EMERGE COVID-19 and Gender Questions
Menstrual Hygiene, Handwashing, Drinking Water and Sanitation

**Menstrual Hygiene** (*Only ask if the participant has had a menstrual period in the past 90 days*)
1. During your last menstrual period, in the past 30 days, were you able to wash and change in privacy while at home?
   a. Yes
   b. No
   c. I did not have a menstrual period on the past 30 days (If you select this response, please go to question 4)

2. During your last menstrual period, in the past 30 days, what hygiene materials did you use? If more than one, record the main type used.
   a. Cloth or rags that can be reused
   b. Reusable sanitary pads
   c. Disposable sanitary pads
   d. Tampons
   e. Menstrual cup
   f. Toilet paper
   g. Underwear alone
   h. Other (specify)

3. During your last menstrual period, in the past 30 days, who got your menstrual hygiene product for you?
   a. Self
   b. Other female member of the family
   c. Other male member of the family
   d. Self or other member of the family

4. Before the COVID-19 pandemic and the social containment efforts to manage the spread of the virus (lockdown, curfew, and other social distancing efforts), what hygiene materials did you use? If more than one, record the main type used.
   a. Cloth or rags that can be reused
   b. Reusable sanitary pads
   c. Disposable sanitary pads
   d. Tampons
   e. Menstrual cup
   f. Toilet paper
   g. Underwear alone
   h. Other (specify)

5. Before the COVID-19 pandemic and the social containment efforts to manage the spread of the virus (lockdown, curfew, and other social distancing efforts), who got your menstrual hygiene products for you?
   a. Self
   b. Other female member of the family
   c. Other male member of the family
   d. Self or other member of the family

6. Have you had difficulty getting your menstrual hygiene product of choice since the COVID-19 pandemic and the social containment efforts to manage the spread of the virus (lockdown, curfew, and other social distancing efforts)?
   a. Yes
   b. No (If no, go to next section)

7. Why could you not obtain your menstrual product of choice since the COVID-19 pandemic started?
   1. Could not go to the store to buy it or ask someone to go to the store for me
   2. The product is not available at the store now
   3. I do not have enough money to buy the product

First Uploaded: May 4, 2020
Last Updated: May 23, 2020
4. Other (please specify___________)

Sources: Taken or adapted from -
  • Core questions on drinking water, sanitation and hygiene for household surveys: 2018 update. New York: United Nations Children’s Fund (UNICEF) and World Health Organization, 2018

Handwashing
1. Can you please tell me the type facility for water that your household has for handwashing? Please describe what facility members of your family use most often for handwashing.
   a. Fixed facility (sink/tap) in the dwelling
   b. Fixed facility (sink/tap) in the yard/plot
   c. Unfixed item, such as a bucket, jug or kettle in the dwelling
   d. There is no way to wash hands in the dwelling or just outside of the dwelling

Note: Handwashing facility: refers to a fixed or mobile device designed to contain, transport or regulate the flow of water to facilitate handwashing.

2. Do you have soap in your household for handwashing?
   a. Yes
   b. No

Note: Soap includes bar soap, liquid soap, powder detergent and soapy water. Ash, soil, sand or other traditional handwashing agents are less effective and do not count as 'soap'.

3. Did your household have less access to soap since the COVID-19 pandemic and the social containment efforts to manage the spread of the virus (lockdown, curfew, and other social distancing efforts)?
   a. Yes
   b. No

4. When there is limited access to soap, is there anyone in your household who is prioritized to be able to use soap for handwashing? (you may check more than one option)
   a. Adult women (>15 years)
   b. Adult men (>15 years)
   c. Girls aged 6-14
   d. Boys aged 6-14
   e. Girls aged 0-5
   f. Boys aged 0-5
   g. No one is prioritized over anyone else

5. How many times did you wash your hands with soap yesterday? I want you to only count the times you washed your hands with soap for at least 20 seconds.
   a. 0 times
   b. 1-2 times
   c. 3-5 times
   d. More than 5 times

Source: Taken or adapted from -
  • Core questions on drinking water, sanitation and hygiene for household surveys: 2018 update. New York: United Nations Children’s Fund (UNICEF) and World Health Organization, 2018

Drinking Water
1. Where is your drinking water source?
   a. In own dwelling (if selected, skip to question 6)
   b. In own yard (if selected, skip to question 6)
   c. Elsewhere
2. How long does it take to go there, get water, and come back?
   a. Members do not collect
   b. Number of minutes _____ (specify number of minutes)
   c. Don’t know

3. How many trips were needed to get water in the last week?
   a. Number of times _____ (specify number of times)
   b. Don’t know

