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Guidance document on the use of opinion polls and vignettes to measure public opinion, attitudes and behavioural intentions related to female genital mutilation

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GUIDANCE DOCUMENT ON THE USE OF OPINION POLLS AND VIGNETTES TO MEASURE PUBLIC OPINION, ATTITUDES AND BEHAVIOURAL INTENTIONS RELATED TO FEMALE GENITAL MUTILATION

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The Population Council is implementing the FGM Data Hub— the data and measurement arm of the United Kingdom's Foreign, Commonwealth & Development Office (FCDO) flagship programme, 'Support to the Africa-Led Movement (ALM) to End Female Genital Mutilation.' Working closely with the larger technical support arm of FCDO's flagship programme, the Data Hub is providing the ALM and the global community with evidence to inform the design, implementation, adaptation, and scaling of effective strategies to end FGM.



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Acknowledgement

We appreciate the input provided by various experts with experience in measurement of illegal or stigmatised behaviours that led to the development of this guidance document. We are grateful for the support received from implementers of end-FGM interventions across Kenya, including from The Girl Generation – Africa-led Movement (TGG-ALM) to End FGM. The guidance document was also informed by findings from a pilot of the tool in Isiolo County of Kenya. The pilot study, stakeholder engagements and preparation of this guidance document were led by the FGM Data Hub, which is funded by the United Kingdom's Foreign, Commonwealth & Development Office (FCDO) to provide TGG-ALM and the global community with evidence to inform the design, implementation, adaptation, and scaling of effective strategies to end FGM. The views expressed in this document are, however, those of the authors and do not necessarily reflect the opinions of FCDO, the experts, programme implementers or the FGM Data Hub.

List of acronyms

FCDO	Foreign, Commonwealth and Development Office
FGM	Female Genital Mutilation
KDHS	Kenya Demographic and Health Survey
ODK	Open Data Kit
TGG-ALM	The Girl Generation – Africa-Led Movement to end FGM
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund

Background

Over the years, significant effort has gone into understanding the contextual drivers of female genital mutilation (FGM). While evidence on the drivers of FGM has been expanding, programmes implementing interventions designed to end FGM have had challenges in measuring social change, ranging from the documentation and description of how change occurs, to the measurement of changes in FGM practice and attitudes (1,2). Standardised indicators that are comparable across time and contexts are key to measuring change (1), and to the development of theories of change on how and why change occurs. In 2020, the UNFPA–UNICEF Joint Programme on the elimination of FGM developed a compendium of indicators that can be used to measure changes in social norms related to FGM (3). Additionally, the compendium provides a monitoring and evaluation framework to facilitate adaptive programming and learning around social norm change. To build further on this development, the FGM Data Hub, funded by the Foreign, Commonwealth and Development Office (FCDO) and implemented by the Population Council, is actively supporting implementing partners by providing technical assistance for the design of monitoring, evaluation and learning questions that meet their needs; gathering quality evidence to help answer these questions; and providing tools, and capacity-strengthening to support interventions geared towards ending FGM.

This guidance document is part of the FGM Data Hub’s effort to address challenges encountered by programme implementers in measuring change (specifically, unstandardised measurement indicators and complex surveys) and the effect of social desirability in the context of FGM. The process leading to the development of this guidance involved piloting a simple opinion poll survey using a combination of direct (self-report) and indirect (vignettes about others) questioning methodologies to generate robust data to measure public views on FGM. While opinion polls have been widely used in market research and to measure public views on other stigmatised or illegal behaviours such as abortion (4–7), they have rarely been used in the FGM context. In one instance where opinion polls were used in the FGM context, the study used the traditional direct method of questioning, which limited its ability to address the social desirability bias (8). With regards to the use of vignettes, a number of studies have used this approach in the FGM context, especially in qualitative research (9–11), but its use in quantitative research is limited.

The evidence generated from piloting the tool was shared with a team of experts in the measurement of illegal or stigmatised behaviours during a half-day virtual convening to provide feedback on the application of the tool. The evidence and the tool were further reviewed by end-FGM programme implementers from The Girl Generation-Africa-led Movement to End FGM (TGG-ALM) during a workshop held in Nairobi in November 2023. This guide and the accompanying tool have been informed by feedback obtained from those engagements.

