

1997 REPRODUCTIVE HEALTH SURVEY - JAMAICA

FORM RHS 1A

FEMALE

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	4	Final Visit
Day (Date)					
Month					
Interview Status *					
Interviewer's Name					
Interviewer's No.					
Supervisor's Name					
Supervisor's No.					
Next Visit: Date					
Time					

* Interview Status Codes:

- | | |
|--|---|
| 1. Completed household interview - no eligible respondent | 5. Completed interview - individual |
| 2. Completed household interview - selected respondent not at home | 6. Selected respondent not at home deferred |
| 3. Refusal - household | 7. Refusal - individual |
| 4. Vacant dwelling | 8. Partly completed - individual |
| | 9. Other (specify): _____ |

FOR OFFICE USE ONLY:

Reviewed by: _____

Position: _____

Date: _____

Edited by: _____

Date: _____

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

PLEASE RECORD THE NAMES AND OTHER PARTICULARS OF **ALL** PERSONS WHO LIVE IN THIS HOUSEHOLD. THIS SHOULD INCLUDE ALL WHO USUALLY EAT AND SLEEP HERE. START WITH THE OLDEST MEMBER, THEN THE NEXT OLDEST, ETC.

SCHEDULE OF ALL PERSONS LIVING IN HOUSEHOLD

LINE NO.	<u>NAME</u> <i>Please give me the names of all persons who usually live in your household</i>	<u>SEX *</u> <i>Is _____ male or female?</i>	<u>AGE</u> <i>How old is he/she?</i>	<u>EDUCATIONAL STANDARD **</u> <i>Highest Level Years</i>		<u>SEQ. NO.</u> ***
01	_____	_____	_____	_____	_____	_____
02	_____	_____	_____	_____	_____	_____
03	_____	_____	_____	_____	_____	_____
04	_____	_____	_____	_____	_____	_____
05	_____	_____	_____	_____	_____	_____
06	_____	_____	_____	_____	_____	_____
07	_____	_____	_____	_____	_____	_____
08	_____	_____	_____	_____	_____	_____
09	_____	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____	_____
11	_____	_____	_____	_____	_____	_____
12	_____	_____	_____	_____	_____	_____

* Gender codes ** Educational standard codes: *** Eligible females aged 15 - 49 years only.

1	Males	<u>Level</u>	<u>Years</u>		<u>N/S</u>
2	Females		(Use appropriate number)		
		0	None		
		1	Primary/All age	1 - 8+	9
		2	Secondary	1 - 8+	9
		3	Post secondary	1 - 8+	9
		8	Other		
		9	Not stated		

11. Number of eligible females aged 15-49 years living in household
(Total number of eligible females recorded in the Schedule) _____ number

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 BELOW.

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 Number 2 ____

Number of Eligible Females ____

Last digit on questionnaire number	Number Of Eligible Females In Household									
	1	2	3	4	5	6	7	8	9	10
0	1	2	3	4	2	2	6	2	4	10
1	1	1	1	1	3	3	7	3	5	1
2	1	2	2	2	4	4	1	4	6	2
3	1	1	3	3	5	5	2	5	7	3
4	1	2	1	4	1	6	3	6	8	4
5	1	1	2	1	2	1	4	7	9	5
6	1	2	3	2	3	2	5	8	1	6
7	1	1	1	3	4	3	6	1	2	7
8	1	2	2	4	5	4	7	2	3	8
9	1	1	3	1	1	5	1	3	4	9

SEQUENCE NUMBER OF FEMALE SELECTED FOR INTERVIEW: ____

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

COMMENTS

[illegible]

1997 REPRODUCTIVE HEALTH SURVEY - JAMAICA

INDIVIDUAL QUESTIONNAIRE

FEMALE**FORM RHS 2**[illegible]

SECTION I - RESPONDENT'S BACKGROUND

TIME INTERVIEW STARTED ____ ____ : ____ ____

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

____ month 1 9 ____ year 29 Don't know

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

____ years

103. *Have you ever attended school?*

1 Yes

2 No (SKIP TO Q105)

104. *How many years did you attend school?*

____ years

29 Don't know / Doesn't remember

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

1 At least once a week

2 At least once a month

3 Less than once a month

4 Only for special occasions (weddings, funerals, christenings, etc.)

5 Doesn't attend at all

9 No response

106. *What was your employment status during the past week?*

1 Working

2 With a job but not working ____

3 Looking for work

4 Keeping house (SKIP TO Q109)

5 Student

6 Incapable of working ____

8 Other (specify): _____

107. *Do you work full-time or part-time?* [LESS THAN 20 HOURS = PART-TIME; 20+ HOURS IS FULL TIME]

1 Full-time

2 Part-time

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

2 No (SKIP TO Q203)

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

1 Yes (SKIP TO Q208)

2 No

203. *Are you living with a common-law partner now; that is, are you living as man and wife now with a partner to whom you are not legally married?*

1 Yes (SKIP TO Q208)

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. 208)

2 No

205. *Do you have a boyfriend?*

1 Yes

2 No (SKIP TO Q207)

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

1 Yes

2 No

207. *Have you ever been in a partnership; that is, a marriage, a common-law union or a visiting relationship?* [IF RESPONDENT IS **LEGALLY MARRIED**, BUT IS **NOT** LIVING WITH HUSBAND, CODE 1 = "YES" WITHOUT ASKING.]

1 Yes

2 No (SKIP TO Q301)

208. *What was the month and year when your **first** marriage, **first** common-law or **first** visiting relationship began?*

____ month ____ year

77 Don't know month

29 Don't know year

SECTION III - FERTILITY AND MATERNAL MORBIDITY

Now, we are going 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 Q303)

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

____ months

96 Does not have a period (menstruate) any more

00 Up to one month

97 Before last pregnancy

66 Currently having a period

98 Don't remember

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

____ years

00 Never had sexual intercourse (SKIP TO Q401)

88 Doesn't remember

99 Refused

304. *Are you pregnant now?*

1 Yes (SKIP TO Q307)

2 No

7 Not sure

305. *Have you ever been pregnant?*

1 Yes

2 No (SKIP TO Q401)

306. *Did your last pregnancy end before 1992; that is, in December 1991 or earlier?*

1 Yes, ended in December 1991 or earlier (SKIP TO STATEMENT BEFORE Q315)

2 No, ended in January 1992 or later

307. *During your last pregnancy (this pregnancy) how often did you (do you) usually drink beer, stout, wine, liquor or other alcoholic drinks?*

0 Not at all

4 3 or 4 days a week

1 Less than once a month

5 Nearly every day

2 1 or 2 days a month

7 Don't remember

3 1 or 2 days a week

308. *During your last (this) pregnancy how many cigarettes a day did you (do you) usually smoke?*

- | | | | |
|---|--------------------------|---|--------------------------|
| 0 | None | 5 | About 1½ packs (25-34) |
| 1 | About one a day or less | 6 | About 2 packs (35-44) |
| 2 | Just a few (2-4) | 7 | More than 2 packs (45 +) |
| 3 | About half a pack (5-14) | 9 | Don't remember |
| 4 | About a pack (15-24) | | |

309. *During your last pregnancy (this pregnancy) did you (do you) use any of the following hard drugs?*
[READ OPTIONS 1 - 4].

- | | <u>YES</u> | NO |
|-------------------------|------------|----|
| 1 Marijuana (ganja) | 1 | 2 |
| 2 Cocaine | 1 | 2 |
| 3 Crack | 1 | 2 |
| 4 Any other? (specify): | | |
| _____ | 1 | 2 |
| _____ | 1 | 2 |
| _____ | 1 | 2 |

310. *During your last pregnancy (this pregnancy) was your blood pressure ever checked?*

- | | | | |
|---|-------------------|---|-------------------------------|
| 1 | Yes | 9 | Don't remember (SKIP TO Q312) |
| 2 | No (SKIP TO Q312) | | |

311. *During your last pregnancy (this pregnancy) were you told more than once that your blood pressure was high?*

- | | | | |
|---|------------------------|---|-----------------------------|
| 1 | Told two or more times | 3 | Never told |
| 2 | Told once only | 9 | Don't know / Don't remember |

312. *Have you been told more than once that you had high blood pressure when you were not pregnant?*

- | | | | |
|---|------------------------|---|-----------------------------|
| 1 | Told two or more times | 3 | Never told |
| 2 | Told once only | 9 | Don't know / Don't remember |

313. *During your last pregnancy (this pregnancy) did you have any convulsions or fits?*

- | | | | |
|---|-----|---|----------------|
| 1 | Yes | 9 | Don't remember |
| 2 | No | | |

314. *Did you ever have convulsions or fits when you were not pregnant?*

- | | | | |
|---|-----|---|----------------|
| 1 | Yes | 9 | Don't remember |
| 2 | No | | |

Now we want to collect information on your pregnancies.

315. *How many pregnancies resulted in live births?* _____
316. *How many in still births?* _____
317. *How many in miscarriages?* _____
318. *How many in abortions?* _____
319. *Currently pregnant?* [Yes = "1", No = "0"] _____
320. *Therefore, the total number of your pregnancies is:* _____

**IF SHE HAS HAD NO LIVE BIRTHS ("00" IN Q. 315)
SKIP TO QUESTION 344. OTHERWISE, CONTINUE.**

321. *Now, I would like to talk to you about all the live births you have had. Beginning with your last live birth, please give me the names and dates of birth of each. [WHEN YOU HAVE COMPLETED THE RECORDING, CHECK QUESTION 315 TO ENSURE THAT THE ANSWER IS CONSISTENT. IF NOT, QUERY AND CORRECT AS APPROPRIATE]*

<u>Birth Order</u>	<u>Name</u>	<u>Sex</u>	<u>Birth Date</u>	
			<u>Month</u>	<u>Year</u>
0. Last birth	_____	____	_____	1 9 _____
1. Next to last	_____	____	_____	1 9 _____
2. Second from last	_____	____	_____	1 9 _____
3. Third from last	_____	____	_____	1 9 _____
4. Fourth from last	_____	____	_____	1 9 _____
5. Fifth from last	_____	____	_____	1 9 _____
6. Sixth from last	_____	____	_____	1 9 _____
7. Seventh from last	_____	____	_____	1 9 _____
8. Eighth from last	_____	____	_____	1 9 _____
9. Ninth from last	_____	____	_____	1 9 _____
10. Tenth from last	_____	____	_____	1 9 _____
11. Eleventh from last	_____	____	_____	1 9 _____
12. Twelfth from last	_____	____	_____	1 9 _____

Sex Code
1 = Boy, 2 = Girl

29 Don't remember
(month/year)

**IF LAST LIVE BIRTH WAS BEFORE JANUARY 1, 1992
SKIP TO QUESTION 344.
FOR ALL BIRTHS ON OR AFTER JANUARY 1, 1992,
RECORD THE NAMES AND LINE NUMBERS FROM Q321
IN THE BIRTH HISTORY CHART ON NEXT PAGE**

BIRTH HISTORY CHART (Only for live births occurring from January 1, 1992)

