

APPENDIX IIIA
HOUSEHOLD QUESTIONNAIRE - FEMALE

1993 CONTRACEPTIVE PREVALENCE SURVEY - JAMAICA

HOUSEHOLD QUESTIONNAIRE - FEMALE

FORM CPS 1A
CONFIDENTIAL
CAP.368

Identification No. _____

Questionnaire No. 1 _____

Parish	Constituency	E.D. No.	Dwelling No.	H/hold No.
Eligible Respondents				Sex 1

Interview calls	1	2	3	Final Visit
Day (Date)				
Month				
Interview Status *				
Eligible Respondent **				
Interviewer's Name				
Supervisor's Name				
Next Visit: Date				
Time				

* Interview Status Codes:

** Eligible Respondent Codes

- 1. Completed household interview
- 2. Not at home - deferred
- 8. Other (specify): _____

- 3. Vacant dwelling
- 4. Refusal
- 5. Partly completed

- 1 Yes
- 2 No

FOR OFFICE USE ONLY:

Reviewed by: _____

Position: _____

Date: _____

Edited by: _____ Date: _____

10. How many persons live in this household? _____ number

PLEASE RECORD THE NAMES OF ALL PERSONS WHO USUALLY LIVE AT THIS LOCATION. THIS SHOULD INCLUDE ALL WHO USUALLY EAT AND SLEEP HERE. YOU SHOULD START WITH THE HEAD OF THE HOUSEHOLD.

HOUSEHOLD SCHEDULE

<u>NAME</u> <i>Please give me the names of the persons who usually live in your household</i>	<i>What is the relationship to the head *</i>	<u>SEX</u> <i>Is [NAME] male(1) or female (2)</i>	<u>AGE</u> <i>How old is he/she? (years)</i>	<u>EDUCATIONAL SEQUENCE</u> <u>STANDARD</u> <i>Highest Level</i>	<u>NO.</u> <i>[Eligible Women]</i>
1 _____	_____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____	_____
5 _____	_____	_____	_____	_____	_____
6 _____	_____	_____	_____	_____	_____
7 _____	_____	_____	_____	_____	_____
8 _____	_____	_____	_____	_____	_____
9 _____	_____	_____	_____	_____	_____
10 _____	_____	_____	_____	_____	_____
11 _____	_____	_____	_____	_____	_____
12 _____	_____	_____	_____	_____	_____
13 _____	_____	_____	_____	_____	_____
14 _____	_____	_____	_____	_____	_____
15 _____	_____	_____	_____	_____	_____
16 _____	_____	_____	_____	_____	_____
17 _____	_____	_____	_____	_____	_____
18 _____	_____	_____	_____	_____	_____
19 _____	_____	_____	_____	_____	_____
20 _____	_____	_____	_____	_____	_____

**** Educational standard codes:**

[illegible]

11. Number of women aged 15-44 years living in household
(Total number of eligible women recorded in the Schedule) _____
number

12. Now, I would like you to tell me the occupation of the head of the household.

Occupation

For office use only

13. *How many rooms does your household occupy (exclude bathrooms and kitchen) ?*

number

99 No response

14. *Who gave this information?* [BY OBSERVATION]

- 1 One of the eligible female respondents
2 Other household member
3 Neighbour
8 Other (specify): _____

IF THERE IS ONE OR MORE ELIGIBLE RESPONDENTS, SELECT THE ONE TO BE INTERVIEWED, BASED ON THE INSTRUCTIONS GIVEN AND USING THE RANDOM TABLE SHOWN OVERLEAF.

**THEN COMPLETE THE INDIVIDUAL QUESTIONNAIRE FOR THE
SELECTED RESPONDENT.**

**IF THERE ARE NO ELIGIBLE RESPONDENTS,
COMPLETE TITLE PAGE AND MOVE ON TO THE NEXT HOUSEHOLD.**

APPENDIX IIIB
INDIVIDUAL QUESTIONNAIRE - FEMALE

1993 CONTRACEPTIVE PREVALENCE SURVEY - JAMAICA

INDIVIDUAL QUESTIONNAIRE – FEMALE
(For Eligible Female Respondents aged 15-44 Years)

FORM CPS 2
CONFIDENTIAL
CAP.368

Identification No.

Parish	Constituency	E.D. No.	Dwelling No.	H/hold No.
		Sequence Number		Sex 1

Interview calls	1	2	3	Final Visit
Day				
Month				
Interview Status *				
Interviewer's Name				
Supervisor's Name				
Next Visit: Date				
Time				

*** Interview Status Codes:**

- | | |
|----------------------------------|---------------------|
| 1. Completed household interview | 4. Refusal |
| 2. Not at home - deferred | 5. Partly completed |
| 8. Other (specify): | |

FOR OFFICE USE ONLY:

Reviewed by: _____	_____
Position: _____	_____
Date: _____	_____
Edited by: _____	Date: _____

SECTION I - RESPONDENT'S BACKGROUND

TIME INTERVIEW STARTED

101. In what month and year were you born?

___ month 19___ year 99 Don't know

102. How old were you on your last birthday? ___ years

103. In what parish was your mother living at the time of your birth, or in what country other than Jamaica ?

- | | |
|----------------------------------|------------------|
| 1 Kingston | 8 St. James |
| 2 St. Andrew | 9 Hanover |
| 3 St. Thomas | 10 Westmoreland |
| 4 Portland | 11 St. Elizabeth |
| 5 St. Mary | 12 Manchester |
| 6 St. Ann | 13 Clarendon |
| 7 Trelawny | 14 St. Catherine |
| 88 Other country (specify):_____ | |

104. Have you ever attended school?

- 1 Yes
2 No (SKIP TO Q. 106)

105. How many years of primary, secondary and/or post secondary schooling did you complete?

<u>LEVEL</u>	<u>YEARS</u>										<u>NOT SPECIFIED</u>
1 Primary	0	1	2	3	4	5	6	7	8+		9
2 Secondary	0	1	2	3	4	5	6	7	8+		9
3 Post secondary	0	1	2	3	4	5	6	7	8+		9
4 Other (specify):	_____										
9 Refused/not stated											

106. What is your religion?

- | | |
|-----------------|--------------------------|
| 1 Anglican | 8 Roman Catholic |
| 2 Baptist | 9 Seventh Day Adventist |
| 3 Church of God | 10 United Church |
| 4 Methodist | 88 Other (specify):_____ |
| 5 Pentecostal | |
| 6 Rastafarian | 98 No religion |
| 7 Revivalist | 99 No response |

107. *With what frequency do you attend religious services?*

- 1 At least once a week
- 2 At least once a month
- 3 Rarely
- 6 Do not attend
- 9 No response

108. *What is your employment status?*

- 1 Working
 - 2 With a job but not working
 - 3 Looking for work
 - 4 Keeping house
 - 5 At school
 - 6 Incapable of working
 - 8 Other (specify): _____
- } SKIP TO Q. 111

109. *Do you work outside or inside the house?*

- 1 Inside only
- 2 Outside
- 3 Both

110. *What is your occupation?*

_____ Occupation For office use only

9999 No response

111. *Do you have radio and/or television in the household and if so, how many?*

	<u>Yes</u>	<u>No</u>	<u>Number</u>
1 Radio	1	2	___
2 Television	1	2	___

112. *Do members of the household read any newspapers and with what regularity? [STATE THE GREATEST REGULARITY APPLICABLE WITHIN THE HOUSEHOLD]*

	<u>Daily</u>	<u>Weekly</u>	<u>Rarely</u>	<u>Never</u>
1 Gleaner	1	2	3	4
2 Jamaica Herald	1	2	3	4
3 Star	1	2	3	4
8 Other (specify)_____	1	2	3	4

SECTION II - RELATIONSHIP STATUS AND PARTNERSHIP HISTORY

Now, I would like to ask you some questions about your steady relationships.

201. *Are you legally married now?*

- 1 Yes (SKIP TO Q. 203)
- 2 No

202. *Are you and your husband living together as man and wife now?*

- 1 Yes (SKIP TO Q. 206)
- 2 No

203. *Are you living with a common-law partner now? [IF RESPONDENT DOES NOT APPEAR TO UNDERSTAND THE TERM "COMMON-LAW", ASK]: Are you living as man and wife now with a partner to whom you are not legally married?*

- 1 Yes (SKIP TO Q. 206)
- 2 No

204. *Do you have a visiting partner, that is, a more or less steady partner with whom you have sexual relations?*

- 1 Yes (SKIP TO Q. 206)
- 2 No

205. *Do you have a boyfriend?*

- 1 Yes (SKIP TO Q. 207)
- 2 No (SKIP TO Q. 209)

206. *When you and your husband/partner first started together, what type of relationship did you have? [READ OPTIONS].*

- 1 *Married*
- 2 *Common-law*
- 3 *Visiting partner*
- 4 *Steady boyfriend*

SKIP TO Q.208

207. *Have you ever had sexual intercourse with your present boyfriend?*

- 1 Yes
- 2 No (SKIP TO Q. 209)

208. *In what month and year did your present relationship start?*

___ ___ month 1 9 ___ ___ year

98 Doesn't remember

209. *What is the total number of partners, including your present partner if any, you have had in the past five years?*

___ ___ number

90 Many partners, more than 10

98 Doesn't remember

IF "00", SKIP TO Q.212.

IF "01" AND Q. 208 IS BLANK, SKIP TO Q. 211.

IF "01" AND THERE IS A RESPONSE AT Q.208, SKIP TO Q. 213.

IF "02" OR MORE, CONTINUE.

210. *When you and your first partner started together, what type of relationship did you have ?*
[READ OPTIONS]

1 *Married*

2 *Common-law*

3 *Visiting partner*

4 *Steady boyfriend*

211. *In what month and year did your first relationship start?*

___ ___ month 1 9 ___ ___ year

98 Doesn't remember (month/year)

SKIP TO Q.213

212. *Have you ever had sexual intercourse?*

1 Yes

2 No (SKIP TO Q. 301)

213. *At what age did you first have sexual intercourse?*

___ ___ years

98 Doesn't remember

SECTION III - FERTILITY

Now, we are fining to talk about your history of menstruation and your childbearing history. Some of the questions may not apply to you. In these cases, just say so.

301. *How old were you when your first period started (first started menstruation)?*

___ ___ age

77 Never had a period (SKIP TO Q. 303)

302. *How long has it been since your last period (your last menstruation)?*

___ ___ months

00 Currently having a period

01 Up to one month

96 Does not have a period (menstruate) any more

97 Before last pregnancy

98 Don't remember

**IF RESPONDENT HAS NEVER HAD SEX [Q. 212 = "NO"],
SKIP TO Q. 401.**

ALL OTHERS, CONTINUE.

303. *Have you ever been pregnant?*

1 Yes

2 No

304. *Are you currently pregnant?*

1 Yes

3 Not sure

2 No

**IF RESPONDENT ANSWERED "YES" TO Q. 303 AND "YES" TO Q. 304,
CONTINUE.**

**IF RESPONDENT ANSWERED "YES" TO Q. 303 AND
EITHER "NO" OR "NOT SURE" TO Q. 304,
SKIP TO Q. 306.**

**IF RESPONDENT ANSWERED "NO" TO Q. 303 AND "NO"
OR "NOT SURE" TO Q. 304,
SKIP TO Q.401.**

305. *When do you expect to give birth'}*

___ ___ month 19 ___ ___ year

306. *Just before you became pregnant with this child (your last child) did you ... [READ]*

Yes No

A *Smoke any kind of tobacco products*

1 2

B *Drink any alcoholic beverages*

1 2

307. *During the past month, have you ... [READ]*

Yes No

A *Smoked any kind of tobacco products*

1 2

B *Drunk any alcoholic beverages*

1 2

308. *During the 12 months before your last (this) pregnancy, did you use any contraceptive method, even for a short time, to avoid getting pregnant?*

1 Yes

2 No (SKIP TO Q. 312)

309. *What was the last method you used during that time?*

1 Female sterilization, tubal ligation

8 Foaming tablets

2 Male sterilization, vasectomy

9 Creams/jellies

3 Implant (Norplant)

10 Diaphragms

4 Injection

11 Withdrawal

5 Pill

12 Rhythm (calendar method)

6 Intra-uterine device/coil

13 Billings method

7 Condom

88 Other (specify):

310. *Did you become pregnant while you were using [LAST METHOD]?*

1 Yes (SKIP TO Q. 312)

2 No

311. *What was the main reason you stopped using [LAST METHOD]?*

1 Wanted to get pregnant
TO Q. 314)

5 Cost too much (SKIP

6 Inconvenient to use

2 Husband/partner disapproved

7 Infrequent sex

3 Health concerns

8 Other (specify):

4 Accessibility/availability

9 Don't know

312. *When you became pregnant with your last (current) pregnancy, did you want to become pregnant?*

- 1 Yes (SKIP TO Q. 314)
- 2 No
- 3 God's will, fate, didn't think about it (SKIP TO Q. 314)
- 4 Don't know, not sure (SKIP TO Q. 314)

313. *Was it that you wanted no more children, or that you just wanted to wait longer before another pregnancy?*

- 1 Wanted no more children
- 2 Wanted to wait longer
- 8 Don't know, not sure, don't remember

Now we want to collect information on the number of times you have been pregnant.

314. *How many pregnancies resulted in live births?* _____

315. *How many in still births?* _____

316. *How many in miscarriages?* _____

317. *How many in abortions?* _____

318. *Currently pregnant?* [ENTER "1" if "YES" at Q. 304] _____

319. *Therefore, the total number of your pregnancies is:* _____

320. *How many live births have you had?* _____

**IF SHE HAS HAD ONE OR MORE MISCARRIAGES OR
ABORTION (THAT IS, TERMINATION OF PREGNANCY),
CONTINUE**

ALL OTHERS, SKIP TO BOX ABOVE Q. 329.

321. *Vie last time that you lost a baby before seven months of pregnancy, what month and year was it?*

_____ month 1 9 _____ year 98 Don't remember (month/year)

322. *Was it a miscarriage or an induced abortion (that is, a termination of pregnancy) ?*

- 1 Miscarriage (SKIP TO BOX ABOVE Q. 329)
- 2 Abortion
- 9 Refusal (SKIP TO BOX ABOVE Q. 329)

323. *Who performed the abortion?*

- | | |
|-----------|-------------------------|
| 1 Doctor | 5 Herself |
| 2 Nurse | 6 Friend, family member |
| 3 Midwife | 8 Other (specify): |
| 4 Nana | |

324. *After the abortion did you have complications which required treatment?*

- 1 Yes
- 2 No (SKIP TO BOX ABOVE Q. 329)

325. *Where were you treated?*

- | | |
|--------------------------|---------------------------------|
| 1 Government hospital | 5 At home |
| 2 Private hospital | 6 At home of relative or friend |
| 3 Private clinic/doctor- | 8 Other (specify): |
| 4 Pharmacy | |

**IF SHE ANSWERED "GOVERNMENT OR PRIVATE
HOSPITAL", [CODE 1 OR 2], CONTINUE**

ALL OTHERS, SKIP TO QUESTION 327.

326. *How many nights did you spend in the hospital?*

___ ___ nights

98 Don't know

327. *Do you still have a health problem as a result of the abortion?*

- 1 Yes
- 2 No (SKIP TO BOX ABOVE Q. 329)

328. *What is the problem ?*

	<u>Mentioned</u>	<u>Not Mentioned</u>
A Pain	1	2
B Sterility	1	2
C Infection	1	2

**IF SHE IS CURRENTLY PREGNANT WITH HER FIRST PREGNANCY
(Q. 304 = "YES" AND TOTAL PREGNANCIES IN Q. 319 = "1"),
OR
IF SHE HAS HAD NO LIVE BIRTHS ("00" IN Q. 320)
SKIP TO QUESTION 401.

OTHERWISE. CONTINUE.**

Now, I would like to talk to you about all the live births you have had.

