

SECTION 7B FEMALE CIRCUMCISION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
726	Have you ever been circumcised?	YES.....1 NO.....2	→730
727	What type of circumcision did you have? Did you have clitoridectomy, excision, or infibulation?	CLITORIDECTOMY.....1 EXCISION.....2 INFIBULATION.....3 OTHER.....6 (Specify)	
728	How old were you when you were circumcised?	AGE DAYS...1 <input type="text"/> <input type="text"/> MONTHS..2 <input type="text"/> <input type="text"/> YEARS...3 <input type="text"/> <input type="text"/> DON'T KNOW.....998	
729	Who performed the circumcision?	DOCTOR.....1 TRAINED NURSE/MIDWIFE.....2 TRADITIONAL MIDWIFE.....3 CIRCUMCISION PRACTITIONER.....4 OTHER.....6 (Specify) DON'T KNOW.....8	
730	CHECK 214 AND 217 HAS AT LEAST ONE LIVING DAUGHTER <input type="checkbox"/> HAS NO LIVING DAUGHTER <input type="checkbox"/>		→735
731	Has (NAME OF ELDEST DAUGHTER) been circumcised?	YES.....1 NO.....2	→736
732	How old was she when she was circumcised?	AGE DAYS...1 <input type="text"/> <input type="text"/> MONTHS..2 <input type="text"/> <input type="text"/> YEARS...3 <input type="text"/> <input type="text"/> DON'T KNOW.....998	
733	Who performed the circumcision?	DOCTOR.....1 TRAINED NURSE/MIDWIFE.....2 TRADITIONAL MIDWIFE.....3 CIRCUMCISION PRACTITIONER.....4 OTHER.....6 (Specify) DON'T KNOW.....8	
734	Did any one object to your eldest daughter being circumcised? Any one else? RECORD ALL PERSONS MENTIONED	RESPONDENT.....A RESPONDENT'S HUSBAND.....B RESPONDENT'S MOTHER.....C RESPONDENT'S MOTHER-IN-LAW.....D OTHER RELATIVE OF RESPONDENT.....E OTHER RELATIVE OF HUSBAND.....F OTHER.....X (Specify) NO ONEY	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
735	CHECK 515: HAD SEX <input type="checkbox"/> NEVER HAD SEX <input type="checkbox"/>		739
736	CHECK 726: CIRCUMCISED <input type="checkbox"/> NOT CIRCUMCISED <input type="checkbox"/>		739
737	Did you have any health problems or other complications during sexual relations or delivery because of your circumcision? IF YES, PROBE: Complications during sexual relations or delivery?	YES, DURING SEXUAL RELATIONS...1 YES, DURING DELIVERY.....2 YES, DURING BOTH.....3 NO.....4	739
738	What did you do in case of health problems and complications during sexual relation and delivery?	WENT TO HEALTH INSTITUTION.....1 WENT TO TRADITIONAL HEALER.....2 NOTHING.....3	
739	Do you think female circumcision should be continued, or should it be discontinued?	CONTINUED.....1 DISCONTINUED.....2 DON'T KNOW.....8	742 743
740	What type of female circumcision do you think should be continued: clitoridectomy, excision, or infibulation?	CLITORIDECTOMY.....1 EXCISION.....2 INFIBULATION.....3 OTHER.....6 (Specify)	
741	Why do you think female circumcision should be continued? RECORD ALL REASONS MENTIONED	GOOD TRADITION.....A CUSTOM AND TRADITION.....B RELIGIOUS DEMAND.....C CLEANLINESS.....D BETTER MARRIAGE PROSPECTS.....E GREATER PLEASURE OF HUSBAND.....F PRESERVATION OF VIRGINITY/ PREVENTION OF IMMORALITY.....G OTHER.....X (Specify) DON'T KNOW.....Z	743
742	Why do you think female circumcision should be discontinued? Any other reasons? RECORD ALL REASONS MENTIONED	BAD TRADITION.....A AGAINST RELIGION.....B MEDICAL COMPLICATION.....C PAINFUL PERSONAL EXPERIENCE.....D AGAINST DIGNITY OF WOMEN.....E PREVENTS SEXUAL SATISFACTION.....F OTHER.....X (Specify) DON'T KNOW.....Z	
743	CHECK 502: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		801
744	Does your husband/partner think female circumcision should be continued or discontinued?	CONTINUED.....1 DISCONTINUED.....2 DON'T KNOW.....8	
745	Has there been any activities against female circumcision arranged in this area?	YES.....1 NO.....2 DON'T KNOW.....3	801
746	Please describe the activities.	DESCRIPTION OF THE ACTIVITIES _____ _____	