NATIONAL BUREAU OF STATISTICS AND UNITED NATIONS WOMEN TIME USE SURVEY IN NIGERIA, 2024

GOOD DAY, MY NAME IS (FIRST NAME AND LAST NAME), I AM FROM NATIONAL BUREAU OF STATISTICS. THE NATIONAL BUREAU OF STATISTICS IN COLLABORATION WITH THE UN WOMEN IS CONDUCTING A SURVEY ON TIME USE IN NIGERIA. I WOULD LIKE TO ASK YOU A NUMBER OF QUESTIONS TO HELP US UNDERSTAND HOW MUCH TIME PEOPLE SPEND ON DIFFERENT ACTIVITIES SUCH AS PAID AND UNPAID WORK, HOUSEHOLD CHORES, CHILD CARE, TRANSPORTATION, ETC. YOUR HOUSEHOLD HAS BEEN SELECTED RANDOMLY, ALONG WITH A COUPLE OF OTHER HOUSEHOLDS IN NIGERIA, AND IT IS VERY IMPORTANT FOR THE RELIABILITY OF THE RESULTS THAT YOU AGREE TO PARTICIPATE IN THIS SURVEY. PARTICIPATION IN OUR SURVEY IS VOLUNTARY AND WILL BE CONFIDENTIAL.

INDIVIDUAL QUESTIONNAIRE

SECTION A: IDENTIFICATION INFORMATION

STATE ____ **CODE** __	**LGA CODE** ____ **NAME** ____	**Locality:** ____
CLUSTER NUMBER: ____	**EA. NAME:** ____	
EA CODE: ____	**SECTOR: Urban ……1, Rural …..2** __	
NAME OF TEAM LEAD: ____	**NAME OF TEAMMATE:** ____	
CODE ____	__	**CODE** ____

GPS COORDINATES: (a) Latitude: __ _ __.__ __ __ _ _ (b) Longitude:__ __ __.__ __ __ _ __

INTERVIEW STATUS:

Completed (1) Partially Completed (2) Not at Home (3) Moved away (4) Refused (5) Household not located (6)

SECTION 1: EDUCATION AND ICT USE

(Two respondents will be selected using Kish method from the household (15+), ONE male and ONE female, who are living in the household)

Line Number	Sex of the selected members Female...1 Male…....2	Age of selected members (in completed years) (Number)	What is your relationship to the head of the household? Head of household……..1 Spouse/Partner……...2 Son/Daughter……....3 Grandchild……....4 Adopted child…….……5 Parent..……..……....6 Sister-in-law/brother-in-law…....7 Father-in-Law/Mother-in-Law……..…8 Brother/Sister……....9 Relatives.……..…10 Non-relatives……11 Domestic worker……..12	Which ethnic group do you belong? Hausa------1 Yoruba-----2 Igbo---------3 Others (Specify)-4	Can you read or write in any language? *Reading Message /Sign Language/ Write letters.* Yes-1 No- 2	Have you ever been to school? Yes, attending now-1 Yes, went before- 2 >> ED11 No, never attended- 3 >> ED11	What is the highest educational level [NAME] completed? **Nursery/Primary** 00-None. 01Pre-Class. 02-Nursery-1 03. Nursery-2 04.Primary-1 05.Primary-2 06.Primary-3 07-Primary-4 08-Primary-5 09-Primary-6 **Secondary** 10-JSS 1 11-JSS 2 12-JSS 3 13-SSS 1 14-SSS 2 15-SSS 3 **Post Sec** 16-A/L/ OND 17-B. Sc/HND 18-P/Graduate
LN	**ED1**	**ED2**	**ED3**	**ED4**	**ED5**	**ED6**	**ED7**
01							

SECTION 1: EDUCATION AND ICT USE

Line Number	How much did you spend IN TOTAL on education during the 2023/2024 SCHOOL YEAR? (Amount in Naira) *(School fees, Transport, uniform, meal etc)*	Do you combine Education with any other activity to earn income? Yes-1 No- 2>> ED11	Specify the name of other activities.	Do you own a mobile phone? Yes-1 >>ED13 No- 2	Do you have **access** to a mobile phone? Yes-1 No- 2	Do you have **access** to internet? Yes-1 No- 2	Do you have access to **time-keeping devices** (wall clock, wrist watch etc) ? Yes-1 No- 2
LN	**ED8**	**ED9**	**ED10**	**ED11**	**ED12**	**ED13**	**ED14**
01							