COPY LINE NUMBER AND NAME FROM Q321 ON PREVIOUS PAGE	LINE NUMBER ____ NAME: _____	LINE NUMBER ____ NAME: _____	LINE NUMBER ____ NAME: _____	LINE NUMBER ____ NAME: _____	LINE NUMBER ____ NAME: _____
322. <i>When you became pregnant with [NAME], did you want to become pregnant?</i>	1 Yes (SKIP TO Q324) 2 No (CONTINUE) 3 God's will, fate, etc. (SKIP TO Q324) 8 Don't know (SKIP TO Q324)	1 Yes (SKIP TO Q324) 2 No (CONTINUE) 3 God's will, fate, etc. (SKIP TO Q324) 8 Don't know (SKIP TO Q324)	1 Yes (SKIP TO Q324) 2 No (CONTINUE) 3 God's will, fate, etc. (SKIP TO Q324) 8 Don't know (SKIP TO Q324)	1 Yes (SKIP TO Q324) 2 No (CONTINUE) 3 God's will, fate, etc. (SKIP TO Q324) 8 Don't know (SKIP TO Q324)	1 Yes (SKIP TO Q324) 2 No (CONTINUE) 3 God's will, fate, etc. (SKIP TO Q324) 8 Don't know (SKIP TO Q324)
323. <i>Was it that you wanted no more children or just wanted to wait longer before another pregnancy?</i>	1 Wanted no more children. 2 Wanted to wait longer 8 Don't know	1 Wanted no more children. 2 Wanted to wait longer 8 Don't know	1 Wanted no more children. 2 Wanted to wait longer 8 Don't know	1 Wanted no more children. 2 Wanted to wait longer 8 Don't know	1 Wanted no more children. 2 Wanted to wait longer 8 Don't know
324. <i>When you were pregnant with [NAME] were you given any injections to prevent the baby from getting tetanus, that is, lock jaw?</i>	1 Yes 2 No (SKIP TO Q326) 8 Don't know (SKIP TO Q326)	1 Yes 2 No (SKIP TO Q326) 8 Don't know (SKIP TO Q326)	1 Yes 2 No (SKIP TO Q326) 8 Don't know (SKIP TO Q326)	1 Yes 2 No (SKIP TO Q326) 8 Don't know (SKIP TO Q326)	1 Yes 2 No (SKIP TO Q326) 8 Don't know (SKIP TO Q326)
325. <i>How many?</i>	____ Number 8 Don't remember	____ Number 8 Don't remember	____ Number 8 Don't remember	____ Number 8 Don't remember	____ Number 8 Don't remember
326. <i>When you were pregnant with [NAME] did you see anyone for a (prenatal) check on this pregnancy?</i>	1 Yes 2 No (SKIP TO Q330)	1 Yes 2 No (SKIP TO Q330)	1 Yes 2 No (SKIP TO Q330)	1 Yes 2 No (SKIP TO Q330)	1 Yes 2 No (SKIP TO Q330)
327. <i>Where did you go for most of this care?</i>	<div style="display: flex; justify-content: space-between;"> clinic <div> 1 Gov't health centre/ 2 Government hospital 3 Private hospital 4 Rural maternity centre 5 Private doctor/clinic 6 Midwife 7 Other _____ (specify) </div> </div>	<div style="display: flex; justify-content: space-between;"> clinic <div> 1 Gov't health centre/ 2 Government hospital 3 Private hospital 4 Rural maternity centre 5 Private doctor/clinic 6 Midwife 7 Other _____ (specify) </div> </div>	<div style="display: flex; justify-content: space-between;"> clinic <div> 1 Gov't health centre/ 2 Government hospital 3 Private hospital 4 Rural maternity centre 5 Private doctor/clinic 6 Midwife 7 Other _____ (specify) </div> </div>	<div style="display: flex; justify-content: space-between;"> clinic <div> 1 Gov't health centre/ 2 Government hospital 3 Private hospital 4 Rural maternity centre 5 Private doctor/clinic 6 Midwife 7 Other _____ (specify) </div> </div>	<div style="display: flex; justify-content: space-between;"> clinic <div> 1 Gov't health 2 Government hospital 3 Private hospital 4 Rural maternity centre 5 Private doctor/clinic 6 Midwife 7 Other _____ (specify) </div> </div>
328. <i>How many times did you go?</i>	____ times 77 = more than 9 times	____ times 77 = more than 9 times	____ times 77 = more than 9 times	____ times 77 = more than 9 times	____ times 77 = more than 9 times

COPY LINE NUMBER AND NAME FROM Q321 ON PAGE 8	LINE NUMBER ____ NAME: _____	LINE NUMBER ____ NAME: _____	LINE NUMBER ____ NAME: _____	LINE NUMBER ____ NAME: _____	LINE NUMBER ____ NAME: _____
329. <i>In what month of the pregnancy did the prenatal care begin</i>	____ month 0 = Don't remember	____ month 0 = Don't remember	____ month 0 = Don't remember	____ month 0 = Don't remember	____ month 0 = Don't remember
330. <i>Where did you give birth to [NAME]?</i>	1 A 2 B 3 Other Gov't hospital 4 Private hospital 5 Private nursing home 6 Rural maternity centre 7 Own home 8 Home of relative/friend 0 Other _____	1 A 2 B 3 Other Gov't hospital 4 Private hospital 5 Private nursing home 6 Rural maternity centre 7 Own home 8 Home of relative/friend 0 Other _____	1 A 2 B 3 Other Gov't hospital 4 Private hospital 5 Private nursing home 6 Rural maternity centre 7 Own home 8 Home of relative/friend 0 Other _____	1 A 2 B 3 Other Gov't hospital 4 Private hospital 5 Private nursing home 6 Rural maternity centre 7 Own home 8 Home of relative/friend 0 Other _____	1 A 2 B 3 Other Gov't hospital 4 Private hospital 5 Private nursing home 6 Rural maternity centre 7 Own home 8 Home of relative/friend 0 Other _____
HOSPITAL CODES: A = Victoria Jubilee Hospital (VJH); University Hospital of the West Indies (UHWI); Cornwall Regional Hospital (CRH). B = Savanna-la-mar Hospital (SLMH); Mandeville Hospital (MH); St. Ann's Bay Hospital (SABH); Spanish Town Hospital (STH).					
331. <i>Who is the main person who assisted with the delivery of [NAME]?</i>	1 Doctor 2 Trained nurse/midwife 3 Nana 4 Other _____ 0 No one	1 Doctor 2 Trained nurse/midwife 3 Nana 4 Other _____ 0 No one	1 Doctor 2 Trained nurse/midwife 3 Nana 4 Other _____ 0 No one	1 Doctor 2 Trained nurse/midwife 3 Nana 4 Other _____ 0 No one	1 Doctor 2 Trained nurse/midwife 3 Nana 4 Other _____ 0 No one
332. <i>Was [NAME] delivered by a normal delivery, by forceps or by a Caesarean Section?</i>	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
333. <i>Is [NAME] still alive?</i>	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
334. <i>IF DEAD: How old was [NAME] when he/she died?</i> [RECORD DAYS IF UNDER 30 DAYS MONTHS IF UNDER 12 MONTHS YEARS IF 12 MONTHS AND OVER].	1 ____ day(s) 2 ____ month(s) 3 ____ year(s)	1 ____ day(s) 2 ____ month(s) 3 ____ year(s)	1 ____ day(s) 2 ____ month(s) 3 ____ year(s)	1 ____ day(s) 2 ____ month(s) 3 ____ year(s)	1 ____ day(s) 2 ____ month(s) 3 ____ year(s)

**IF NO OTHER LIVE BIRTHS CONTINUE WITH Q335 ON NEXT PAGE.
OTHERWISE CONTINUE WITH NEXT BIRTH, THAT IS, RETURN TO Q322.**

335. *What was the date (INCLUDING THE DAY) of your most recent live birth?*

___ ___ day (date) ___ ___ month ___ ___ year

29 Don't remember

336. *Did you have any seizures or convulsions while giving birth to _____?*
[NAME]

1 Yes

9 Don't remember

2 No

337. *How many months after your last live birth did your period (menstruation) return?*

___ ___ months

00 Less than 1 month

77 Not yet returned

88 Not yet returned and have become pregnant again

29 Don't remember

338. *How many weeks after _____ 's birth did you resume sexual relations?*
[NAME]

___ ___ weeks

00 Less than one week

77 Not yet resumed

339. *Did you breastfeed _____ ?*
[NAME]

1 Yes

2 No (SKIP TO BOX BEFORE Q343)

340. *How soon (in minutes, hours or days) after the baby's birth did you first breastfeed that last child, that is, first put him / her to the breast? [INTERVIEWER: RECORD AS MINUTES, HOURS OR DAYS, BUT ENTER ONE ANSWER ONLY].*

1 ___ ___ minutes

2 ___ ___ hours

3 ___ ___ days

341. *Are you still breastfeeding _____?*
[NAME]

1 Yes (SKIP TO BOX BEFORE Q343)

2 No

342. How many months did you breastfeed _____ ?
[NAME]
_____ months

**IF CHILD IS MORE THAN 24 MONTHS OLD,
SKIP TO QUESTION 344**

343. During the last 24 hours, did _____ get any of the following food besides breastmilk:
[NAME]

		<u>YES</u>	<u>NO</u>
[READ LIST]			
A	Fresh milk	1	2
B	Tinned or powdered milk	1	2
C	Infant formula	1	2
D	Plain water	1	2
E	Glucose	1	2
F	Sugar water	1	2
G	Bush tea	1	2
H	Juices	1	2
I	Solid food (rice, potatoes, bananas, etc.)	1	2
J	Puree, pap, baby food	1	2

344. CURRENTLY PREGNANT: [REFER TO QUESTION 304. **DON'T READ QUESTION**].].

- 1 Yes (CONTINUE)
- 2 No (SKIP TO Q401)
- 8 Not sure (SKIP TO Q401)

345. When you became pregnant (this last time), did you want to become pregnant?

- 1 Yes (SKIP TO Q401)
- 2 No (CONTINUE)
- 3 God's will, fate, etc. (SKIP TO Q401)
- 8 Don't know / Not sure (SKIP TO Q401)

346. Was it that you wanted no more children or just wanted to wait longer before getting pregnant?

- 1 Wanted no more children
- 2 Wanted to wait longer
- 8 Don't know / Not sure

SECTION IV - CANCER SCREENING

401. *A Pap Smear is a test for cancer of the cervix, which is done during a pelvic exam by a doctor or nurse. How long has it been since your last Pap smear, if ever?*

- 1 Less than 1 year
- 2 1 year, less than 2 years ago
- 3 2 to 4 years ago
- 4 5 or more years ago
- 5 Never
- 7 Don't know / Not sure

402. *How often, if ever, do you examine your breasts for lumps?*

- 1 Monthly
- 2 Less than once a month, at least once per year
- 3 Less than once per year
- 4 Never (SKIP TO Q405)
- 7 Don't know / Not sure

403. *When doing your breast examination did you ever find a suspicious lump?*

- 1 Yes
- 2 No (SKIP TO Q405)
- 7 Don't know / Not sure (SKIP TO Q405)

404. *When you found the lump, did you go to see a doctor for advice?*

- 1 Yes
- 2 No
- 7 Don't know / Not sure

405. *Have you ever been taught by a doctor or other health professional to do a breast self-examination to check for lumps?*

- 1 Yes
- 2 No

406. *How many women in your family who are blood relatives (mother and sisters only) have had breast cancer?*

___ ___ number

- 00 None
- 77 Don't know

SECTION V - CONTRACEPTIVE KNOWLEDGE AND USAGE

Now, I would like to talk about methods that people use to avoid becoming pregnant.

501. a. READ THE NAME OF EACH METHOD AND CIRCLE "1" OR "2", AS APPROPRIATE.
- b. THEN: IF CONTRACEPTIVE METHOD IS KNOWN BY RESPONDENT, ASK ABOUT USE FOR THAT METHOD AND CIRCLE "3" OR "4" AS APPROPRIATE. IF NOT KNOWN, GO ON TO THE NEXT METHOD.

<u>Method</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	3	4
2. <i>Male sterilization, vasectomy</i>	1	2	3	4
3. <i>Implant (Norplant)</i>	1	2	3	4
4. <i>Injection</i>	1	2	3	4
5. <i>Pill</i>	1	2	3	4
6. <i>IUD / coil</i>	1	2	3	4
7. <i>Condom</i>	1	2	3	4
8. <i>Foaming tablets / creams / jellies</i>	1	2	3	4
9. <i>Diaphragm</i>	1	2	3	4
10. <i>Withdrawal</i>	1	2	3	4
11. <i>Rhythm, calendar, Billings</i>	1	2	3	4
88. <i>Other (specify):</i>	1	2	3	4

502. HAS RESPONDENT EVER USED AT LEAST ONE METHOD OF CONTRACEPTION?
[AT LEAST ONE - "3" CIRCLED IN Q. 501]

- 1 Yes
2 No (SKIP TO Q515)

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

____ age

- 88 Don't remember

504. [IF NEVER HAD ANY LIVE BIRTHS (Q315 = 00), CODE "00" AND GO TO QUESTION 505. OTHERWISE ASK]: *How many living children did you have when you first used contraception?*

___ number

29 Don't remember

505. *Are you or your partner currently using a method of contraception or doing anything to prevent pregnancy?*

1 Yes

2 No (SKIP TO Q513)

506. *Which method?*

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

507. *Are you and your partner also using a second method at the same time for either sexually transmitted disease prevention or contraception?*

1 Yes

2 No (SKIP TO Q509)

508. *Which method?*

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

509. **CURRENT PILL USER** [("5" IN Q506 OR Q508). **CODE WITHOUT ASKING**].

