIRE 04 ARTISANE* 05 BERGER 06 BUCHERON 07 COMMERCANTE OU BOUTIQUIERE 08 ELEVEUR/SE 09 ENSEIGNANTE OU INSTITUTRICE 10 GARDIEN 11 GUERISSEUR/TRADIPRATICIEN 12 INFIRMIER 13 MACON/ PEINTRE/ BATIMENT 14 MANOEUVRE 15 MARABOUT 16 MARAICHERE OU JARDINIERE 17 MATRONE/ ACCOUC. VILL. 18 MECANICIEN/ GARAGISTE/ CHAUFFEUR 19 20 MENAGERE EMPLOYEE 21 ORPAILLEUSE 22 OUVRIER INDUSTRIEL 23 PECHEUR 24 PHARMACIENNE 25	

		PETIT COMMERCE* 26 PUISATIER* 27 RESTAURATRICE 28 SAGE FEMME/ACCOUCHEUSE AUX 29 VENDEUSE ANIMAUX/ PDT AGRI* 30 VENDEUSE DIVERS PRODUITS * AUTRE : _____	
209	VOTRE PARCELLE OU MENAGE POSSEDE T-IL UNE RADIO FONCTIONNELLE ?	OUI, DANS PARCELLE 1 OUI, DANS MENAGE 2 NON 3	
210	<u>EN DEHORS D'AUJOURD'HUI, QUAND AVEZ-VOUS ECOUTE LA RADIO POUR LA DERNIERE FOIS ?</u>	HIER 1 DANS LES 7 DERNIERS JOURS 2 PLUS DE 7 JOURS DE CELA 3 JAMAIS 4 NE SAIT PAS 5	SI « JAMAIS », PASSEZ A Q214
211	<u>AU COURS DES 7 DERNIERS JOURS, QUELLES STATIONS DE RADIO AVEZ-VOUS ECOUTE?</u> <i>Instruction : Plusieurs réponses possibles</i> Si la radio déclarée n'est pas écoutable dans la zone, creusez. Si la femme apporte une explication plausible, inscrivez la radio dans la catégorie "autre".	RTGA 1 Radio Avenir 2 Top Congo FM 3 Radio Tele Message de Vie 4 Radio Maria Kinshasa 5 Ratelki FM 6 Radio Raga FM 7 Radio Kintuadi 8 Mirador FM 9 RTNC Chaîne Kinshasa 10 Radio Kinshasa 3 11 BBC World Service 12 Radio Tele Armee del'Eternel 13 Radio Univers FM 14 RTKM Radio Rele Kin Malebo 15 Radio Sentinelle 16 Radio Liberte Kinshasa 17 Radio JD FM 18 Radio Elikya 19 MBC Malebo Broadcast Channel 20 Business Radio Africa, Tropicana FM 21 RTBF International 22 Mengembo FM 23 RTCN La Radio Nationale Congolaise 24 Radio Methodiste Lokole 25 Radio Tele Puissance 26 Congo Web FM 27 Radio Canal CVV 28 Radio Shalom Afica 29 Radio Okapi 30 Radio Parole Eternelle 31 Radio ECC 32 Radio Sango Malamu 33 Radio France International Afrique (RFI1) 34 Reveil FM 35 Digital Congo FM 36 Canal Futur 37 B-One 38 Mishapi Voice 39 RTACK 40 Radio 7 41 Afrika FM 42 RTDVH 43	

		CEBS 44 Radio Central 45 RTVS1 46 Kin 24 47 RCI (Chine) 48 DRTV 49 Radio Congo 50 MN Radio 51 JE N'AI PAS ECOUTE LA RADIO LES 7 52 DERNIERS JOURS 53 AUTRES	
212	A QUEL(S) MOMENT(S) DE LA JOURNEE AVEZ-VOUS L'HABITUDE D'ECOUTER CETTE OU CES RADIOS ? <i>Instruction : Plusieurs réponses possibles</i>	TÔT LE MATIN, DE 6h A 8h..... DANS LA MATINEE, DE 9h A 12h..... 1 LE MIDI, DE 13h A 15h..... 2 L'APRES-MIDI, DE 16 A 18h..... 3 DANS LA SOIREE, DE 19h ET PLUS..... 4 5	
213	LA DERNIERE FOIS QUE VOUS AVEZ ECOUTE LA RADIO, DANS QUEL ENDROIT ETIEZ-VOUS ?	DANS LE MENAGE..... 1 DANS LA PARCELLE..... 2 CHEZ DES VOISINS, AMIS..... 3 DANS LA VOITURE..... 4 AUTRE : _____ 5 NE SAIT PAS 6	