329. *Beginning with your last live birth, please give me the names and dates of birth of each.*
[WHEN YOU HAVE COMPLETED THE RECORDING, CHECK Q.320 TO ENSURE
THAT THE ANSWER IS CONSISTENT. IF NOT, QUERY AND CORRECT AS
APPROPRIATE]

<u>Birth Order</u>	<u>Name</u>	<u>Birth Date</u>	<u>Month</u>	<u>Year</u>
Last birth	_____	_____	1 9	_____
Next to last	_____	_____	1 9	_____
Second from last	_____	_____	1 9	_____
Third from last	_____	_____	1 9	_____
Fourth from last	_____	_____	1 9	_____
Fifth from last	_____	_____	1 9	_____
Sixth from last	_____	_____	1 9	_____
Seventh from last	_____	_____	1 9	_____
Eighth from last	_____	_____	1 9	_____
Ninth from last	_____	_____	1 9	_____
Tenth from last	_____	_____	1 9	_____
Eleventh from last	_____	_____	1 9	_____
Twelfth from last	_____	_____	1 9	_____
		98	Don't remember (month/year)	

330. *How many of your live births occurred from January 1, 1988?*

_____ number

**IF LAST LIVE BIRTH WAS BEFORE JANUARY 1, 1988 ["00 " IN Q. 330],
SKIP TO QUESTION 342.**

**FOR ALL BIRTHS ON OR AFTER JANUARY 1, 1988,
RECORD THE NAMES AND DATES OF BIRTH
IN THE BIRTH HISTORY CHART ON NEXT PAGE**

BIRTH HISTORY CHART
(Only for live births occurring from January 1, 1988)

	Last birth	Next to last birth	Second from last birth	Third from last birth	Fourth from last birth
NAME	_____	_____	_____	_____	_____
331. Is [NAME] a boy or a girl?	1 Boy 2 Girl	1 Boy 2 Girl	1 Boy 2 Girl	1 Boy 2 Girl	1 Boy 2 Girl
332. When you were pregnant with [NAME] were you given any injection to prevent the baby from getting tetanus, that is lockjaw?	1 Yes 2 No (SKIP TO Q.334) 8 Don't know (SKIP TO Q.334)	1 Yes 2 No (SKIP TO Q.334) 8 Don't know (SKIP TO Q.334)	1 Yes 2 No (SKIP TO Q.334) 8 Don't know (SKIP TO Q.334)	1 Yes 2 No (SKIP TO Q.334) 8 Don't know (SKIP TO Q.334)	1 Yes 2 No (SKIP TO Q.334) 8 Don't know (SKIP TO Q.334)
333. How many?	____ Number	____ Number	____ Number	____ Number	____ Number
334. When you were pregnant with [NAME] did you see anyone for a check on this pregnancy?	1 Yes 2 No (SKIP TO Q. 337)	1 Yes 2 No (SKIP TO Q. 337)	1 Yes 2 No (SKIP TO Q. 337)	1 Yes 2 No (SKIP TO Q. 337)	1 Yes 2 No (SKIP TO Q. 337)
335. Where did you go for most of this care?	1 Gov't health centre/clinic 2 Gov't hospital 3 Pvre hosp. 4 Rur. mat. centre 5 Pvt doctor/ clinic 6 Midwife 7 Other	1 Gov't health centre/clinic 2 Gov't hospital 3 Pvre hosp. 4 Rur. mat. centre 5 Pvt doctor/ clinic 6 Midwife 7 Other	1 Gov't health centre/clinic 2 Gov't hospital 3 Pvre hosp. 4 Rur. mat. centre 5 Pvt doctor/ clinic 6 Midwife 7 Other	1 Gov't health centre/clinic 2 Gov't hospital 3 Pvre hosp. 4 Rur. mat. centre 5 Pvt doctor/ clinic 6 Midwife 7 Other	1 Gov't health centre/clinic 2 Gov't hospital 3 Pvre hosp. 4 Rur. mat. centre 5 Pvt doctor/ clinic 6 Midwife 7 Other

336. How many rimes did you go ?	_____ times	_____ times	_____ times	_____ times	_____ times
337. Where did you give birth to [NAME]?	1 Victoria Jubilee 2 Other Gov't hosp. 3 Pvre hospital 4 Pvre nursing home 5 Rur. mat. centre 6 Own home 7 Home of relative or friend 8 Other	1 Victoria Jubilee 2 Other Gov't hosp. 3 Pvre hospital 4 Pvre nursing home 5 Rur. mat. centre 6 Own home 7 Home of relative or friend 8 Other	1 Victoria Jubilee 2 Other Gov't hosp. 3 Pvre hospital 4 Pvre nursing home 5 Rur. mat. centre 6 Own home 7 Home of relative or friend 8 Other	1 Victoria Jubilee 2 Other Gov't hosp. 3 Pvre hospital 4 Pvre nursing home 5 Rur. mat. centre 6 Own home 7 Home of relative or friend 8 Other	1 Victoria Jubilee 2 Other Gov't hosp. 3 Pvre hospital 4 Pvre nursing home 5 Rur. mat. centre 6 Own home 7 Home of relative or friend 8 Other
338. Who assisted with the delivery of [NAME]?"	1 Doctor 2 Trained nurse 3 Trained midwife 4 Nana 5 Other 6 No one	1 Doctor 2 Trained nurse 3 Trained midwife 4 Nana 5 Other 6 No one	1 Doctor 2 Trained nurse 3 Trained midwife 4 Nana 5 Other 6 No one	1 Doctor 2 Trained nurse 3 Trained midwife 4 Nana 5 Other 6 No one	1 Doctor 2 Trained nurse 3 Trained midwife 4 Nana 5 Other 6 No one
339. How was [NAME] delivered?	1 Normal delivery 2 Forceps delivery 3 Caesarean section	1 Normal delivery 2 Forceps delivery 3 Caesarean section	1 Normal delivery 2 Forceps delivery 3 Caesarean section	1 Normal delivery 2 Forceps delivery 3 Caesarean section	1 Normal delivery 2 Forceps delivery 3 Caesarean section
340. Is [NAME] still alive?	1 Yes (SKIP TO BOX) 2 No	1 Yes (SKIP TO BOX) 2 No	1 Yes (SKIP TO BOX) 2 No	1 Yes (SKIP TO BOX) 2 No	1 Yes (SKIP TO BOX) 2 No
341. IF DEAD: How old was [NAME] when he/she died? [RECORD DAYS IF UNDER 30 DAYS, MONTHS IF UNDER 12 MONTHS, YEARS IF 12 MONTHS AND OVER].	1 _____ days 2 _____ mths 3 _____ yrs	1 _____ days 2 _____ mths 3 _____ yrs	1 _____ days 2 _____ mths 3 _____ yrs	1 _____ days 2 _____ mths 3 _____ yrs	1 _____ days 2 _____ mths 3 _____ yrs

**IF NO OTHER LIVE BIRTHS CONTINUE WITH Q.342 ON NEXT PAGE.
OTHERWISE CONTINUE WITH NEXT BIRTH, THAT IS, RETURN TO Q.331.**

342. *Has your period (menstruation) returned since your last birth?*

- 1 Yes
- 2 No, but have become pregnant since last birth (SKIP TO Q. 344)
- 3 No (SKIP TO Q. 344)

343. *How many months after birth did your period (menstruation) return?*

___ ___ months

- 00 Less than 1 month
- 98 Don't remember

344. *How many weeks after you had your last birth did you resume sexual relations?*

___ ___ weeks

- 00 Less than one week
- 77 Not yet resumed

345. *Did you breastfeed your last child?*

- 1 Yes
- 2 No (SKIP TO Q. 401)

346. *How soon (in minutes, hours or days) after the birth did you first breastfeed that last child, that is, first put him/her to the breast?*

- 1 ___ ___ minutes
- 2 ___ ___ hours
- 3 ___ ___ days

347. *Are you still breastfeeding that child?*

- 1 Yes (SKIP TO Q. 349)
- 2 No

348. *How many months did you breastfeed that child?*

___ ___ months

- 00 Less than one month
- 98 Don't remember

349. *How old was the child, in months, when you started giving him/her milk other than breast milk and/or solid food?*

___ ___ months

- 00 Less than one month
44 Not yet
55 Child died first
98 Don't remember

IF CURRENTLY BREASTFEEDING, CONTINUE.

ALL OTHERS, SKIP TO QUESTION 401

350. *During the last 24 hours, how many times did the infant suckle?*

___ ___ times

351. *During the last 24 hours, how many times did the child get other food such as: [READ]*

No. of times

Fresh milk

Tinned or powdered milk

Plain water

Sugar water/tea

Juices

Solid food (rice, potatoes, bananas, etc.)

SECTION IV - FAMILY PLANNING

Now, I would like to talk about methods that people use to space or limit the number of their children.

401. a. FIRST ASK: *Please tell me all the methods you have heard of to space or limit the number of children a person can have. [CIRCLE "1" IN THE COLUMN "SPONTANEOUS", NEXT TO EACH METHOD MENTIONED].*
- b. THEN: READ EACH METHOD NOT MENTIONED. [CIRCLE "2" OR "0", AS APPROPRIATE].
- c. THEN: ASK QUESTIONS ABOUT USE FOR EVERY METHOD KNOWN BY THE RESPONDENT. [CIRCLE "3" OR "4" AS APPROPRIATE].

<u>Method</u>	<u>Sponta- neous</u>	<i>Have you ever heard of [METHOD]?</i>		<i>Have you/your partner ever used it?</i>	
		<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
1 <i>Female sterilization, tubal ligation</i>	1	2	0	3	4
2 <i>Male ster., vasectomy</i>	1	2	0	3	4
3 <i>Implant (Norplant)</i>	1	2	0	3	4
4 <i>Injection</i>	1	2	0	3	4
5 <i>Pill</i>	1	2	0	3	4
6 <i>IUD/coil</i>	1	2	0	3	4
7 <i>Condom</i>	1	2	0	3	4
8 <i>Foaming tablets</i>	1	2	0	3	4
9 <i>Creams/jellies</i>	1	2	0	3	4
10 <i>Diaphragm</i>	1	2	0	3	4
11 <i>Withdrawal</i>	1	2	0	3	4
12 <i>Rhythm (calendar method)</i>	1	2	0	3	4
13 <i>Billings method</i>	1	2	0	3	4
88 <i>Other (specify):</i>	1	2	0	3	4

402. HAS RESPONDENT EVER USED AT LEAST ONE METHOD OF CONTRA-
CEPTION? [AT LEAST ONE "3" CIRCLED IN Q. 401]

- 1 Yes
2 No (SKIP TO Q. 414)

403. *Are you/your partner currently using a method of contraception?*

1 Yes

2 No (SKIP TO Q. 405)

404. *Which method? Please tell me if you and your partner are using two methods?*

FIRST METHOD

- 1 Female sterilization, tubal ligation
- 2 Male sterilization, vasectomy
- 3 Implant (Norplant)
- 4 Injection
- 5 Pill
- 6 Intra-uterine device/coil
- 7 Condom
- 8 Foaming tablets
- 9 Creams/jellies
- 10 Diaphragm
- 11 Withdrawal
- 12 Rhythm (calendar method)
- 13 Billings method
- 88 Other (specify):

SECOND METHOD

- 1 Female sterilization, tubal ligation
- 2 Male sterilization, vasectomy
- 3 Implant (Norplant)
- 4 Injection
- 5 Pill
- 6 Intra-uterine device/coil
- 7 Condom
- 8 Foaming tablets
- 9 Creams/jellies
- 10 Diaphragm
- 11 Withdrawal
- 12 Rhythm (calendar method)
- 13 Billings method
- 88 Other (specify):

00 No second method

405. *How old were you when you first used contraception?*

___ age

98 Don't remember (month/year)

406. *How many living children did you have when you first used contraception?*

___ number

98 Don't remember

IF RESPONDENT HAS USED CONTRACEPTION IN THE PAST BUT IS NOT CURRENTLY USING [Q. 402 = YES AND Q. 403 = NO], CONTINUE.

IF RESPONDENT IS CURRENTLY USING METHODS 3-10 [THAT IS, A MODERN REVERSIBLE CONTRACEPTIVE], SKIP TO Q. 423.

**IF RESPONDENT IS NOW USING METHODS 11-13 ONLY
Q. 404 = METHODS "11-13"), SKIP TO Q. 434.**

**IF RESPONDENT OR HUSBAND/PARTNER IS STERILIZED,
(Q. 404 = METHODS 1 OR 2), SKIP TO Q. 452.**

407. What was the last family planning method you or your partner used?

- | | | |
|--|-----------------------------|---------------------|
| 1 Female sterilization, tubal ligation | 8 Foaming tablets | } SKIP TO
Q. 414 |
| 2 Male sterilization, vasectomy | 9 Creams/jellies | |
| 3 Implant (Norplant) | 10 Diaphragm | |
| 4 Injection | 11 Withdrawal | |
| 5 Pill | 12 Rhythm (calendar method) | |
| 6 Intra-uterine device/coil | 13 Billings method | |
| 7 Condom | 88 Other (specify): _____ | |

408. Where did you or your partner get your family planning supplies?

- | | |
|-----------------------------------|----------------------------------|
| 1 Government hospital | 7 Outreach worker |
| 2 Government health clinic/centre | 8 Factory/workplace |
| 3 Private hospital | 9 Supermarket/shop/bar |
| 4 Private clinic | 88 Other (specify): _____ |
| 5 Private doctor | |
| 6 Pharmacy | 98 Doesn't know/doesn't remember |

**IF METHOD USED WAS "INJECTION" ["4" IN Q. 407],
AND SUPPLY SOURCE WAS "PHARMACY" ["6" IN Q. 408],
CONTINUE WITH Q. 409.**

ALL OTHERS, SKIP TO Q. 410.

409. Who administered the injection ?

- | | |
|------------------|-----------------------------|
| 1 A doctor | 4 Other health professional |
| 2 A nurse | 8 Other (specify): _____ |
| 3 The pharmacist | 9 Doesn't remember |

410. How far did you have to travel to obtain the supplies?

- | | |
|----------------------|-----------------------|
| 1 At home | 5 5 to under 10 miles |
| 2 Under one mile | 6 10 miles and over |
| 3 1 to under 2 miles | 9 No response |
| 4 2 to under 5 miles | |

411. INJECTION OR PILL USER?

- | |
|--|
| 1 Yes (CODES 4 OR 5 IN Q. 407, CONTINUE WITH Q. 412) |
| 2 No (SKIP TO Q. 414) |

412. *Did you ever use the injection or pill while you were breastfeeding?*

- | | | | |
|---|---------------------|---|---------------------------------|
| 1 | Yes | 8 | Don't remember (SKIP TO Q. 414) |
| 2 | No (SKIP TO Q. 414) | | |

413. *Did you have any problems or side effects?* [CIRCLE ALL THAT APPLY]

- | | <u>Yes</u> | <u>No</u> |
|--------------------------|------------|-----------|
| 1 None, no problems | 1 | 2 |
| 2 Gained weight | 1 | 2 |
| 3 Headaches | 1 | 2 |
| 4 Breastmilk dried up | 1 | 2 |
| 5 Irregular bleeding | 1 | 2 |
| 8 Other (specify): _____ | | |

IF SHE IS PREGNANT NOW [SEE Q. 304], CODE "3" IN Q. 414.

414. *Do you think you are able to get pregnant at the present time?*

- | | | | |
|---|----------------------|---|-------------------------------------|
| 1 | Yes (SKIP TO Q. 416) | 3 | Currently pregnant (SKIP TO Q. 418) |
| 2 | No | 4 | Not sure, don't know |

415. *Why not?*

- | | | | |
|---|---|---|---------------------|
| 1 | Menopause | } | (SKIP TO
Q. 458) |
| 2 | Has had an operation for medical reasons which makes pregnancy impossible (or husband/partner has had an operation) | | |
| 3 | Has tried to get pregnant for at least two years without success (or has not gotten pregnant despite at least two years of non-contraception) | | |
| 4 | Not sexually active | | (SKIP TO Q. 418) |
| 5 | Postpartum/breastfeeding | | |
| 6 | Other (specify) _____ | | |

416. *Would you like to become pregnant now?*

- | | | | |
|---|----------------------|---|----------------------|
| 1 | Yes (SKIP TO Q. 418) | 3 | God's will, fate |
| 2 | No | 9 | Don't know, not sure |

417. *Why are you not using a method to prevent pregnancy now?*

- | | |
|--|---|
| 1 Health/medical | 8 Partner opposes |
| 2 Doesn't like | 9 Lack of knowledge |
| 3 Had side effects from last (other) methods | 10 Considers contraception not effective |
| 4 Fear of side effects | 11 Considers method last used not effective |
| 5 Method unavailable | 12 Method difficult to use |
| 6 Partner's responsibility | 13 Money problems |
| 7 Source far away | 14 Religion against |
| | 88 Other (specify): _____ |

418. *In the future (after this pregnancy), do you think you will want to use a method to prevent pregnancy?*

- 1 Yes
- 2 No (SKIP TO Q. 439)
- 3 Not sure (SKIP TO Q. 439)

419. *What method would you most like to use?*

- | | |
|--|--------------------------------|
| 1 Female sterilization, tubal ligation | 9 Creams/jellies |
| 2 Male sterilization, vasectomy | 10 Diaphragm |
| 3 Implant (Norplant) | 10 Withdrawal (SKIP TO Q. 439) |
| 4 Injection | 11 Rhythm (calendar method) |
| 5 Pill | 12 Billings method |
| 6 Intra-uterine device/coil | 88 Other (specify): _____ |
| 7 Condom | |
| 8 Foaming tablets | 98 Don't know (SKIP TO Q. 439) |

420. *Do you know where to obtain that method, (or information on the method if it is either the Rhythm or Billings methods (METHODS 12 AND 13)?)*

- 1 Yes
- 2 No (SKIP TO Q. 439)

421. *Where? [IF MORE THAN ONE PLACE MENTIONED, CIRCLE THE ONE SHE WOULD MOST LIKELY USE]*

- | | |
|-----------------------------------|----------------------------------|
| 1 Government hospital | 7 Outreach worker |
| 2 Government health clinic/centre | 8 Factory/workplace |
| 3 Private hospital | 9 Supermarket/shop/bar |
| 4 Private clinic | 88 Other (specify): _____ |
| 5 Private doctor | |
| 6 Pharmacy | 98 Doesn't know/doesn't remember |

422. *How far would you have to travel to obtain the supplies or information relating to the method?*

- | | |
|----------------------|-----------------------|
| 1 At home | 5 5 to under 10 miles |
| 2 Under one mile | 6 10 miles and over |
| 3 1 to under 2 miles | 9 No response |
| 3 2 to under 5 miles | |

SKIP TO QUESTION 439

423. *Where do you/your partner get your family planning supplies?*

- | | |
|-----------------------------------|----------------------------------|
| 1 Government hospital | 7 Outreach worker |
| 2 Government health clinic/centre | 8 Factory/workplace |
| 3 Private hospital | 9 Supermarket/shop/bar |
| 4 Private clinic | 10 Other (specify): _____ |
| 5 Private doctor | |
| 6 Pharmacy | 98 Doesn't know/doesn't remember |

**IF METHOD USED IS "INJECTION" (THAT IS, "4" IN Q. 407),
AND SUPPLY SOURCE IS "PHARMACY", CONTINUE WITH Q. 424.**

ALL OTHERS, SKIP TO Q. 425.