Purpose of the tool

The primary end-users for this tool are programme implementers who can use it to generate robust data on support for FGM abandonment, attitudes towards FGM, and intentions to perform FGM. This data can be used to assess whether programme implementers’ interventions are contributing to changes in attitudes and behaviours related to FGM, and eventually, reductions in the occurrence of and support for the practice. The tool is therefore deliberately brief and straightforward for ease of deployment by programme implementers. The tool can equally be adapted for research purposes, with the addition of questions that are tailored towards answering specific research questions which go beyond assessing support, attitudes and behavioural intentions related to FGM.

Organization of the tool

The tool is organized in three broad sections:

- Metadata
- Background characteristics of the respondent
- Questions on female genital mutilation

Metadata

The metadata section of the tool captures basic information about the context in which the information is collected, including location, date of collecting information, language used to capture information, the outcome of the interview, and an identifier for the person who captures the information. A system of creating a unique identifier for information pertaining to a particular respondent should also be developed so that such information could be accurately pinpointed once combined with information collected from other respondents. This could, for instance, include a combination of codes generated to represent interview location, the person collecting the information, and the respondent based on the sequencing of interviews conducted by the same individual. For instance, suppose location X is represented by code 100, interviewer Y is represented by code 01, and the first respondent that Y interviews is represented by code 001. Using this information, the unique identifier for the interviewee can be generated by combining the numbers as 10001001.

Background characteristics of the respondent

This section captures the basic characteristics of the individual providing information, including age, education level, marital status, ethnicity¹, religion, duration of residence at the location of interview (to provide an indication of exposure to prevailing cultural practices), and number of children (sons and daughters) born alive (to provide an indication of the number of girls who are likely to be at risk of experiencing FGM). As a means of capturing some of the intersecting vulnerabilities of girls at risk of FGM. The section further captures information on the disability status of the respondent based on the [Washington Group Questions on Disability](#). The information captured in this section is important as it helps describe the types of people with different opinions, attitudes and intentions related to FGM.

Questions on female genital mutilation

This section is divided into three parts:

- The first part begins with a vignette (story) about a girl in the community who has not undergone FGM² but faces pressure to do so. It is followed by questions that refer to the vignette to assess opposition or support for FGM abandonment at various socio-ecological levels (individual, immediate family, extended family, friends and peers, community members, opinion leaders, and general society).

¹ In certain settings, questions on ethnicity can be sensitive and should therefore be considered optional.

² We deliberately used the term female circumcision and not female genital mutilation (FGM) in the tool as that is the term community members understand and can relate to. Users of the tool should use a terminology that resonates with the study population.

- The second part captures information on attitudes towards girls who have experienced FGM and those who have not. It presents hypothetical scenarios of an average girl in the community who HAS undergone FGM (scenario 1) / has NOT undergone FGM (scenario 2). It is followed by statements on whether the respondent thinks a girl who has undergone or not undergone FGM is healthy, clean, pure, equal to other females, and modern. The respondent is expected to rate these statements based on his/her agreement or disagreement.
- Part three captures information on behavioural intentions, i.e., whether the respondent is likely to perform FGM in future, and the likelihood of men in the community marrying women who have not undergone FGM. The respondent is presented with two hypothetical scenarios depicting a daughter at risk of undergoing FGM and the likelihood of the respondent facilitating the process, and a girl who has not undergone FGM and the possibility of her getting married.

Methodological considerations

Target population

The tool is primarily targeted at women and men who are within the age range permitted to participate in research by the prevailing guidelines in a particular setting. In most cases, these are individuals aged 15 years or older. However, certain guidelines in some settings allow individuals as young as 12 years to participate with consent from parents/guardians and assent from the minor. The focus on both male and female respondents is to ensure that the tool is able to measure the support for FGM abandonment, attitudes towards FGM and behavioural intentions related to FGM at a population level.

Sampling and sample sizes

Given that the tool is intended to be applied in programme settings, implementers can target the beneficiaries participating in their programmes. It may be resource intensive to administer the tool to all beneficiaries participating in a programme. However, implementers may target subsets of respondents representing various sub-groups from among the beneficiaries based on such characteristics as age, marital status, economic background, religious/cultural affiliation, and disability status. There is general consensus among statisticians that in quantitative studies, depending on the category of respondents, a minimum sample size of 100 respondents is needed to have statistical power to achieve meaningful results.