214	VOTRE PARCELLE OU MENAGE POSSEDE-T-IL UN TELEPHONE PORTABLE?	OUI, DANS PARCELLE 1 OUI, DANS MENAGE 2 3 NON.....	
215	POSSÉDEZ-VOUS UN TÉLÉPHONE PORTABLE ?	NON..... 0 OUI..... 1	
216	VOTRE PARCELLE OU MENAGE POSSEDE-T-IL UN POSTE DE TELEVISION FONCTIONNEL ?	OUI, DANS PARCELLE 1 OUI, DANS MENAGE 2 NON..... 3	
217	EN DEHORS D'AUJOURD'HUI, QUAND AVEZ-VOUS REGARDE LA TELEVISION POUR LA DERNIERE FOIS ?	HIER..... DANS LES 7 DERNIERS JOURS..... 1 PLUS DE 7 JOURS DE CELA 2 3 JAMAIS 4 5 NE SAIT PAS	
218	AU COURS DES 7 DERNIERS JOURS, QUELLES STATIONS DE TELEVISION AVEZ-VOUS REGARDE? <i>Instruction : Plusieurs réponses possibles.</i>	AMEN TV 1 Antenne A 2 Tropicana TV 3 CMB TV 4 Radio Television Message de Vie (RTMV) 5 RTNC1 6 RTNC2 7 RTNC3 8 RTNC4 9 Raga TV 10	

		Raga+ 11 Television Kin Malebo 12 CVV 13 Nzondo TV 14 Radio Television Catholique Elikya (RTCE) 15 Radio Television Sentinelle 16 Radio Television Puissance (RTP) 17 Canal Future 18 RTGA 19 Radio Television Kintuadi (RTK) 20 Radio Television armee de l'eternel (RTAE) 21 Radio Television La Voix de L'aigle (RTVA) 22 B-One 23 Canal Kin (CKTV) 24 Molière TV 25 Direck TV 26 Couleurs TV 27 Baraka TV 28 Kin 24 29 Canal Mercure 30 CMB Digi 31 Ratelki 32 Mirador 33 Tele50 CNTV 34 Tele7 35 Horizon 33 36 Congo Web 37 CEBS 38 BRT Africa 39 Hope TV 40 Africa TV 41 Digital Congo 42 RTDV 43 RTACK 44 AS TV 45 RTVS1 46 RTLV 47 Tele Congo 48 ESTV 49 DRTV Force One 50 CCTV (chinois) 51 DRTV Internationle 52 FRTDH 53 Top TV 54 Canal Benediction 55 JE N'AI PAS REGARDE LA TELEVISION LES 7 DERNIERS JOURS 56 AUTRES 57	
219	QUELLE EST VOTRE SITUATION MATRIMONIALE ?	MARIEE POLYGAME 1 MARIEE MONOGAME 2 UNION LIBRE 3 CELIBATAIRE 4 DIVORCEE / SEPAREE 5 VEUVE 6	SI 1, PASSEZ A Q220 SI 2 OU 3 OU 4 OU 5 OU 6, PASSEZ A LA SECTION 3
220	ETES-VOUS LA 1 ^{ière} , 2 ^{nde} , 3 ^{ième} OU ... FEMME DE VOTRE MARI ?	RANG DE LA FEMME..... <input type="checkbox"/>	

SECTION 3 : SANTE DE LA MERE, GROSSESSES & PREFERENCES DE FERTILITE

Introduction : J'aimerais maintenant vous poser des questions sur toutes les naissances que vous avez eues durant votre vie et sur le planning familial – les façons ou méthodes qu'un couple peut utiliser pour retarder ou éviter de tomber enceinte.				