1 Yes

2 No (SKIP TO Q511)

510. *What brand of pill do you currently use?*

- | | | | |
|---|------------|---|------------------------|
| 1 | Minigynon | 5 | Gynera |
| 2 | Perle I.D. | 6 | Tri-Regol |
| 3 | Ovral | 7 | Other (specify): _____ |
| 4 | Nordette | 9 | Don't know / Not sure |

511. CURRENTLY STERILIZED ["1" OR "2" IN Q506 **OR** Q508].

- 1 Yes (SKIP TO Q547)
2 No

512. CURRENT USER OF METHODS 3 - 9 IN Q506 **OR** Q508:

- 1 Yes (SKIP TO Q519)
2 No (SKIP TO Q528)

513. *What was the last contraceptive method you or your partner used?*

- | | | | |
|---|--------------------------------------|----|-------------------------------|
| 1 | Female sterilization, tubal ligation | 7 | Condom |
| 2 | Male sterilization, vasectomy | 8 | Foaming tablets, cream, jelly |
| 3 | Implant (Norplant) | 9 | Diaphragm _____ |
| 4 | Injection | 10 | Withdrawal (SKIP |
| 5 | Pill | 11 | Rhythm, calendar, Billings TO |
| 6 | Intra-uterine device (IUD) / coil | 88 | Other (specify): _____ Q515) |

514. *Where did you or your partner get your contraceptive 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 |

515. IF SHE IS PREGNANT NOW [SEE Q304], CIRCLE CODE "3". OTHERWISE ASK: *Do you think you are able to get pregnant at the present time?*

- 1 Yes (SKIP TO Q517)
2 No
3 Currently pregnant (SKIP TO Q534)
4 Not sure, don't know (SKIP TO Q517)

516. *Why not?*

- | | | | |
|---|---|----------------|----------------|
| 1 | Menopause | — | |
| 2 | Respondent or partner has had an operation for medical reasons which makes pregnancy impossible | | (SKIP TO Q556) |
| 3 | Respondent 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 | Respondent is not sexually active | (SKIP TO Q534) | |
| 5 | Postpartum / breastfeeding | | |
| 6 | Other (specify) _____ | | |

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

- | | |
|---|----------------------|
| 1 | Yes (SKIP TO Q. 540) |
| 2 | No |
| 3 | God's will, fate |
| 9 | Don't know, not sure |

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

- | | | | |
|---|------------------------------------|----|-------------------------------------|
| 1 | Health / medical | 8 | Partner opposes |
| 2 | Doesn't like contraceptives | 9 | Lack of knowledge |
| 3 | Had side effects using last method | 10 | Money problems |
| 4 | Fear of side effects | 11 | Religion against |
| 5 | Not sexually active | 12 | Partner wants me to become pregnant |
| 6 | Postpartum / breastfeeding | 88 | Other (specify): _____ |
| 7 | Sources far away | | |

SKIP TO QUESTION 534

519. *Where do you or your partner get your contraceptive supplies?*

- | | | | | |
|---|-----------------------------------|----|-------------------------|----------------|
| 1 | Government hospital | 7 | Outreach worker | — |
| 2 | Government health clinic / centre | 8 | Factory /workplace | (SKIP TO Q525) |
| 3 | Private hospital | 9 | Supermarket /shop /bar | |
| 4 | Private clinic | 88 | Other (specify): _____ | |
| 5 | Private doctor | | | |
| 6 | Pharmacy | 29 | Doesn't know / remember | — |

520. *Do they offer family planning services there at any time or do they only offer family planning services at special times of day or on certain days?*

- 1 Can get family planning services at any time (SKIP TO Q524)
- 2 Can only get family planning services at special times or on certain days
- 7 Don't know / Not sure (SKIP TO Q522)

521. *Are the special times or days convenient for you?*

- 1 Yes (SKIP TO Q524)
- 2 No
- 7 Not sure

522. *What times of the day are convenient for you to get family planning services? [CIRCLE ALL THAT APPLY].*

		<u>YES</u>	<u>NO</u>
1	Early morning (Until 10 am)	1	2
2	Late morning (10:00 - noon)	1	2
3	Early afternoon (12:00 - 3 pm)	1	2
4	Late afternoon (3:00 pm - 6 pm)	1	2
5	Evenings (6:00 pm or later)	1	2
8	Other (specify):	1	2

523. *Which day or days of the week are convenient for you? [DO NOT READ. CIRCLE ALL THAT APPLY]*

	<u>YES</u>	<u>NO</u>
A Monday	1	2
B Tuesday	1	2
C Wednesday	1	2
D Thursday	1	2
E Friday	1	2
F Saturday	1	2
G Sunday	1	2

524. *What are your views on the length of the waiting time at the health centre / hospital? Is it?*
[READ OPTIONS 1 and 2]

- 1 Too long
- 2 Not too long
- 3 Don't know

525. *How long does it take you to get to the place?*

- | | | | |
|---|----------------------------------|---|------------------|
| 1 | At home/workplace (SKIP TO Q527) | 5 | 45 to 59 minutes |
| 2 | Less than 15 minutes | 6 | 1 hour or more |
| 3 | 15 to 29 minutes | 9 | No response |
| 4 | 30 to 44 minutes | | |

526. *Is it too far away thus causing a problem for you to get there?*

- | | | | |
|---|-----|---|----------|
| 1 | Yes | 9 | Not sure |
| 2 | No | | |

527. *Do you or your partner pay for the contraceptive method you now use?*

- | | | | |
|---|-----|---|----------------------|
| 1 | Yes | 9 | Don't know, not sure |
| 2 | No | | |

528. *Would you prefer using a different method than the one you now use to prevent pregnancy?*

- | | | | |
|---|-------------------|---|-------------------------------------|
| 1 | Yes | 7 | Don't know, not sure (SKIP TO Q534) |
| 2 | No (SKIP TO Q534) | | |

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

- | | | | |
|---|--------------------------------------|----|---------------------------------|
| 1 | Female sterilization, tubal ligation | 7 | Condom |
| 2 | Male sterilization, vasectomy | 8 | Foaming tablets / cream / jelly |
| 3 | Implant (Norplant) | 9 | Diaphragm |
| 4 | Injection | 10 | Withdrawal (SKIP TO Q533) |
| 5 | Pill | 11 | Rhythm, Calendar, Billings |
| 6 | Intra-uterine device (IUD) / coil | 88 | Other (specify): _____ |

530. *Do you know where to obtain this method (or information about this method if it is the Rhythm, Calendar or Billings method [METHOD 11])?*

- | | | | |
|---|-----|---|-------------------|
| 1 | Yes | 2 | No (SKIP TO Q533) |
|---|-----|---|-------------------|

531. *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 | 29 | Doesn't know / doesn't remember |

532. *How much time would you have to travel to obtain the supplies or information about the method?*

- 1 At home
- 2 Less than 15 minutes
- 3 15 to 29 minutes
- 4 30 to 44 minutes
- 5 45 to 59 minutes
- 6 1 hour or more
- 9 No response

533. *What is the most important reason why you are not using this other method?*

- 1 Family planning or health staff won't prescribe it
- 2 Too expensive
- 3 Not available / Unreliable supply / Difficult access
- 4 Source too far away
- 5 Don't know how to get it
- 6 Husband / partner objects to it
- 7 Religious reasons
- 8 Fear of side effects
- 9 Still thinking about it / Have not made up my mind
- 20 Other _____
- 29 Don't know / Not sure

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

- 1 Yes (SKIP TO Q540)
- 2 No
- 3 God's will, fate (SKIP TO Q542)
- 7 Not sure (SKIP TO Q542)

<p>QUESTIONS 535-539 ARE ONLY FOR WOMEN WHO DO NOT WANT MORE CHILDREN.</p>

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

- 1 Yes
- 2 No (SKIP TO Q546)
- 9 Not sure

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

- 1 Yes (SKIP TO Q538)
- 2 No

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

- 1 Yes
- 2 No (SKIP TO Q556)

538. *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 | _____ |

539. *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 "14"]

- | | |
|---|--|
| 1 Fear of method/side effects | 9 Current partner opposes |
| 2 Fear of operation (cut) | 10 Advanced age, approaching menopause |
| 3 Thinking about having it | 11 Not sexually active |
| 4 Too young | 12 Service facility too far away |
| 5 Plan to have it soon | 13 Doctor refused to do the operation |
| 6 May want more children if situation changes | 14 Currently pregnant |
| 7 Lack of information | 88 Other (specify): |
| 8 Lack of money | _____ |
| | 99 No reason stated |

SKIP TO QUESTION 556.

QUESTIONS 540-545 ARE ONLY FOR WOMEN WHO WANT OR MIGHT WANT MORE CHILDREN.

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

- | | |
|--------------|-------------------------------------|
| ___ children | 66 As many as possible |
| | 77 As many as God sends, up to fate |
| | 29 Don't know |

541. *When would you like to have the next one?* [ANSWER IN MONTHS IF LESS THAN TWENTY-FOUR MONTHS OR IN YEARS IF TWO YEARS OR MORE]

- | | |
|-----------------------------|------------------------------|
| ___ months | ___ years |
| 00 Now, as soon as possible | 29 Don't know (month / year) |

542. ***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 | 7 | Not sure |
| 2 | No (SKIP TO Q. (546)) | | |

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

- | | | | |
|---|--------------------|---|----|
| 1 | Yes (SKIP TO Q545) | 2 | No |
|---|--------------------|---|----|

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

- | | | | |
|---|-----|---|-------------------|
| 1 | Yes | 2 | No (SKIP TO Q556) |
|---|-----|---|-------------------|

545. *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 | | _____ |

SKIP TO QUESTION 556.

546. *Why would you not be interested in this operation?* [IF CURRENTLY PREGNANT ("1" IN Q304), CIRCLE "14"]

- | | | | |
|---|---|----|-------------------------------------|
| 1 | Fear of method/side effects | 9 | Current partner opposes |
| 2 | Fear of operation (cut) | 10 | Advanced age, approaching menopause |
| 3 | Thinking about having it | 11 | Not sexually active |
| 4 | Too young | 12 | Service facility too far away |
| 5 | Plan to have it soon | 13 | Family opposes |
| 6 | May want more children if situation changes | 14 | Currently pregnant |
| 7 | Lack of information | 88 | Other (specify): |
| 8 | Lack of money | 29 | No reason stated |
| | | | _____ |

SKIP TO QUESTION 556.

QUESTIONS 547 - 554 ARE FOR WOMEN WHO HAVE BEEN STERILIZED OR WHOSE HUSBAND / PARTNER HAS HAD A VASECTOMY.

547. *Were you or your husband/partner sterilized or both?*

- | | | | |
|---|--------------------------------|---|------|
| 1 | Husband/partner only | 3 | Both |
| 2 | Respondent only (SKIP TO Q550) | | |

548. *Where was your husband's (partner's) vasectomy done?*

- 1 Public hospital
- 2 Private hospital
- 3 Private doctor/clinic
- 8 Other (specify): _____
- 9 Don't know / Not sure

549. *How old were you when he had the operation?*

____ age 9 Don't know / Not sure

<p>IF BOTH ARE STERILIZED, CONTINUE. OTHERWISE, SKIP TO BOX BEFORE QUESTION 556.</p>

550. *Where was your tubal ligation done?*

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

551. *How old were you when you had the operation?*

____ age 88 Don't remember

552. *In what month and year was the operation done?*

____ month ____ year 29 Don't know

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

- 1 Yes
- 2 No

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

- 1 Yes (SKIP TO Q556)
- 2 No

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

- 1 Had severe side effects from operation
- 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
- 7 Sterilization is morally wrong
- 8 Husband/partner treats me differently
- 88 Other (specify): _____
- 29 Don't know
- 99 Refused

**IF RESPONDENT HAS NEVER HAD SEX [Q. 303 = "00"],
SKIP TO Q625.**

**IF RESPONDENT HAS NEVER BEEN PREGNANT [Q. 305 = "2" OR "NO"]
AND HAS NEVER USED CONTRACEPTION [Q502 = "2"],
SKIP TO Q601.**

ALL OTHERS, CONTINUE.

556. *Now we would like to obtain a monthly record of your family planning history over a 5 year period (since January 1992). 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) [Q315];
- _____ pregnancies which ended in (a) stillbirth(s) [Q316];
- _____ which ended in (a) miscarriage(s) [Q317]; and
- _____ which ended in (an) abortion(s) [Q318].

**You have also told me that the live birth(s) occurred in _____ [months], _____ [years]
[INTERVIEWER, CHECK Q321 AND RECOUNT THE DATES OF BIRTH OF THE LIVE
BIRTH(S) OCCURRING AFTER JANUARY 1, 1992. 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.

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 COLUMN 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 COLUMN** FOR THE RELEVANT YEAR].

CODES TO BE USED IN THE CALENDAR

<u>COLUMN 1</u> <u>PREGNANCY</u>	<u>COLUMN 2</u> <u>METHOD USED</u>	<u>COLUMN 3</u> <u>REASON STOPPED USING</u>
0 Not pregnant	0 No method	
1 Pregnant	1 Female sterilization tubal ligation	1 Became pregnant on method
2 Live birth	2 Male sterilization, vasectomy	2 Wanted to get pregnant
3 Stillbirth	3 Implant (Norplant)	3 Husband/partner objected
4 Miscarriage/ tubal pregnancy	4 Injection	4 Side effects
5 Abortion	5 Pill	5 Health concerns
	6 IUD / coil	6 Physician's decision
	7 Condom	7 Supply/availability/cost
	8 Vaginal methods	8 Inconvenient method
	9 Other methods	9 Wanted better/more effective method
		10 To give body a rest
		11 Infrequent sex / No sex
		12 Marriage / relationship ended
		13 Could no longer get pregnant
		77 Other _____
		88 Don't remember

CONTRACEPTIVE USE/PREGNANCY CALENDAR:

(INTERVIEWER: FILL IN ALL PREGNANCIES AND BIRTHS FROM PREGNANCY HISTORY BEFORE COLLECTING CONTRACEPTIVE HISTORY). THEN ASK:

Starting as of yesterday, please try to remember in which months you started and stopped use of contraceptive methods. Please tell me about all the methods you used right back to January 1992.