Data capture

The tool is in English and should be translated into the language(s) that is/are most commonly spoken in the setting where it is applied. If resources allow, back-translation into English should be done by an individual who has not seen the original English version in order to determine if any meanings were lost in the process of translating the tool. The vignettes (stories) and hypothetical scenarios should be adapted to the local context to make it easy for study respondents to comprehend. The tool should be administered by individuals who have been taken through training on how to administer it. Such training can take around 2-5 days covering topics such as the study design, ethical considerations in research, review of the study questionnaire and consent/assent forms, and conducting mock interviews before data collection. Interviewers administering the tool

should be of the same gender as interviewees. They should also, ideally, be experienced in conducting interviews within the study site, and with the target populations. For ease of administration, the tool should be programmed in specialised survey software such as Open data Kit (ODK) or SurveyCTO for use on mobile devices such as phones or on tablets with the Android operating system. This saves on resources that would be spent on printing the tool and entering the data in a database once it is collected. It also allows for skip pattern programming, consistency checks programming, and validation of entered data. The frequency of data capture can be at least twice in a year to capture changes in support, attitudes and behavioural intentions that occurred after implementation of relevant project interventions.

Data management

For efficient data management, it is recommended that data be collected electronically. For data captured electronically (such as through phones or tablets), a dedicated secure server should be set up where interviewers transmit collected data at the end of each day. Interviewers should be provided with bundles to enable them set up hotspots for connection to the server to avoid using public Wi-Fi, which can expose the information to privacy breaches. If data is captured on paper, a system should be put in place to review the entries for consistency before data entry. In that case, a database for entering the data needs to be set up, and a sample of the data needs to be entered twice by different individuals to check for the accuracy of the entered data.

Data analysis

We recommend the use of the UNFPA-UNICEF ACT framework (3) to guide the incorporation of any extensions/enhancements to the tool, in addition to data analysis. The ACT framework facilitates creating a holistic picture of the pathway of change towards FGM abandonment through addressing the social norms that uphold FGM. It incorporates a social-ecological perspective by situating the individual-level factors of knowledge, attitudes and practices within the broader environmental/societal context, as well as accounting for multiple levels of influence. The ACT framework developed indicators for assessing three key constructs: (i) what people know (people’s knowledge about FGM), (ii) what people feel (attitudes towards FGM) and (iii) what people do (FGM-related behaviours). The three constructs (knowledge, attitudes and behaviours) are interdependent, and their measurement is key in identifying the pathways to change.

In the tool described here, we specifically capture and assess the second construct – “what people feel” – by adapting indicators that focus on measuring support for FGM abandonment (personal support for FGM abandonment and beliefs about the support of one’s social network for FGM); perceptions towards girls that have and have not undergone FGM; and behavioural intent—a precursor to enacting behaviour (intention to have FGM performed on one’s own daughters and willingness of men to marry women who have not undergone FGM). Data analysis will entail generating descriptive statistics³ (frequencies and percentages) as illustrated in the table below:

Construct	Indicator
Personal support for FGM abandonment and beliefs about	<ul style="list-style-type: none"> Proportion of respondents who perceive that there is support (or a lack of support) for the continuation of FGM at various socio-ecological levels (individual, family, friends and peers, community members, opinion influencers and general society).

³ Given the large sample size of collected data, multivariate analysis can also be conducted to account for confounding factors and address issues of bias.

Construct	Indicator
social network's support for FGM	
Alignment between personal opinion and the entire social network's opinion on opposition to FGM continuation	<ul style="list-style-type: none"> Proportion of respondents who completely oppose continuation of FGM at an individual level versus the various socio-ecological levels (family, friends and peers, community members, opinion influencers and general society).
Attitude towards girls who have undergone FGM and those who have not	<ul style="list-style-type: none"> <u>Those that view girls who HAVE undergone FGM favourably:</u> Proportion of respondents who agree that a girl who has undergone FGM is healthy, clean, pure, equal to other females and modern. <u>Those that view girls who have NOT undergone FGM favourably:</u> Proportion of respondents who agree that a girl who has not undergone FGM is healthy, clean, pure, equal to other females and modern.
Intention to have FGM performed on daughters	<ul style="list-style-type: none"> Proportion of respondents who indicate they are likely to have FGM performed on a daughter who has come of age.
Marriageability of women who have not undergone FGM	<ul style="list-style-type: none"> Proportion of respondents who think that men in the community are likely to marry women who have not undergone FGM.