N°	QUESTIONS ET FILTRES	MODALITES	CODES	PASSER A
300	ETES VOUS ENCEINTE ACTUELLEMENT ?	NON..... OUI..... NE SAIT PAS.....	0 1 8	SI OUI, PASSEZ A Q300A. SI NON, PASSEZ A Q301
300a	DE COMBIEN DE MOIS ETES-VOUS ENCEINTE ? <i>Saisir -88 si ne sait pas ou -99 si pas de réponse.</i>	NOMBRE DE MOIS :		PASSEZ A Q303
301	FAITES VOUS, VOUS OU VOTRE MARI/ COMPAGNON, ACTUELLEMENT QUELQUECHOSE OU UTILISEZ-VOUS UNE METHODE POUR RETARDER OU EVITER UNE GROSSESSE ?	NON..... OUI.....	0 1	SI NON, PASSEZ A Q303
302	QUELLE(S) METHODE(S) UTILISEZ-VOUS ? <i>Instruction : Plusieurs réponses possibles Ne lisez pas les réponses à voix haute. Définitions :</i> - <u>Collier du cycle</u> : Collier dans le quel chaque perle représente un jour du cycle de la femme Similaire à la <u>méthode du rythme</u> (sans collier) - <u>MAMA</u> : Méthode de l'allaitement maternel et de l'aménorrhée	COLLIER DU CYCLE/METHODE DES JOURS FIXES... CONDOM MASCULIN CONDOM FEMININ DIAPHRAGME DISPOSITIF INTRA-UTERIN/STERILET IMPLANT INJECTABLE MAMA METHODE DU RYTHME MOUSSE/GELEE PILULE PILULE DU LENDEMAIN..... RETRAIT AUTRE : _____	A B C D E F G H I J K L M N	
303	COMBIEN DE FOIS AVEZ-VOUS DONNE NAISSANCE ? <i>Saisir -88 pour ne sait pas ou -99 pour pas de réponse. 0 est une réponse possible.</i>	NOMBRE DE NAISSANCE (S) :		SI 0, ALLER A Q307
304	TOUTES CES NAISSANCE ONT-ELLES ETE DES NAISSANCE VIVANTES (IL N'Y A PAS EU DE MORT-NE) ?	OUI NON	1 0	
305	QUAND AVEZ-VOUS EU VOTRE PREMIERE NAISSANCE VIVANTE ? <i>Saisir la date de la premier naissance. Celle-ci peut être calculée en remontant le temps a partir d'évènements mémorables si nécessaire.</i>	MOIS	ANNEE	
306	QUAND AVEZ-VOUS EU VOTRE DERNIERE NAISSANCE VIVANTE ? <i>Saisir la date de la naissance la plus récente. Celle-ci peut être calculée en remontant le temps a partir d'évènements mémorables si nécessaire.</i>	MOIS	ANNEE	
307	JE VOUDRAIS MAINTENANT VOUS POSER QUELQUES QUESTIONS SUR LE FUTUR. AIMERIEZ-VOUS AVOIR UN/UN NOUVEL ENFANT OU PREFEREZ-VOUS NE PAS/PLUS AVOIR D'ENFANT ?	AVOIR UN AUTRE ENFANT NE PLUS EN AVOIR NE PEUT PLUS CONCEVOIR INDECISE/NE SAIT PAS	1 2 3 -88	
308	QUI INFLUENCE VOS DECISIONS CONCERNANT LE NOMBRE D'ENFANTS QUE VOUS VOULEZ AVOIR ? <i>Instruction : Plusieurs réponses possibles</i>	MOI-MEME MON MARI / PARTENAIRE MOI ET MON MARI / PARTENAIRE AUTRES MEMBRES DE LA FAMILLE MES AMIS LES MEDIAS NE SAIT PAS AUTRE : _____	1 2 3 4 5 6 7 8	
309	COMBIEN DE TEMPS SOUHAITEZ-VOUS ATTENDRE	NOMBRE DE MOIS :		

	ENTRE VOTRE DERNIER ET VOTRE PROCHAINE NAISSANCE ?		