SECTION 2: AGRICULTURAL LAND OWNERSHIP AND TENURE RIGHTS

(If AL1= 1 and the age of selected respondent is 15 and above, ask the following questions in this section, otherwise skip and go to EM1)

Line Number	Do you own, use or hold use rights of any agricultural land either alone or jointly? Yes-1 No- 2***>>EM 1*** Don't know-3 ***>EM1***	Is there a document for any of the agricultural land you own or hold use rights to? Yes…….1 No……..2 Don't know-3 ***If 2 - 3>>EM 1***	What type of documents are there for the agricultural land you own or hold use rights to? **(List up to 3)** Certificate of Occupancy……A Right of Occupancy……B Customary certificate of Occupancy….C Title deed……..D Unregistered purchase……E Registered purchase……..F Family receipt……G Unregistered survey plan……..H Approved survey plan……I Building plan……J Government allocation receipt…….K Receipt/Written agreement……L Bequeath……..M Others (Specify)……N	Is your name listed as owner or right-use holder in the document? Yes……..1 No-……..2 Don't know….3	Do you have the right to sell this agricultural land you own or hold use rights? Yes……1 No…… 2 Don't know…3	Do you have the right to give as gift/inheritance/bequeath any of the agricultural land you own or hold use rights to, either alone or jointly with someone else? Yes……....1 No…….... 2 Don't know….3
LN	**AL1**	**AL2**	**AL3**	**AL4**	**AL5**	**AL6**
01						

SECTION 3: EMPLOYMENT STATUS

(Selected members, 15 years or older)

Line Number	In the last one month, did you work or help in any household farming, animal rearing or fishing activities? Yes.. 1 No….2 >>EM3	What was the intention of doing these activities? Mainly to sell ……..1 Mainly to keep for family use…..2 For sale and consumption ……3	Last week, did you work for 1 or more hours, even if from home? Yes… 1 No…...2 >>EM5	What type of work did you do last week? In a paid job …1 In a personal or family business ……..2 1-2 >>EM 7
LN	**EM1**	**EM2**	**EM3**	**EM4**
01				

SECTION 3: EMPLOYMENT STATUS *(Selected members, 15 years or older)*

Line Number	Last week, why did you not work in your income generating activity? Normal for my work (off days)…1>EM9 Temporary job ended……..2 Lost paid job……....3 Had to stop or close personal or family business ……....4 No clients, materials, capital…....5 Wait until called back……..6 Leave for own illness, injury, Quarantine……7 Leave for family care responsibilities……8 Vacation, other personal leave……9 Insecurity, afraid of getting sick….10 Others……96	Do you expect to return to that same job or activity within 3 months? Yes..,. 1 No .,,,.2 Unsure...3 >>Any **Option move to next person**	In this activity, did you work…… As an employer (with one or more employees) ……1 On your own account……..2 As employee or apprentice in a public or non-profit institution…3 As employee or apprentice in a private business or farm ……..4 Helping in a family business….5 Day labour……...6 As employee of a household (domestic worker) ……7	What is the main activity of the place where you work(ed)?	In this job, do you benefit from…… **READ OUT** a. Paid sick leave b. Paid annual or vacation leave c. Health insurance coverage d. Pension contributions by the employer e. Termination or severance pay Yes.. ……1 No ……..2	Is the organization/ business activity registered /have licenses of government office? Yes…… 1 No ……..2 Don't know …3
LN	**EM5**	**EM6**	**EM7**	**EM8**	**EM9**	**EM10**
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SECTION 3: EMPLOYMENT STATUS OF SPOUSE/PARTNER *(This section is ONLY for married/Co-habiting partner)*

Line Number	*Check marital status in section 1* *If married/co-habiting continue* *Otherwise skip to section 4*	In the last one month, did your spouse/Partner work or help in any family farming, animal rearing or fishing activities? Yes.. 1 No….2 >>EM3	What was his/her intention of doing these activities? Mainly to sell ……...1 Mainly to keep for family use…..2 For sale and consumption ……3	Last week, did your spouse/Partner work for 1 or more hours, even if from home? Yes… 1 No…...2 >>EM5	What type of work did your spouse/Partner do last week? In a paid job …1 In a personal or family business …2 1-2 >>EM 7
LN		**EM1**	**EM2**	**EM3**	**EM4**
01					

