

Female Questionnaire

2008 REPRODUCTIVE HEALTH SURVEY CONFIDENTIAL JAMAICA

CONFIDENTIAL



STATISTICAL INSTITUTE OF JAMAICA
7 Cecilio Ave., Kingston 10
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HOUSEHOLD QUESTIONNAIRE

FEMALE

Questionnaire No

2

SEX 2

PARISH	CONSTITUENCY	ED NO.	DWELLING NO.	HOUSEHOLD NO.	SAMPLING REGION	ELEGIBLE RESPONDENTS.	PSU
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Interview Visits	1	2	3	4	Final Visit
Day (Date)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Interview Status *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Interviewer's Name					
Interviewer's No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Supervisor's Name					
Supervisor's No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Next Visit: Date					
Time					

*** Interview Status Codes:**

- | | |
|---|--|
| 1. Completed interview (household and individual) | 5. Partly completed individual interview—completion deferred |
| 2. Completed household interview—no eligible woman resident | 6. Refusal – household |
| 3. Household interview deferred—nobody at home or no competent respondent at home to provide information | 7. Refusal – individual |
| 4. Completed household interview—individual interview deferred selected respondent not at home or not available | 8. Vacant dwelling |
| | 9. Other (specify): _____ |

FOR OFFICE USE ONLY:

Reviewed By: _____

Edited by: _____

Position: _____

Date: _____

Date: _____

10. How many persons live in this household?

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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.

LIST ACCORDING TO AGE, WITH THE OLDEST HOUSEHOLD MEMBER LISTED FIRST!

SCHEDULE OF ALL PERSONS LIVING IN THE HOUSEHOLD

LINE NO.	NAME	GENDER*	AGE	EDUCATION**	SEQ. NO.***
	Please give me the names of all persons who usually live in your household	Is _____ Male or Female?	How old is he/she?	Level Grade	
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					

* Gender Codes	**Educational Standard Codes				***Eligible Females Aged 15–49 Only
	Level	Grade	NR		
1. Male					
2. Female	0 None				
	1 Pre-Primary (infant/basic)	1 through	3	8	
	2 Primary/All age	1 through	6	8	
	3 Secondary	7 through	11	88	
	4 Sixth Form	12 and	13	88	
	5 Vocational	7 through	13	88	
	6 College/University	1 through	4+	8	
	8 Other _____	1 through	6+	8	

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

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

PROCEED WITH THE INDIVIDUAL QUESTIONNAIRE FOR THE SELECTED FEMALE.

IF THERE ARE NO ELIGIBLE FEMALES, RETURN TO AND COMPLETE THE TITLE PAGE.

RANDOM SELECTION OF RESPONDENT

Questionnaire Number: 2 _____

Number of Eligible Females (Q11) _____

Last digit of the questionnaire number	Number of Eligible Females in the 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 THE FEMALE SELECTED FOR INTERVIEW:

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

COMMENTS (e.g. Reason for Deferring the Interview, Name of Selected Eligible Respondent, Date and Time of the Next Visit, Other)

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JAMAICA



INDIVIDUAL QUESTIONNAIRE FEMALE

PARISH	CONSTITUENCY	ED NO.	DWELLING NO.	HOUSEHOLD NO.	Questionnaire No.	Line No.	Sequence No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2 <input type="text"/>	<input type="text"/>	<input type="text"/>
SAMPLING REGION <input type="text"/>		PSU <input type="text"/>					

DATE OF INTERVIEW	<input type="text"/>	<input type="text"/>	<input type="text"/>	TIME INTERVIEW STARTED (24 Hours Clock)	<input type="text"/>	<input type="text"/>
	Day	Month	Year		Hours	Mins.

SECTION I – RESPONDENT'S BACKGROUND

101. In what month and year were you born? Month <input type="text"/> Year <input type="text"/> 88. DON'T KNOW (MONTH/YEAR)	102. How old were you on your last birthday? <input type="text"/> Years
103. Have you ever attended school? <input type="radio"/> 1. Yes <input type="radio"/> 2. No Go to Q105	104. How many years did you attend school, not including years spent in infant and basic school? <input type="text"/> Years 88. DOES NOT REMEMBER
105. With what frequency do you attend religious services (READ 1–5)? <input type="radio"/> 1. At least once a week <input type="radio"/> 2. At least once a month but less than once a week <input type="radio"/> 3. Less than once a month <input type="radio"/> 4. Only for special occasions (weddings, funerals, christenings) <input type="radio"/> 5. Does not attend at all <input type="radio"/> 9. REFUSED	
106. What were you doing during the past week? Were you.....? (READ 1–8) <input type="radio"/> 1. Working <input type="radio"/> 2. Not working but had a job <input type="radio"/> 3. Looking for work <input type="radio"/> 4. Wanted work and was available <input type="radio"/> 5. Keeping house <input type="radio"/> 6. Going to school <input type="radio"/> 7. On vacation from school <input type="radio"/> 8. At home, not keeping house <input type="radio"/> 9. Incapable of working <input type="radio"/> 20. OTHER (Specify) _____ <div style="position: absolute; left: 450px; top: 650px;"> } → Go to Q111 </div>	
107. Do you work regularly (at least 5 days every two weeks) in your present job? <input type="radio"/> 1. Yes <input type="radio"/> 2. No	
108. How many hours do you usually work per week? <input type="text"/> Hours 88. NOT SPECIFIED	
109. How many hours did you work during the week ending? (INTERVIEWER, ASK ABOUT THE WEEK ENDED PRIOR TO THE INTERVIEW) <input type="text"/> Hours 88. NOT SPECIFIED	