310	COMBIEN DE MOIS ESPACE PENSEZ-VOUS DEVRAIT IDEALEMENT AVOIR ENTRE DONNER NAISSANCE A UN ENFANT ET DONNER NAISSANCE A L'ENFANT A COTE ?	NOMBRE DE MOIS :	
311	J'AIMERAIS MAINTENANT VOUS POSER DES QUESTIONS SUR VOTRE DERNIER NAISSANCE. QUAND VOUS ETES TOMBEE ENCEINTE, AVIEZ- VOUS VOULU ATTENDRE UN PEU PLUS, OU EST-CE QUE VOUS NE VOULIEZ PAS/PLUS AVOIR D'ENFANTS DU TOUT ?	A CE MOMENT 1 PLUS TARD 2 NE PLUS AVOIR D'ENFANTS 3 NE SAIT PAS/PAS DE REPONSE/ PAS APPLICABLE 4	
312	AVEZ-VOUS DEJA FAIT OU ESSAYE QUELQUE CHOSE POUR RETARDER OU EVITER DE TOMBER ENCEINTE ?	OUI 1 NON 0	SI 0, ALLER A Q314
313	QUELLE METHODE AVEZ-VOUS UTILISE POUR RETARDER OU EVITER UNE GROSSESSE POUR LA PREMIERE FOIS ? <i>Ne lisez pas les réponses à voix haute.</i> <i>Définitions :</i> <i>- Collier du cycle : Collier dans le quel chaque perle</i> <i>représente un jour du cycle de la femme</i> <i>Similaire à la méthode du rythme (sans collier)</i> <i>MAMA : Méthode de l'allaitement maternel et de l'aménorrhée</i>	COLLIER DU CYCLE / METHODE DES JOURS FIXES A CONDOM MASCULIN B CONDOM FEMININ C DIAPHRAGME D DISPOSITIF INTRA-UTERIN/STERILET E IMPLANT F G INJECTABLE H MAMA I J METHODE DU RYTHME K MOUSSE/GELEE L PILULE M PILULE DU LENDEMAIN N RETRAIT AUTRE : _____	
314	PENSEZ-VOUS QUE VOUS UTILISEREZ UNE METHODE CONTRACEPTIVE POUR RETARDER OU EVITER DE TOMBER ENCEINTE DANS LA FUTURE ?	OUI 1 NON 0 PAS DE REPONSE -99	
315	DANS LE 6 DERNIERS MOIS, AVEZ-VOUS UTILISE UNE METHODE OU FAIT QUELQUE CHOSE POUR RETARDER OU EVITER DE TOMBER ENCEINTE ?	OUI 1 NON 0 PAS DE REPONSE -99	
316	SI VOUS N'UTILISEZ PAS LA CONTRACEPTION, QUELLES SONT LES RAISONS PRINCIPALES ? <i>Instruction : Plusieurs réponses possibles</i>	PAS DE RAISONS (UTILISATIONS 1 CONTRACEPTION) 2 OCCASIONNEL SEX / MARI EST ABSENT 3 EST DEVENUE ENCEINTE LORS DE 4 L'UTILISATION 5 VOULAIT DEVENIR ENCEINTE 6 MARI / PARTENAIRE DESAPPROUVE 7 DESIRE METHODE PLUS EFFICACE 8 PROBLÈMES DE SANTÉ 9 PEUR D'EFFETS SECONDAIRES 10 MANQUE D'ACCÈS / TROP LOIN 11 COUTE TROP CHER 12 PEU PRATIQUE A UTILISER 13 FATALISTE 14 CROYANCES RELIGIEUSES 15 DIFFICILE DE TOMBE 16 ENCEINTE/MÉNOPAUSIQUE 17 INTERFERE AVEC LES PROCESSUS DE 18 CORPS AUTRES	

		NE SAIT PAS PAS DE RÉPONSE	