424. *Who administered the injection?*

- | | |
|-----------------------------|--|
| 1 A doctor | |
| 2 A nurse | |
| 3 The pharmacist | |
| 4 Other health professional | |
| 8 Other (specify): _____ | |
| 9 Doesn't remember | |

425. *How far did you have to travel to obtain the supplies?*

- | | |
|----------------------|-----------------------|
| 1 At home | 5 5 to under 10 miles |
| 2 Under 1 mile | 6 10 miles and over |
| 3 1 to under 2 miles | 9 No response |
| 4 2 to under 5 miles | |

426. **INJECTION OR PILL USER?**

- | | |
|--|--|
| 1 Yes [CODES 4 OR 5 IN Q. 404: CONTINUE WITH Q. 427] | |
| 2 No (SKIP TO Q. 439) | |

427. *Did you ever use the injection or pill while you were breastfeeding?*

- | | | | |
|---|-----------------------------------|---|------------|
| 1 | Yes | 8 | Don't know |
| 2 | No (SKIP TO BOX FOLLOWING Q. 428) | | |

428. *Did you have any problems or side effects?* [CIRCLE ALL THAT APPLY]

- | | <u>Yes</u> | <u>No</u> |
|---|------------------------|-----------|
| 1 | None, no problems | 1 2 |
| 2 | Gained weight | 1 2 |
| 3 | Headaches | 1 2 |
| 4 | Breast milk dried up | 1 2 |
| 5 | Irregular bleeding | 1 2 |
| 8 | Other (specify): _____ | |

**INJECTION USERS [CODE "4" IN Q. 404]
SKIP TO Q. 439.**

**PILL USERS [CODE "5" IN Q. 404]
CONTINUE.**

429. *What is the brand name of the pill you are currently using?*

- | | | | |
|----|------------|----|------------------------|
| 1 | Anteovin | 12 | Ortho |
| 2 | Diane | 13 | Ortho Novum |
| 3 | Eugynon | 14 | Ovral |
| 4 | Gynera | 15 | Ovulen |
| 5 | Lo Femenal | 16 | Perle |
| 6 | Logynon | 17 | Trinordiol |
| 7 | Microgynon | 18 | Trinovum |
| 8 | Microval | 19 | Tri-Regal |
| 9 | Minulet | 88 | Other (specify): _____ |
| 10 | Neogynon | | |
| 11 | Nordette | 98 | Doesn't know |

430. *How long (in months) have you been using this (brand) continuously?*

___ months

431. *Who first told you to use if?*

- | | | | |
|---|-----------------|---|------------------------|
| 1 | A doctor | 5 | A friend |
| 2 | A nurse | 8 | Other (specify): _____ |
| 3 | A pharmacist | | |
| 4 | A family member | | |

432. *Do you currently have a supply of [BRAND] which you are currently using?*

- 1 Yes
- 2 No
- 9 No answer

433. *What brand were you using before?*

- | | |
|--------------|---------------------|
| 1 Anteovin | 12 Ortho |
| 2 Diane | 13 Ortho Novum |
| 3 Eugynon | 14 Ovral |
| 4 Gynera | 15 Ovulen |
| 5 Lo Femenal | 16 Perle |
| 6 Logynon | 17 Trinordiol |
| 7 Microgynon | 18 Trinovum |
| 8 Microval | 19 Tri-Regal |
| 9 Minulet | 88 Other (specify): |
| 10 Neogynon | |
| 11 Nordette | 00 None |

ALL SKIP TO QUESTION 439

434. *In the future, do you think you will want to use a different method to prevent pregnancy?*

- 1 Yes
- 2 No (SKIP TO Q. 439)
- 9 Don't know, not sure (SKIP TO Q. 439)

435. *What method would you most like to use?*

- | | |
|--|--------------------------------|
| 1 Female sterilization, tubal ligation | 8 Foaming tablets |
| 2 Male sterilization, vasectomy | 9 Creams/jellies |
| 3 Implant (Norplant) | 10 Diaphragm |
| 4 Injection | 11 Withdrawal (SKIP TO Q. 439) |
| 5 Pill | 12 Rhythm (calendar method) |
| 6 Intra-uterine device/coil | 13 Billings method |
| 7 Condom | 88 Other (specify): |

436. *Do you know where to obtain this method, or information about this method if it is either the Rhythm method or the Billings method [METHODS 12 AND 13]?*

- 1 Yes
- 2 No (SKIP TO Q. 439)

437. *Where?* [IF MORE THAN ONE PLACE MENTIONED, CIRCLE THE ONE SHE WOULD MOST LIKELY USE]

- | | |
|-----------------------------------|----------------------------------|
| 1 Government hospital | 7 Outreach worker |
| 2 Government health clinic/centre | 8 Factory/workplace |
| 3 Private hospital | 9 Supermarket/shop/bar |
| 4 Private clinic | 88 Other (specify): |
| 5 Private doctor | |
| 6 Pharmacy | 98 Doesn't know/doesn't remember |

438. *How far would you have to travel to obtain the supplies or information about the method?*

- | | |
|----------------------|-----------------------|
| 1 At home | 5 5 to under 10 miles |
| 2 Under one mile | 6 10 miles and over |
| 3 1 to under 2 miles | 9 No response |
| 4 2 to under 5 miles | |

439. *Do you want to have any (more), children (after this pregnancy)?*

- 1 Yes (SKIP TO Q. 445)
- 2 No
- 3 God's will, fate (SKIP TO Q. 447)
- 9 Not sure (SKIP TO Q. 447)

RESPONDENTS WHO HAVE INDICATED THAT THEY WOULD LIKE TO HAVE A TUBAL LIGATION IN THE FUTURE OR THEIR PARTNER TO HAVE A VASECTOMY ["1" OR "2" IN Q. 419], SKIP TO Q. 458.

ALL OTHERS, CONTINUE.

QUESTIONS 440-444 ARE ONLY FOR WOMEN WHO DO NOT WANT MORE CHILDREN.

440. *Would you be interested in an operation that would prevent you from having any (more) children ?*

- 1 Yes
- 2 No (SKIP TO Q. 451)
- 9 Not sure

441. *Do you know where to go for this operation?*

- 1 Yes (SKIP TO Q. 443)
- 2 No

442. *Do you know where to get information about this operation"?*

- 1 Yes
- 2 No (SKIP TO Q. 458)

443. *Where?* [IF MORE THAN ONE PLACE MENTIONED, CIRCLE THE ONE SHE WOULD MOST LIKELY USE]

- | | |
|------------------------|-------------------------|
| 1 Clinic/health centre | 4 Private doctor/clinic |
| 2 Public hospital | 8 Other (specify): |
| 3 Private hospital | _____ |

444. *Since you have (or will have) all the children you want and you know where to get this operation/ information about this operation, why have you not had it?* [IF CURRENTLY PREGNANT (" 1" IN Q. 304), CIRCLE "16"]

- | | |
|---|---|
| 1 Fear of method/side effects | 10 Current partner opposes |
| 2 Fear of operation (cut) | 11 Advanced age, approaching menopause |
| 3 Fear of anaesthesia | 12 Not sexually active |
| 4 Service facility too far | 13 Religion |
| 5 Too young | 14 women should have all the children they want |
| 6 Future partner might want more children | 15 Family opposes |
| 7 May want more children if situation changes | 16 Currently pregnant |
| 8 Lack of information | 88 Other (specify): |
| 9 Lack of money | _____ |
| | 99 No answer |

SKIP TO QUESTION 458.

QUESTIONS 445-451 ARE ONLY FOR WOMEN WHO WANT OR MIGHT WANT MORE CHILDREN.

445. *How many (more) children would you like to have (after this pregnancy)?*

- | | |
|------------------------|-------------------------------------|
| ___ ___ children | 77 As many as God sends, up to fate |
| | 98 Don't know |
| 66 As many as possible | |

446. *When would you like to have the next one?* [ANSWER IN MONTHS IF LESS THAN TWELVE MONTHS OR IN YEARS IF MORE THAN ONE YEAR]

- | | | |
|----------------|---------------|-----------------------------|
| ___ ___ months | ___ ___ years | 00 Now, as soon as possible |
| | | 98 Don't know (month/year) |

447. *When you have had all the children you want, would you be interested in an operation that would prevent you from having any (more) children?*

- 1 Yes
- 2 No (SKIP TO Q. (451)
- 3 Not sure

448. *Do you know where to go for this operation?*

- 1 Yes
- 2 No

449. *Do you know where to get information about this operation?*

- 1 Yes
- 2 No (SKIP TO Q. 458)

450. *Where?* [IF MORE THAN ONE PLACE MENTIONED, CIRCLE THE ONE SHE WOULD MOST LIKELY USE]

- 1 Clinic/health centre
- 2 Public hospital
- 3 Private hospital
- 4 Private doctor/clinic
- 8 Other (specify): _____

SKIP TO QUESTION 458

451. *Win- would you not be interested in this operation?* [IF CURRENTLY PREGNANT ("1" IN Q. 304), CIRCLE "16"]

- | | |
|---|--|
| 1 Fear of method/side effects | 10 Current partner opposes |
| 2 Fear of operation (cut) | 11 Advancing age, approaching menopause |
| 3 Fear of anaesthesia | 12 Not sexually active |
| 4 Service facility too far | 13 Religion |
| 5 Too young | 14 Women should have all the children they want more |
| 6 Future partner may want children | 15 Family opposes |
| 7 May want more children if situation changes | 16 Currently pregnant |
| 8 Lack of information | 88 Other (specify): _____ |
| 9 Lack of money | 99 No answer |

SKIP TO QUESTION 458

**QUESTIONS 452 - 457 ARE FOR WOMEN WHO HAVE BEEN STERILIZED
OR WHOSE HUSBANDS/PARTNERS HAVE HAD A VASECTOMY.**

452. *Where was your tubal ligation/your husband's (partner's) vasectomy done?*

- | | | | |
|---|------------------|---|------------------------|
| 1 | Public hospital | 3 | Private doctor/clinic |
| 2 | Private hospital | 8 | Other (specify): _____ |

453. *How old were you when you/he had the operation?* _____
age

454. *Did you receive any counselling about family planning methods at that location?*

- 1 Yes
2 No (SKIP TO Q. 456)

455. *Did the counsellor or person you talked with give the following information?* [FOR EACH POSSIBLE RESPONSE ASK: "Did she tell you about....."]

	<u>Yes</u>	<u>No</u>	<u>DK/DR</u>
A <i>How the operation is performed</i>	1	2	9
B <i>The fact that sterilization does not affect sex life</i>	1	2	9
C <i>Postoperative consequences like pain, discomfort</i>	1	2	9
D <i>The anesthesia which would be used</i>	1	2	9
E <i>Tire possible medical risks of surgery and anesthesia</i>	1	2	9
F <i>The possibility of failure</i>	1	2	9
G <i>Tire fact that if the operation is successful, you would not be able to 'have more children</i>	1	2	9
H <i>The possibility of regret</i>	1	2	9
I <i>What to do in the event of postoperative complications</i>	1	2	9
J <i>Other available contraceptive methods</i>	1	2	9
K <i>Benefit of other methods</i>	1	2	9
L <i>Side effects of other methods</i>	1	2	9

456. *Are you satisfied with having had the operation?*

- 1 Yes (SKIP TO Q. 458)
- 2 No

457. *Why are you not satisfied with the operation?*

- 1 In a new union
- 2 The operation has caused complications
- 3 Had bad side effects
- 4 It has decreased sexual enjoyment
- 5 Desires more children because child(ren) died
- 6 Would like another child because my other children have grown up
- 7 Sterilization is morally wrong
- 8 Husband/partner treats me differently
- 9 She feels less important
- 88 Other (specify): _____
- 98 Don't know
- 99 Refused

**IF RESPONDENT HAS NEVER HAD SEX [Q. 212 = "NO"],
SKIP TO Q. 504.**

**IF RESPONDENT HAS NEVER BEEN PREGNANT [Q. 314 = "00"]
AND HAS NEVER USED CONTRACEPTION [Q. 402 = "2"],
SKIP TO Q. 504.**

ALL OTHERS, CONTINUE.

458. *Now we would like to obtain a monthly record of your family planning history over a 5 year period (since January 1988). Therefore, I would like to go back over some of the information we have discussed and try to get the exact dates of certain events.*

First, I need to go over and record in this chart the dates of all of your live births, your stillbirths, your miscarriages and your abortions which occurred since then. You told me that you had ____ pregnancy(ies) which resulted in (a) live birth(s) [Q. 314]; pregnancies which ended in (a) stillbirth(s) [Q. 315]; ____ which ended in (a) miscarriage(s) [Q. 316]; and ____ which ended in (an) abortion(s) [Q.317]. You have also told me that the live birth(s) occurred in __, 19 __ [INTERVIEWER, CHECK Q. 329 AND RECOUNT THE DATES OF BIRTH OF THE LIVE BIRTH(S) OCCURRING AS OF JANUARY 1, 1988. ENTER THE CORRECT CODE FOR EACH OCCURRENCE IN THE MONTH AND YEAR WHICH APPLY].

Now, please tell me the month and year each of the pregnancies started and how many months you were pregnant. [ENTER CODE " 1 "FOR EACH MONTH DURING WHICH SHE WAS PREGNANT. REMEMBER, YOU SHOULD NOT ENTER "1" IN THE MONTH IN WHICH THE OCCURRENCE TOOK PLACE. YOU SHOULD NOT MAKE ANY FURTHER ENTRIES IN THE FIRST LINE OF EACH YEAR1.

Next, I have to record all of your contraceptive usage during that period and how long you have used each method. [SKIP TO THE SECOND LINE AND BEGIN WITH THE LAST METHOD USED AND WORK BACKWARDS. FINALLY, FILL IN ALL THE BLANKS WITH "0" ("NO METHOD") EXCEPT FOR THOSE MONTHS SHE WAS NOT ON A METHOD BECAUSE SHE WAS PREGNANT. REMEMBER, IF SHE WAS ON A METHOD AND BECAME PREGNANT ON THE METHOD, YOU SHOULD FIND OUT WHEN SHE DISCOVERED THAT SHE WAS PREGNANT AND MAKE THE APPROPRIATE ENTRIES UP TO THAT MONTH].

Lastly, I would like you to tell me why did you stop using _____ in _____. [IDENTIFY THOSE TIMES WHEN THE RESPONDENT EITHER SWITCHED FROM ONE METHOD TO ANOTHER, OR STOPPED USING ALTOGETHER. FIND OUT THE REASON FOR STOPPING THE METHOD WHICH WAS CURRENTLY BEING USED AND ENTER THE APPROPRIATE CODE IN THE THIRD LINE FOR THE RELEVANT YEAR].

CODES TO BE USED IN THE CALENDAR

<u>Pregnancy/Outcomes</u>	<u>Method used</u>	<u>Reason stopped use</u>
1 Pregnant	1 Female sterilization, tubal ligation	1 Became pregnant on method
2 Live birth	2 Male sterilization, vasectomy	2 Stopped to become pregnant
3 Stillbirth	3 Implant (Norplant)	3 Husband/partner objected
4 Induced abortion	4 Injection	4 Side effects
5 Miscarriage	5 Pill	5 Health concerns
	6 Intra-uterine device/coil	6 Stopped to "rest body"
	7 Condom	7 Physician's decision
	8 Foaming tablets	8 Supply/Access problems
	9 Creams/jellies	9 Inconvenient to use
	10 Diaphragm	10 Infrequent sex/Partner away
	11 Withdrawal	11 Felt couldn't get pregnant
	12 Rhythm (calendar method)	12 Marriage/relationship ended
	13 Billings method	13 Cost
	88 Other (specify):	88 Other (specify):
	0 No Method	
		98 Don't remember

METHODS CALENDAR

	M O N T H											
	1	2	3	4	5	6	7	8	9	10	11	12
<u>1988</u>												
Pregnancy/Outcome	—	—	—	—	—	—	—	—	—	—	—	—
Method used	—	—	—	—	—	—	—	—	—	—	—	—
Reason stopped use	—	—	—	—	—	—	—	—	—	—	—	—
<u>1989</u>												
Pregnancy/Outcome	—	—	—	—	—	—	—	—	—	—	—	—
Method used	—	—	—	—	—	—	—	—	—	—	—	—
Reason stopped use	—	—	—	—	—	—	—	—	—	—	—	—
<u>1990</u>												
Pregnancy/Outcome	—	—	—	—	—	—	—	—	—	—	—	—
Method used Reason	—	—	—	—	—	—	—	—	—	—	—	—
stopped use	—	—	—	—	—	—	—	—	—	—	—	—
<u>1991</u>												
Pregnancy/Outcome	—	—	—	—	—	—	—	—	—	—	—	—
Method used Reason	—	—	—	—	—	—	—	—	—	—	—	—
stopped use	—	—	—	—	—	—	—	—	—	—	—	—
<u>1992</u>												
Pregnancy/Outcome	—	—	—	—	—	—	—	—	—	—	—	—
Method used Reason	—	—	—	—	—	—	—	—	—	—	—	—
stopped use	—	—	—	—	—	—	—	—	—	—	—	—
<u>1993</u>												
Pregnancy/Outcome	—	—	—	—	—	—	—	—	—	—	—	—
Method used Reason	—	—	—	—	—	—	—	—	—	—	—	—
stopped use	—	—	—	—	—	—	—	—	—	—	—	—

**IF USING A METHOD IN JANUARY 1988, CONTINUE WITH Q. 459.
ALL OTHERS SKIP TO INSTRUCTIONS FOLLOWING Q. 459.**

459. You said you were using _____ in January of J988. When did you start using that method?

___ ___ month 19 ___ ___ year

**IF CURRENTLY USING A MODERN METHOD [LAST
"METHOD USED" SHOWN IN 1993 IS CODE 1-10], SKIP TO Q. 501.
ALL OTHERS, SKIP TO Q. 504.**

SECTION V - ATTITUDES TOWARD CONTRACEPTION AND SEXUALITY

501. *If you or your partner do not currently pay for the contraceptive(s) you use, would you be prepared to pay for it them?*

- | | |
|-----------------------|----------------------------|
| 1 Yes | 3 Already pays for it/them |
| 2 No (SKIP TO Q. 503) | |

502. *How much would you/your partner be prepared to pay [If "1" in Q. 501]? Or, what is the highest amount you/your partner would be prepared to pay [If "3" in Q. 501]? Please tell me if more than one method is being used. [IF \$997 AND MORE. CODE "997"].*

_____ FIRST METHOD

J\$ _____
per cycle of pill
per piece of condom
per tube of foam/jelly
per dose of injection
per IUD (device only)
per unit of diaphragm
per procedure (tubal ligation)
per procedure (vasectomy)

- 998 Don't know
999 Regardless of cost

_____ SECOND METHOD

J\$ _____
per cycle of pill
per piece of condom
per tube of foam/jelly
per dose of injection
per IUD (device only)
per unit of diaphragm
per procedure (tubal ligation)
per procedure (vasectomy)

- 998 Don't know
999 Regardless of cost
000 No second method

SKIP TO Q. 504

503. *What would you then do to obtain contraceptives if you could not get them free of charge ?*

- | | |
|---|------------------------|
| 1 Stop using, do without, etc. | 4 Use herbal medicines |
| 2 Abstain from sex | 8 Other (specify): |
| 3 Use Natural Family Planning methods or withdrawal | _____ |

504. *If a woman takes the pill correctly, how sure can she be that she will not become pregnant? [READ OPTIONS 1-3]*

- | | |
|----------------------------|--------------------------|
| 1 Completely sure | 3 Some risk of pregnancy |
| 2 Slight risk of pregnancy | 9 Don't know |

505. *How safe for a woman's health is the pill?* [READ OPTIONS 1 -3]

- | | | | |
|---|------------------------|---|-------------------|
| 1 | <i>Completely safe</i> | 3 | <i>Unsafe</i> |
| 2 | <i>Slight risk</i> | 9 | <i>Don't know</i> |

**IF RESPONDENT HAS NEVER HEARD OF TUBAL LIGATION,
INJECTION, PILL OR IUD, SKIP TO Q. 507.**

ALL OTHERS, CONTINUE.