MONTH		COLUMN			MONTH		COLUMN			MONTH		COLUMN		
		1	2	3			1	2	3			1	2	3
1997				1995				1993						
Dec.	12				Dec.	12				Dec.	12			
Nov.	11				Nov.	11				Nov.	11			
Oct.	10				Oct.	10				Oct.	10			
Sep.	9				Sep.	9				Sep.	9			
Aug.	8				Aug.	8				Aug.	8			
July	7				July	7				July	7			
June	6				June	6				June	6			
May	5				May	5				May	5			
Apr.	4				Apr.	4				Apr.	4			
Mar.	3				Mar.	3				Mar.	3			
Feb.	2				Feb.	2				Feb.	2			
Jan.	1				Jan.	1				Jan.	1			
1996				1994				1992						
Dec.	12				Dec.	12				Dec.	12			
Nov.	11				Nov.	11				Nov.	11			
Oct.	10				Oct.	10				Oct.	10			
Sep.	9				Sep.	9				Sep.	9			
Aug.	8				Aug.	8				Aug.	8			
July	7				July	7				July	7			
June	6				June	6				June	6			
May	5				May	5				May	5			
Apr.	4				Apr.	4				Apr.	4			
Mar.	3				Mar.	3				Mar.	3			
Feb.	2				Feb.	2				Feb.	2			
Jan.	1				Jan.	1				Jan.	1			

**IF USING A METHOD IN JANUARY 1992,
CONTINUE WITH Q. 557.
ALL OTHERS SKIP TO Q601.**

557. *You said you were using _____ in January of 1992. When did you start using that method?*

__ __ month

-- __ year

**SECTION VI - ATTITUDES TOWARDS CONTRACEPTION,
CHILDBEARING AND CURRENT SEXUAL ACTIVITY**

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

- 1 Yes
- 2 No (SKIP TO Q603)

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

- ____ times
- 77 Don't remember - less than 30
- 90 Don't remember - more than 30
- 98 Don't remember
- 99 Refused

SKIP TO QUESTION 604

603. *Have you had sexual intercourse in the last 3 months?*

- 1 Yes
- 2 No (SKIP TO Q605)

604. *With how many men have you had sexual intercourse in the last 3 months?*

- ____ men
- 77 Don't remember - 10 or more
- 88 Don't remember - less than 10
- 98 Don't remember
- 99 Refused

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

- | | | | |
|---|-------------------|---|--------------------------|
| 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): _____ |

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

- 1 Yes
- 2 No (SKIP TO Q610)
- 9 Can't remember / Don't know (SKIP TO Q610)

607. *What was this method?*

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

608. *At the same time, did you or the man involved also use a second contraceptive method for disease prevention or contraception the last time you had sexual intercourse?*

- 1 Yes
2 No (SKIP TO Q610)

609. *What was this method?*

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

610. *Have you ever asked a partner to use a condom?*

- 1 Yes
2 No (SKIP TO Q612)

611. *Has any of the following ever happened to you because you asked a partner to wear a condom?*
[READ OPTIONS 1-5]

- | | <u>YES</u> | <u>NO</u> | <u>DK</u> | <u>REF</u> |
|--|------------|-----------|-----------|------------|
| 1 <i>He refused to wear a condom?</i> | 1 | 2 | 8 | 9 |
| 2 <i>He refused to have sex with you?</i> | 1 | 2 | 8 | 9 |
| 3 <i>He threatened you?</i> | 1 | 2 | 8 | 9 |
| 4 <i>He threatened never to go with you again?</i> | 1 | 2 | 8 | 9 |
| 5 <i>He forced you to have sex without a condom?</i> | 1 | 2 | 8 | 9 |

612. *Has a partner ever suggested to you that he wears a condom?*

- 1 Yes
2 No (SKIP TO Q614)

613. *Has any of the following ever happened to you because a partner wanted to wear a condom?* [READ OPTIONS 1-3]

		<u>YES</u>	<u>NO</u>	<u>DK</u>	<u>REF</u>
1	<i>You refused to let him wear a condom</i>	1	2	8	9
2	<i>You refused to have sex with him?</i>	1	2	8	9
3	<i>You threatened never to go with him again?</i>	1	2	8	9

614. CURRENT CONDOM USER:

1 Yes [CODE 7 IN Q506 OR Q508] 2 No (SKIP TO Q618)

615. *Why do you and your partner use condoms?*

- 1 Prevent pregnancy
- 2 Prevent sexually transmitted diseases (STDs) including AIDS
- 3 Both
- 8 Other (specify): _____
- 9 Don't know / Don't remember

616. *How often do you use condom when you have sexual intercourse with a steady partner?* [READ OPTIONS 1- 4]

- 1 *Always*
- 2 *Most of the time*
- 3 *Sometimes*
- 4 *Never*
- 5 Have no steady partner
- 9 Refused to answer

617. *How often do you use condoms when you have sexual intercourse with a non-steady partner?* [READ OPTIONS 1- 5]

- 1 *Always*
- 2 *Most of the time*
- 3 *Sometimes*
- 4 *Never*
- 5 *Rarely / Never have intercourse with non-steady partner*
- 9 Refused to answer

618. *The last time you had sexual intercourse, did your partner use a condom?*

- 1 Yes 9 Don't remember / Not sure
- 2 No

619. *Have you ever in your lifetime been forced to have sexual intercourse?*

- 1 Yes
- 2 No (SKIP TO Q622)
- 7 Not sure (SKIP TO Q622)
- 9 Refused (SKIP TO Q622)

620. *How many times?*

- 1 Five times or less
- 2 Six to ten times
- 3 More than ten times
- 4 Not sure
- 9 Refused

621. *By whom?* [INTERVIEWER: IF MORE THAN ONE INDIVIDUAL, ASK: "WHO WAS IT THE LAST TIME"].

- | | | | |
|---|------------------------------|---|--|
| 1 | Husband / common-law partner | 6 | Mother's partner |
| 2 | Visiting partner | 7 | Father |
| 3 | Boyfriend | 8 | Other relative / Other relative of partner |
| 4 | Friend | 9 | Other (specify): |
| 5 | Casual acquaintance | | |
-

622. *Over the past year, have you ever had:* [READ ALTERNATIVES]

		<u>YES</u>	<u>NO</u>	<u>REFUSED</u>
A	<i>A discharge from the vagina due to disease?</i>	1	2	9
B	<i>A sore in the area of the vagina?</i>	1	2	9
C	<i>To visit a doctor/clinic/other health centre for a sexually transmitted illness (venereal disease) such as gonorrhea or syphilis?</i>	1	2	9
D	<i>To treat yourself for a sexually transmitted illness such as gonorrhea or syphilis?</i>	1	2	9

623. *Have you ever heard a family planning message on the radio or television or read one in a newspaper?*

- 1 Yes
- 2 No (SKIP TO Q625)
- 7 Don't know / Not sure (SKIP TO Q625)
- 9 Refused to answer (SKIP TO Q625)

624. *Were any of these messages about the Personal Choice program?*

- 1 Yes
- 2 No
- 7 Don't know / Not sure

625. *If a woman takes the pill correctly, how sure can she be that she will not become pregnant?* [READ OPTIONS 1-4]

- 1 *Completely sure*
- 2 *Almost sure*
- 3 *Some risk of pregnancy*
- 4 *Not sure at all*
- 9 Don't know

626. *How safe for a woman's health is the pill?* [READ OPTIONS 1-4]

- 1 *Completely safe*
- 2 *Almost completely safe*
- 3 *Not very safe*
- 4 *Unsafe*
- 5 Depends on the woman
- 9. Don't know

627. *How safe for a woman's health is the contraceptive injection ?* [READ OPTIONS 1-4]

- 1 *Completely safe*
- 2 *Almost completely safe*
- 3 *Not very safe*
- 4 *Unsafe*
- 5 Depends on the woman
- 9 Don't know

628. *If a couple uses a condom correctly, how sure can the woman be that she will not become pregnant?* [READ OPTIONS 1-4]

- 1 *Completely sure*
- 2 *Almost sure*
- 3 *Some risk of pregnancy*
- 4 *Not sure at all*
- 9 Don't know

629. *If a couple uses a condom correctly, how sure can the woman be that she will not get a sexually transmitted disease like gonorrhea, syphilis or AIDS? [READ OPTIONS 1-4]*

- 1 *Completely sure*
- 2 *Almost sure*
- 3 *Some risk of getting STD*
- 4 *Not sure at all*
- 9 *Don't know*

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

630. *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*
- 29 *Don't know*

631. *In Jamaica, what is the earliest age a woman can legally consent to having sexual intercourse?*

_____ years

- 88 *There is no legal limit*
- 29 *Doesn't know / have an opinion*

632. *If you have sex without any protection, do you know of any method you can use the next day or after to avoid getting pregnant?*

- 1 *Yes*
- 2 *No (SKIP TO Q634)*
- 9 *Don't know / Not stated (SKIP TO Q634)*

633. *What is this method?*

- 1 *Morning after pill*
- 8 *Other (specify): _____*

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

_____ years

- 55 *Depends on circumstances*
- 66 *One year after entering first union*
- 77 *When she matures, is in a stable union*
- 88 *Other (specify): _____*
- 98 *Doesn't have an opinion*

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

_____ months

77 As long as possible

29 Don't know

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

_____ months

88 Fate, up to God

29 No opinion

SECTION VII - FAMILY LIFE AND SEX EDUCATION

701. AGE OF RESPONDENT: [SEE QUESTION 102]

- 1 15 - 24 [CONTINUE WITH Q702].
- 2 25 - 49 [SKIP TO STATEMENT BEFORE Q901].

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

- | | | | | |
|---|--------------------------------------|----|------------------|-------|
| 1 | Female sterilization, tubal ligation | 10 | Diaphragm | — |
| 2 | Male sterilization, vasectomy | 11 | Withdrawal | — |
| 3 | Implant (Norplant) | 12 | Rhythm | |
| 4 | Injection | 13 | Billings method | SKIP |
| 5 | Pill | 14 | Abstinence | TO |
| 6 | Intra-uterine device | 00 | None | Q704 |
| 7 | Condom | 29 | Doesn't know | |
| 8 | Foaming tablets | 99 | Doesn't answer | — |
| 9 | Creams / jellies | 88 | Other (specify): | _____ |

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

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

704. [FOR THOSE WHO HAVE NEVER HAD A PERIOD (Q301 = "77") omit "*Before you started having periods*". [OTHERWISE ASK]: *Before you started having periods, did you ever receive any information from your parents or guardians about menstruation?*

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

705. [FOR THOSE WHO HAVE NEVER HAD A PERIOD (Q301 = "77") omit "*Before you started having periods*". [OTHERWISE ASK]: *Before you started having periods, did you ever receive any information from your parents or guardians about pregnancy and how it occurs?*

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

706. [FOR THOSE WHO HAVE NEVER HAD SEX (Q303 = "00") omit "*Before you ever had sexual relations*". [OTHERWISE ASK]: *Before you ever had sexual relations, did you ever receive any information from your parents or guardians about pregnancy and how it occurs?*

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

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

- 1 Yes
- 2 No (SKIP TO Q715)
- 9 Doesn't know (SKIP TO Q715)

708. *How many weeks did the class or course last?*

___ weeks

- 29 Don't remember at all
- 30 Entire school year
- 97 Many weeks, don't remember number

709. *On the average, how many hours per week was the class or course taught? [IF LESS THAN ONE HOUR, CODE AS "00"].*

___ hours

- 97 Many hours, don't remember number
- 29 Don't remember at all

710. *What grade of schooling (level and years) had you reached when you had this class/ course?*

	<u>LEVEL</u>	<u>YEARS</u>										<u>NOT SPECIFIED</u>
1	Primary/All age	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	Doesn't remember											

711. *How old were you at that time?*

___ years

- 29 Don't know / Doesn't remember

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

- 1 School teacher
- 2 Counsellor or psychologist
- 3 Nurse
- 8 Other (specify): _____

714. *Did the class or course include information on services available for adolescents?* [READ].