317	OU AVEZ-VOUS OBTENU LA CONTRACEPTION (METHODE LA PLUS RECENT/METHODE ACTUELLE) QUAND VOUS AVEZ COMMENCE A L'UTILISER ? <i>Instruction : Plusieurs réponses possibles</i>	SECTEUR PUBLIC : HOPITAL PROVINCIAL 1 HOPITAL GENERAL DE REFERENCE 2 CENTRE DE SANTE DE REFERENCE 3 CENTRE DE SANTE 4 POSTE DE SANTE 5 SECTEUR MEDICAL PRIVE : HOPITAL/CLINIQUE PRIVE(E) 6 PHARMACIE 7 MEDECIN PRIVE 8 CLINIQUE MOBILE (SECTEUR PROVE) 9 TRAVAILLEUR DE TERRAIN/EDUCATEUR 10 MATERNITE 11 AUTRES SOURCES : BOUTIQUE/MARCHE/SUPERMARCHE 12 INSTITUTION RELIGIEUSE 13 AMI(E)/PARENT 14 AUTRE 15 NE SAIT PAS 16	
318	AVEZ-VOUS COMMENCE D'UTILISER LA CONTRACEPTION CES 6 DERNIERS MOIS ?	OUI 1 NON 0 PAS DE REPONSE -99	
319	DANS LES 6 DERNIERS MOIS, AVEZ-VOUS PAYE DES FRAIS POUR LES SERVICES DE PLANNING FAMILIAL (Y COMPRIS POUR VOTRE METHOD ACTUELLE/METHODE LA PLUS RECENTE) ?	OUI 1 NON 0 PAS DE REPONSE -99	
320	QUAND VOUS AVEZ OBTENU (METHODE LA PLUS RECENTE/ACTUELLE), LE PRESTATAIRE DE SERVICES VOUS A-T-IL PARLE DES EFFETS SECONDAIRES OU DES PROBLEMES QUE VOUS POURRIEZ AVOIR EN UTILISANT UNE METHODE POUR RETARDER OU EVITER LES GROSSESSES ?	OUI 1 NON 0 NE SAIT PAS -88 PAS DE REPONSE -99	SI 0 "non" ALLER A Q322
321	VOUS A-T-ON DIT CE QU'IL FALLAIT FAIRE EN CAS DE PROBLEMES OU D'EFFETS SECONDAIRES ?	OUI 1 NON 0 NE SAIT PAS -88 PAS DE REPONSE -99	
322	A CE MOMENT LA, LE PRESTATAIRE DE SERVICES VOUS A-T-IL PARLE D'AUTRES METHODES QUE VOUS POURRIEZ UTILISER ?	OUI 1 NON 0 NE SAIT PAS -88 PAS DE REPONSE -99	
323	PENDANT CETTE VISITE, AVEZ-VOUS OBTENU LA METHODE QUE VOUS SOUHAITIEZ POUR EVITER OU RETARDER LES GROSSESSES ?	OUI 1 NON 0 NE SAIT PAS -88 PAS DE REPONSE -99	SI OUI ALLER A Q325
324	POURQUOI N'AVEZ-VOUS PAS OBTENU LA METHODE QUE VOUS SOUHAITIEZ ?	RUPTURE DE STOCK CE JOUR LA 1 PAS DISPONIBLE 2 PRESTATAIRE PAS FORME POUR FOURNIR CETTE METHODE 3 PRESTATAIRE RECOMMANDAIT UNE AUTRE METHODE 4 PAS ELIGIBLE POUR CETTE METHODE 5 A DECIDE DE NE PAS UTILISER CETTE METHODE 6 METHODE 7 TROP CHER 8 AUTRE	
325	PENDANT CETTE VISITE, QUI A PRIS LA DECISION FINALE SUR LA METHODE ADOPTEE ?	VOUS SEULEMENT 1 FOURNISSEUR 2 PARTENAIRE 3	

		VOUS ET FOURNISSEUR	4	
		VOUS ET PARTENAIRE	5	
		AUTRE	6	
326	DANS LES 6 DERNIERS MOIS, AVEZ-VOUS PARLE A L'AGENT DE SANTE SUR LA PLANIFICATION FAMILIALE ET/OU LA CONTRACEPTION ?	OUI	1	
		NON	0	
		PAS DE REPONSE	-99	
327	DANS LES 6 DERNIERS MOIS, AVEZ-VOUS PARLE AVEC VOTRE PARTENAIRE/MARI SUR LA PLANIFICATION FAMILIALE ET/OU LA CONTRACEPTION ?	OUI	1	