Ethical considerations and safeguarding

Ethical issues to consider when applying this tool primarily revolve around confidentiality, consent, and the potential for psychological trauma among those that have experienced FGM. In contexts where FGM is illegal (and, therefore, practised secretly) and/or a rigid social norm, interviewees risk being exposed to physical and other forms of harm from their communities for participating in an interview on the subject. Important safeguarding measures for mitigating this possibility include training interviewers to refer to the project/initiative as a “women and girls’ health” project/initiative, rather than as an “FGM” project/initiative. This discreet approach is justified for sensitive work related to women’s health and rights. Only the actual interviewees should be provided with detailed information about the contents of the tool.

A process of obtaining informed consent also needs to be built into the data-gathering exercise. Interviewees’ willingness to participate in responding to the tool’s questions should not be taken for granted. Rather, a clear process for ensuring that interviewees understand what participating in the data-gathering exercise involves – and are willing to participate (while understanding that they can change their mind about this at any time) – must be in place in advance. Interviewees who are minors (and not ‘emancipated’ due to already being married, or being the head of their household, for example) are not in a position to provide actual consent. Their parents or guardians must give permission for them to participate. Following parental or guardian consent, minors must also give their own assent to participate.

The tool's questions on FGM may also seem sensitive to interviewees who have experienced FGM and have unpleasant memories associated with this experience. These memories have the potential to lead to psychological trauma. The selection and training of interviewers is a key safeguarding measure in this case. In preparation for using the tool, the training of the interviewers should include sessions on how to listen intently without judgement; how to end interviews at the first sign of interviewees becoming upset or distressed; and how to refer interviewees in need of psychosocial support to specific community-based services. These services should be mapped out in advance of the interviews by programme implementers in collaboration with community leaders.

Resource considerations

Human resources

The number of interviewers needed to administer the tool depends on the target sample size and the daily anticipated output of each interviewer. Where respondents are not sparsely distributed, we recommend a daily target of 4 to 5 completed interviews given to each interviewer. In sparsely populated settings with long distances between respondents to be covered, we recommend a daily target of 2 to 3 completed interviews per interviewer. Interviewers who administer the tool should also be taken through training on how to administer the tool. There should also be a dedicated data manager to oversee consistency and validity checks, and troubleshooting during data collection. The data manager will equally oversee data cleaning and conduct the analysis. Considerations should also be made with respect to human resources needed to prepare the study report. Where these human resources are unavailable, partnerships with others (individuals, organizations) that can fill in any gaps should be considered well in advance.

Software

Managing and analysing the data generated by the tool can be performed using non-commercial statistical analysis software such as ODK, Excel or R. Where resources allow, commercial software such as SurveyCTO, SPSS, Stata® or any software with similar capabilities can be used.

Financial resources

The financial resources needed to administer the tool and manage and process the data depend on the target sample size, personnel needed (interviewers, data manager and report writer) needed, the going rates for such personnel in the contexts concerned, and whether non-commercial or commercial software is used. Where implementing partners lack these resources, they can outsource the functions to a consulting research firm or a research institution with proven record of delivering quality work.

Key strengths and assumptions

Key strengths of the tool

The tool is useful for generating evidence on public opinion, attitudes and intentions related to FGM in settings where the practice is illegal or stigmatised, leading to reluctance among respondents to report their honest views on FGM due to fear of legal and social repercussions. Opinion polls and

vignettes have been used to study similar sensitive, hidden, illegal or stigmatised behaviours such as abortion, with more robust outcomes.