715. *At what age do you think family life education or sex education should begin in schools?*

77 It should not be taught in schools
29 Doesn't know

1 Yes 2 No (SKIP TO Q722)

1	Community centre	6	Bar
2	Clinic	7	Work place
3	Club	8	HEART
4	Church	88	Other (specify): _____
5	Youth centre	29	Doesn't remember

718. *How old were you when you had this first class or course on family life education or sex education?*

— — age

29 Does not remember

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

1	School teacher	7	Outreach worker / volunteer
2	Physician	8	Other social worker
3	Nurse	9	Peers / friends
4	Counsellor or psychologist	10	Parent / guardian
5	National Family Planning Board Officer	88	Other (specify):
6	Liaison Officer	29	Doesn't remember / Don't know

720. *Did this first class or course outside of the school or home include information about*
[READ]

		<u>First class/course included</u>		
		<u>Yes</u>	<u>No</u>	<u>DK</u>
A	<i>The human reproductive system</i>	1	2	8
B	<i>The woman's menstrual cycle</i>	1	2	8
C	<i>Pregnancy and how it occurs</i>	1	2	8
D	<i>Modern birth control methods such as the pill, IUD or injections</i>	1	2	8
E	<i>Condoms</i>	1	2	8
F	<i>Disease that can result from sexual contact</i>	1	2	8
G	<i>AIDS</i>	1	2	8

721. *Did the class or course include information on the following services available for adolescents?*
[READ].

		<u>Yes</u>	<u>No</u>	<u>Don't remember</u>
1	<i>Counselling</i>	1	2	9
2	<i>Clinic services</i>	1	2	9
3	<i>Distribution of contraceptives</i>	1	2	9

722. *Do you know where to go if you need to get information on sex or contraceptives?*

1 Yes

2 No

723. *Would you know where to go if you needed treatment for a sexually transmitted disease?*

1 Yes

2 No

724. *Which is your preferred source of information about family life education topics? [READ]*

1 *Parents / guardians*

6 *Media (specify): _____*

2 *Sisters or brothers*

7 *Other (specify): _____*

3 *NFPB Officer*

0 No preferred source

4 *School teachers*

9 Don't know

5 *Peers / friends*

725. *What do you think is the ideal age when a child should be given sex education?*

___ ___ years

97 Depends

29 Don't know

SECTION VIII - EARLY SEXUAL EXPERIENCE AND CHILD REARING

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

801. *In what month and year did you first have sexual intercourse? [CHECK WITH ANSWERS GIVEN AT QUESTION 303. IF NOT CONSISTENT, CLARIFY AND CORRECT WHERE RELEVANT]*

___ month

1 9 ___ year

2222 Has never had sexual intercourse (SKIP TO STATEMENT BEFORE Q901)

98 Doesn't remember

29 No response

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

___ years

88 Don't know / Not sure

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

1 Husband / common-law partner

5

Mother's partner (SKIP TO Q805)

2 Boyfriend

6

Rape (SKIP TO Q810)

3 Friend (SKIP TO Q805)

8

Other (specify: (SKIP TO Q805)

4 Casual acquaintance (SKIP TO Q805)

804. *How long were you going with him when you first had sex?*

1 ___ days

3

___ months

2 ___ weeks

4

___ years

666 Had just met him

777

Don't remember

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

1 Yes

2

No (SKIP TO Q809)

806. *What was the method?*

1 Female sterilization, tubal ligation

7

Condom

2 Male sterilization, vasectomy

8

Foaming tablets, cream, jelly

3 Implant (Norplant)

9

Diaphragm

4 Injection

10

Withdrawal (SKIP TO Q808)

5 Pill

11

Rhythm, calendar, Billings

6 Intra-uterine device (IUD) / coil

88

Other (specify): _____

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

- | | | | |
|---|---------------------------------|----|-------------------------------|
| 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 | Rhythm without instruction |
| 5 | Private doctor | 88 | Other (specify) _____ |
| 6 | Pharmacy | 29 | Doesn't know/doesn't remember |

808. *Whose decision was it to use this method? Yours alone, your partner's alone, or was it made together?*

- 1 Her decision
- 2 Partner's decision
- 3 Decision made together
- 9 Doesn't remember

ALL SKIP TO QUESTION 810

809. *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 Didn't know of any methods
- 4 Knew of methods but didn't know where to get them
- 5 Wanted to use something but couldn't get it at that moment
- 6 Too embarrassed to get method
- 7 Wanted to become pregnant
- 8 Other (specify): _____
- 88 Doesn't know
- 29 No response

810. **EVER HAD A LIVE BIRTH: [SEE ANSWERS TO Q315].**

- 1 Yes [CONTINUE]
- 2 No [SKIP TO STATEMENT BEFORE Q901].

811. *When pregnant with your first child, were you still in school?*

- 1 Yes
- 2 No (SKIP TO Q814)

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

- 814 *Do you have a child / children who is / are alive today for anyone other than your present husband / partner?*

- INTERVIEWER: ASK Q815 - Q818 ABOUT THE YOUNGEST OF THOSE CHILDREN.**

815. *Does the baby father help you with the care or financial support of the child?* [READ RESPONSES]

816. *What kind of help does he give you?*

817. *Do you think the help he gives is important or not important in taking care of his child?*

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

- | | | | |
|---|-------------------------|----|------------------------|
| 1 | Baby's father | 6 | Mother's relative |
| 2 | Current partner | 7 | Father's relative |
| 3 | Maternal grandparent(s) | 0 | Don't receive any help |
| 4 | Paternal grandparent(s) | 88 | Other (specify): |
| 5 | Friend / neighbour | | |

819. *How many children do you have who are still alive?*

- 1 One living child (SKIP TO Q823) 2 Two or more living children (CONTINUE)

820. *Does any one help with the care or financial support of your child / children with your current husband / partner?*

- 1 Yes
2 No (SKIP TO Q823)
8 No other (living) children with current husband / partner (SKIP TO Q823)

821. *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): _____	1	2

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

- | | |
|----------------------------|--------------------------------|
| 1 Husband / partner | 5 Partner's parents / relative |
| 2 Respondent's mother | 6 Partner's grandparents |
| 3 Respondent's grandmother | 7 Partner's other relative |
| 4 Other relative | 8 Other specify: _____ |

823. **PREGNANT NOW [DO NOT ASK. CHECK Q304]**

- 1 Yes 8 Doesn't know (SKIP TO Q825)
2 No (SKIP TO Q825)

824. *What type of support do you get from this prospective "baby father"? [READ RESPONSES]*

- | | |
|--------------------------------|--|
| 1 No relationship at this time | 4 Gives emotional <u>and</u> financial support |
| 2 Gives emotional support only | 8 Other support (specify): _____ |
| 3 Gives financial support only | |

825. *Do you and your partner discuss the type of family you want to have together such as?*
[READ]

	<u>YES</u>	<u>NO</u>
A Number of children you may have in the future	1	2
B Spacing of children	1	2
C Adoption	1	2

SECTION IX - GENERAL ATTITUDES AND OPINIONS

Now, I'd like to read some statements to you. Please tell me whether you think each one is true or untrue

	<u>Agree</u>	<u>Don't agree</u>	<u>Un-certain</u>	<u>No response</u>
901. <i>If a woman doesn't have sex, she'll get sick</i>	1	2	8	9
902. <i>A girl must have a baby by the time she is 18 years old</i>	1	2	8	9
903. <i>A girl can only get pregnant if she has seen her first period</i>	1	2	8	9
904. <i>A boy must have sex to show that he is a man</i>	1	2	8	9
905. <i>A girl can avoid getting pregnant by having sex standing up, using pepsi or going to the sea</i>	1	2	8	9
906. <i>It is not necessary to use a condom with a steady partner</i>	1	2	8	9
907. <i>Planning too far ahead is not wise since many things turn out to be a matter of good or bad luck</i>	1	2	8	9
908. <i>Your life is mostly controlled by people with more power than you</i>	1	2	8	9
909. <i>To get what you want, you have to conform to the wishes of others</i>	1	2	8	9
910. <i>What others in your family want should always come first before what you want</i>	1	2	8	9
911. <i>You can generally determine what will happen in your own life</i>	1	2	8	9
912. <i>When you get what you want, it is usually because you worked hard for it</i>	1	2	8	9

END OF INTERVIEW THANK YOU!!!

Date Hour Minute.

TIME INTERVIEW ENDED: _____

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

COMMENTS

[illegible]

1997 REPRODUCTIVE HEALTH SURVEY - JAMAICA

FORM RHS 1B

MALE

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	4	Final Visit
Day (Date)					
Month					
Interview Status *					
Interviewer's Name					
Interviewer's No.					
Supervisor's Name					
Supervisor's No.					
Next Visit: Date					
Time					

* Interview Status Codes:

- | | |
|--|---|
| 1. Completed household interview - no eligible respondent | 5. Completed interview - individual |
| 2. Completed household interview - selected respondent not at home | 6. Selected respondent not at home deferred |
| 3. Refusal - household | 7. Refusal - individual |
| 4. Vacant dwelling | 8. Partly completed - individual |
| | 9. Other (specify): _____ |

FOR OFFICE USE ONLY:

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

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

PLEASE RECORD THE NAMES AND OTHER PARTICULARS OF **ALL** PERSONS WHO LIVE IN THIS HOUSEHOLD. THIS SHOULD INCLUDE ALL WHO USUALLY EAT AND SLEEP HERE. START WITH THE OLDEST MEMBER, THEN THE NEXT OLDEST, ETC.

SCHEDULE OF ALL PERSONS LIVING IN HOUSEHOLD

LINE NO.	NAME	SEX *	AGE	EDUCATIONAL STANDARD **		SEQ. NO.
	<i>Please give me the names of all persons who usually live in your household</i>	<i>Is _____ male or female?</i>	<i>How old is he/she?</i>	Highest Level	Years	***
01	_____	_____	____	_____	_____	_____
02	_____	_____	____	_____	_____	_____
03	_____	_____	____	_____	_____	_____
04	_____	_____	____	_____	_____	_____
05	_____	_____	____	_____	_____	_____
06	_____	_____	____	_____	_____	_____
07	_____	_____	____	_____	_____	_____
08	_____	_____	____	_____	_____	_____
09	_____	_____	____	_____	_____	_____
10	_____	_____	____	_____	_____	_____
11	_____	_____	____	_____	_____	_____
12	_____	_____	____	_____	_____	_____

* Gender codes

** Educational standard codes:

*** Eligible females aged 15 - 49 years only.

1	Males	<u>Level</u>	<u>Years</u>		<u>N/S</u>
2	Females		(Use appropriate number)		
		0	None		
		1	Primary/All age	1 - 8+	9
		2	Secondary	1 - 8+	9
		3	Post secondary	1 - 8+	9
		8	Other		
		9	Not stated		

11. Number of eligible males aged 15-49 years living in household
(Total number of eligible males recorded in the Schedule) _____ number

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 BELOW.

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 Number 1 ____

Number of Eligible Males ____

Last digit on questionnaire number	Number Of Eligible Males In Household									
	1	2	3	4	5	6	7	8	9	10
0	1	2	3	1	2	5	2	8	7	10
1	1	1	1	2	3	6	3	1	8	1
2	1	2	2	3	4	1	4	2	9	2
3	1	1	3	4	5	2	5	3	1	3
4	1	2	1	1	1	3	6	4	2	4
5	1	1	2	2	2	4	7	5	3	5
6	1	2	3	3	3	5	1	6	4	6
7	1	1	1	4	4	6	2	7	5	7
8	1	2	2	1	5	1	3	8	6	8
9	1	1	3	2	1	2	4	1	7	9

SEQUENCE NUMBER OF MALE SELECTED FOR INTERVIEW: ____

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

COMMENTS

[illegible]

1997 REPRODUCTIVE HEALTH SURVEY - JAMAICA

INDIVIDUAL QUESTIONNAIRE

MALE

FORM RHS 2[illegible]

SECTION I - RESPONDENT'S BACKGROUND

TIME INTERVIEW STARTED ____ : ____

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

____ month 1 9 ____ year

29 Don't know

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

____ years

103. *How many years did you attend school?*

____ years

29 Don't know

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

- 1 At least once a week
- 2 At least once a month
- 3 Less than once a month
- 4 Only for special occasions (weddings, funerals, christenings, etc.)
- 5 Doesn't attend at all
- 9 No response

105. *What was your employment status during the past week?*

- 1 Working
- 2 With a job but not working ____
- 3 Looking for work
- 4 Keeping house (SKIP TO Q109)
- 5 Student
- 6 Incapable of working ____
- 8 Other (specify): _____

106. *Do you work full-time or part-time?* [LESS THAN 20 HOURS = PART-TIME; 20+ HOURS IS FULL TIME]

- 1 Full-time
- 2 Part-time

107. *Do you work at home or away from home?*

- | | | | |
|---|----------------|---|------|
| 1 | At home | 3 | Both |
| 2 | Away from home | | |