		NON	0	
		PAS DE REPONSE	-99	
328	DANS LES 6 DERNIERS MOIS AVEZ-VOUS:			
	A) ENTENDU PARLER DE PLANIFICATION FAMILIALE SUR LA RADIO?	OUI	NON	
	B) VU QUELQUE CHOSE LA PLANIFICATION FAMILIALE SUR LA TELEVISION?	OUI	NON	
	C) A LIRE LA PLANIFICATION FAMILIALE DANS UN JOURNAL OU UN MAGAZINE ?	OUI	NON	

SECTION 4 : CONNAISSANCE, SENSIBILISATION ET INTENTIONS			
Introduction : J'aimerais maintenant vous poser des questions générales sur quelques thèmes de la contraception et planification familiale.			
N°	QUESTIONS ET FILTRES	MODALITES	CODS S PASSER A
400	<p>POUR la bonne SANTE MATERNELLE ET INFANTILE, COMBIEN DE TEMPS FAUT-IL ATTENDRE APRES LA NAISSANCE D'UN ENFANT AVANT D'ESSAYER D'AVOIR UN AUTRE ?</p>	<p><12 MOIS.....</p> <p>12 A 17 MOIS.....</p> <p>18 A 23 MOIS.....</p> <p>..</p> <p>DEUX ANS OU PLUS.....</p> <p>NE SAIT PAS.....</p> <p>AUTRE :</p>	<p>A</p> <p>B</p> <p>C</p> <p>D</p> <p>E</p> <p>F</p>
401	<p>POUVEZ-VOUS ME DIRE LES NOMS DES METHODES DE CONTRACEPTION QUE VOUS CONNAISSEZ?</p> <p><i>Instruction : Plusieurs réponses possibles</i></p> <p><i>Définitions :</i></p> <ul style="list-style-type: none"> - <u>Collier du cycle</u> : Collier dans le quel chaque perle représente un jour du cycle de la femme Similaire à la <u>méthode du rythme</u> (sans collier) - <u>MAMA</u> : Méthode de l'allaitement maternel et de l'aménorrhée 	<p>COLLIER DU CYCLE /METHODE DES JOURS FIXES.....</p> <p>CONDOM MASCULIN</p> <p>CONDOM FEMININ</p> <p>DIAPHRAGME</p> <p>DISPOSITIF INTRA-UTERIN/STERILET</p> <p>IMPLANT</p> <p>INJECTABLE</p> <p>MAMA</p> <p>METHODE DU RYTHME</p> <p>MOUSSE/GELEE</p> <p>PILULE</p> <p>PILULE LENDEMAIN.....</p> <p>RETRAIT</p> <p>AUTRE :</p>	<p>A</p> <p>B</p> <p>C</p> <p>D</p> <p>E</p> <p>F</p> <p>G</p> <p>H</p> <p>I</p> <p>J</p> <p>K</p> <p>L</p> <p>M</p> <p>N</p>
402	<p>OU POUVEZ-VOUS ALLER POUR OBTENIR LA CONTRACEPTION ?</p> <p><i>Instruction : Plusieurs réponses possibles</i></p>	<p><i>SECTEUR PUBLIC :</i></p> <p>HOPITAL PROVINCIAL 1</p> <p>HOPITAL GENERAL DE REFERENCE 2</p> <p>CENTRE DE SANTE DE REFERENCE 3</p> <p>CENTRE DE SANTE 4</p> <p>POSTE DE SANTE 5</p> <p><i>SECTEUR MEDICAL PRIVE :</i></p> <p>HOPITAL/CLINIQUE PRIVE(E) 6</p> <p>PHARMACIE 7</p> <p>MEDECIN PRIVE 8</p> <p>CLINIQUE MOBILE (SECTEUR PROVE) 9</p> <p>TRAVAILLEUR DE TERRAIN/EDUCATEUR 10</p> <p>MATERNITE 11</p> <p><i>AUTRES SOURCES :</i></p> <p>BOUTIQUE/MARCHE/SUPERMARCHE 12</p> <p>INSTITUTION RELIGEUSE 13</p> <p>AMI(E)/PARENT 14</p> <p>AUTRE 15</p> <p>NE SAIT PAS 16</p>	