110. Do you work at home or away from home?	1. AT HOME 2. AWAY FROM HOME 3. BOTH																															
111. Do you regularly read any of the following newspapers? (READ OPTIONS A-E)	<table border="0"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>A. Gleaner</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>B. Star</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>C. Sunday Herald</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>D. Observer</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>E. Any other (SPECIFY) _____</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	A. Gleaner	1	2	B. Star	1	2	C. Sunday Herald	1	2	D. Observer	1	2	E. Any other (SPECIFY) _____	1	2													
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A. Gleaner	1	2																														
B. Star	1	2																														
C. Sunday Herald	1	2																														
D. Observer	1	2																														
E. Any other (SPECIFY) _____	1	2																														
112. Are there any of the following possessions in your household? (READ OPTIONS A-I)	<table border="0"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>A. Electricity</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>B. Radio</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>C. Television</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>D. VCR/DVD Player</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>E. Refrigerator</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>F. Land-line Telephone</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>G. Cellular Telephone</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>H. Computer</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>I. A working motor vehicle (car or truck)</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	A. Electricity	1	2	B. Radio	1	2	C. Television	1	2	D. VCR/DVD Player	1	2	E. Refrigerator	1	2	F. Land-line Telephone	1	2	G. Cellular Telephone	1	2	H. Computer	1	2	I. A working motor vehicle (car or truck)	1	2	
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G. Cellular Telephone	1	2																														
H. Computer	1	2																														
I. A working motor vehicle (car or truck)	1	2																														
113. What type of fuel does this household mainly use for cooking?	1. ELECTRICITY 2. NATURAL GAS 3. LIQUID PROPANE GAS (LPG) 4. KEROSENE 5. COAL 6. WOOD 7. STRAW/SHRUBS/GRASS 8. ANIMAL DUNG 9. OTHER _____																															
114. How many rooms does your household occupy (exclude bathrooms and kitchen)?	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table> ROOMS			99 NO RESPONSE																												
115. What is the main source of water for the household?	1. PUBLIC PIPED INTO DWELLING 2. PUBLIC PIPED INTO YARD 3. PRIVATE PIPED INTO DWELLING/YARD 4. PUBLIC STANDPIPE 5. WELL WATER, WITHIN RESIDENCE 6. PUBLIC WELL 7. TANKER / TRUCK / WATER VENDOR 8. SPRING 9. SURFACE WATER (RIVER, STREAM, POND, LAKE, DAM) 10. BOTTLED WATER 20. OTHER (SPECIFY): _____ 88. NOT STATED																															
116. What type of toilet facilities does this household have?	<table border="0"> <tr> <td>1. FLUSH TOILET LINKED TO SEWER</td> <td></td> </tr> <tr> <td>2. FLUSH TOILET NOT LINKED TO SEWER (e.g. SEPTIC TANK)</td> <td></td> </tr> <tr> <td>3. PIT LATRINE</td> <td></td> </tr> <tr> <td>4. NO FACILITY / BUSH / FIELD</td> <td>→ SECTION II</td> </tr> <tr> <td>7. OTHER (SPECIFY): _____</td> <td>→ SECTION II</td> </tr> <tr> <td>8. NOT STATED / DON'T KNOW</td> <td>→ SECTION II</td> </tr> </table>		1. FLUSH TOILET LINKED TO SEWER		2. FLUSH TOILET NOT LINKED TO SEWER (e.g. SEPTIC TANK)		3. PIT LATRINE		4. NO FACILITY / BUSH / FIELD	→ SECTION II	7. OTHER (SPECIFY): _____	→ SECTION II	8. NOT STATED / DON'T KNOW	→ SECTION II																		
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7. OTHER (SPECIFY): _____	→ SECTION II																															
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117. Are these facilities shared with another household?	1. SHARED 2. NOT SHARED 9. NOT STATED																															