108. *Do you regularly read any of the following newspapers?* [READ LIST]

		<u>YES</u>	<u>NO</u>			<u>YES</u>	<u>NO</u>
A	<i>Gleaner</i>	1	2	D	<i>Observer</i>	1	2
B	<i>Star</i>	1	2	E	Other (specify):	1	2
C	<i>Jamaica Herald</i>	1	2		_____		

109. *Are there any of the following possessions in your household?* [READ LIST]

		<u>YES</u>	<u>NO</u>			<u>YES</u>	<u>NO</u>
A	<i>Telephone</i>	1	2	E	<i>Refrigerator</i>	1	2
B	<i>Radio</i>	1	2	F	<i>Computer</i>	1	2
C	<i>Television</i>	1	2	G	<i>A working motor vehicle</i>	1	2
D	<i>VCR</i>	1	2				

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

- | | | |
|----------------|----|-------------|
| ___ ___ number | 99 | No response |
|----------------|----|-------------|

111. *What is the main source of water for the household?* [READ LIST]

- | | | | |
|---|-------------------------------------|---|-------------------------|
| 1 | <i>Public piped into dwelling</i> | 6 | <i>Public catchment</i> |
| 2 | <i>Public piped into yard</i> | 7 | <i>Spring or river</i> |
| 3 | <i>Private piped into dwelling</i> | 8 | Other (specify): |
| 4 | <i>Private catchment, not piped</i> | | _____ |
| 5 | <i>Public standpipe</i> | 9 | Not stated |

112. *What type of toilet facilities does this household have?*

- | | | | |
|---|------------------------|---|--------------------------------------|
| 1 | WC linked to sewer | 5 | None (SKIP TO STATEMENT BEFORE Q201) |
| 2 | WC not linked to sewer | | |
| 3 | Pit | 9 | Not stated / Don't know |
| 4 | Other (specify): _____ | | |

113. *Are these facilities shared with another household?*

- | | | | |
|---|------------|---|------------|
| 1 | Shared | 9 | Not stated |
| 2 | Not shared | | |

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

2 No (SKIP TO Q203)

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

1 Yes (SKIP TO Q208)

2 No

203. *Are you living with a common-law partner now; that is, are you living as man and wife now with a partner to whom you are not legally married?*

1 Yes (SKIP TO Q208)

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 Q208)

2 No

205. *Do you have a girlfriend?*

1 Yes

2 No (SKIP TO Q207)

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

1 Yes

2 No

207. [IF RESPONDENT IS LEGALLY MARRIED, BUT IS NOT LIVING WITH WIFE (Q201 = "1" AND Q202 = "2"), CODE 1 = "YES" WITHOUT ASKING, OTHER WISE ASK:] *Have you ever been in a partnership; that is, a marriage, a common-law union or a visiting relationship?*

1 Yes

2 No (SKIP TO Q209)

208. What was the month and year when your **first** marriage, **first** common-law or **first** visiting relationship began?

____ month

____ year

77

Don't know month

29

Don't know year

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

____ years

98

Doesn't remember

99

Refused

00 Never had sexual intercourse (SKIP TO Q304)

SECTION III - FAMILY LIFE EDUCATION

301. *Before you had sex did you ever receive any information from your parents or guardians about pregnancy and how it occurs?*

- | | | | |
|---|-----|---|----------------|
| 1 | Yes | 7 | Don't remember |
| 2 | No | | |

302. *Before you had sex, did you ever receive any information from your parents or guardians about birth control methods?*

- | | | | |
|---|-----|---|----------------|
| 1 | Yes | 7 | Don't remember |
| 2 | No | | |

303. *Before you had sex, did you ever receive any information from your parents or guardians about condoms specifically?*

- | | | | |
|---|-----|---|----------------|
| 1 | Yes | 7 | Don't remember |
| 2 | No | | |

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

- | | | | |
|---|--------------------------------------|----|-----------------------|
| 1 | Female sterilization, tubal ligation | 10 | Diaphragm |
| 2 | Male sterilization, vasectomy | 11 | Withdrawal — |
| 3 | Implant (Norplant) | 12 | Rhythm |
| 4 | Injection | 13 | Billings method (SKIP |
| 5 | Pill | 14 | Abstinence TO |
| 6 | Intra-uterine device | 00 | None Q306) |
| 7 | Condom | 29 | Doesn't know |
| 8 | Foaming tablets | 99 | Doesn't answer — |
| 9 | Creams/jellies | 88 | Other (specify): |
| | | | _____ |

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

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

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

- | | |
|---|-----------------------------|
| 1 | Yes |
| 2 | No (SKIP TO Q314) |
| 9 | Doesn't know (SKIP TO Q314) |

307. *How many weeks did the class or course last?*

_____ weeks 29 Don't remember at all
 97 Many weeks, don't remember number 30 Entire school year

308. *On the average, how many hours per week was the class or course taught? [IF LESS THAN ONE HOUR, CODE AS "00"].*

_____ hours 97 Many hours, don't remember number
 29 Don't remember at all

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

_____ age 29 Doesn't remember

310. *What grade of schooling (level and years) had you reached when you had this class/course?*

	<u>LEVEL</u>		<u>YEARS</u>								<u>NOT SPECIFIED</u>
1	Primary/All age	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	Doesn't remember										

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

- 1 School teacher
- 2 Counsellor or psychologist
- 3 Nurse
- 8 Other (specify): _____

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

		<u>Yes</u>	<u>No</u>	<u>DR</u>
A	<i>The human reproductive system</i>	1	2	8
B	<i>The woman's menstrual cycle or period</i>	1	2	8
C	<i>Pregnancy and how it occurs</i>	1	2	8
D	<i>Modern birth control methods such as the pill, IUD or injections</i>	1	2	8
E	<i>Condoms</i>	1	2	8
F	<i>Disease that can result from sexual contact</i>	1	2	8
G	<i>AIDS</i>	1	2	8

313. *Did the class or course include information on the following services available for adolescents?*
[READ].

		<u>YES</u>	<u>NO</u>	<u>DK</u>
1	<i>Counselling</i>	1	2	7
2	<i>Clinic services</i>	1	2	7
3	<i>Distribution of contraceptives</i>	1	2	7

314. *At what age do you think family life or sex education should begin in schools?*

— — age	77	It should not be taught in schools
	29	Doesn't know

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

- 1 Yes
- 2 No (SKIP TO Q321)

316. *Where was the first formal class or course outside of the school or home held?*

1	Community centre	6	Bar
2	Clinic	7	Workplace
3	Club	8	HEART
4	Church	88	Other (specify): _____
5	Youth centre	29	Doesn't remember

317. *How old were you when you had this first class or course on family life or sex education?*

— — age	29	Does not remember
---------	----	-------------------

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

1	School teacher	7	Outreach worker / volunteer
2	Physician	8	Other social worker
3	Nurse	9	Peers / friends
4	Counsellor or psychologist	10	Parent / guardian
5	National Family Planning Board Officer	88	Other (specify): _____
6	Liaison officer	29	Doesn't remember

319. *Did this first class or course outside of the school or home include information about ...*
[READ]

		First class/course included		
		Yes	No	DK
A	<i>The human reproductive system</i>	1	2	8
B	<i>The woman's menstrual cycle</i>	1	2	8
C	<i>Pregnancy and how it occurs</i>	1	2	8
D	<i>Modern birth control methods such as the pill, IUD or injections</i>	1	2	8
E	<i>Condoms</i>	1	2	8
F	<i>Disease that can result from sexual contact</i>	1	2	8
G	<i>AIDS</i>	1	2	8

320. *Did this class or course include information on the following services available for adolescents?*
[READ].

		<u>YES</u>	<u>NO</u>	<u>DK</u>
1	<i>Counselling</i>	1	2	7
2	<i>Clinic services</i>	1	2	7
3	<i>Distribution of contraceptives</i>	1	2	7

321. Which is your preferred source of information about family life or sex education topics?
[READ OPTIONS 1-6].

- | | | | |
|---|----------------------------|---|-------------------------------|
| 1 | <i>Parents / guardians</i> | 5 | <i>Peers /friends</i> |
| 2 | <i>Sisters or brothers</i> | 6 | <i>Media (specify):</i> _____ |
| 3 | <i>NFPB Officer</i> | 7 | <i>Other (specify):</i> _____ |
| 4 | <i>Teachers</i> | 8 | <i>Don't know</i> |

322. *What do you think is the ideal age when a child should be first given sex education?*

____ years

323. *Do you know where to go if you need to get information on sex or contraception?*

- 1 Yes 2 No

324. *Would you know where to go if you needed treatment for a sexually transmitted disease?*

- 1 Yes 2 No

SECTION IV - REPRODUCTIVE HISTORY

Now, we are going to talk about the children you have had. Some of the questions may not apply to you, but just say so when this is the case.

401. *Have you ever fathered any children even if the child or children died shortly after birth?*

1 Yes

2 No (SKIP TO Q417)

402. *How many children have you fathered who currently live with you?* — —

403. *How many children have you fathered who live somewhere else?* — —

404. *How many children have you fathered who have died?* — —

[INCLUDE CHILDREN BORN ALIVE BUT WHO DIED
SHORTLY AFTER BIRTH]

405. *Therefore, the total number of children you have fathered is:*

406. *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.*

<u>Birth order</u>	<u>Name</u>	<u>Birth date</u>	<u>Year</u>	<u>Is</u> <u>Sex</u> [NAME] still alive?
		<u>Month</u>		
Last birth	_____	___ 19 ___	___	___
Next to last	_____	___ 19 ___	___	___
2nd from last	_____	___ 19 ___	___	___
3rd from last	_____	___ 19 ___	___	___
4th from last	_____	___ 19 ___	___	___
5th from last	_____	___ 19 ___	___	___
6th from last	_____	___ 19 ___	___	___
7th from last	_____	___ 19 ___	___	___
8th from last	_____	___ 19 ___	___	___

29 Don't remember
(month/year)

1 Male 1 Yes
2 Female 2 No

IF RESPONDENT HAS HAD ONE CHILD ONLY
[Q. 405 = "01"], **SKIP TO Q408.**

ALL OTHERS , CONTINUE WITH Q407.

407. *Did you want to have your first child?*

- 1 Yes
- 2 No
- 7 Not sure

408. *Did you want to have your last (only) child?*

- 1 Yes
- 2 No
- 7 Not sure

IF RESPONDENT HAS HAD ONLY ONE CHILD
[Q. 405 = "01"], **SKIP TO Q. 411.**

ALL OTHERS, CONTINUE.

409. *How many "baby mothers" (including wives) have you had? [IF 01" SKIP TO Q411]*

___ ___ number

88 Doesn't know

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

- 1 Yes
- 2 No

411. *Were you still in school when your first child was born ?*

- 1 Yes
- 2 No (SKIP TO BOX BEFORE Q413)

412. *How many years schooling had you had up to that time?*

___ ___ years

29 Don't remember

IF ANY OF HIS CHILDREN ARE NOT LIVING
WITH RESPONDENT (SEE Q403), CONTINUE.

OTHERWISE, SKIP TO Q417.

413. *Do you help with the care or financial support of your child/children not now living with you?*
[READ RESPONSES]

- 1 *At all times*
- 2 *Most of the time*
- 3 *Seldom*
- 4 *No (SKIP TO Q416)*

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

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

415. *Do you think the help you give is important or not important in taking care of the child/children not now living with you?*

- | | | | |
|---|---------------|---|-----------------------|
| 1 | Important | 7 | Don't know / Not sure |
| 2 | Not important | | |

416. *Who is the main source of help to the mother?*

0	Does not receive any help	5	Mother's relatives
1	The father (respondent)	6	Mother's current partner
2	Paternal grandparents	7	Friend / neighbour
3	Maternal grandparents	8	Other (specify): _____
4	Father's relatives	9	Don't know

417. *Is any one (including your wife) pregnant for you now ?*

- | | | | |
|---|--------------------|---|-----------------------------|
| 1 | Yes | 9 | Doesn't know (SKIP TO Q501) |
| 2 | No (SKIP TO Q.501) | | |

418. *Is it one woman or more than one who is pregnant for you?*

- | | | | |
|---|-----|---|---------------|
| 1 | One | 2 | More than one |
|---|-----|---|---------------|

419. *Did you want this pregnancy (these pregnancies) ?*

- | | | | |
|---|-------------------------|---|---|
| 1 | Wanted one pregnancy | 4 | God's will, fate, didn't think about it |
| 2 | Wanted both pregnancies | 9 | Don't know, not sure |
| 3 | Wanted no pregnancy | | |

IF MARRIED OR IN A COMMON LAW UNION,
SKIP TO STATEMENT BEFORE QUESTION 501

420. *What type of support do you give the first prospective baby mother ?* [READ RESPONSES]

- 1 *No relationship at this time*
- 2 *Gives emotional support only*
- 3 *Gives financial support only*
- 4 *Gives both emotional and financial support*
- 8 Other (specify): _____

421. [IF NO SECOND BABY MOTHER, CODE = 5 WITHOUT ASKING. OTHERWISE ASK:]
What type of support do you give the second prospective baby mother ? [READ RESPONSES] .