I am now going to ask you how you feel about different kinds of contraceptives. For each contraceptive mentioned, that is, the injection, the pill, the IUD and tubal ligation, please give me your response after I read the possible answers. [READ ALL ANSWERS EXCEPT "DON'T KNOW"]

		<u>TL</u>	<u>the Inj- ection</u>	<u>the Pill</u>	<u>the IUD</u>
506a.	<i>How would you rate [METHOD] as to its effectiveness in preventing pregnancy?</i>	1 <i>Very effective</i> 2 <i>Sometimes effective</i> 3 <i>Not effective</i> 9 <i>Don't know</i>	—	—	—
506b.	<i>How would you rate [METHOD] as to its ease of use?</i>	1 <i>Very easy</i> 2 <i>Somewhat easy</i> 3 <i>Not easy</i> 9 <i>Don't know</i>	—	—	—
506c.	<i>Do you think [METHOD] can cause vaginal discharge?</i>	1 <i>Yes</i> 2 <i>No</i> 9 <i>Don't know</i>	—	—	—
506d.	<i>Do you think [METHOD] can cause abnormal bleeding ?</i>	1 <i>Yes</i> 2 <i>No</i> 9 <i>Don't know</i>	—	—	—
506e.	<i>Do you think women who use [METHOD] have a higher risk of cancer?</i>	1 <i>Yes</i> 2 <i>No</i> 9 <i>Don't know</i>	—	—	—
506f.	<i>Do you think [METHOD] can cause infertility if you use it for a long time, say five years?</i>	1 <i>Yes</i> 2 <i>No</i> 9 <i>Don't know</i>	XXX	—	—
506g.	<i>Do you think [METHOD] is bad for blood circulation?</i>	1 <i>Yes</i> 2 <i>No</i> 3 <i>Don't know</i>	—	—	—

Now, I'd like to read some statements to you. Please indicate if you agree, disagree or are uncertain about them.

	<u>Agree</u>	<u>Dis- agree</u>	<u>Un- certain</u>	<u>No Re- sponse</u>
507. <i>God should decide how many children one should have.</i>	1	2	8	9
508. <i>Work in the kitchen is women's work.</i>	1	2	8	9
509. <i>Care of children is women's work.</i>	1	2	8	9
510. <i>Sex with a virgin can cure gonorrhoea.</i>	1	2	8	9
511. <i>The man is the one to decide how many children his wife/partner should have.</i>	1	2	8	9
512. <i>A woman should be a virgin when she marries.</i>	1	2	8	9
513. <i>Men should always have financial responsibility towards their children.</i>	1	2	8	9
514. <i>Parents who provide their children with sex education encourage them to have sexual intercourse.</i>	1	2	8	9
515. <i>Sex education should be taught in schools.</i>	1	2	8	9
516. <i>A woman should have a baby before she is twenty to prove she is not a mule.</i>	1	2	8	9
517. <i>A woman can become pregnant during her first sexual intercourse.</i>	1	2	8	9
518. <i>If a man uses a condom, it doesn't take away any pleasure from the woman.</i>	1	2	8	9
519. <i>You can use the same condom more than once.</i>	1	2	8	9
520. <i>Using the pill will protect you against sexually transmitted diseases including AIDS.</i>	1	2	8	9
521. <i>Who ought to make the decision to use something to avoid becoming pregnant, the man only, the woman only, or both together?</i>				

- 1 The man
- 2 The woman
- 3 Both

- 4 Each one is on his or her own
- 8 Other (specify):

Now I would like to ask you about your attitude towards childbearing.

522. *If you could choose exactly the number of children to have in your whole life, how many would that be?*

___ ___ number

77 Fate, up to God

88 Don't know

523. *In your opinion, at what age is a woman responsible enough to have her first child?*

___ ___ years

66 Soon after she enters her first union

77 When she matures, is in a stable union

55 Depends on circumstances

98 Doesn't have an opinion

88 Other (specify): _____

524. *What is the main reason a woman might wish to limit the number of children that she has?*

1 Health of the mother

2 Health of the child

3 Economic reasons

4 Wellbeing of the family

5 Don't think a woman should limit the number of children she has

8 Other (specify): _____

525. *How old do you think a child should be before the mother stops breastfeeding him/her?*

___ ___ months

77 As long as possible

526. *How old do you think it is best for a child to be before another child is born?*

___ ___ months

527. *Who should decide the number of children a couple wants to have?*

1 Husband/partner

4 Mother-in-law

2 Wife/woman

5 Fate, up to God

3 Both

6 Other (specify): _____

528. *What are the days during the month when a woman has to be careful to avoid becoming pregnant? [READ OPTIONS 1-5]*

1 During her period

5 At any time

2 Right after her period has ended

8 Other (specify): _____

3 In the middle of the cycle

4 Just before her period begins

9 Don't know

529. Which do you think is better, vasectomy for men or tubal ligation for women?

- | | | | |
|---|----------------|---|--------------------------------------|
| 1 | Vasectomy | 3 | Neither, both equally (SKP TO Q.531) |
| 2 | Tubal ligation | 9 | No opinion (SKIP TO Q. 531) |

530. Why do you think vasectomy/tubal ligation [USE ANSWER TO Q. 529] is better?

- 1 Cheaper
- 2 Safer
- 3 Vasectomy diminishes a man's potency
- 4 Tubal ligation eliminates the future possibility of childbearing
- 5 Vasectomy eliminates the future possibility of childbearing
- 8 Other (specify): _____
- 9 Don't know

531. EVER USED CONDOMS.

- | | | | |
|---|----------------------|---|---------------------|
| 1 | Yes [Q. 401-7 = "3"] | 2 | No (SKIP TO Q. 533) |
|---|----------------------|---|---------------------|

532. Why do (did) you and your partner use condoms? [READ OPTIONS 1-3]

- 1 Prevent pregnancy
- 2 Prevent sexually transmitted diseases
- 3 Prevent pregnancy and disease
- 4 Don't know/Don't remember

SKIP TO QUESTION 534

533. Why haven't you and your partner(s) ever used condoms?

- 1 Partner(s) didn't like them
- 2 Have only one partner
- 3 Preventing pregnancy is woman's responsibility
- 4 They diminish pleasure/spontaneity
- 5 Not effective at preventing pregnancy
- 6 They are too expensive
- 7 Condoms are to be used only outside of marriage
- 8 Condoms are to be used only with prostitutes
- 9 Never sexually active
- 88 Other (specify): _____
- 98 Don't know

534. CURRENT CONDOM USER.

- 1 Yes [CODE "7" IN Q. 404]
- 2 No (SKIP TO Q. 601)

535. *How often do you use condoms during sexual intercourse?* [READ OPTIONS 1-5]

- 1 *Every time*
- 2 *Every time with certain partners*
- 3 *Most of the time*
- 4 *Some of the times*
- 5 *Occasionally*
- 9 *Refused*

536. *The last time you had sexual intercourse, did you use a condom ?*

- 1 *Yes*
- 2 *No*

537. *What is the brand name of the condom you/your partner normally use?*

- | | |
|-----------------|---------------------|
| 1 Arouser | 15 Maximum |
| 2 Bare Back | 16 Pamitex |
| 3 Black Jack | 17 Panther |
| 4 Fantasy | 18 Power Play |
| 5 Featherlite | 19 Rough Rider |
| 6 Fiesta | 20 Sensuals |
| 7 Gold | 21 Siltex |
| 8 Gossemar | 22 Sultan |
| 9 Jellia | 23 trojan |
| 10 Jiffi | 24 Wet'N'Wild |
| 11 Kiss of Mint | 88 Other (specify): |
| 12 Licks | _____ |
| 13 Life Force | 00 No brand |
| 14 Life Styles | 98 Don't know |

538. *Do you currently have a supply of them?*

- | | |
|--------------|-------------------------------|
| 1 <i>Yes</i> | 9 <i>No answer/don't know</i> |
| 2 <i>No</i> | |

539. *Did you buy them (the last time you had them) ?*

- | | |
|--------------|------------------------------|
| 1 <i>Yes</i> | 2 <i>No (SKIP TO Q. 541)</i> |
|--------------|------------------------------|

540. *Where did you buy the condoms that you normally use?*

- | | |
|-----------------------|---------------------------|
| 1 <i>Pharmacy</i> | 4 <i>Bar</i> |
| 2 <i>Supermarket</i> | 8 <i>Other (specify):</i> |
| 3 <i>Grocery shop</i> | _____ |

ALL SKIP TO Q. 601

541. *Where did you get the condoms if you did not buy it?*

- 1 Hospital
- 2 Clinic
- 3 Doctor's office
- 4 Partner
- 5 Friend
- 6 Outreach worker
- 8 Other (specify): _____

SECTION VI - YOUNG ADULT MODULE
(For Eligible Female Respondents aged 15-24 years)

601. AGE OF RESPONDENT: [SEE Q. 102]

1 15-24 [CONTINUE WITH Q. 602] 2 25-44 (SKIP TO Q. 701)

602. *What ways are used by men to get a young woman into a sexual relationship?* [IF MORE THAN ONE WAY MENTIONED, ASK THE MOST IMPORTANT WAY].

- 1 Persistence
- 2 Good looks
- 3 Coaxing
- 4 Bragging about property
- 5 Money
- 6 Material things
- 7 Seclusion/seduction
- 8 Saying she doesn't love him if she won't have sex
- 9 Promise employment
- 10 Promise marriage
- 11 Promise "Uptown, Downtown, and Parade"/promise "the world"
- 12 Brute force
- 88 Other (specify): _____
- 98 Don't know
- 99 No answer

603. *How can a woman put off 'having sex if she is not ready for it?* [IF SHE GIVES MORE THAN ONE REASON, ASK FOR THE MOST IMPORTANT].

- | | |
|---------------------------------|---------------------------|
| 1 Take his mind off it | 7 Don't listen |
| 2 Avoid him | 8 Pretend illness |
| 3 Don't take anything | 9 Say no |
| 4 Stay away from secluded areas | 88 Other (specify): _____ |
| 5 Pretend menstruation | 98 Don't know |
| 6 Don't move in with him | 99 No answer |

604. *For young people your age who have had sexual intercourse, what do you think is the most appropriate contraceptive method to use to avoid pregnancy?*

- | | | |
|--|---------------------------|--------------------|
| 1 Female sterilization, tubal ligation | 10 Diaphragm | } SKIP TO
Q.606 |
| 2 Male sterilization, vasectomy | 11 Withdrawal | |
| 3 Implant (Norplant) | 12 Rhythm | |
| 4 Injection | 13 Billings method | |
| 5 Pill | 14 Abstinence | |
| 6 Intra-uterine device/coil | 00 None | |
| 7 Condom | 98 Doesn't know | |
| 8 Foaming tablets | 99 Doesn't answer | |
| 9 Creams/jellies | 88 Other (specify): _____ | |

605. *Could you afford to use this method?*

- 1 Yes
- 2 No
- 9 Doesn't know

606. *Have you ever had a class or course about family life or sex education in school?*

- 1 Yes
- 2 No (SKIP TO Q. 612) 9
- Doesn't know

607. *How old were you when you had the first class or course?*

___ age

- 98 Doesn't remember

608. *What grade of schooling (level and years) had you reached when you had this first class or course ?*

	<u>LEVEL</u>	<u>YEARS</u>									<u>NOT SPECIFIED</u>
1	Primary	0	1	2	3	4	5	6	7	8+	9
2	Secondary	0	1	2	3	4	5	6	7	8+	9
3	Post secondary	0	1	2	3	4	5	6	7	8+	9
9	Doesn't remember										

609. *Who was the main person who taught this first class or course?*

- 1 School teacher
- 2 Physician
- 3 Counsellor or psychologist
- 4 Social worker
- 5 Nurse
- 8 Other (specify): _____
- 9 Doesn't remember

610. *Was it a man or a woman?*

- 1 Man
- 2 Woman
- 9 Doesn't remember

611. *Did this first class or course or any later class or course in school include information about.....? [READ]*

	<u>Yes</u>	<u>No</u>	<u>Doesn't Remember</u>
1 <i>The human reproductive system</i>	1	2	8
2 <i>The woman's menstrual cycle or period</i>	1	2	8
3 <i>Pregnancy and how it occurs</i>	1	2	8
4 <i>Modern birth control methods such as the pill, IUD, condom, spermicidals, or injectables</i>	1	2	8
5 <i>Sexually transmitted diseases that can result from sexual contact</i>	1	2	8
6 <i>AIDS</i>	1	2	8
7 <i>Services available for adolescents</i>	1	2	8

612. *At what age do you think sex education should begin in schools?*

___ age

77 It should not be taught

98 Doesn't know

613. *Have you ever had a formal course or lecture about family life or sex education anywhere outside of the school?*

1 Yes

2 No (SKIP TO Q. 619)

614. *Where was the first place you had it?*

1 Community centre

2 Clinic

3 Club

4 Church

5 Youth centre

7 Work place

8 HEART

9 Home

88 Other (specify):

6 Bar

98 Doesn't remember

615. *How old were you when you had this first course or lecture on sex education?*

___ age

98 Doesn't remember

1	School teacher	6	Other social worker
2	Physician	7	Peers
3	Nurse	8	Parent/guardian
4	Counsellor or psychologist	88	Other (specify): _____
5	Family planning outreach worker	99	Doesn't remember

1 Man
2 Woman
9 Doesn't remember

	<u>Yes</u>	<u>No</u>	<u>Doesn't Remember</u>
1 <i>The human reproductive system</i>	1	2	8
2 <i>The woman's menstrual cycle or period</i>	1	2	8
3 <i>Pregnancy and how it occurs</i>	1	2	8
4 <i>Modern birth control methods such as the pill, IUD, condom, spermicidals or injectables</i>	1	2	8
5 <i>Sexually transmitted diseases that can result from sexual contact</i>	1	2	8
6 <i>AIDS</i>	1	2	8
7 <i>Services available for adolescents</i>	1	2	8

____ month 1 9 ____ year 98 Doesn't remember
 99 No response
 2222 Has never had sexual intercourse (SKIP TO Q. 801)

620. *How old was the person with whom you had sexual intercourse for the first time?*

___ age

621. *What was the relationship of this person to you at that time?*

- 1 Husband/partner
- 2 Visiting partner
- 3 Boyfriend
- 4 Friend

- 5 Casual acquaintance
- 6 Mother's partner
- 8 Other (specify): _____

622. *Where did this first experience take place?*

- 1 At her own home
- 2 At her partner's home
- 3 At a friend's home
- 4 In a hotel or motel
- 5 In a car
- 6 School

- 7 At a dance hall/party
- 8 At the beach
- 9 In the bushes
- 88 Another place (specify): _____
- 98 Doesn't remember

623. *Did you or your partner use a contraceptive method during this first sexual intercourse?*

- 1 Yes
- 2 No (SKIP TO Q. 627)
- 9 Doesn't remember/doesn't know (SKIP TO Q. 628)

624. *What was the method?*

- 1 Female sterilization, tubal ligation
- 2 Male sterilization, vasectomy
- 3 Implant (Norplant)
- 4 Injection
- 5 Pill
- 6 Intra-uterine device/coil
- 7 Condom

- 8 Foaming tablets
- 9 Cream/jellies
- 10 Diaphragm
- 11 Withdrawal
- 12 Rhythm (calendar method)
- 13 Billings method
- 88 Other (specify): _____

625. *Where did you or your partner get this method used during your first sexual intercourse?*
IN CASE OF BILLINGS OR RHYTHM (CALENDAR METHOD),... Where did you or your partner receive orientation?)

