

**MACHAKOS COUNTY HOUSEHOLD SURVEY**  
**QUESTIONNAIRE FOR MOTHERS/CARETAKERS OF CHILDREN UNDER FIVE**  
**YEARS**  
**WITH DIARRHOEA IN THE LAST TWO WEEKS**

**TABLE 1: QUESTIONNAIRE IDENTIFICATION**

Questionnaire Number out of 398	
Division	
Ward	
Location	
Household Geographical Location	
Name of the respondent	
Interviewer	
Date of the Interview	

**INFORMED CONSENT**

Hello. My name is Winfred Manetu a Ph.D. student at Egerton University. I am conducting a household survey in Machakos County on evaluating of prevalence and risk factors of childhood diarrhoea disease among children under 5 years. Your household is among those that I have randomly sampled and I will appreciate your participation through answering some questions that I will ask you. I assure you that the information you will avail will only be used for the academic purposes and that this project is meant for and will be accorded at most confidentiality. You can choose not to answer any individual question or all of the questions. Interview usually takes about 20 minutes to complete. Participation in this survey is voluntary. However, I hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?

Do you agree to participate in this survey?   YES   ☐   NO   ☐

**IF RESPONSE IS NO, RECORD THIS HOUSE AS A REFUSAL IN THE TABLE 1 FOR SEQUENCE OF HOUSEHOLDS VISITED THEN PROCEED TO THE NEXT HOUSEHOLD.**

**THANK YOU**

**RECOMMENDATIONS FOR THE INTERVIEWER**

1. Verify that the mother has child aged below 5 years of age who has had diarrhoea in the last two weeks (that is three or more loose or watery stools per day); maternal card if possible to verify.
2. If more than one child aged below 5 who has had diarrhoea in the last one week lives in this household, choose all.
3. For all questions in this survey, never read the possible options unless there is a special instruction.

**TABLE 2: CHILD BACKGROUND**

No	Question	Response Coding Categories	Skip
T2 1	What is the name (of the selected child)	.....	
T2 2	What is the sex of the (Name)?	Male ( ) Female ( )	
T2 3	In what month and year was (Name) born?	Month.....Year.....	
T2 4	How old is (Name)?	Age; In completed Years.....	

**TABLE 3: MOTHER/CAREGIVER'S BACKGROUND**

No	Question	Response Coding Categories	Skip
T3 1	In what month and year were you born?	Date of Birth MONTHH.....YEAR.....	
T3 2	How old are you? According to your last birthday.	Age (In Completed Years) .....	
T3 3	Have you ever attended school or preschool?	YES..... NO.....	

T3 4	What is the highest level of school you attended?	Pre School..... Primary..... Secondary..... Tertiary.....	
T3 5	Are you in any job employment?	Not employed..... Part-time employed..... Full time employed.....	
T3 5	What is your current marital status?	Single..... Married..... Divorced/Seperated..... Widowed.....	
T3 6	Which is your religion?	Christian.....1 Muslim.....2 Other.....Specify.....3	
T3 8	How many under five children do you have?	Number of <5 children.....	

**TABLE 4: PREVALENCE QUESTION**

No	Question	Response Coding Categories	Skip
T4 1	Has any of your children below 5 years had diarrhoea in the previous two weeks?	Yes..... No..... I don't know.....	

**TABLE 5: ENVIRONMENTAL CHARACTERISTICS**

No	Questions	Response Coding Categories	Skip
T5 1	What is the main type of toilet facility used by members of your household?	Flush / Pour Flush.....1 Improved Pit Latrine.....2 Pit latrine with slab.....3 Pit latrine without slab/open pit.4 Composting Toilet.....5 No Facility, Bush, Field.....6	

T5 2	<p>May I see the toilet facility?</p> <p>(If yes. Observe and record the type of toilet)</p>	<p>Yes.....1</p> <p>No.....2</p> <p>Flush / Pour Flush.....1</p> <p>Improved Pit Latrine.....2</p> <p>Pit latrine with slab.....3</p> <p>Pit latrine without slab/open pit.4</p> <p>Composting Toilet.....5</p> <p>No Facility, Bush, Field.....6</p>	
T5 3	<p>What is the type of your house floor</p>	<p>Cement.....</p> <p>Mud.....</p>	
	<p>What is the main source of drinking water for members of this household?</p> <p>(Tick all mentioned)</p>	<p>Piped Water.....1</p> <p>Protected borehole/well.....2</p> <p>Unprotected borehole/well.....3</p> <p>Protected Spring.....4</p> <p>Unprotected Spring.....5</p> <p>Rainwater Collection.....6</p> <p>Surface Water (River, Stream, Dam, Lake).....8</p> <p>Bottled Water.....9</p>	
T5 4	<p>Do you have a handwashing point?</p>	<p>Yes.....</p> <p>No.....</p>	
T5 5	<p>If yes. Where is your hand washing point located?</p>	<p>Next to a latrine.....1</p> <p>Within a walking distance.....2</p> <p>Inside the house.....3</p>	