- 1 *No relationship at this time*
- 2 *Gives emotional support only*
- 3 *Gives financial support only*
- 4 *Gives both emotional and financial support*
- 5 *No second baby mother*
- 8 Other (specify): _____

SECTION V - CONTRACEPTIVE KNOWLEDGE AND FIRST SEXUAL EXPERIENCE

Now, I would like to talk about methods that people use to avoid becoming pregnant.

501. a. READ THE NAME OF EACH METHOD AND CIRCLE "1" OR "2", AS APPROPRIATE.
- b. THEN: IF CONTRACEPTIVE METHOD IS KNOWN BY RESPONDENT, ASK ABOUT USE FOR THAT METHOD AND CIRCLE "3" OR "4" AS APPROPRIATE. IF NOT KNOWN, GO ON TO THE NEXT METHOD.

<u>Method</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	3	4
2. <i>Male sterilization, vasectomy</i>	1	2	3	4
3. <i>Implant (Norplant)</i>	1	2	3	4
4. <i>Injection</i>	1	2	3	4
5. <i>Pill</i>	1	2	3	4
6. <i>IUD / coil</i>	1	2	3	4
7. <i>Condom</i>	1	2	3	4
8. <i>Foaming tablets / creams / jellies</i>	1	2	3	4
9. <i>Diaphragm</i>	1	2	3	4
10. <i>Withdrawal</i>	1	2	3	4
11. <i>Rhythm, calendar, Billings</i>	1	2	3	4
88. <i>Other (specify):</i>	1	2	3	4

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

502. *In what month and year did you first have sexual intercourse? [CHECK WITH ANSWERS GIVEN AT QUESTION 209. IF NOT CONSISTENT, CLARIFY AND CORRECT WHERE RELEVANT]*

___ month 19 ___ year

- 2222 Has never had sexual intercourse (SKIP TO Q702 ON PAGE 24)
- 29 Doesn't remember
- 99 No response

503. *About how old was the person with whom you had sexual intercourse for the first time?*

— — years

88 Don't know/Not sure

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

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

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

1 Yes

2 No (SKIP TO Q509)

506. *What was the method?*

- | | | | |
|---|--------------------------------------|----|-------------------------------|
| 1 | Female sterilization, tubal ligation | 7 | Condom |
| 2 | Male sterilization, vasectomy | 8 | Foaming tablets, cream, jelly |
| 3 | Implant (Norplant) | 9 | Diaphragm |
| 4 | Injection | 10 | Withdrawal (SKIP TO Q508) |
| 5 | Pill | 11 | Rhythm, calendar, Billings |
| 6 | Intra-uterine device (IUD) / coil | 88 | Other (specify): _____ |

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

- | | | | |
|---|---------------------------------|----|-------------------------------|
| 1 | Government hospital | 7. | Outreach worker |
| 2 | Government health clinic/centre | 8 | Factory/workplace |
| 3 | Private hospital | 9 | Supermarket/shop/bar |
| 4 | Private clinic | 77 | Rhythm without instruction |
| 5 | Private doctor | 88 | Other (specify): _____ |
| 6 | Pharmacy | 29 | Doesn't know/doesn't remember |

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

- | | | | |
|---|--------------------|---|------------------------|
| 1 | His decision | 3 | Decision made together |
| 2 | Partner's decision | 9 | Doesn't remember |

ALL SKIP TO QUESTION 601

509. *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 Knew of methods but didn't know where to get them
- 3 Didn't know of any methods
- 4 Partner was against using something
- 5 Wanted to use something but couldn't get it at that moment
- 6 Too embarrassed to get method
- 7 Wanted partner to become pregnant
- 8 Other (specify): _____
- 29 Doesn't know
- 98 Didn't respond

SECTION VI - CURRENT SEXUAL ACTIVITY AND CONTRACEPTIVE USE

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

1 Yes

2 No (SKIP TO Q603)

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

___ times

90 Don't remember - more than 30

98 Don't remember

77 Don't remember - less than 30

99 Refused

SKIP TO QUESTION 604

603. *Have you had sexual intercourse in the last 3 months?*

1 Yes

2 No (SKIP TO Q605)

604. *With how many men have you had sexual intercourse in the last 3 months?*

___ men

88 Don't remember - less than 10

77 Don't remember - 10 or more

98 Don't remember

99 Refused

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

1 Wife / partner

5 Casual acquaintance

2 Visiting partner

6 Father's partner

3 Boyfriend

7 Other relative's partner

4 Friend

8 Other (specify): _____

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

1 Yes
Q610)

8 Can't remember / Don't know (SKIP TO

2 No (SKIP TO Q610)

607. *What was this method?*

1 Female sterilization, tubal ligation

7 Condom

2 Male sterilization, vasectomy

8 Foaming tablets / cream / jelly

3 Implant (Norplant)

9 Diaphragm

4 Injection

10 Withdrawal

5 Pill

11 Rhythm, Calendar, Billings

6 Intra-uterine device / coil

88 Other (specify): _____

608. *At the same time, did you or your partner also use a second contraceptive method for disease prevention or contraception the last time you had sexual intercourse together?*

- 1 Yes
- 2 No (SKIP TO BOX BEFORE Q611)

609. *What was this method?*

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

ALL SKIP TO BOX BEFORE QUESTION 611.

610. *Why did you or your last partner not use a method to prevent pregnancy?*

- | | |
|--------------------------------------|-------------------------------------|
| 1 Health / medical | 8 Partner opposes |
| 2 Doesn't like contraceptives | 9 Lack of knowledge |
| 3 Had side effects using last method | 10 Money problems |
| 4 Fear of side effects | 11 Religion against |
| 5 Not sexually active | 12 Partner wants to become pregnant |
| 6 Postpartum / breastfeeding | 88 Other (specify): _____ |
| 7 Sources far away | |

CHECK QUESTIONS 603 AND 604.

IF RESPONDENT HAS HAD NO SEX IN THE LAST THREE MONTHS ["00" in Q603] OR HAS HAD SEX WITH ONLY ONE WOMAN IN PAST THREE MONTHS, SKIP TO Q617.

IF MORE THAN ONE WOMAN, CONTINUE

611. *What was your relationship to the second to last person with whom you had sexual intercourse?*

- | | |
|--------------------|----------------------------|
| 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): _____ |

612. *Did you or this woman use a contraceptive method the last time you had sexual intercourse together?*

- 1 Yes
- 2 No (SKIP TO Q616)
- 8 Don't know (SKIP TO Q616)

613. *What was this method?*

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

614. *At the same time, did you or this woman also use a second contraceptive method for the prevention of sexually transmitted disease or for contraception the last time you had sexual intercourse?*

- | | |
|-------|---------------------|
| 1 Yes | 2 No (SKIP TO Q617) |
|-------|---------------------|

615. *What was this method?*

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

ALL SKIP TO QUESTION 617.

616. *Why did you or your second-to-last partner not use a method to prevent pregnancy?*

- | | |
|--------------------------------------|-------------------------------------|
| 1 Health / medical | 8 Partner opposes |
| 2 Doesn't like contraceptives | 9 Lack of knowledge |
| 3 Had side effects using last method | 10 Money problems |
| 4 Fear of side effects | 11 Religion against |
| 5 Not sexually active | 12 Partner wants to become pregnant |
| 6 Postpartum / breastfeeding | 88 Other (specify): _____ |
| 7 Sources far away | |

617. *Have you ever suggested to a partner that you use a condom?*

- | | |
|-------|---------------------|
| 1 Yes | 2 No (SKIP TO Q619) |
|-------|---------------------|

618. *Has any of the following ever happened to you because you asked a partner to wear a condom?*
[READ 1-4]

		<u>YES</u>	<u>NO</u>	<u>DK</u>	<u>REF</u>
1	<i>She refused to let you wear a condom?</i>	1	2	8	9
2	<i>She refused to have sex with you?</i>	1	2	8	9
3	<i>She threatened never to go with you again?</i>	1	2	8	9
4	<i>Against your better judgement you had sex without a condom?</i>	1	2	8	9

619. *Has a partner ever suggested to you that you use a condom?*

- 1 Yes
- 2 No (SKIP TO Q621)

620. *Has any of the following ever happened to you because a partner asked you to use a condom?*
[READ 1-5]

		<u>YES</u>	<u>NO</u>	<u>DK</u>	<u>REF</u>
1	<i>You used the condom?</i>	1	2	8	9
2	<i>You refused and made her have sex with you without the condom?</i>	1	2	8	9
3	<i>You refused to have sex with her?</i>	1	2	8	9
4	<i>You got angry?</i>	1	2	8	9
5	<i>You threatened never to go with her again?</i>	1	2	8	9

621. *Do you ever use a condom with any partner?* [IF CODE "7" IN Q607, Q609, Q613 OR Q615, CODE "1"- YES WITHOUT ASKING]

- 1 Yes
- 2 No (SKIP TO Q625)

622. *Why do you and your partner use condoms ?*

- 1 Prevent pregnancy
- 2 Prevent sexually transmitted diseases (STDs) including AIDS
- 3 Both
- 9 Don't know / Don't remember

623. *How often do you use condoms when you have sexual intercourse with a steady partner?*
[READ OPTIONS 1- 4]

- 1 Always
- 2 Most of the time
- 3 Seldom
- 4 Never
- 5 No steady partner
- 9 Refused to answer

624. *How often do you use condoms when you have sexual intercourse with a non-steady partner?*
[READ OPTIONS 1- 5]

- | | | | |
|---|-------------------------|---|---|
| 1 | <i>Always</i> | 5 | <i>Rarely / Never have intercourse with</i> |
| 2 | <i>Most of the time</i> | | <i>non-steady partner</i> |
| 3 | <i>Seldom</i> | 9 | <i>Refused to answer</i> |
| 4 | <i>Never</i> | | |

625. HAS RESPONDENT EVER USED AT LEAST ONE METHOD OF CONTRACEPTION?

[AT LEAST ONE - "3" CIRCLED IN Q. 501]

- | | | | |
|---|-----|---|------------------------------|
| 1 | Yes | 2 | No (SKIP TO BOX BEFORE Q630) |
|---|-----|---|------------------------------|

626. [IF RESPONDENT HAS NOT FATHERED ANY CHILDREN (Q401 = "2"), CODE "00" WITHOUT ASKING. OTHERWISE, ASK:] *How many living children did you have when you first used contraception?*

- | | | | |
|-----|--------|----|----------------|
| ___ | number | 98 | Don't remember |
|-----|--------|----|----------------|

627. USER WITH LAST PARTNER OF:

- | | |
|---|--|
| 1 | METHODS 1 OR 2 IN Q607 OR Q609 (SKIP TO Q701) |
| 2 | METHODS 3 - 9 IN Q607 OR Q609 (SKIP TO Q634) |
| 3 | METHODS 10, 11 OR 88 ONLY IN Q607 OR Q609 (SKIP TO Q644) |
| 0 | NO METHOD [Q606 = "2" OR "8"] (CONTINUE) |

628. *What was the last contraceptive method you or any partner used?*

- | | | | |
|---|--------------------------------------|----|-------------------------------|
| 1 | Female sterilization, tubal ligation | 7 | Condom |
| 2 | Male sterilization, vasectomy | 8 | Foaming tablets, cream, jelly |
| 3 | Implant (Norplant) | 9 | Diaphragm |
| 4 | Injection | 10 | Withdrawal |
| 5 | Pill | 11 | Rhythm, calendar, Billings |
| 6 | Intra-uterine device (IUD) / coil | 88 | Other (specify): _____ |
- ___(SKIP TO BOX BEFORE Q630)

629. *Where did you or that partner get that method?*

- | | | | |
|---|-----------------------------------|----|---------------------------------|
| 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 MARRIED OR LIVING WITH COMMON-LAW PARTNER-
("YES" IN Q202 OR Q203) - CONTINUE.**

ALL OTHERS, SKIP TO QUESTION 701.