- 1 Government hospital
- 2 Government health clinic/centre
- 4 Private clinic
- 5 Private doctor
- 6 Pharmacy

- 7 Outreach worker
- 8 Factory/work place
- 9 Supermarket/shop/bar
- 88 Other (specify): _____
- 99 Doesn't know/doesn't remember

627. Why didn't you or your partner use a contraceptive method during this first sexual intercourse?

628. EVER PREGNANT: [SEE ANSWER TO Q. 303]

629. When pregnant with your first child, were you in school?

630. *What grade of schooling (level and years) had you reached?*

	<u>LEVEL</u>	<u>YEARS</u>								<u>NOT SPECIFIED</u>
1	Primary	1	2	3	4	5	6	7	8+	9
2	Secondary	1	2	3	4	5	6	7	8+	9
3	Post Secondary	1	2	3	4	5	6	7	8+	
00	No schooling									
88	Other (specify): _____									
99	Doesn't remember									

631. *During your pregnancy, did you receive help with your schooling from any organization ?*

- 1 Yes
- 2 No (SKIP TO Q. 633)

632. *Winch organization offered help?*

- 1 Women's Centre
- 2 Church
- 3 Y.W.C.A.
- 4 Service Clubs
- 8 Other (specify): _____

633. *After the first child was born, did you return to school?*

- 1 Yes
- 2 No (SKIP TO Q. 635)

634. *What type of school did you return to?*

- 1 Primary
- 2 Secondary
- 3 Post secondary
- 8 Other (specify): _____

635. *Does anyone help you with the care of your child/children?*

- 1 Yes
- 2 No (SKIP TO Q. 701)

636. *What kind of help do you get?*

	<u>Yes</u>	<u>No</u>
A Child care	1	2
B Financial help	1	2
C Gifts	1	2
D Other (specify): _____		

637. *Who is the main source of help?*

- 1 Husband/partner
- 2 Mother
- 3 Grandmother
- 4 Other relative
- 5 Partner's parents/relative
- 8 Other (specify): _____

SECTION VII - CURRENT SEXUAL ACTIVITY
(For all eligible respondents)

701. EVER HAD SEXUAL INTERCOURSE? [SEE Q. 207 OR Q. 212]

- 1 Yes
- 2 No (SKIP TO Q. 801)

702. *Have you had sexual intercourse in the last 30 days?*

- 1 Yes
- 2 No (SKIP TO Q. 705)

703. *How many times have you had sexual intercourse in the last 30 days?*

___ ___ times

90 Many times - more than 10 98
Don't remember

704. *With how many men?*

___ ___ number

98 Don't remember

705. *What was the relationship of the last person with whom you had sexual intercourse to you?*

- 1 Husband/partner
- 2 Visiting partner
- 3 Boyfriend
- 4 Friend
- 5 Casual acquaintance
- 6 Mother's partner
- 7 Other relative's partner
- 8 Other (specify): _____

706. *Did you or the man involved use a contraceptive method during the last time you had sexual intercourse?*

- 1 Yes
- 2 No (SKIP TO Q. 708)

707. *What was this method?*

- | | |
|--|-----------------------------|
| 1 Female sterilization, tubal ligation | 8 Foaming tablets |
| 2 Male sterilization, vasectomy | 9 Cream/jellies |
| 3 Implant (Norplant) | 10 Diaphragm |
| 4 Injection | 11 Withdrawal |
| 5 Pill | 12 Rhythm (calendar method) |
| 6 Intra-uterine device/coil | 13 Billings method |
| 7 Condom | 88 Other (specify): |

708. NUMBER OF MEN WITH WHOM YOU HAD SEXUAL RELATIONS IN PAST 30 DAYS. [CHECK Q. 704]

- 1 One man (SKIP TO Q. 801)
- 2 Two men
- 3 Three or more men

709. *What was the relationship of the next-to-last person with whom you had sexual intercourse in the past 30 days to you?*

- | | |
|--------------------|----------------------------|
| 1 Husband/partner | 5 Casual acquaintance |
| 2 Visiting partner | 6 Mother's partner |
| 3 Boyfriend | 7 Other relative's partner |
| 4 Friend | 8 Other (specify): _____ |

710. *Did you or this person use a contraceptive method?*

- 1 Yes
- 2 No (SKIP TO BOX FOLLOWING Q. 711)

711. *What was this method?*

- | | |
|--|-----------------------------|
| 1 Female sterilization, tubal ligation | 8 Foaming tablets |
| 2 Male sterilization, vasectomy | 9 Cream/jellies |
| 3 Implant (Norplant) | 10 Diaphragm |
| 4 Injection | 11 Withdrawal |
| 5 Pill | 12 Rhythm (calendar method) |
| 6 Intra-uterine device/coil | 13 Billings method |
| 7 Condom | 88 Other (specify): |

**RESPONDENTS WHO HAVE HAD SEXUAL RELATIONS WITH TWO MEN
IN PAST 30 DAYS, SKIP TO Q. 801.**

WITH THREE OR MORE MEN, CONTINUE.

712. *What was the relationship of the second-from-last person with whom you had sexual intercourse in the past 30 days to you?*

- 1 Husband/partner
- 2 Visiting partner
- 3 Boyfriend
- 4 Friend
- 5 Casual acquaintance
- 6 Mother's partner
- 7 Other relative's partner
- 8 Other (specify): _____

713. *Did you or this person use a contraceptive method?*

- 1 Yes
- 2 No (SKIP TO Q. 801)

714. *What was this method?*

- | | |
|--|-----------------------------|
| 1 Female sterilization, tubal ligation | 8 Foaming tablets |
| 2 Male sterilization, vasectomy | 9 Cream/jellies |
| 3 Implant (Norplant) | 10 Diaphragm |
| 4 Injection | 11 Withdrawal |
| 5 Pill | 12 Rhythm (calendar method) |
| 6 Intra-uterine device/coil | 13 Billings method |
| 7 Condom | 88 Other (specify): _____ |

SECTION VIII - KNOWLEDGE AND TRANSMISSION OF AIDS AND PREVENTION

801. *Have you ever heard of HIV or HIV infection?*

- 1 Yes
- 2 No

802. *Have you ever heard of the disease called AIDS?*

- 1 Yes
- 2 No

803. *Do you think a person can be infected with the virus which causes AIDS and not have any signs or symptoms of the AIDS disease?*

- 1 Yes
- 2 No
- 8 Don't know

804. *Can you tell me two different ways in which a person can become infected with the virus which causes AIDS?*

	<u>First</u>	<u>Second</u>
Sexual transmission	1	1
Intravenous drugs	2	2
Blood transfusion	3	3
Mother to child	4	4
Mosquito bites	5	5
Casual contact	6	6
Other (specify): _____	8	8
Don't know		

805. *Can a person get AIDS from someone who has the AIDS virus but does not have the disease?*

- 1 Yes
- 2 No
- 8 Don't know

806. *What risk do you think there is of your getting AIDS? [READ]*

- 1 *A great risk*
- 2 *Some risk*
- 3 *Not much risk*
- 4 *No risk at all*

807. What can a person do to reduce the risk of getting AIDS? [IF NON-SPONTANEOUS RESPONSE, PROBE: Can a personto reduce the risk of AIDS?]

	Sponta- <u>neous</u>	<u>Yes</u>	<u>Probed</u> <u>No</u>	<u>DK</u>
A Use condoms	1	2	3	9
B Avoid relations with prostitutes	1	2	3	9
C Have only one sexual partner	1	2	3	9
D Ask partner to have blood tested for AIDS	1	2	3	9
E Not have sexual relations	1	2	3	9
F Sterilize needles	1	2	3	9
G Avoid relations with bisexuals/homosexuals	1	2	3	9
H Any thing else? _____	1	2	3	9

808. In which of the following ways do you think a person can get the virus which causes AIDS?
[READ1

	<u>Yes</u>	<u>No</u>	<u>Don't</u> <u>know</u>
A Shaking hands or hugging	1	2	8
B Being in the same room as a person who has the AIDS virus	1	2	8
C Sharing personal items like dishes, toilets, etc.	1	2	8
D Sharing needles used for drugs	1	2	8
E Sexual intercourse between men	1	2	8
F Sexual intercourse between a man and a woman	1	2	8
G Giving a blood donation	1	2	8
H Receiving a blood transfusion	1	2	8
I Being bitten by an insect that has bitten someone with the AIDS virus	1	2	8

END OF INTERVIEW..... THANK YOU!!!

	<u>Date</u>	<u>Hr.</u>	<u>Min.</u>
TIME INTERVIEW STARTED:	_____	___	___
[See Title Page and page 2]			
TIME INTERVIEW ENDED:	_____	___	___
INTERRUPTION TIME (IF ANY):	_____	___	___
DURATION OF INTERVIEW:		___	___

**NOW RETURN TO TITLE PAGE AND COMPLETE INFORMATION
ON INTERVIEW CALLS.**

APPENDIX IIIA
HOUSEHOLD QUESTIONNAIRE - MALE

1993 CONTRACEPTIVE PREVALENCE SURVEY - JAMAICA

HOUSEHOLD QUESTIONNAIRE - MALE

FORM CPS 1B
CONFIDENTIAL
CAP.368

Identification No. _____

Questionnaire No. 2 _____

Parish	Constituency	E.D. No.	Dwelling No.	H/hold No.
Eligible Respondents				Sex 2

Interview calls	1	2	3	Final Visit
Day (Date)				
Month				
Interview Status *				
Eligible Respondent **				
Interviewer's Name				
Supervisor's Name				
Next Visit: Date				
Time				

* Interview Status Codes:

** Eligible Respondent Codes

- 1. Completed household interview
- 2. Not at home - deferred
- 8. Other (specify): _____

- 3. Vacant dwelling
- 4. Refusal
- 5. Partly completed

- 1 Yes
- 2 No

FOR OFFICE USE ONLY:

Reviewed by: _____

Position: _____

Date: _____

Edited by: _____ Date: _____

10. How many persons live in this household? _____ number

PLEASE RECORD THE NAMES OF ALL PERSONS WHO USUALLY LIVE AT THIS LOCATION. THIS SHOULD INCLUDE ALL WHO USUALLY EAT AND SLEEP HERE. YOU SHOULD START WITH THE HEAD OF THE HOUSEHOLD.

HOUSEHOLD SCHEDULE

<u>NAME</u> <i>Please give me the names of the persons who usually live in your household</i>	<i>What is the relationship to the head *</i>	<u>SEX</u> <i>Is [NAME] male(l) or female (2)</i>	<u>AGE</u> <i>How old is he/she? (years)</i>	<u>EDUCATIONAL</u> <u>STANDARD</u> Highest Level	<u>SEQUENCE</u> NO. [Eligible Women]
1 _____	_____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____	_____
5 _____	_____	_____	_____	_____	_____
6 _____	_____	_____	_____	_____	_____
7 _____	_____	_____	_____	_____	_____
8 _____	_____	_____	_____	_____	_____
9 _____	_____	_____	_____	_____	_____
10 _____	_____	_____	_____	_____	_____
11 _____	_____	_____	_____	_____	_____
12 _____	_____	_____	_____	_____	_____
13 _____	_____	_____	_____	_____	_____
14 _____	_____	_____	_____	_____	_____
15 _____	_____	_____	_____	_____	_____
16 _____	_____	_____	_____	_____	_____
17 _____	_____	_____	_____	_____	_____
18 _____	_____	_____	_____	_____	_____
19 _____	_____	_____	_____	_____	_____
20 _____	_____	_____	_____	_____	_____

**** Educational standard codes:**

[illegible]

11. Number of women aged 15-44 years living in household
(Total number of eligible women recorded in the Schedule) _____ number
12. *Now, I would like you to tell me the occupation of the head of the household.*

Occupation

For office use only

13. *How many rooms does your household occupy (exclude bathrooms and kitchen)?*

number

99 No response

14. *Who gave this information?* [BY OBSERVATION]

- 1 One of the eligible female respondents
2 Other household member
3 Neighbour
8 Other (specify): _____

IF THERE IS ONE OR MORE ELIGIBLE RESPONDENTS, SELECT THE ONE TO BE INTERVIEWED, BASED ON THE INSTRUCTIONS GIVEN AND USING THE RANDOM TABLE SHOWN OVERLEAF.

**THEN COMPLETE THE INDIVIDUAL QUESTIONNAIRE FOR THE
SELECTED RESPONDENT.**

**IF THERE ARE NO ELIGIBLE RESPONDENTS,
COMPLETE TITLE PAGE AND MOVE ON TO THE NEXT HOUSEHOLD.**

RANDOM SELECTION OF RESPONDENT

Questionnaire No. 2 — — — —

No. of Eligible Respondents — —

Last digit on questionnaire number	Last digit of number of eligible women								
	1	2	3	4	5	6	7	8	9
0	1	2	3	1	2	5	2	8	7
1	1	1	1	2	3	6	3	1	8
2	1	2	2	3	4	1	4	2	9
3	1	1	3	4	5	2	5	3	1
4	1	2	1	1	1	3	6	4	2
5	1	1	2	2	2	4	7	5	3
6	1	2	3	3	3	5	1	6	4
7	1	1	1	4	4	6	2	7	5
8	1	2	2	1	5	1	3	8	6
9	1	1	3	2	1	2	4	1	7

SEQUENCE NUMBER OF MAN SELECTED FOR INTERVIEW: — —

**AFTER COMPLETING THE HOUSEHOLD QUESTIONNAIRE,
RETURN TO TITLE PAGE AND
COMPLETE INFORMATION ON INTERVIEW CALLS**

COMMENTS

APPENDIX IIID
INDIVIDUAL QUESTIONNAIRE - MALE

1993 CONTRACEPTIVE PREVALENCE SURVEY - JAMAICA

INDIVIDUAL QUESTIONNAIRE – MALE
(For Eligible Male Respondents aged 15-44 Years)

FORM CPS 3
CONFIDENTIAL
CAP.368

Identification No.

Parish		Constituency		E.D. No.		Dwelling No.		H/hold No.	
				Sequence Number				Sex	2

Interview calls	1	2	3	Final Visit
Day				
Month				
Interview Status *				
Interviewer's Name				
Supervisor's Name				
Next Visit: Date				
Time				

*** Interview Status Codes:**

- | | |
|----------------------------------|---------------------|
| 1. Completed household interview | 4. Refusal |
| 2. Not at home - deferred | 5. Partly completed |
| 8. Other (specify): | |

FOR OFFICE USE ONLY:

Reviewed by: _____	_____
Position: _____	_____
Date: _____	_____
Edited by: _____	_____

SECTION I - RESPONDENT'S BACKGROUND

TIME INTERVIEW STARTED

101. *In what month and year were you born?*

___ month 19___ year 99 Don't know

102. *How old were you on your last birthday?* ___ years

103. *In what parish was your mother living at the time of your birth, or in what country other than Jamaica ?*

- | | |
|----------------------------------|------------------|
| 1 Kingston | 8 St. James |
| 2 St. Andrew | 9 Hanover |
| 3 St. Thomas | 10 Westmoreland |
| 4 Portland | 11 St. Elizabeth |
| 5 St. Mary | 12 Manchester |
| 6 St. Ann | 13 Clarendon |
| 7 Trelawny | 14 St. Catherine |
| 88 Other country (specify):_____ | |

104. *Have you ever attended school?*

- 1 Yes
2 No (SKIP TO Q. 106)

105. *How many years of primary, secondary and/or post secondary schooling did you complete?*

<u>LEVEL</u>	<u>YEARS</u>										<u>NOT SPECIFIED</u>
1 Primary	0	1	2	3	4	5	6	7	8+		9
2 Secondary	0	1	2	3	4	5	6	7	8+		9
3 Post secondary	0	1	2	3	4	5	6	7	8+		9
4 Other (specify):	_____										
9 Refused/not stated											

106. *What is your religion?*

- | | |
|-----------------|--------------------------|
| 1 Anglican | 8 Roman Catholic |
| 2 Baptist | 9 Seventh Day Adventist |
| 3 Church of God | 10 United Church |
| 4 Methodist | 88 Other (specify):_____ |
| 5 Pentecostal | |
| 6 Rastafarian | 98 No religion |
| 7 Revivalist | 99 No response |

107. *With what frequency do you attend religious services?*

- 1 At least once a week
- 2 At least once a month
- 3 Rarely
- 6 Do not attend
- 9 No response

108. *What is your employment status?*

- 1 Working
 - 2 With a job but not working
 - 3 Looking for work
 - 4 Keeping house
 - 5 At school
 - 6 Incapable of working
 - 8 Other (specify): _____
- } SKIP TO Q. 111

109. *Do you work outside or inside the house?*

- 1 Inside only
- 2 Outside
- 3 Both

110. *What is your occupation?*

_____ Occupation For office use only

9999 No response

111. *Do you have radio and/or television in the household and if so, how many?*

	<u>Yes</u>	<u>No</u>	<u>Number</u>
1 Radio	1	2	___
2 Television	1	2	___

112. *Do members of the household read any newspapers and with what regularity? [STATE THE GREATEST REGULARITY APPLICABLE WITHIN THE HOUSEHOLD]*

	<u>Daily</u>	<u>Weekly</u>	<u>Rarely</u>	<u>Never</u>
1 Gleaner	1	2	3	4
2 Jamaica Herald	1	2	3	4
3 Star	1	2	3	4
8 Other (specify)_____	1	2	3	4

SECTION II - RELATIONSHIP STATUS AND PARTNERSHIP HISTORY

Now, I would like to ask you some questions about your steady relationships.