SECTION 3: EMPLOYMENT STATUS OF SPOUSE/PARTNER *(This section is ONLY for married/Co-habiting partner)*

Line Number	Last week, why did your spouse/Partner not work in income-generating activity? Normal for his/her work...1 (>>EM9) Temporary job ended……2 Lost paid job……...3 Had to stop or close personal or family business ……..4 No clients, materials, capital……..5 Wait until called back……..6 Leave for own illness, injury, Quarantine……7 Leave for family care responsibilities……8 Vacation, other personal leave……9 Insecurity, afraid of getting sick…10 Others……..…96	Does he/she expect to return to that same job or activity within 3 months? Yes….. 1 No …....2 Unsure...3 All >>next person	In this activity, does he/she work as…….. As an employer (with one or more employees) ……1 On his/her own account….2 As employee or apprentice in a public or non-profit institution……..……3 As employee or apprentice in a private business or firm ……4 Helping in a family business……...5 Day labour……..6 As employee of a household (domestic worker) ….7	What is the main activity of the place where he/she work(ed)?	In this job, does he/she benefit from **Read out** a. Paid sick leave b. Paid annual or vacation leave c. Health insurance coverage d. Pension contributions by the employer e. Termination or severance pay Yes.. 1 No ...2	Does your spouse/partner's business activity registered /have licence of government office? Yes.. 1 No ...2 Don't know …3
LN	**EM5**	**EM6**	**EM7**	**EM8**	**EM9**	**EM10**
01						

SECTION 4: HEALTH *(Selected members, 15 years or older)*

Line Number	In the **last four (4) weeks,** did you need any healthcare services (treatment or consultation)? YES…..1 NO……2>> Section 5	What is the **MAIN** type of health care service? Family planning services..1 Vaccination services (non-Covid)……..2 Maternal health / pregnancy care……..3 Outpatient health care services……4 Emergency admissions/ inpatient care……5 Others (specify)……6	Were you able to get health care services? YES.1>>HE5 NO……2	What was the **MAIN** reason you were unable to access health care services Lack of money……1 No medical personnel available……2 Turned away because facility was full……3 Turned away because facility was closed……4 Hospital/clinic not having enough supplies or tests kits……5 Health facility is too far…6 Lack of transportation……7 Flood(s) damage/destruction to health facility……8 Others (specify)……9 ALL >>>next person	Where did you receive the healthcare services? Hospital…… A Clinic/health post/primary health care…… B Pharmacy…… C Chemist shop (drug shop) …… D Maternity home/ maternal and child health post…… E Medical personnel … F Patient's home…… G Traditional healer's home…… H Faith-based Home…… I Others (specify)……J	Who paid for your health care Treatment? Self……1 Family/Relative ..2 Govt……3 NGOs……4 FBO……5 CSO……6 Others (specify)..7	What was the total amount you incurred on healthcare services received in the **last four weeks?**
LN	**HE1**	**HE2**	**HE3**	**HE4**	**HE5**	**HE6**	**HE7**
01							**Amount**

SECTION 5: ACCESS TO SOCIAL PROTECTION PROGRAMS *(Selected members, 15 years or older)*

Line Number	In the **last 12 months,** have you received any assistance from any institution such as the government, international organisations or religious bodies? Yes... 1 No….2 >> Time diary	Which **one** of these PROGRAMMES did you receive assistance from in the **past 12 months**? Read out	What type of assistance was received from the PROGRAMME? Cash Assistance--1 Food Assistance--2 In-kind Assistance……3 If 2 or 3>>SP6	What was the total value of cash assistance received from PROGRAMME in the **last 12 months?**	What was the mode of payment for the cash assistance received from PROGRAMME? Cash in hand------1 Bank deposit------2 Mobile money----3	How often are you supposed to receive assistance from PROGRAMME? Daily ----------1 Weekly--------2 Monthly------3 Quarterly-----4 Half-yearly---5 Yearly---------6	Based on your response in **SP6**, is assistance frequently received? Yes—1 No----2	What was the source of this assistance? Federal Govt---1 State Govt------2 Local Govt----3 NGO----------4 International Org—5 Religious body—6 Don't Know-------7 Others (specify}…..8
LN	**SP1**	**SP2**	**SP3**	**SP4**	**SP5**	**SP6**	**SP7**	**SP8**
01				Amount				