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

- | | | | |
|---|----------------------|---|-----------------------------------|
| 1 | Yes (SKIP TO Q. 632) | 3 | Currently pregnant (SKIP TO Q701) |
| 2 | No | 4 | Not sure, don't know |

631. *Why not?*

- | | | |
|---|---|----------------|
| 1 | Menopause | — |
| 2 | Respondent or partner has had an operation for medical reasons which makes pregnancy impossible | (SKIP TO Q701) |
| 3 | Partner 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) | (SKIP TO Q701) |
| 4 | Respondent is not sexually active | — |
| 5 | Postpartum / breastfeeding | |
| 6 | Other (specify) _____ | |

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

- | | | | |
|---|--------------------|---|----------------------|
| 1 | Yes (SKIP TO Q701) | 3 | God's will, fate |
| 2 | No | 9 | Don't know, not sure |

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

- | | | | |
|---|------------------------------------|----|----------------------------------|
| 1 | Health / medical | 8 | Partner opposes |
| 2 | Doesn't like contraceptives | 9 | Lack of knowledge |
| 3 | Had side effects using last method | 10 | Money problems |
| 4 | Fear of side effects | 11 | Religion against |
| 5 | Not sexually active | 12 | Partner wants to become pregnant |
| 6 | Postpartum / breastfeeding | 88 | Other (specify): |
| 7 | Sources far away | | _____ |

SKIP TO QUESTION 701.

634. *Where do you /your partner get your contraceptive supplies?*

- | | | | | | |
|---|---------------------------------|------|-----------------------|---|-----------------|
| 1 | Government hospital | 7 | Outreach worker | — | SKIP TO
Q641 |
| 2 | Government health clinic/centre | 8 | Factory / workplace | | |
| 3 | Private hospital — | 9 | Supermarket/shop/bar | | |
| 4 | Private clinic — | 88 | Other (specify): | | |
| 5 | Private doctor | Q641 | | | |
| 6 | Pharmacy — | 98 | Doesn't know/remember | — | |

635. *Who gets the supplies? You or your partner?*

- | | | | |
|---|----------------------------|---|------|
| 1 | Himself | 3 | Both |
| 2 | His partner (SKIP TO Q643) | | |

636. *Do they offer family planning services at the Government facility at any time or do they only offer family planning services at special times of day or on certain days?*

- | | |
|---|---|
| 1 | Can get family planning services at any time (SKIP TO Q640) |
| 2 | Can only get family planning services at special times or on certain days |
| 7 | Don't know / Not sure |

637. *Is the special time or day convenient for you?*

- | | | | |
|---|--------------------|---|----------|
| 1 | Yes (SKIP TO Q640) | 7 | Not sure |
| 2 | No | | |

638. *Which day or days of the week are convenient for you? [DO NOT READ. CIRCLE ALL THAT APPLY]*

- | | | <u>YES</u> | <u>NO</u> | | | <u>YES</u> | <u>NO</u> |
|---|-----------|------------|-----------|---|----------|------------|-----------|
| A | Monday | 1 | 2 | E | Friday | 1 | 2 |
| B | Tuesday | 1 | 2 | F | Saturday | 1 | 2 |
| C | Wednesday | 1 | 2 | G | Sunday | 1 | 2 |
| D | Thursday | 1 | 2 | | | | |

639. *What time of day is convenient for you to get family planning services? [CIRCLE ALL THAT APPLY].*

- | | | <u>YES</u> | <u>NO</u> |
|---|---|------------|-----------|
| 1 | Early morning (Until 10.00 a.m.) | 1 | 2 |
| 2 | Late morning (10.00 a.m.- noon) | 1 | 2 |
| 3 | Early afternoon (12:00 a.m.-3.00 p.m.) | 1 | 2 |
| 4 | Late afternoon (3.00 p.m. - 6.00 p.m.) | 1 | 2 |
| 5 | Evenings (6.00 pm or later) | 1 | 2 |
| 7 | Not sure | 1 | 2 |
| 8 | Other (specify): _____ | .1 | 2 |

640. *What are your views on the usual length of the waiting time at the health centre /hospital? Is it. ... ?*
[READ OPTION 1 and 2].

- | | | | |
|---|---------------------|---|-------------------|
| 1 | <i>Too long</i> | 8 | <i>Don't know</i> |
| 2 | <i>Not too long</i> | | |

641. *How long does it take you to get to the place?*

- | | |
|---|--|
| 1 | <i>At home or workplace (SKIP TO Q643)</i> |
| 2 | <i>Less than 15 minutes</i> |
| 3 | <i>15 to 29 minutes</i> |
| 4 | <i>30 to 44 minutes</i> |
| 5 | <i>45 to 59 minutes</i> |
| 6 | <i>1 hour or more</i> |
| 9 | <i>No response</i> |

642. *Is it too far away thus causing a problem for you to get there?*

- | | |
|---|-----------------|
| 1 | <i>Yes</i> |
| 2 | <i>No</i> |
| 7 | <i>Not sure</i> |

643. *Do you or your partner pay for the contraceptive method you now use ?*

- | | |
|---|-----------------------------|
| 1 | <i>Yes</i> |
| 2 | <i>No</i> |
| 7 | <i>Don't know, not sure</i> |

644. *Would you prefer using a different method than the one you now use to prevent pregnancy?*

- | | |
|---|--|
| 1 | <i>Yes</i> |
| 2 | <i>No (SKIP TO Q701)</i> |
| 7 | <i>Don't know, not sure (SKIP TO Q701)</i> |

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

- | | | | |
|---|---|----|------------------------------------|
| 1 | <i>Female sterilization, tubal ligation</i> | 7 | <i>Condom</i> |
| 2 | <i>Male sterilization, vasectomy</i> | 8 | <i>Foaming tablets/cream/jelly</i> |
| 3 | <i>Implant (Norplant)</i> | 9 | <i>Diaphragm</i> |
| 4 | <i>Injection</i> | 10 | <i>Withdrawal (SKIP TO Q701)</i> |
| 5 | <i>Pill</i> | 11 | <i>Rhythm, Calendar, Billings</i> |
| 6 | <i>Intra-uterine device (IUD) / coil</i> | 88 | <i>Other (specify):_____</i> |

646. *Do you know where to obtain this method (or information about this method if it is the Rhythm, Calendar or Billings method [METHOD 11])?*

- 1 Yes
- 2 No (SKIP TO Q701)

647. *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 | 29 | Doesn't know / doesn't remember |

648. *How much time would you or your partner have to travel to obtain the supplies or information about the method?*

- | | | | |
|---|----------------------|---|------------------|
| 1 | At home | 5 | 45 to 59 minutes |
| 2 | Less than 15 minutes | 6 | More than 1 hour |
| 3 | 15 to 29 minutes | 9 | No response |
| 4 | 30 to 44 minutes | | |

649. *What is the most important reason why you and your partner are not using the other method?*

- 1 Family planning or health staff won't prescribe it
- 2 Too expensive
- 3 Not available / Unreliable supply / Difficult access
- 4 Source too far away
- 5 Don't know how to get it
- 6 Wife / partner objects to it
- 7 Religious reasons
- 8 Fear of side effects
- 9 Still thinking about it / Have not made up my mind
- 20 Other (specify): _____
- 29 Don't know / Not sure

SECTION VII - ATTITUDES TOWARDS CHILDBEARING AND CONTRACEPTION

701. *Over the past year, have you ever had:* [READ ALTERNATIVES]

		<u>YES</u>	NO	<u>REF</u>
A	<i>A discharge from the sex organ due to disease?</i>	1	2	9
B	<i>A sore on the sex organ?</i>	1	2	9
C	<i>To visit a doctor/clinic/other health centre for a sexually transmitted illness (venereal disease) such as gonorrhea or syphilis?</i>	1	2	9
D	<i>To treat yourself for a sexually transmitted illness such as gonorrhea or syphilis?</i>	1	2	9

702. *Have you ever heard a family planning message on the radio or television or read one in a newspaper?*

1	Yes	8	Don't know / Not sure (SKIP TO Q704)
2	No (SKIP TO 704)	9	Refused to answer (SKIP TO Q704)

703. *Were any of these messages about the Personal Choice program?*

1	Yes
2	No
9	Don't know / Not sure

704. *If a woman takes the pill correctly, how sure can she be that she will not become pregnant?*[READ OPTIONS 1-4]

1	<i>Completely sure</i>	4	<i>Not sure at all</i>
2	<i>Almost sure</i>	9	<i>Don't know</i>
3	<i>Some risk of pregnancy</i>		

705. *How safe for a woman's health is the pill?* [READ OPTIONS 1 -4]

1	<i>Completely safe</i>	4	<i>Unsafe</i>
2	<i>Almost completely safe</i>	7	<i>Depends on the woman</i>
3	<i>Not very safe</i>	9	<i>Don't know</i>

706. *How safe for a woman's health is the contraceptive injection?* [READ OPTIONS 1-4]

1	<i>Completely safe</i>	4	<i>Unsafe</i>
2	<i>Almost completely safe</i>	7	<i>Depends on the woman</i>
3	<i>Not very safe</i>	9	<i>Don't know</i>

707. *If a couple uses a condom correctly, how sure can he/she be that the woman will not become pregnant?* [READ OPTIONS 1-4]

- | | | | |
|---|------------------------|---|-----------------|
| 1 | Completely sure | 4 | Not sure at all |
| 2 | Almost sure | 9 | Don't know |
| 3 | Some risk of pregnancy | | |

708. *If a couple uses a condom correctly, how sure can he/she be that he will not get a sexually transmitted disease?* [READ OPTIONS 1-4]

- | | | | |
|---|--------------------------|---|-----------------|
| 1 | Completely sure | 4 | Not sure at all |
| 2 | Almost sure | 7 | Don't know |
| 3 | Some risk of getting STD | | |

709. *Now I would like to ask you about your attitude towards childbearing. 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 |
| | 98 | Don't know |

710. *In Jamaica, what is the earliest age a woman can legally consent to having sexual intercourse?*

___ __ years

- | | |
|----|--------------------------------|
| 88 | There is no legal limit |
| 29 | Doesn't know / have an opinion |

711. *If you have sex without any protection, do you know of any method the woman can use the next day or after to avoid getting pregnant?*

- | | |
|---|--|
| 1 | Yes |
| 2 | No (SKIP TO Q713) |
| 9 | Don't know / Not stated (SKIP TO Q713) |

712. *What is this method?*

- | | |
|---|------------------------|
| 1 | Morning after pill |
| 8 | Other (specify): _____ |

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

- | | | | |
|--------------|-------------------------------------|-------------------------------|-------------------------|
| ___ __ years | 77 | When she is in a stable union | |
| | 88 | Other (specify): _____ | |
| 55 | Depends on circumstances | | |
| 66 | One year after entering first union | 98 | Doesn't have an opinion |

714. *In your opinion, at what age is a man responsible enough to have his first child?*

___ __ years

55 Depends on circumstances

66 One year after entering first union

77 When he is in a stable union

88 Other (specify): _____

98 Doesn't have an opinion

715. *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

716. *When a woman is breastfeeding, is she more likely, less likely or equally likely to become pregnant than if she was not breastfeeding?*

1 More likely to get pregnant

2 Less likely to get pregnant

3 Equally likely to get pregnant

9 Does not have an opinion

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

___ __ months

88 Fate, up to God

98 No opinion

SECTION VIII - GENERAL ATTITUDES AND OPINIONS

Now, I'd like to read some statements to you. Please tell me whether you think each one is true or untrue

	<u>Agree</u>	<u>Don't agree</u>	<u>Un- certain</u>	<u>No res- ponse</u>
801. <i>If a woman doesn't have sex, she'll get sick</i>	1	2	8	9
802. <i>A girl must have a baby by the time she is 18 years old</i>	1	2	8	9
803. <i>A girl can get pregnant only after she has seen her period for the first time</i>	1	2	8	9
804. <i>A boy must have sex to show he is a man</i>	1	2	8	9
805. <i>A girl can avoid getting pregnant by having sex standing up, using pepsi or going to the sea</i>	1	2	8	9
806. <i>It is not necessary to use a condom with a steady partner</i>	1	2	8	9
807. <i>Boys who have sex early benefit more than those who delay having it</i>	1	2	8	9
808. <i>There is something wrong with a boy who has not had sex by the time he is 16</i>	1	2	8	9
809. <i>If a boy masturbates, he will get sick</i>	1	2	8	9
810. <i>If a boy masturbates, he will die</i>	1	2	8	9
811. <i>If a boy has an erection he will get sick unless he discharges</i>	1	2	8	9
812. <i>Planning too far ahead is not wise since many things turn out to be a matter of good or bad luck</i>	1	2	8	9
813. <i>Your life is mostly controlled by people with more power than you</i>	1	2	8	9
814. <i>To get what you want, you have to conform to the wishes of others</i>	1	2	8	9
815. <i>You can generally determine what will happen in your own life</i>	1	2	8	9
816. <i>When you get what you want, it is usually because you worked hard for it</i>	1	2	8	9

END OF INTERVIEW THANK YOU!!!
--

Date Hour Minute.

TIME INTERVIEW ENDED: _____

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

COMMENTS

[illegible]