201. *Are you legally married now?*

- 1 Yes (SKIP TO Q. 203)
- 2 No

202. *Are you and your wife living together as man and wife now?*

- 1 Yes (SKIP TO Q. 206)
- 2 No

203. *Are you living with a common-law partner now? [IF RESPONDENT DOES NOT APPEAR TO UNDERSTAND THE TERM "COMMON-LAW", ASK]: Are you living as man and wife now with a partner to whom you are not legally married?*

- 1 Yes (SKIP TO Q. 206)
- 2 No

204. *Do you have a visiting partner, that is, a more or less steady partner with whom you have sexual relations?*

- 1 Yes (SKIP TO Q. 206)
- 2 No

205. *Do you have a girlfriend?*

- 1 Yes (SKIP TO Q. 207)
- 2 No (SKIP TO Q. 209)

206. *When you and your husband/partner first started together, what type of relationship did you have? [READ OPTIONS].*

- 1 *Married*
- 2 *Common-law*
- 3 *Visiting partner*
- 4 *Steady girlfriend*

SKIP TO Q.208

207. *Have you ever had sexual intercourse with your present girlfriend?*

- 1 Yes
- 2 No (SKIP TO Q. 209)

208. *In what month and year did your present relationship start?*

___ ___ month 1 9 ___ ___ year

98 Doesn't remember

209. *Besides your main partner, do you have another with whom you have sexual relations?*

1 Yes

2 No

210. *What is the total number of partners, including your present partner if any, you have had in the past five years?*

___ ___ number

90 Many partners, more than 10

98 Doesn't remember

IF "00", SKIP TO Q.213.

IF "01" AND THERE IS A RESPONSE AT Q.208, SKIP TO Q. 214.

IF "01" AND Q. 208 IS BLANK, SKIP TO Q. 212.

IF "02" OR MORE, CONTINUE.

211. *When you and your first partner started together, what type of relationship did you have ?*
[READ OPTIONS]

1 Married

3 Visiting partner

2 Common-law

4 Steady girlfriend

212. *In what month and year did your first relationship start?*

___ ___ month 1 9 ___ ___ year

98 Doesn't remember (month/year)

SKIP TO Q.214

213. *Have you ever had sexual intercourse?*

1 Yes

2 No (SKIP TO Q. 401)

214. *At what age did you first have sexual intercourse?*

___ ___ years

98 Doesn't remember

SECTION III - REPRODUCTIVE HISTORY

Now, we are going to talk about your history as a parent. Some of the questions may not apply to you, but just say so when this is the case.

301. *Have you ever fathered any children?*

- 1 Yes
- 2 No (SKIP TO Q. 315)

302. *How many children have you fathered who currently live with you?* _____

303. *How many children have you fathered who live somewhere else?* _____

304. *How many children have you fathered who have died?* _____
[INCLUDE CHILDREN BORN ALIVE BUT WHO DIED
SHORTLY AFTER BIRTH]

305. *Therefore, the total number of children you have had is:* _____

306. *Now, I would like to ask you for some details about all your children. Please answer in the order of their birth, starting from the last child and going backwards to the first. [INCLUDE IN THIS LIST ALL CHILDREN WHO WERE BORN ALIVE, INCLUDING THOSE WHO DIED AFTER THEY WERE BORN].*

Birth Order	Name	Birth Date		Sex	Is [NAME] still alive?
		Month	Year		
Last birth	_____	_____	19 _____	_____	_____
Next to last	_____	_____	19 _____	_____	_____
Second from last	_____	_____	19 _____	_____	_____
Third from last	_____	_____	19 _____	_____	_____
Fourth from last	_____	_____	19 _____	_____	_____
Fifth from last	_____	_____	19 _____	_____	_____
Sixth from last	_____	_____	19 _____	_____	_____
Seventh from last	_____	_____	19 _____	_____	_____
Eighth from last	_____	_____	19 _____	_____	_____
Ninth from last	_____	_____	19 _____	_____	_____
Tenth from last	_____	_____	19 _____	_____	_____
Eleventh from last	_____	_____	19 _____	_____	_____
Twelfth from last	_____	_____	19 _____	_____	_____
		98	Don't remember (month/year)	1 Male 2 Female	1 Yes 2 No

**IF RESPONDENT HAS HAD ONE CHILD ONLY
[Q. 305 = "01"], SKIP TO Q. 308.**

ALL OTHERS, CONTINUE WITH Q. 307.

307. *Did you plan to have your first child?*

- 1 Yes
- 2 No
- 9 Not sure

308. *Did you plan to have your last (only) child?*

- 1 Yes
- 2 No
- 9 Not sure

309. *How many "baby mothers" (including wives) do you have?* [IF RESPONDENT HAS ONE CHILD ONLY, ENTER "01"]

___ number

88 Doesn't know

310. *Do you help with the care of your children?*

- 1 Yes
- 2 No (SKIP TO BOX ABOVE Q. 313)

311. *What kind of help do you give?*

	<u>Yes</u>	<u>No</u>
1 Child care	1	2
2 Financial Help	1	2
3 Gifts	1	2
8 Other (specify): _____		

312. *Do you think the help you give is important or not important in taking care of your children?*

- 1 Important
- 2 Not important

**IF RESPONDENT HAS HAD ONE CHILD ONLY BORN ALIVE,
[Q. 305 = "01"], SKIP TO Q. 315.**

ALL OTHERS, CONTINUE.

313. *Have you ever had more than one child born in the same year with different mothers?*

- 1 Yes
- 2 No (SKIP TO Q. 315)

314. *What was the highest number you have had in that year?*

___ ___ number

88 Don't know/not sure

315. *Is anyone (including your wife) pregnant for you now?*

- 1 Yes
- 2 No (SKIP TO Q. 401)
- 8 Doesn't know (SKIP TO Q. 401)

316. *Is this person your current partner?*

- 1 Yes
- 2 No (SKIP TO Q. 318)

317. *Did you plan this pregnancy?*

- 1 Yes
- 2 No
- 3 God's will, fate, didn't think about it
- 4 Don't know, not sure

SKIP TO Q. 401

318. *Did you plan this pregnancy (any of these pregnancies) ?*

- 1 Yes
- 2 No
- 3 God's will, fate, didn't think about it
- 4 Don't know, not sure

SECTION IV - FAMILY PLANNING

Now, I would like to talk about methods that people use to space or limit the number of their children.

401. a. FIRST ASK: *Please tell me all the methods you have heard of to space or limit the number of children a person can have. [CIRCLE "1" IN THE COLUMN "SPONTANEOUS", NEXT TO EACH METHOD MENTIONED].*
- b. THEN: READ EACH METHOD NOT MENTIONED. [CIRCLE "2" OR "0", AS APPROPRIATE].
- c. THEN: ASK QUESTIONS ABOUT USE FOR EVERY METHOD KNOWN BY THE RESPONDENT. [CIRCLE "3" OR "4" AS APPROPRIATE].

<u>Method</u>	<u>Sponta- neous</u>	<i>Have you ever heard of [METHOD] ?</i>		<i>Have you/your partner ever used it?</i>	
		<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
1 <i>Female sterilization, tubal ligation</i>	1	2	0	3	4
2 <i>Male ster., vasectomy</i>	1	2	0	3	4
3 <i>Implants (Norplant)</i>	1	2	0	3	4
4 <i>Injections</i>	1	2	0	3	4
5 <i>Pill</i>	1	2	0	3	4
6 <i>WD/coil</i>	1	2	0	3	4
7 <i>Condom</i>	1	2	0	3	4
8 <i>Foaming tablets</i>	1	2	0	3	4
9 <i>Creams/jellies</i>	1	2	0	3	4
10 <i>Diaphragm</i>	1	2	0	3	4
11 <i>Withdrawal</i>	1	2	0	3	4
12 <i>Rhythm (calendar method)</i>	1	2	0	3	4
13 <i>Billings method</i>	1	2	0	3	4
88 <i>Other (specify):</i>	1	2	0	3	4

402. HAS RESPONDENT EVER USED AT LEAST ONE METHOD OF CONTRA
CEPTION. [AT LEAST ONE "3" CIRCLED IN Q. 401]

- 1 Yes
2 No (SKIP TO BOX BELOW Q. 413)

403. *Are you/your (main) partner currently using a method of contraception?*

- 1 Yes
- 2 No (SKIP TO Q. 405)

404. *Which method? Please tell me if you and your (main) partner are using two methods?*

<u>FIRST METHOD</u>	<u>SECOND METHOD</u>
1 Female sterilization, tubal ligation	1 Female sterilization, tubal ligation
2 Male sterilization, vasectomy	2 Male sterilization, Vasectomy
3 Implants (Norplant)	3 Implants (Norplant)
4 Injection	4 Injection
5 Pill	5 Pill
6 Intra-uterine device/coil	6 Intra-uterine device/Coil
7 Condom	7 Condom
8 Foaming tablets	8 Foaming tablets
9 Creams/jellies	9 Creams/jellies
10 Diaphragm	10 Diaphragm
11 Withdrawal	11 Withdrawal
12 Rhythm (calendar method)	12 Rhythm (calendar method)
13 Billings method	13 Billings method
88 Other (specify): _____	88 Other (specify): _____
	00 No second method

405. *How old were you when you/your partner first used contraception:*

___ ___ age

98 Don't remember

406. *How many living children did you have when you/your partner first used contraception?*

___ ___ number 98

Don't remember

407. MORE THAN ONE SEXUAL PARTNER? [SEE Q. 209].

- 1 Yes
- 2 No (SKIP TO INSTRUCTION FOLLOWING Q. 409)

408. *Are you/your other partner currently using a method of contraception?*

1 Yes

2 No (SKIP TO BOX BELOW Q. 409)

409. *Which method? Please tell me if you and your other partner are using two methods?*

FIRST METHOD

- 1 Female sterilization, tubal ligation
- 2 Male sterilization, vasectomy
- 3 Implants (Norplant)
- 4 Injection
- 5 Pill
- 6 Intra-uterine device/coil
- 7 Condom
- 8 Foaming tablets
- 9 Creams/jellies
- 10 Diaphragm
- 11 Withdrawal
- 12 Rhythm (calendar method)
- 13 Billings method
- 88 Other (specify): _____

SECOND METHOD

- 1 Female sterilization, tubal ligation
- 2 Male sterilization, vasectomy
- 3 Implants (Norplant)
- 4 Injection
- 5 Pill
- 6 Intra-uterine device/coil
- 7 Condom
- 8 Foaming tablets
- 9 Creams/jellies
- 10 Diaphragm
- 11 Withdrawal
- 12 Rhythm (calendar method)
- 13 Billings method
- 88 Other (specify): _____

00 No second method

**THE REST OF THIS SECTION INCLUDING THE FOLLOWING
INSTRUCTIONS REFER TO "MAIN PARTNER" ONLY**

**IF RESPONDENT HAS USED CONTRACEPTION IN THE PAST BUT IS NOT
CURRENTLY USING [Q. 402 = "YES" AND Q. 403 = "NO"], CONTINUE.**

**IF RESPONDENT IS USING ONE OF METHODS 3-10 [THAT IS,
A MODERN REVERSIBLE CONTRACEPTIVE METHOD NOW
(Q. 402 = "YES" AND Q. 404 = METHODS 3-10)],
SKIP TO Q. 423.**

**IF RESPONDENT IS USING ONE OF METHODS 11-13 ONLY
[Q. 404 = ""11", "12" OR "13"] SKIP TO Q. 425.**

**IF RESPONDENT OR WIFE/PARTNER IS STERILIZED
[Q. 404 = METHODS 1 OR 2], SKIP TO Q. 450.**

410. What was the last family planning method you or your partner used?

- | | | |
|--|---------------------|--|
| 1 Female sterilization, tubal ligation | 8 Foaming tablets | } (SKIP TO BOX
FOLLOWING
Q. 413) |
| 2 Male sterilization, vasectomy | 9 Creams/jellies | |
| 3 Implants (Norplant) | 10 Diaphragm | |
| 4 Injection | 11 Withdrawal | |
| 5 Pill | 12 Rhythm | |
| 6 Intra-uterine device/coil | 13 Billings method | |
| 7 Condom | 88 Other (specify): | |

411. Where did you or your partner get your family planning supplies?

- | | |
|-----------------------------------|----------------------------------|
| 1 Government hospital | 7 Outreach worker |
| 2 Government health clinic/centre | 8 Factory/workplace |
| 3 Private hospital | 9 Supermarket/shop/bar |
| 4 Private clinic | 88 Other (specify): |
| 5 Private doctor | |
| 6 Pharmacy | 98 Doesn't know/doesn't remember |

**IF METHOD USED WAS "INJECTION" ["4" IN Q. 410],
AND SUPPLY SOURCE WAS "PHARMACY" ["6" IN Q. 411],
CONTINUE WITH Q. 412.**

ALL OTHERS, SKIP TO Q. 413.

412. Who administered the injection?

- | | |
|------------------|-----------------------------|
| 1 A doctor | 4 Other health professional |
| 2 A nurse | 5 Other (specify): |
| 3 The pharmacist | 9 Doesn't remember |

413. How far did you or your partner have to travel to obtain the supplies?

- | | |
|----------------------|-----------------------|
| 1 At home | 5 5 to under 10 miles |
| 2 Under 1 mile | 6 10 miles and over |
| 3 1 to under 2 miles | 9 No response |
| 4 2 to under 5 miles | |

**IF MARRIED OR LIVING WITH COMMON-LAW PARTNER,
CONTINUE.**

ALL OTHERS, SKIP TO Q. 418.

414. *Do you think your partner is able to get pregnant at the present time?*

- | | |
|------------------------|---------------------------------------|
| 1 Yes (SKIP TO Q. 416) | 3 Currently pregnant (SKIP TO Q. 418) |
| 2 No | 4 Not sure, don't know |

415. *Why not?*

- | | | |
|---|---|--------------------------------------|
| 1 Menopause | } | (SKIP TO BOX
FOLLOWING
Q. 455) |
| 2 Has had an operation for medical reasons which makes pregnancy impossible (or husband/partner has had an operation) | | |
| 3 Has tried to get pregnant for at least two years without success (or has not gotten pregnant despite at least two years of non-contraception) | | |
| 4 Not sexually active | | (SKIP TO Q. 418) |
| 5 Postpartum/breastfeeding | | |
| 6 Other (specify) _____ | | |

416. *Would you like her to become pregnant now?*

- | | |
|------------------------|------------------------|
| 1 Yes (SKIP TO Q. 418) | 3 God's will, fate |
| 2 No | 4 Don't know, not sure |

417. *Why are you/your partner not using a method to prevent pregnancy now?*

- | | |
|--|---|
| 1 Health/medical | 8 Partner opposes |
| 2 Doesn't like | 9 Lack of knowledge |
| 3 Had side effects from last (other) methods | 10 Considers contraception not effective |
| 4 Fear of side effects | 11 Considers method last used not effective |
| 5 Method unavailable | 12 Method difficult to use |
| 6 Partner's responsibility | 13 Money problems |
| 7 Source far away | 14 Religion against |
| | 88 Other (specify): _____ |

418. *In the future (after this pregnancy), do you think you will want to use a method to prevent pregnancy?*

- | |
|-----------------------------|
| 1 Yes |
| 2 No (SKIP TO Q. 437) |
| 3 Not sure (SKIP TO Q. 437) |

419. *What method would you most like to use?*

- | | | | |
|---|--------------------------------------|----|-----------------------------|
| 1 | Female sterilization, tubal ligation | 9 | Creams/jellies |
| 2 | Male sterilization, vasectomy | 10 | Diaphragm |
| 3 | Implants (Norplant) | 11 | Withdrawal (SKIP TO Q. 437) |
| 4 | Injection | 12 | Rhythm (calendar method) |
| 5 | Pill | 13 | Billings method |
| 6 | Intra-uterine device/coil | 88 | Other (specify):
_____ |
| 7 | Condom | | |
| 8 | Foaming tablets | 98 | Don't know (SKIP TO Q. 437) |

420. *Do you know where to obtain that method, (or information on the method if it is either the Rhythm or Billings methods (METHODS 12 AND 13)?*

- | | | | |
|---|-----|---|---------------------|
| 1 | Yes | 2 | No (SKIP TO Q. 437) |
|---|-----|---|---------------------|

421. *Where? [IF MORE THAN ONE PLACE MENTIONED, CIRCLE THE ONE HE WOULD MOST LIKELY USE]*

- | | | | |
|---|---------------------------------|----|-------------------------------|
| 1 | Government hospital | 7 | Outreach worker |
| 2 | Government health clinic/centre | 8 | Factory/workplace |
| 3 | Private hospital | 9 | Supermarket/shop/bar |
| 4 | Private clinic | 88 | Other (specify):
_____ |
| 5 | Private doctor | | |
| 6 | Pharmacy | 98 | Doesn't know/doesn't remember |

422. *How far would you/your partner have to travel to obtain the supplies or information relating to the method?*

- | | | | |
|---|--------------------|---|---------------------|
| 1 | At home | 5 | 5 to under 10 miles |
| 2 | Under 1 mile | 6 | 10 miles and over |
| 3 | 1 to under 2 miles | 9 | No response |
| 4 | 2 to under 5 miles | | |

ALL SKIP TO QUESTION 437

423. *Where do you/your partner get your family planning supplies?*

- | | | | |
|---|---------------------------------|----|-------------------------------|
| 1 | Government hospital | 7 | Outreach worker |
| 2 | Government health clinic/centre | 8 | Factory/workplace |
| 3 | Private hospital | 9 | Supermarket/shop/bar |
| 4 | Private clinic | 88 | Other (specify):
_____ |
| 5 | Private doctor | | |
| 6 | Pharmacy | 98 | Doesn't know/doesn't remember |

**IF METHOD USED IS "INJECTION" (THAT IS, "4" IN Q. 407), AND
SUPPLY SOURCE IS "PHARMACY" (THAT IS, "6" IN Q. 423),
CONTINUE.**

ALL OTHERS, SKIP TO Q. 425.