**TABLE 6: BEHAVIOURAL CHARACTERISTICS**

	Questions	Response Coding Strategies	Skip
<b>T6 1</b>	Do you treat your water in any way to make it safer for drinking?	Yes.....1 No.....2	
<b>T6 2</b>	What do you usually do to the water to make it safer to drink?  (Tick all mentioned)	Boil.....1 Add Bleach / Chlorine.....2 Strain it Through a Cloth....3 Composite, etc.) .....4. Solar Disinfection.....5 Let it Stand and Settle.....6 Other (Specify).....7	
<b>T6 3</b>	Please state all of the occasions when you should wash your hands.  (Tick all mentioned)	Before praying.....1 Before breastfeeding a bay...2 Before cooking.....3 After visiting the toilet.....4 After cleaning a baby who has defecated or changing baby's nappy.....5 When my hands are dirty....6	
<b>T6 4</b>	Do you always use soap or detergent when washing your hands?	Yes.....1 No.....2	
<b>T6 5</b>	Where is your hand washing point located?	Next to a latrine.....1 Within a walking distance.....2 Inside the house.....3 No facility.....4	
<b>T6 6</b>	How do you dispose children faeces?	Disposing in the toilet.....1 Throwing out the house.....2	

**TABLE 7: DIARRHEA PRACTICE QUESTIONS**

No	Question	Response Coding Categories	Skip
<b>T7 1</b>	Has (Name) had diarrhoea in the last 1 week, that is three or more loose or watery stools in a day?  ANSWER SHOULD BE YES SINCE PREVIOUS SELECTED CHILD WAS VERIFIED TO HAVE HAD DIARRHEA	Yes.....	
<b>T7 2</b>	How many days ago did the diarrhoea start?	Today.....1 .....Days ago.....2	
<b>T7 3</b>	During the time (Name) had diarrhoea, was he/she given less than usual to drink, about the same amount, or more than usual?	Less than usual.....1 About the same amount.....2 More than usual.....3 I don't know.....4	
<b>T7 4</b>	During the time (Name) had diarrhoea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat?	Less than usual.....1 About the same amount.....2 More than usual.....3 I don't know.....4	
<b>T7 5</b>	What was given to (Name) to treat the diarrhoea?	Nothing.....1 ORS.....2 Zinc.....3. Pill or Syrup.....5 Injection .....6 Herbal Medicines .....8 Other (Specify).....9	

<b>T7 6</b>	Did you seek advice or treatment outside the home for (Name)'s diarrhoea?	Yes.....1 No.....2	
<b>T7 7</b>	If Yes. From where did you seek advice or treatment?	Public Medical Sector...1 Private Medical Sector...2 Other source (Specify)....3	
<b>T7 8</b>	How many days after the diarrhoea began did you first seek treatment for (Name)?	Immediately.....1 After.....Days.....2 I don't know.....3	
<b>T7 9</b>	Have you ever heard of ORS?	Yes.....1 No.....2	
<b>T7 10</b>	If Yes. Have you ever used ORS?	Yes.....1 No.....2	
<b>T7 11</b>	Do you know how to prepare ORS?	Yes.....1 No.....2	
<b>T7 12</b>	Could you please demonstrate how to prepare ORS?	Demonstrated Correctly.....1 Demonstrated Incorrectly.....2	
<b>T7 13</b>	Has your child ever received Vitamin A tablet supplementation	Yes.....1 No.....2	
<b>T7 14</b>	Did you take your children for immunization against the diarrhoea	Yes.....1 No.....2	
<b>T7 15</b>	How did you feed your baby from birth?	Exclusive breastfeeding for 6 months and then introduce other foods.....1 Breastfeeding alongside other supplementary foods before 6 months.....2 Exclusive supplementary feeding before 6 months.....3	

		No breastfeeding.....4	
<b>T7 16</b>	Do you have any preventive measures for diarrhoea in your home?	Yes.....1 No.....2	
<b>T7 17</b>	If yes, which measures?	Write as mentioned.....	



## **Appendix 2: Key informative interview guide**

### **Introduction**

The interview will be conducted to the health workers of the facility in Machakos County. The information obtained from the participant (s) will be treated with confidentiality and only used for the purposes of this study. Anonymity will be guaranteed and will not use the names of the participants but will be used code number given to the interviewee. The purpose of the interview is to collect deeper information from health workers. During the interview will obtain information about the participants' experience of diarrhoeal disease and common health problems with regard of under five children of Matungulu area.

Given code Number..... How long have you being working in this facility.....?

Job title: ..... Qualifications: .....Location.....

1. What are the common health problems in children under five years of age in this sub location?
2. Is diarrhoea among the leading causes of morbidity and mortality among under-five in this sub location?

Probe: On average, how many cases do you receive in a week/month? Why do you think this is so?

3. Do the residence of these areas aware of the signs and symptoms of diarrhoea diseases?
4. What is the level of knowledge and practices of the caretakers in home management of diarrhoea disease in these areas.
6. How is the health seeking behaviour of caretakers in management of diarrhoeal diseases in children under-five years?
7. How is the mothers'/caretakers' perceptions on the causes of diarrhoea among under-fives and how it is managed at home before seeking help from skilled health service providers?
8. What are some of the challenges you face in trying to combat diarrhoeal diseases in these regions?

9. How is the government support towards control of diarrhoea among children under the age of five years?

10. What are the strategies that need to be done in order to effectively control diarrhoea among children in Kenya?