4. Have you had to increase the number of trips needed to get water since the COVID-19 pandemic and the social containment efforts to manage the spread of the virus (lockdown, curfew, and other social distancing efforts)?
   a. Yes
   b. No

5. Who usually goes to this source to fetch water for your household? Select the individual primarily responsible for water collection
   a. Adult woman (>15 years)
   b. Adult man (>15 years)
   c. Girl (age 14 or younger)
   d. Boy (age 14 or younger)

6. In the last month, has there been any time when your household did not have sufficient quantities of drinking water when needed?
   a. Yes, at least once
   b. No, always sufficient (If no, go to the next section)

7. Has your household had less access to drinking water since the COVID-19 pandemic and the social containment efforts to manage the spread of the virus (lockdown, curfew, and other social distancing efforts)?
   a. Yes
   b. No

8. When there is limited access to drinking water, who of the following is prioritized for that water? (you may check more than one option)
   a. Adult women (>15 years)
   b. Adult men (>15 years)
   c. Girls aged 6-14
   d. Boys aged 6-14
   e. Girls aged 0-5
   f. Boys aged 0-5
   g. No one is prioritized over anyone else

Source: Taken or adapted from -


Sanitation Insecurity for Women

1. How Often Have You Experienced Any of the Following in the Previous 30 Days When Going to Urinate?
   a. Never    b. Sometimes    c. Often    d. Always
   i. Worried about not having a proper facility to urinate
   ii. Could not always go to urinate when there was a need
   iii. Worried that someone would see me while urinating
   iv. Experience difficulty controlling the urge to urinate
   v. Had difficulty finding a clean place to urinate
   vi. Felt worried that I would step on urine
   vii. Worried people would talk about me if they saw me
viii. Felt concerned I would get an infection if I was urinating in an unsuitable/dirty place
ix. Feared I would be harmed by animals or insects when I went to urinate
x. Feared I would be harmed by someone when I went to urinate
xi. Felt scared urinating in the dark at night
xii. Felt concerned I would get an infection if I urinated on someone else’s urine
xiii. Felt scared of ghosts when I went to urinate at night
xiv. Had difficulty finding a private place to urinate
xv. Had difficulty or pain sitting or getting up for urination
xvi. Had difficulty accessing water for urination
xvii. Had to suppress urge because people were around and could not go

xviii. Had to do extra work washing clothes because of dirty conditions where urinating
xix. Had to leave dependents (like children, sick, or elderly) alone to urinate
xx. Had to stand while urinating because someone came
xxi. Had trouble finding someone to watch dependents (like children, sick, or elderly) so I could urinate
xxii. Withheld water to control urge to urinate
xxiii. Had to suppress when workload was high
xxiv. Worried others would get upset if asked to accompany for urination
xxv. Had to suppress when I got an urge at night

2. How Often Have You Experienced Any of the Following in the Previous 30 Days When Going to Defecate?

   a. Never  b. Sometimes  c. Often  d. Always
   i. Worried about not having toilet to defecate
   ii. Had to go far to defecate
   iii. Defecation process / Activity of defecation took a long time to complete
   iv. Had difficulty finding a clean place to defecate
   v. Could not access preferred location
   vi. Worried I would fall when going to defecate
   vii. Had to suppress urge when workload was high
   viii. Felt scared defecating in the dark at night
   ix. Worried people would talk about me if they saw me
   x. Feared I would be harmed by animals or insects when I went to defecate
   xi. Had to do extra work washing clothes because of dirty conditions when defecating
   xii. Worried about getting an infection when going to defecate
   xiii. Had difficulty or pains squatting for defecation
   xiv. Felt scared of ghosts when I went to defecate at night
   xv. Had difficulty accessing water for defecation
   xvi. Had difficulty cleaning/washing myself after defecation
   xvii. Had to suppress urge because I can only defecate at certain times of the day
   xviii. Feared I would be harmed by someone when I went to defecate
   xix. Had trouble finding someone to watch dependents (like children, sick, or elderly) so I could defecate
   xx. Had trouble controlling urge to defecate
   xxi. Worried about defecating in the same place as others
   xxii. Withheld food to control urge to defecate
   xxiii. Worried about dependents (children, sick, or elderly who need me when I go to defecate
   xxiv. Worried that have no money to build or maintain toilet
   xxv. Have had to go back and forth to defecation location because could not find privacy


To further develop your survey, please refer to the following modules:
- Energy and the Environment
- Physical and Mental Health

First Uploaded: May 4, 2020
Last Updated: May 23, 2020