Key assumptions of the tool

The key assumptions when applying the tool include the following:

- Indirectly posing questions to respondents through the use of vignettes that focus on the behaviour of a character in a story, rather than having respondent report on their own experiences regarding an illegal or stigmatised behaviour mitigates the effect of social desirability in reporting such behaviour. This should lead to better reporting and a more realistic picture of opinions, attitudes and behavioural intentions related to FGM.
- In measuring “what people feel,” the tool assumes that the respondent’s perceptions of support (or of the lack of support) for the continuation of FGM at family, friends and peers, community members, opinion influencers and general society reflect a realistic picture of such support (or lack thereof) at those socio-ecological levels. However, a respondent’s assessment of support at other socio-ecological levels other than the individual level remains a perception, and could therefore lead to an under- or over-estimate of the phenomenon. Employing a combination of direct and indirect questioning (see, for example, Matanda et al., 2023) can provide some level of confirmation on the extent to under- or overestimation is occurring (12).
- Applied in the context of an end-FGM programme at various time points, the tool captures information that provides an indication of the changes in public opinion, attitudes and behavioural intentions related to FGM in the course of the programme. It, however, does not capture information that allows for the attribution of any change, or lack thereof, to the programme concerned.

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Opinion Poll and Vignette Tool

Opinion Poll on Women and Girls' Health

METADATA	
PARTICIPANT'S UNIQUE IDENTIFICATION	[__ __ __ __ __ __ __]
INTERVIEW DATE	[__ __ __ __ __ __]
INTERVIEW RESULT*	[__ __]
LANGUAGE(S) USED TO CONDUCT INTERVIEW**	[__ __] [__ __] [__ __]
INTERVIEWER'S CODE	[__ __]
INTERVIEWER'S NAME	_____
*RESULT CODES: 01=COMPLETED; 02=PARTLY COMPLETED; 03=REFUSED; 04=INCAPACITATED; 05=NOT IN LOCALITY/NOT TRACED; 06=INELIGIBLE; 07=OTHER (SPECIFY)_____	
**LANGUAGE CODES: 01=ENGLISH; 02=KISWAHILI; 03=LOCAL LANGUAGE (SPECIFY)_____; 04=OTHER (SPECIFY)_____	

TIME INTERVIEW STARTED: [__|__:__|__]

[RECORD TIME IN 24-HOUR CLOCK]

INTRODUCTION

My name is _____. I work with [NAME OF IMPLEMENTING PARTNER] that implements programmes aimed at preventing or responding to [FEMALE GENITAL MUTILATION (FGM)] [**Note: use appropriate terminology for female genital mutilation as used in the community**] in this community. We are interested in learning about the practice of [FEMALE GENITAL MUTILATION]. This will help us improve our programmes to prevent or respond to the practice. You may find discomfort with some of the questions on female circumcision. You are free not to respond to questions that you are not comfortable with or to participate in discussions on the topic. All answers will be kept confidential and stored in a secure place. No names will be shared with anyone, in the community and the programme.

SECTION 1: BACKGROUND CHARACTERISTICS OF THE RESPONDENT

To begin, I'm going to ask you some background information. This will help us to describe the types of people with different opinions on the health of women and girls

NO.	QUESTION	RESPONSE OPTIONS	CODES	SKIP
Q100	In what month and year were you born?	Month	[_____]	
		Don't know month	98	
		Year	[_____]	
		Don't know year	9998	
Q101	How old are you now? [AGE IN COMPLETED YEARS]	Age (years)	[_____]	
		Don't know	98	
Q102	What is the highest level of schooling you attended? [DO NOT READ LIST. CIRCLE ONLY ONE RESPONSE]	Never attended school	0	
		Nursery/pre-unit	1	
		Primary incomplete	2	
		Primary complete	3	
		Secondary incomplete	4	
		Secondary complete	5	
		College/university incomplete	6	
College/university complete	7			
Q103	What is your marital status now? [DO NOT READ LIST. CIRCLE ONLY ONE RESPONSE]	Never married	1	
		Married/living together	2	
		Divorced/separated	3	
		Widowed	4	
Q104	What is your ethnic group/tribe? [OPTIONAL QUESTION GIVEN THE SENSITIVITY IN CERTAIN SETTINGS]	Embu	1	
		Kalenjin	2	
		Kamba	3	
		Kikuyu	4	
		Kisii	5	
		Luhya	6	
		Luo	7	
		Maasai	8	
		Meru	9	
		Mijikenda/Swahili	10	
		Somali	11	
		Taita/Taveta	12	
		Borana	13	
		Samburu	14	
Turkana	15			
Other (specify)	88			
Q105	What is your religion?	Roman Catholic	1	
		Protestant/Other Christian	2	
		Muslim	3	
		No religion	4	