424. *Who administered the injection?*

- 1 A doctor
- 2 A nurse
- 3 The pharmacist
- 4 Other health professional
- 8 Other (specify): _____
- 9 Doesn't remember

425. *How far did you/your partner have to travel to obtain the supplies or information on the methods?*

- | | |
|----------------------|-----------------------|
| 1 At home | 5 5 to under 10 miles |
| 2 Under 1 mile | 6 10 miles and over |
| 3 1 to under 2 miles | 9 No response |
| 4 2 to under 5 miles | |

426. **PILL USER? [CODE "5" IN Q. 404]**

- 1 Yes (CONTINUE WITH Q. 427)
- 2 No (SKIP TO Q. 437)

427. *What is the brand name of the pill your (main) partner is currently using?*

- | | |
|--------------|---------------------------|
| 1 Anteovin | 12 Ortho |
| 2 Diane | 13 Ortho Novum |
| 3 Eugynon | 14 Ovral |
| 4 Gynera | 15 Ovulen |
| 5 Lo Femenal | 16 Perle |
| 6 Logynon | 17 Trinordiol |
| 7 Microgynon | 18 Trinovum |
| 8 Microval | 19 Tri-Regal |
| 9 Minulet | 88 Other (specify): _____ |
| 10 Neogynon | |
| 11 Nordette | 98 Doesn't know |

428. *How long (in months) has she been using this (brand) continuously?*

___ ___ ___ months

429. *Who first told her to use it?*

- 1 A doctor
- 2 A nurse
- 3 A pharmacist
- 4 A family member

- 5 A friend
- 8 Other (specify): _____

9 Doesn't know

430. *Does she currently have a supply of [BRAND] which she is currently using?*

- 1 Yes
- 2 No

9 Doesn't know

431. *What brand was she using before?*

- 1 Anteovin
- 2 Diane
- 3 Eugynon
- 4 Gynera
- 5 Lo Femenal
- 6 Logynon
- 7 Microgynon
- 8 Microval
- 9 Minulet
- 10 Neogynon
- 11 Nordette

- 12 Ortho
- 13 Ortho Novum
- 14 Ovral
- 15 Ovulen
- 16 Perle
- 17 Trinordiol
- 18 Trinovum
- 19 Tri-Regal
- 88 Other (specify): _____
- 00 No change
- 98 Doesn't know

ALL SKIP TO QUESTION 437

432. *In the future, do you think you or your partner will want to use a Afferent method to prevent pregnancy?*

- 1 Yes
- 2 No (SKIP TO Q. 437)

9 Doesn't know, not sure (SKIP TO Q. 437)

433. *What method would you/your partner most like to use?*

- 1 Female sterilization, tubal ligation
- 2 Male sterilization, vasectomy
- 3 Implants (Norplant)
- 4 Injection
- 5 Pill
- 6 Intra-uterine device/coil
- 7 Condom

- 8 Foaming tablets
- 9 Creams/jellies
- 10 Diaphragm
- 11 Withdrawal (SKIP TO Q. 443)
- 12 Rhythm (calendar method)
- 13 Billings method
- 88 Other (specify): _____

434. *Do you/your partner know where to obtain this method, or information about this method if it is either the Rhythm method or the Billings method [METHODS 12 AND 13]?*

- 1 Yes
- 2 No (SKIP TO Q. 437)

435. *Where?* [IF MORE THAN ONE PLACE MENTIONED, CIRCLE THE ONE HE WOULD MOST LIKELY USE]

- | | |
|-----------------------------------|----------------------------------|
| 1 Government hospital | 7 Outreach |
| 2 Government health clinic/centre | 8 Factory/workplace |
| 3 Private hospital | 9 Supermarket/shop/bar |
| 4 Private clinic | 88 Other (specify): |
| 5 Private doctor | |
| 6 Pharmacy | 98 Doesn't know/doesn't remember |

436. *How far would you/your partner have to travel to obtain the supplies or information about the method?*

- | | |
|----------------------|-----------------------|
| 1 At home | 5 5 to under 10 miles |
| 2 Under 1 mile | 6 10 miles and over |
| 3 1 to under 2 miles | 9 No response |
| 4 2 to under 5 miles | |

437. *Do you want to have any (more) children (after this pregnancy)?*

- | | |
|------------------------|------------------------------------|
| 1 Yes (SKIP TO Q. 443) | 3 God's will, fate (SKIP TO Q.445) |
| 2 No | 9 Not sure (SKIP TO Q. 445) |

**RESPONDENTS WHO HAVE INDICATED THAT THEY WOULD LIKE TO
HAVE A VASECTOMY IN THE FUTURE OR THEIR PARTNER TO
HAVE A TUBAL LIGATION ["2" OR "1" IN Q. 419],
SKIP TO BOX FOLLOWING Q. 455.**

ALL OTHERS, CONTINUE.

**QUESTIONS 438-442 ARE ONLY FOR MEN
WHO DO NOT WANT MORE CHILDREN.**

438. *Would you be interested in an operation that would prevent you or your partner from having any (more) children?*

- 1 Yes
- 2 No (SKIP TO Q. 449)
- 3 Not sure

439. *Do you/does your partner know where to go for this operation?*

- 1 Yes (SKIP TO Q. 441)
- 2 No

440. *Do you/does your partner know where to get information about this operation'}*

- 1 Yes
- 2 No (SKIP TO BOX FOLLOWING Q. 455)

441. *Where?* [IF MORE THAN ONE PLACE MENTIONED, CIRCLE THE ONE SHE WOULD MOST LIKELY USE]

- | | |
|------------------------|-------------------------|
| 1 Clinic/health centre | 4 Private doctor/clinic |
| 2 Public hospital | 8 Other (specify): |
| 3 Private hospital | _____ |

442. *Since you have (or will have) all the children you want and you know where to get this operation/information about this operation, why have you not had it?*

- | | |
|---|---|
| 1 Fear of method/side effects | 10 Current partner opposes |
| 2 Fear of operation (cut) | 11 Advanced age, approaching menopause |
| 3 Fear of anaesthesia | 12 Not sexually active |
| 4 Service facility too far | 13 Religion |
| 5 Too young | 14 Man should have all the children they want |
| 6 Future partner might want children | 15 Family opposes |
| 7 May want more children if those living should die | 88 Other (specify): |
| 8 Lack of information | _____ |
| 9 Lack of money | 99 No answer |

SKIP TO BOX FOLLOWING Q. 455.

QUESTIONS 443-449 ARE ONLY FOR MEN WHO WANT OR MIGHT WANT MORE CHILDREN.

443. *How many (more) children would you like to have (after this pregnancy)?*

- | | |
|------------------------|-------------------------------------|
| ____ children | 77 As many as God sends, up to fate |
| | 98 Don't know |
| 66 As many as possible | |

**QUESTIONS 450 - 455 ARE FOR MEN WHO HAVE HAD A VASECTOMY
OR WHOSE WIVES/PARTNERS HAVE HAD TUBAL LIGATION.**

450. *Where was your vasectomy/your wife's (partner's) tubal ligation done?*

- | | |
|--------------------|--------------------------|
| 1 Public hospital | 3 Private doctor/clinic |
| 2 Private hospital | 8 Other (specify): _____ |

451. *How old were you when you/she had the operation?* _____
age

452. *Did you/your partner receive any counselling about family planning methods at that location?*

- | | |
|-------|-----------------------|
| 1 Yes | 2 No (SKIP TO Q. 454) |
|-------|-----------------------|

453. *Did the counsellor or person you talked with give the following information?*
[FOR EACH POSSIBLE RESPONSE ASK: "Did she tell you about "]

	<u>Yes</u>	<u>No</u>	<u>DK/DR</u>
A <i>How the operation is performed</i>	1	2	9
B <i>The fact that sterilization does not affect sex life</i>	1	2	9
C <i>Postoperative consequences like pain, discomfort</i>	1	2	9
D <i>The anesthesia which would be used</i>	1	2	9
E <i>The possible medical risks of surgery and anesthesia</i>	1	2	9
F <i>The possibility of failure</i>	1	2	9
G <i>The fact that if the operation is successful, you would not be able to have more children</i>	1	2	9
H <i>The possibility of regret</i>	1	2	9
I <i>What to do in the event of postoperative complications</i>	1	2	9
J <i>Other available contraceptive methods</i>	1	2	9
K <i>Benefit of other methods</i>	1	2	9
L <i>Side effects of other methods</i>	1	2	9

-21 -

454. Are **you** satisfied with you/your partner having had the operation?

- 1 Yes (SKIP TO BOX FOLLOWING Q. 455)
- 2 No

455. Why are you not satisfied with the operation?

- 1 In a new union
- 2 The operation has caused complications
- 3 Had bad side effects
- 4 It has decreased sexual enjoyment
- 5 Desires more children because child(ren) died
- 6 Would like another child because my other children have grown up
- 7 Sterilization is morally wrong
- 8 Husband/partner treats me differently
- 9 She feels less important
- 88 Other (specify): _____
- 98 Don't know
- 99 Refused

**IF CURRENTLY USING A MODERN METHOD
[Q. 404 AND/OR Q. 409 = "1-10"], CONTINUE
WITH Q. 501.**

ALL OTHERS, SKIP TO Q. 504.

SECTION V - ATTITUDES TOWARD CONTRACEPTION AND SEXUALITY

501. *If you or your partner do not currently pay for the contraceptive (s) you use, would you be prepared to pay for it/them ?*

- | | |
|-----------------------------|-------------------------------|
| 1 Yes | 3 Already pays for it/them |
| 2 No (SKIP TO Q. 503) | |

502. *How much would you/your partner be prepared to pay [If "I" in Q. 501]? Or, what is the highest amount you/your partner would be prepared to pay [If "3" in Q. 501]? Please tell me if more than one method is being used. [IF \$997 AND MORE, CODE "997"].*

FIRST METHOD

SECOND METHOD

J\$

per cycle of pill
per piece of condom
per tube of foam/jelly
per dose of injection
per IUD (device only)
per unit of diaphragm
per procedure (tubal ligation)
per procedure (vasectomy)

- 998 Don't know
999 Regardless of cost

J\$

per cycle of pill
per piece of condom
per tube of foam/jelly
per dose of injection
per IUD (device only)
per unit of diaphragm
per procedure (tubal ligation)
per procedure (vasectomy)

- 998 Don't know
999 Regardless of cost
000 No second method

SKIP TO Q. 504

503. *What would you then do to obtain contraceptives if you could not get them free of charge?*

- | | |
|---|--------------------------------|
| 1 Stop using, do without, etc. | 4 Use herbal medicines |
| 2 Abstain from sex | 8 Other (specify):
_____ |
| 3 Use Natural Family Planning
methods or withdrawal | |

504. *If a woman takes the pill correctly, how sure can she be that she will not become pregnant? [READ OPTIONS 1-3]*

- | | |
|-------------------------------|-----------------------------|
| 1 Completely sure | 3 Some risk of pregnancy |
| 2 Slight risk of pregnancy | 9 Don't know |

505. *How safe for a woman's health is the pill?* [READ OPTIONS 1 -3]

- | | | | |
|---|------------------------|---|-------------------|
| 1 | <i>Completely safe</i> | 3 | <i>Unsafe</i> |
| 2 | <i>Slight risk</i> | 9 | <i>Don't know</i> |

**IF RESPONDENT HAS NEVER HEARD OF TUBAL LIGATION,
INJECTION, PILL OR IUD, SKIP TO Q. 507.**

ALL OTHERS, CONTINUE.

I am now going to ask you how you feel about different kinds of contraceptives. For each contraceptive mentioned, that is, the injection, the pill, the IUD and tubal ligation, please give me your response after I read the possible answers. [READ ALL ANSWERS EXCEPT "DON'T KNOW"]

		<u>TL</u>	<u>the Inj- ection</u>	<u>the Pill</u>	<u>the IUD</u>
506a.	<i>How would you rate [METHOD] as to its effectiveness in preventing pregnancy?</i>	1 <i>Very effective</i> 2 <i>Sometimes effective</i> 3 <i>Not effective</i> 9 <i>Don't know</i>	—	—	—
506b.	<i>How would you rate [METHOD] as to its ease of use?</i>	1 <i>Very easy</i> 2 <i>Somewhat easy</i> 3 <i>Not easy</i> 9 <i>Don't know</i>	—	—	—
506c.	<i>Do you think [METHOD] can cause vaginal discharge?</i>	1 <i>Yes</i> 2 <i>No</i> 9 <i>Don't know</i>	—	—	—
506d.	<i>Do you think [METHOD] can cause abnormal bleeding ?</i>	1 <i>Yes</i> 2 <i>No</i> 9 <i>Don't know</i>	—	—	—
506e.	<i>Do you think women who use [METHOD] have a higher risk of cancer?</i>	1 <i>Yes</i> 2 <i>No</i> 9 <i>Don't know</i>	—	—	—
506f.	<i>Do you think [METHOD] can cause infertility if you use it for a long time, say five years?</i>	1 <i>Yes</i> 2 <i>No</i> 9 <i>Don't know</i>	XXX	—	—
506g.	<i>Do you think [METHOD] is bad for blood circulation?</i>	1 <i>Yes</i> 2 <i>No</i> 3 <i>Don't know</i>	—	—	—

Now, I'd like to read some statements to you. Please indicate if you agree, disagree or are uncertain about them.

	<u>Agree</u>	<u>Dis- agree</u>	<u>Un- certain</u>	<u>No Re- sponse</u>
507. <i>God should decide how many children one should have.</i>	1	2	8	9
508. <i>Work in the kitchen is women's work.</i>	1	2	8	9
509. <i>Care of children is women's work.</i>	1	2	8	9
510. <i>Sex with a virgin can cure gonorrhoea.</i>	1	2	8	9
511. <i>The man is the one to decide how many children his wife/partner should have.</i>	1	2	8	9
512. <i>A woman should be a virgin when she marries.</i>	1	2	8	9
513. <i>Men should always have financial responsibility towards their children.</i>	1	2	8	9
514. <i>Parents who provide their children with sex education encourage them to have sexual intercourse.</i>	1	2	8	9
515. <i>Sex education should be taught in schools.</i>	1	2	8	9
516. <i>A woman should have a baby before she is twenty to prove she is not a mule.</i>	1	2	8	9
517. <i>A woman can become pregnant during her first sexual intercourse.</i>	1	2	8	9
518. <i>If a man uses a condom, it doesn't take away any pleasure from the woman.</i>	1	2	8	9
519. <i>You can use the same condom more than once.</i>	1	2	8	9
520. <i>Using the pill will protect you against sexually transmitted diseases including AIDS.</i>	1	2	8	9
521. <i>Who ought to make the decision to use something to avoid becoming pregnant, the man only, the woman only, or both together?</i>				

- 1 The man
- 2 The woman
- 3 Both

- 4 Each one is on his or her own
- 8 Other (specify):

**IF RESPONDENT HAS NO LIVING CHILDREN
[SEE Q. 302 AND 303], SKIP TO Q. 523**

ALL OTHERS. CONTINUE.

Now I would like to ask you about your attitude towards childbearing.

522. *If you could choose exactly the number of children to have in your whole life, how many would that be?*

___ ___ number

77 Fate, up to God

99 Don't know

523. *In your opinion, at what age is a woman responsible enough to have her first child?*

___ ___ years

66 Soon after she enters her first union

77 When she matures, is in a stable union

55 Depends on circumstances

98 Doesn't have an opinion

88 Other (specify): _____

524. *What is the main reason a woman might wish to limit the number of children that she has?*

1 Health of the mother

2 Health of the child

3 Economic reasons

4 Wellbeing of the family

5 Don't think a woman should limit the number of children she has

8 Other (specify): _____

525. *How old do you think a child should be before the mother stops breastfeeding him/her?*

___ ___ months

77 As long as possible

98 Don't know

526. *How old do you think it is best for a child to be before another child is born?*

___ ___ months

98 Fate, up to God

99 Don't know

527. *Who should decide the number of children a couple wants to have?*

1 Husband/partner

4 Mother-in-law

2 Wife/woman

5 Fate, up to God

3 Both

6 Other (specify): _____

528. *What are the days during the month when a woman has to be careful to avoid becoming pregnant?* [READ OPTIONS 1-5]

- | | | | |
|---|---|---|-------------------------------|
| 1 | <i>During her period</i> | 5 | <i>At any time</i> |
| 2 | <i>Right after her period has ended</i> | 8 | <i>Other (specify):</i> _____ |
| 3 | <i>In the middle of the cycle</i> | 9 | <i>Don't know</i> |
| 4 | <i>Just before her period begins</i> | | |

529. *Which do you think is better, vasectomy for men or tubal ligation for women?*

- | | | | |
|---|-----------------------|---|---|
| 1 | <i>Vasectomy</i> | 3 | <i>Neither, both equally (SKIP TO Q. 531)</i> |
| 2 | <i>Tubal ligation</i> | 9 | <i>No opinion (SKIP TO Q. 531)</i> |

530. *Why do you think vasectomy/tubal ligation [USE ANSWER TO Q. 529] is better?*

- 1 *Cheaper*
- 2 *Safer*
- 3 *Vasectomy diminishes a man's potency*
- 4 *Tubal ligation eliminates the future possibility of childbearing*
- 5 *Vasectomy eliminates the future possibility of childbearing*
- 8 *Other (specify):* _____
- 9 *Don't know*

531. **EVER USED CONDOMS.**

- | | | | |
|---|-----------------------------|---|----------------------------|
| 1 | <i>Yes [Q. 401-7 = "3"]</i> | 2 | <i>No (SKIP TO Q. 533)</i> |
|---|-----------------------------|---|----------------------------|

532. *Why do (did) you and your partner use condoms?* [READ OPTIONS 1-3]

- | | | | |
|---|--|---|--------------------------------------|
| 1 | <i>Prevent pregnancy</i> | 3 | <i>Prevent pregnancy and disease</i> |
| 2 | <i>Prevent sexually transmitted diseases</i> | 4 | <i>Don't know/Don't remember</i> |

SKIP TO QUESTION 534

533. *Why haven't you and your partner(s) ever used condoms?*

- 1 *Partner(s) didn't like them*
- 2 *Have only one partner*
- 3 *Preventing pregnancy is woman's responsibility*
- 4 *They diminish pleasure/spontaneity*
- 5 *Not effective at preventing pregnancy*
- 6 *They are too expensive*
- 7 *Condoms are to be used only outside of marriage*
- 8 *Condoms are to be used only with prostitutes*
- 9 *Never sexually active*
- 88 *Other (specify):* _____
- 98 *Don't know*

534. CURRENT CONDOM USER.

- 1 Yes [CODE "7" IN Q. 404 OR Q. 409]
- 2 No (SKIP TO Q. 601)

535. *How often do you use condoms during sexual intercourse?* [READ OPTIONS 1-5]

- 1 *Every time*
- 2 *Every time with certain partners*
- 3 *Most of the time*
- 4 *Some of the times*
- 5 *Occasionally*
- 9 Refused

536. *The last time you had sexual intercourse, did you use a condom?*

- 1 Yes
- 2 No

537. *What is the brand name of the condom you/your partner normally use!*

- | | |
|-----------------|---------------------|
| 1 Arouser | 15 Maximum |
| 2 Bare Back | 16 Pamitex |
| 3 Black Jack | 17 Panther |
| 4 Fantasy | 18 Power Play |
| 5 Featherlite | 19 Rough Rider |
| 6 Fiesta | 20 Sensuals |
| 7 Gold | 21 Siltex |
| 8 Gossemar | 22 Sultan |
| 9 Jellia | 23 Trojan |
| 10 Jiffi | 24 Wet'N'Wild |
| 11 Kiss of Mint | 88 Other (specify): |
| 12 Licks | |
| 13 Life Force | 00 No brand |
| 14 Life Styles | 98 Don't know |

538. *Do you currently have a supply of them!*

- 1 Yes
- 2 No
- 9 No answer/don't know

539. *Did you buy them (the last time you had them)?*

- 1 Yes
- 2 No (SKIP TO Q. 541)

540. *Where did you buy the condoms that you normally use?*

- 1 Pharmacy
- 2 Supermarket
- 3 Grocery shop
- 4 Bar
- 8 Other (specify): _____

ALL SKIP TO Q. 601

541. *Where did you get the condoms if you did not buy it?*

- 1 Hospital
- 2 Clinic
- 3 Doctor's office
- 4 Partner
- 5 Friend
- 6 Outreach worker
- 8 Other (specify): _____

SECTION VI - YOUNG ADULT MODULE
(For all eligible respondents aged 15-24 years)

601. AGE OF RESPONDENT: [SEE Q. 102]

1 15-24 [CONTINUE WITH Q. 602] 2 25-54 (SKIP TO Q. 701)

602. *What ways are used by men to get a young woman into a sexual relationship?* [IF MORE THAN ONE WAY MENTIONED, ASK THE MOST IMPORTANT WAY].