N°	QUESTIONS ET FILTRES	MODALITES	CODES
500	<p>Avez-vous déjà entendu les messages sur l'espacement des naissances/grossesses en utilisant une méthode moderne de contraception sur la radio ?</p>	<p>NON</p> <p>OUI</p> <p>NE SAIT PAS</p>	<p>0</p> <p>1</p> <p>8</p> <p>SI NON OU NSP, PASSEZ A Q503</p>

501	Avez-vous entendu les spots qui sont marqués avec un bébé rire ?	NON 0 OUI 1 NE SAIT PAS 8	
502	EN ECOUTANT CES MESSAGES AVEZ-VOUS APPRIS QUELQUE CHOSE SUR LA PLAINIFICATION FAMILIALE ET/OU L'UTILISATION DE METHODES MODERNES DE CONTRACEPTION?	NON 0 OUI 1 NE SAIT PAS 8	
503	Avez-vous déjà vu les messages sur l'espacement des naissances/grossesses en utilisant une méthode moderne de contraception <u>sur la télévision</u> ?	NON 0 OUI 1 NE SAIT PAS 8	SI NON OU NSP, PASSEZ A Q507
504	Avez-vous déjà vu les messages sur l'espacement des naissances/grossesses en utilisant une méthode moderne de contraception sur la télévision, <u>qui a présenté le caractère de « Saisai »</u> ?	NON 0 OUI 1 NE SAIT PAS 8	
505	Avez-vous déjà vu les messages sur l'espacement des naissances/grossesses en utilisant une méthode moderne de contraception sur la télévision, <u>qui a présenté les bonobos</u> ?	NON 0 OUI 1 NE SAIT PAS 8	
506	EN VOYANT CES MESSAGES AVEZ-VOUS APPRIS QUELQUE CHOSE SUR LA PLAINIFICATION FAMILIALE ET/OU L'UTILISATION DE METHODES MODERNES DE CONTRACEPTION?	NON 0 OUI 1 NE SAIT PAS 8	
REMERCIEZ LA PERSONNE INTERROGEE POUR LE TEMPS QU'ELLE A BIEN VOULU VOUS ACCORDER.			
L'ENQUETE A TERMINE, MAIS IL VOUS RESTE 4 QUESTIONS A COMPLETER EN DEHORS DE LA MAISON.			
507	RESULTAT DE L'ENTRETIEN Définitions : - <i>Un questionnaire est incomplet si la femme a refusé de répondre à certaines questions, si l'entretien a été interrompu, ...</i> - <i>Une incapacité à répondre est due à une surdité, mutisme, déficience mentale, maladie, vieillesse</i>	QUESTIONNAIRE COMPLET /TERMINE 1 2 QUESTIONNAIRE INCOMPLET 3 INCAPACITE A REPONDRE 4 REFUS DE PARTICIPER 5 PAS A LA MAISON 5	
508	DATE DE L'ENTRETIEN		__/__/20__
509	HEURE DE DEBUT DE L'ENTRETIEN		HEURES..... MINUTES.....
510	HEURE DE FIN DE L'ENTRETIEN		HEURES..... MINUTES.....