		Other (specify) _____	888	
Q106	How long have you been living continuously in your current place of residence? [RECORD '00' IF LESS THAN ONE YEAR]	Years	[_____]	
		Always	95	
		Visitor	96	
Q107	How many children have you sired/given birth to who are alive in your lifetime?	Number of sons	[_____]	
		Number of daughters	[_____]	
		Total number of children	[_____]	
		None	95	
Now I am going to ask you some questions about your ability to do things that people do in everyday life. Please, tell me whether you cannot do them at all, you have some or a lot of difficulty doing them, or you have no difficulty at all				
Q108	Are you blind, or do you have serious difficulty seeing, even when wearing glasses?	Yes, cannot do at all	1	
		Yes, a lot of difficulty	2	
		Yes, some difficulty	3	
		No, no difficulty	4	
		Don't know	98	
Q109	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	Yes, cannot do at all	1	
		Yes, a lot of difficulty	2	
		Yes, some difficulty	3	
		No, no difficulty	4	
		Don't know	98	
Q110	Do you have serious difficulty walking or climbing stairs?	Yes, cannot do at all	1	
		Yes, a lot of difficulty	2	
		Yes, some difficulty	3	
		No, no difficulty	4	
		Don't know	98	
Q111	Do you have difficulty dressing or bathing?	Yes, cannot do at all	1	
		Yes, a lot of difficulty	2	
		Yes, some difficulty	3	
		No, no difficulty	4	
		Don't know	98	
Q112	Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as collecting firewood, collecting water or shopping?	Yes, cannot do at all	1	
		Yes, a lot of difficulty	2	
		Yes, some difficulty	3	
		No, no difficulty	4	
		Don't know	98	
Q113	Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?	Yes, cannot do at all	1	
		Yes, a lot of difficulty	2	
		Yes, some difficulty	3	
		No, no difficulty	4	
		Don't know	98	

SECTION 2: FEMALE GENITAL CUTTING

Now I would like to ask you some questions about a practice in which a woman or girl may be circumcised or have part of her genitals cut, pricked or interfered with for non-medical reasons. First I will read to you a story and later on ask you questions regarding your views based on the story.

STORY

A girl named [insert common name in the community] living in this community remains uncircumcised despite the pressure from her peer group and other relatives. Unlike most girls of her age who have been circumcised, **XXX** has faced several challenges: she has become the subject of gossip in the neighbourhood; her parents and relatives have repeatedly expressed their disapproval about her uncircumcised status. Lately, her parents have told her to make a choice: get circumcised and live with them or leave their house. **XXX** could not make up her mind about what she should do.

Opposition or Support for FGM Abandonment

Based on the story, on a scale of 1 to 5, where 1 is completely oppose and 5 is completely support:

Q200	How would you rate your opposition or support for XXX to be circumcised?	Completely oppose	1	
		Somewhat oppose	2	
		Neither oppose nor support	3	
		Somewhat support	4	
		Completely support	5	
		Don't know	98	
Q201	How would you rate your immediate family members' opposition to or support for XXX to be circumcised?	Completely oppose	1	
		Somewhat oppose	2	
		Neither oppose nor support	3	
		Somewhat support	4	
		Completely support	5	
		Don't know	98	
Q202	How would you rate your extended family members' opposition to or support for XXX to be circumcised?	Completely oppose	1	
		Somewhat oppose	2	
		Neither oppose nor support	3	
		Somewhat support	4	
		Completely support	5	
		Don't know	98	
Q203	How would you rate your friends' and peers' opposition to or support for XXX to be circumcised?	Completely oppose	1	
		Somewhat oppose	2	
		Neither oppose nor support	3	
		Somewhat support	4	
		Completely support	5	
		Don't know	98	
Q204	How would you rate your community members' opposition to or support for XXX to be circumcised?	Completely oppose	1	
		Somewhat oppose	2	
		Neither oppose nor support	3	
		Somewhat support	4	
		Completely support	5	
		Don't know	98	
Q205		Completely oppose	1	