- 1 Persistence
- 2 Good looks
- 3 Coaxing
- 4 Bragging about property
- 5 Money
- 6 Material things
- 7 Seclusion/seduction
- 8 Saying she doesn't love him if she won't have sex
- 9 Promise employment
- 10 Promise marriage
- 11 Promise "Uptown, Downtown, and Parade"/promise "the world"
- 12 Brute force
- 88 Other (specify): _____
- 98 Don't know
- 99 No answer

603. *How can a woman put off having sex if she is not ready for it?* [IF HE GIVES MORE THAN ONE REASON," ASK FOR THE MOST IMPORTANT].

- | | |
|---------------------------------|---------------------------|
| 1 Take his mind off it | 7 Don't listen |
| 2 Avoid him | 8 Pretend illness |
| 3 Don't take anything | 9 Say no |
| 4 Stay away from secluded areas | 88 Other (specify): _____ |
| 5 Pretend menstruation | 98 Don't know |
| 6 Don't move in with him | 99 No answer |

604. *For young people your age who have had sexual intercourse, what do you think is the most appropriate contraceptive method to use to avoid pregnancy?*

- | | | |
|--|---------------------------|-------------------|
| 1 Female sterilization, tubal ligation | 10 Diaphragm | } (SKIP TO Q.606) |
| 2 Male sterilization, vasectomy | 11 Withdrawal | |
| 3 Implant (Norplant) | 12 Rhythm | |
| 4 Injection | 13 Billings method | |
| 5 Pill | 14 Abstinence | |
| 6 Intra-uterine device/coil | 00 None | |
| 7 Condom | 98 Doesn't know | |
| 8 Foaming tablets | 99 Doesn't answer | |
| 9 Creams/jellies | 88 Other (specify): _____ | |

605. *Could you afford to use this method?*

- 1 Yes
- 2 No
- 9 Doesn't know

606. *Have you ever had a class or course about family life or sex education in school?*

- 1 Yes
- 2 No (SKIP TO Q. 612)

607. *How old were you when you had the first class or course?*

___ age

- 98 Doesn't remember

608. *What grade of schooling (level and years) had you reached when you had this first class or course?*

	<u>LEVEL</u>	<u>YEARS</u>									<u>NOT SPECIFIED</u>
1	Primary	0	1	2	3	4	5	6	7	8+	9
2	Secondary	0	1	2	3	4	5	6	7	8+	9
3	Post secondary	0	1	2	3	4	5	6	7	8+	9
9	Doesn't remember										

609. *Who was the main person who taught this first class or course?*

- 1 School teacher
- 2 Physician
- 3 Counsellor or psychologist
- 4 Social worker
- 5 Nurse
- 8 Other (specify): _____
- 9 Doesn't remember

610. *Was it a man or a woman?*

- 1 Man
- 2 Woman
- 9 Doesn't remember

611. *Did this first class or course or any hirer class or course in school include information about..... ? [READ]*

	<u>Yes</u>	<u>No</u>	<u>Doesn't Remember</u>
1 <i>The human reproductive system</i>	1	2	8
2 <i>The woman's menstrual cycle or period</i>	1	2	8
3 <i>Pregnancy and how it occurs</i>	1	2	8
4 <i>Modern birth control methods such as the pill, IUD, condom, spermicidals, or injectables</i>	1	2	8
5 <i>Sexually transmitted diseases that can result from sexual contact</i>	1	2	8
6 <i>AIDS</i>	1	2	8
7 <i>Services available for adolescents</i>	1	2	8

672. *At what age do you think sex education should begin in schools?*

___ age

77 It should not be taught

98 Doesn't know

613. *Have you ever had a formal course or lecture about family life or sex education anywhere outside of the school?*

1 Yes

2 No (SKIP TO Q. 619)

614. *Where was the first place you had it?*

1 Community centre

2 Clinic

3 Club

4 Church

5 Youth centre

7 Work place

8 HEART

9 Home

88 Other (specify):

6 Bar

98 Doesn't remember

615. *How old were you when you had this first course or lecture on sex education?*

___ age

98 Doesn't remember

616. *Who was the main person who taught this course?*

- | | |
|-----------------------------------|---------------------------|
| 1 School teacher | 6 Other social worker |
| 2 Physician | 7 Peers |
| 3 Nurse | 8 Parent/guardian |
| 4 Counsellor or psychologist | 88 Other (specify): _____ |
| 5 Family planning outreach worker | 99 Doesn't remember |

617. *Was it a man or a woman?*

- 1 Man
- 2 Woman
- 9 Doesn't remember

618. *Did this first class or course or any later class or course in school include information about ? [READ]*

	<u>Yes</u>	<u>No</u>	<u>Doesn't Remember</u>
1 <i>The human reproductive system</i>	1	2	8
2 <i>The woman's menstrual cycle or period</i>	1	2	8
3 <i>Pregnancy and how it occurs</i>	1	2	8
4 <i>Modern birth control methods such as the pill, IUD, condom, spermicidals or injectables</i>	1	2	8
5 <i>Sexually transmitted diseases that can result from sexual contact</i>	1	2	8
6 <i>AIDS</i>	1	2	8
7 <i>Services available for adolescents</i>	1	2	8

Now, I'd like to ask you some very personal questions which are very important to the study.

619. *In what month and year did you first have sexual intercourse? [CHECK WITH ANSWERS GIVEN AT QUESTIONS 213 AND 214. IF NOT CONSISTENT, CLARIFY AND CORRECT WHERE RELEVANT]*

___ ___ month 1 9 ___ ___ year 98 Doesn't remember
99 No response
2222 Has never had sexual intercourse (SKIP TO Q. 801)

620. *How old was the person with whom you had sexual intercourse for the first time?*

___ ___ age

621. *What was the relationship of this person to you at that time?*

- | | | | |
|---|------------------|---|---------------------|
| 1 | Wife/partner | 5 | Casual acquaintance |
| 2 | Visiting partner | 6 | Father's partner |
| 3 | Girlfriend | 8 | Other (specify): |
| 4 | Friend | | |
-

622. *Where did this first experience take place?*

- | | | | |
|---|-----------------------|----|--------------------------------|
| 1 | At his own home | 7 | At a dance hall/party |
| 2 | At his partner's home | 8 | At the beach |
| 3 | At a friend's home | 9 | In the bushes |
| 4 | In a hotel or motel | 88 | Another place (specify): _____ |
| 5 | In a car | 98 | Doesn't remember |
| 6 | School | | |

623. *Did you or your partner use a contraceptive method during this first sexual intercourse?*

- 1 Yes
2 No (SKIP TO Q. 627)
9 Doesn't remember/doesn't know (SKIP TO Q. 628)

624. *What was the method?*

- | | | | |
|---|--------------------------------------|----|--------------------------|
| 1 | Female sterilization, tubal ligation | 8 | Foaming tablets |
| 2 | Male sterilization, vasectomy | 9 | Cream/jellies |
| 3 | Implant (Norplant) | 10 | Diaphragm |
| 4 | Injection | 11 | Withdrawal |
| 5 | Pill | 12 | Rhythm (calendar method) |
| 6 | Intra-uterine device/coil | 13 | Billings method |
| 7 | Condom | 88 | Other (specify): |
-

625. *Where did you or your partner get this method used during your first sexual intercourse?
IN CASE OF BILLINGS OR RHYTHM (CALENDAR METHOD),... Where did you
or your partner receive orientation?)*

- | | | | |
|---|---------------------------------|----|-------------------------------|
| 1 | Government hospital | 7 | Outreach worker |
| 2 | Government health clinic/centre | 8 | Factory/work place |
| 4 | Private clinic | 9 | Supermarket/shop/bar |
| 5 | Private doctor | 88 | Other (specify): _____ |
| 6 | Pharmacy | 99 | Doesn't know/doesn't remember |

626. *Whose decision was it to use this method? You alone, your partner alone, or was it made together¹?*

- | | | | |
|---|--------------------|---|------------------------|
| 1 | His decision | 3 | Decision made together |
| 2 | Partner's decision | 4 | Doesn't remember |

SKIP TO Q. 701.

627. *Why didn't you or your partner use a contraceptive method during this first sexual intercourse?*

- 1 Didn't expect to have sexual relations at that time
- 2 Partner was against using something
- 3 Contraceptive methods are bad for one's health
- 4 Religion doesn't permit use
- 5 Didn't know of any methods
- 6 Knew of methods but didn't know where to get them
- 7 Intercourse is not satisfying when methods are used
- 8 Wanted to use something but couldn't get it at that moment
- 9 Too embarrassed to get method
- 10 Wanted to become pregnant
- 11 Other (specify): _____
- 88 Doesn't know
- 98 Didn't respond

SECTION VII - CURRENT SEXUAL ACTIVITY
(For all eligible respondents)

701. EVER HAD SEXUAL INTERCOURSE? [SEE Q. 207 OR Q. 213]

1 Yes

2 No (SKIP TO Q. 801)

702. *Have you had sexual intercourse in the last 30 days?*

1 Yes

2 No (SKIP TO Q. 705)

703. *How many times have you had sexual intercourse in the last 30 days?*

___ ___ times

90 Many times - more than 10 98

Don't remember

704. *With how many women ?*

___ ___ number

98 Don't remember

705. *What was the relationship of the last person with whom you had sexual intercourse to you?*

1 Wife/partner

2 Visiting partner

3 Girlfriend

4 Friend

5 Casual acquaintance

6 Father's partner

7 Other relative's partner

8 Other (specify): _____

706. *Did you or the woman involved use a contraceptive method during the last time you had sexual intercourse?*

1 Yes

2 No (SKIP TO Q. 708)

707. *What was this method?*

- | | | | |
|---|--------------------------------------|----|--------------------------|
| 1 | Female sterilization, tubal ligation | 8 | Foaming tablets |
| 2 | Male sterilization, vasectomy | 9 | Cream/jellies |
| 3 | Implant (Norplant) | 10 | Diaphragm |
| 4 | Injection | 11 | Withdrawal |
| 5 | Pill | 12 | Rhythm (calendar method) |
| 6 | Intra-uterine device/coil | 13 | Billings method |
| 7 | Condom | 88 | Other (specify): |

708. NUMBER OF WOMEN WITH WHOM YOU HAD SEXUAL RELATIONS IN PAST 30 DAYS. [CHECK Q. 704]

- 1 One woman (SKIP TO Q. 801)
- 2 Two women
- 3 Three or more women

709. *What was the relationship of the next-to-last person with whom you had sexual intercourse in the past 30 days to you?*

- | | | | |
|---|------------------|---|--------------------------|
| 1 | Wife/partner | 5 | Casual acquaintance |
| 2 | Visiting partner | 6 | Father's partner |
| 3 | Girlfriend | 7 | Other relative's partner |
| 4 | Friend | 8 | Other (specify): _____ |

710. *Did you or this person use a contraceptive method?*

- 1 Yes
- 2 No (SKIP TO BOX FOLLOWING Q. 711)

711. *What was this method?*

- | | | | |
|---|--------------------------------------|----|--------------------------|
| 1 | Female sterilization, tubal ligation | 8 | Foaming tablets |
| 2 | Male sterilization, vasectomy | 9 | Cream/jellies |
| 3 | Implant (Norplant) | 10 | Diaphragm |
| 4 | Injection | 11 | Withdrawal |
| 5 | Pill | 12 | Rhythm (calendar method) |
| 6 | Intra-uterine device/coil | 13 | Billings method |
| 7 | Condom | 88 | Other (specify): |

**RESPONDENTS WHO HAVE HAD SEXUAL RELATIONS WITH
TWO WOMEN IN PAST 30 DAYS, SKIP TO Q. 801.**

WITH THREE OR MORE WOMEN, CONTINUE.

712. *What was the relationship of the second-from-last person with whom you had sexual intercourse in the past 30 days to you?*

- 1 Wife/partner
- 2 Visiting partner
- 3 Girlfriend
- 4 Friend
- 5 Casual acquaintance
- 6 Father's partner
- 7 Other relative's partner
- 8 Other (specify): _____

713. *Did you or this person use a contraceptive method?*

- 1 Yes
- 2 No (SKIP TO Q. 801)

714. *What was this method?*

- | | |
|--|-----------------------------|
| 1 Female sterilization, tubal ligation | 8 Foaming tablets |
| 2 Male sterilization, vasectomy | 9 Cream/jellies |
| 3 Implant (Norplant) | 10 Diaphragm |
| 4 Injection | 11 Withdrawal |
| 5 Pill | 12 Rhythm (calendar method) |
| 6 Intra-uterine device/coil | 13 Billings method |
| 7 Condom | 88 Other (specify): _____ |

SECTION VIII - KNOWLEDGE AND TRANSMISSION OF AIDS AND PREVENTION

801. *Have you ever heard of HIV or HIV infection?*

- 1 Yes
- 2 No

802. *Have you ever heard of the disease called AIDS?*

- 1 Yes
- 2 No

803. *Do you think a person can be infected with the virus which causes AIDS and not have any signs or symptoms of the AIDS disease?*

- 1 Yes
- 2 No
- 8 Don't know

804. *Can you tell me two different ways in which a person can become infected with the virus which causes AIDS?*

	<u>First</u>	<u>Second</u>
Sexual transmission	1	1
Intravenous drugs	2	2
Blood transfusion	3	3
Mother to child	4	4
Mosquito bites	5	5
Casual contact	6	6
Other (specify): _____	8	8
Don't know		

805. *Can a person get AIDS from someone who has the AIDS virus but does not have the AIDS disease?*

- 1 Yes
- 2 No
- 8 Don't know

806. *What risk do you think there is of your getting AIDS? [READ]*

- 1 *A great risk*
- 2 *Some risk*
- 3 *Not much risk*
- 4 *No risk at all*

807. What can a person do to reduce the risk of getting AIDS? [IF NON-SPONTANEOUS RESPONSE, PROBE: Can a person to reduce the risk of AIDS?]

	Sponta- neous	Yes	<u>Probed</u> No	DK
A Use condoms	1	2	3	9
B Avoid relations with prostitutes	1	2	3	9
C Have only one sexual partner	1	2	3	9
D Ask partner to have blood tested for AIDS	1	2	3	9
E Not have sexual relations	1	2	3	9
F Sterilize needles	1	2	3	9
G Avoid relations with bisexuals/homosexuals	1	2	3	9
H Any thing else? _____	1	2	3	9

808. In which of the following ways do you think a person can get the virus which causes AIDS? [READ]

	<u>Yes</u>	<u>No</u>	<u>Don't know</u>
A Shaking hands or hugging	1	2	8
B Being in the same room as a person who has the AIDS virus	1	2	8
C Sharing personal items like dishes, toilets, etc.	1	2	8
D Sharing needles used for drugs	1	2	8
E Sexual intercourse between men	1	2	8
F Sexual intercourse between a man and a woman	1	2	8
G Giving a blood donation	1	2	8
H Receiving a blood transfusion	1	2	8
I Being bitten by an insect that has bitten someone with the AIDS virus	1	2	8

END OF INTERVIEW THANK YOU!!!

Min.

[See Title Page and page 2]

**NOW RETURN TO TITLE PAGE AND COMPLETE INFORMATION
ON INTERVIEW CALLS.**

COMMENTS

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