Col SP2

E-Wallet Input Subsidy Program—1, Growth Enhancement Support Scheme (GESS)….2 , School Feeding Program……...3, N-Power……...4

Government Enterprise and Empowerment Program (GEEP)—5, Beta Don Com…6 NASSP regular cash transfer……6

NASSP emergency cash transfers (ESR-CT)……7 COVID-19……..8 Action Recovery and Economic Stimulus (CARES)…9

Government COVID-19 Response Cash Transfer (using the Rapid Response Register (RRR)) ….10 Other (Specify)……..11

SECTION 6: PERCEPTION BASED QUESTIONS

(For the selected members, 15 years or older) (Please ask this section after the Time Diary)

Line Number	How knowledgeable are you about the concept of unpaid care and domestic work? To some extent----1 To a large extent---2 No idea---3 >> PB4	To what extent do you think Unpaid care and domestic works are undervalued in Nigeria? To some extent--.1 To a large extent-2 No idea ……3	In your own opinion, did you think unpaid care and domestic work are critical for the well-being of individuals and society? To some extent---1 To a large extent--2 No idea ……3	How satisfied are you with the division of the following tasks between male and female in a household? **1. Fetching water** Not satisfied at all----1 Fairly satisfied——-2 Satisfied——————3 Very satisfied---------4 **2. Collecting firewood** Not satisfied at all----1 Fairly satisfied——-2 Satisfied——————3 Very satisfied---------4 **3. Cooking/meal Preparation** Not satisfied at all----1 Fairly satisfied——-2 Satisfied——————3 Very satisfied---------4 **4. Washing and drying clothes** Not satisfied at all----1 Fairly satisfied——-2 Satisfied——————3 Very satisfied---------4 **5. Cleaning the house/ compound** Not satisfied at all----1 Fairly satisfied——-2 Satisfied——————3 Very satisfied---------4	How do you feel about your life as a whole right now doing unpaid care works? Not happy-------1 Slightly happy--2 Happy——————3 Very happy-----4 Undecided -----5	**Perception of gender equality** To what extent do you agree with the following statements: a) Girls who are below 15 years old can get married b) Wives should not go outside of their house without taking permission from their husband c) The paid work that men do outside is as important as domestic and care work that women do d) It is women's responsibility to take care of an aged and sick person e) Men should take most decisions of the household f) Husband can beat wife if she does something wrong g) Men and Women should work together for the benefit of the family h) Men should always be the head of the household i) Resources are better managed when a male heads the household. Completely disagree----------1 Mostly Disagree----------2 Neither Agree nor Disagree-3 Mostly Agree----------4 Completely Agree----------5
LN	**PB1**	**PB2**	**PB3**	**PB4**	**PB5**	**PB6**
01						

COL. FOR EM 8

AGRICULTURE FORESTRY, FISHING AND REARING OF LIVESTOCK….1
MANUFACTURING……3
WATER SUPPLY SEWERAGE WASTE MANAGEMENT……...5
WHOLESALE AND RETAIL TRADE……...7
ACCOMMODATION FOOD SERVICES……..9
FINANCIAL AND INSURANCE……11
PROFESSIONAL SCIENTIFIC TECHNICAL……..13
PUBLIC ADMINSTRATION DEFENCE SOCIAL SECURITY……...15
HUMAN HEALTH SOCIAL WORK……17
OTHER SERVICE ACTIVITIES……19
EXTRATERRATORIAL ORGANIZATIONS……..……21
RETIRED…….. 23
APPRENTICES……..25

MINING AND QUARRYING……... 2
ELECTRICTY GAS STEAM AIR CONDITIONING….4
CONSTRUCTION……6
TRANSPORT STORAGE……..8
INFORMATION AND COMMUNICATION……...10
REAL ESTATE……...12
ADMINSTRATIVE SUPPORT SERVICE……14
EDUCATION……...16
ARTS ENTERTAINMENT RECREATION……..…...18
HOUSEHOLDS AS EMPLOYERS……..…...20
HOUSEWIFE……22
STUDENTS……...24
NONE……26