	Thinking of other individuals whose opinion matters to you: How would you rate their opposition to or support for XXX to be circumcised?	Somewhat oppose	2	
		Neither oppose nor support	3	
		Somewhat support	4	
		Completely support	5	
		Don't know	98	
Q206	How would you rate the general society's opposition to or support for XXX to be circumcised?	Completely oppose	1	
		Somewhat oppose	2	
		Neither oppose nor support	3	
		Somewhat support	4	
		Completely support	5	
		Don't know	98	
Attitudes Towards Girls Who Have Had FGM and Those Who Have Not				
I would like you to think of [insert common name in the community], an average girl in this community who has undergone female circumcision . On a scale of 1 to 5, with 1 being strongly disagree and 5 strongly agree, to what extent do you agree or disagree with the following statements:				
Q207	YYY who has undergone circumcision is healthy	Strongly disagree	1	
		Disagree	2	
		Neutral	3	
		Agree	4	
		Strongly agree	5	
		Don't know	98	
Q208	YYY who has undergone circumcision is clean	Strongly disagree	1	
		Disagree	2	
		Neutral	3	
		Agree	4	
		Strongly agree	5	
		Don't know	98	
Q209	YYY who has undergone circumcision is pure	Strongly disagree	1	
		Disagree	2	
		Neutral	3	
		Agree	4	
		Strongly agree	5	
		Don't know	98	
Q210	YYY who has undergone circumcision is equal to other females	Strongly disagree	1	
		Disagree	2	
		Neutral	3	
		Agree	4	
		Strongly agree	5	
		Don't know	98	
Q211	YYY who has undergone circumcision is modern	Strongly disagree	1	
		Disagree	2	
		Neutral	3	
		Agree	4	
		Strongly agree	5	
		Don't know	98	
Now I would like you to think of [insert common name in the community], an average girl in this community who has NOT undergone female circumcision . On a scale of 1 to 5, with 1 being strongly disagree and 5 strongly agree, to what extent do you agree or disagree with the following statements:				
Q212	ZZZ who has NOT undergone circumcision is healthy	Strongly disagree	1	

		Disagree	2	
		Neutral	3	
		Agree	4	
		Strongly agree	5	
		Don't know	98	
Q213	ZZZ who has NOT undergone circumcision is clean	Strongly disagree	1	
		Disagree	2	
		Neutral	3	
		Agree	4	
		Strongly agree	5	
		Don't know	98	
Q214	ZZZ who has NOT undergone circumcision is pure	Strongly disagree	1	
		Disagree	2	
		Neutral	3	
		Agree	4	
		Strongly agree	5	
		Don't know	98	
Q215	ZZZ who has NOT undergone circumcision is equal to other females	Strongly disagree	1	
		Disagree	2	
		Neutral	3	
		Agree	4	
		Strongly agree	5	
		Don't know	98	
Q216	ZZZ who has NOT undergone circumcision is modern	Strongly disagree	1	
		Disagree	2	
		Neutral	3	
		Agree	4	
		Strongly agree	5	
		Don't know	98	
		Stopped	2	
		Depends	3	
		Don't know	98	
Behavioural Intent				
Q217	Imagine you have a daughter of age at which a girl customarily undergoes circumcision in your community who has not undergone female circumcision. What is the likelihood that you will arrange for your daughter to undergo circumcision?	Very likely	1	
		Likely	2	
		Unsure	3	
		Unlikely	4	
		Very unlikely	5	
		Don't know	98	
Q218	Imagine a girl in this community who has not been circumcised has reached the age of getting married. What is the likelihood that men in this community are willing to marry this girl who has not been circumcised?	Very likely	1	
		Likely	2	
		Unsure	3	
		Unlikely	4	
		Very unlikely	5	
		Don't know	98	

Q219	We have now come to the end of the interview. Do you have any comments/questions that you would like to raise regarding what we have talked about? <hr/> <hr/>
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TIME INTERVIEW ENDED: [__|__:__|__]
 [RECORD TIME IN 24-HOUR CLOCK]

PLEASE REMEMBER TO THANK THE RESPONDENT

INTERVIEWER'S COMMENTS

QC01	Did the respondent become impatient during the interview? [IF THE RESPONDENT IS SOMEWHAT OR VERY IMPATIENT, FIND OUT IF SHE NEEDS HELP AND IF WILLING, LINK HER TO AVAILABLE SERVICES IN THE COMMUNITY]	Not at all	1	
		Somewhat impatient	2	
		Very impatient	3	
QC02	How reliable do you think is the information given by the respondent?	Not at all	1	
		Somewhat reliable	2	
		Very reliable	3	
QC03	Please, provide any additional comments about the interview <hr/> <hr/>			