SECTION II – RELATIONSHIP STATUS AND PARTNERSHIP HISTORY

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

201. Are you currently legally married?	1. YES 2. NO → Q203
202. Are you and your husband currently living together as husband and wife?	1. YES → Q208 2. NO
203. Are you currently living with a common-law partner? That is, are you living as husband and wife with a partner to whom you are not legally married?	1. YES → Q208 2. NO
204. Do you currently have a visiting partner? That is, do you have a steady partner with whom you have sexual relations?	1. YES → Q208 2. NO
205. Do you currently have a boyfriend?	1. YES 2. NO → Q207
206. Have you ever had sexual intercourse with your current boyfriend?	1. YES 2. NO
207. Have you <u>ever been</u> in a partnership; that is, a marriage, a common-law union or a visiting union? IF RESPONDENT IS LEGALLY MARRIED, BUT SHE IS NOT LIVING WITH HUSBAND (Q202=2), RECORD “YES” WITHOUT ASKING THE QUESTION	1. YES 2. NO → SECTION III
208. How many times have you been in a partnership that is a marriage, a common-law union or a visiting union?	<div style="display: flex; align-items: center; justify-content: space-between;"> <input style="width: 40px; height: 25px; border: 1px solid black;" type="text"/> TIMES </div> <div style="text-align: right;">9. REFUSED</div>
209. In what month and year did you start your first legal or common-law marriage or first visiting union?	<div style="display: flex; align-items: center; justify-content: space-between;"> <div style="display: flex; align-items: center;"> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> </div> <div>MONTH</div> <div style="display: flex; align-items: center;"> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> </div> <div>YEAR</div> </div> <p>88. DOES NOT REMEMBER (MONTH/YEAR)</p> <p>BOTH MONTH AND YEAR OF FIRST MARRIAGE/UNION/VR KNOWN? → GO TO SECTION III</p> <p>EITHER MONTH OR YEAR OF MARRIAGE/UNION NOT KNOWN? → CONTINUE WITH Q210</p>
210. How old were you when you started your first marriage, common law union, or visiting union?	<div style="display: flex; align-items: center; justify-content: space-between;"> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> </div> <div>YEARS</div> <p>88. DOES NOT REMEMBER 99. REFUSED</p>

DEFINITION OF TERMS:

Legally Married describes a person who has a contracted legal matrimony/or married according to customary rites and is not widowed, divorced or legally separated;

Common Law or Consensual Union describes the status in which the partners share a common household though the union has not been established by legal process or customs.

Visiting union refers to a status in which the partners live apart (the woman lives with her family), have sexual relations and often have children together; the man has some financial obligations (contributions in money, gifts, or goods) to his partner and his child(ren).

Dating (a girlfriend/boyfriend)) may or may not involve sexual relations, does not result in fatherhood and does not imply financial obligations.

SECTION III – FERTILITY

Now, we are going to talk about your history of menstruation and your pregnancy 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 (menstruation) started? (PROBE: woman's monthly bleeding)	<input type="text"/> <input type="text"/> YEARS 77. NEVER HAD A PERIOD → Q303
302. How long has it been since your last menstrual period?	<input type="text"/> <input type="text"/> MONTHS 00. UP TO ONE MONTH 55. CURRENTLY HAVING A PERIOD 66. DO NOT HAVE A PERIOD ANY MORE 77. BEFORE LAST PREGNANCY 88. DON'T REMEMBER
303. How old were you when you had your first sexual intercourse?	<input type="text"/> <input type="text"/> YEARS 00. NEVER HAD INTERCOURSE → SECTION IV 77. FIRST TIME WHEN STARTED LIVING WITH HUSBAND/PARTNER 88. DOES NOT REMEMBER 99. REFUSED
304. Are you currently pregnant?	1. YES 2. NO → Q309 8. NOT SURE → Q309
305. How many months pregnant are you now?	<input type="text"/> MONTHS
306. Just before you got pregnant, did you want to get pregnant then, did you want to get pregnant later, or did you not want to get pregnant then or any time in the future?	1. WANTED THE PREGNANCY THEN 2. WANTED THE PREGNANCY LATER 3. DID NOT WANT THE PREGNANCY 8. NOT SURE
307. Is this your first pregnancy?	1. YES 2. NO → Q309 8. NOT SURE → Q309
308. Have you ever had a stillbirth, ectopic pregnancy, miscarriage, or an induced abortion?	1. YES → PREGNANCY HISTORY TABLE 2. NO → SECTION IV
309. Have you ever been pregnant? (IF CURRENTLY PREGNANT ASK: "Have you been pregnant before?")	1. YES → Q311 2. NO 8. NOT SURE
310. Have you ever had a stillbirth, ectopic pregnancy, miscarriage, or an induced abortion?	1. YES → PREGNANCY HISTORY TABLE 2. NO → SECTION IV
311. How many children have you given birth to who live with you now?	<input type="text"/> <input type="text"/> CHILDREN
312. How many children have you given birth to who do not live with you now?	<input type="text"/> <input type="text"/> CHILDREN
313. Have you ever had a child born alive who later died, including those who may have died in the first hours or days after birth?	1. YES 2. NO → Q315
314. How many children died?	<input type="text"/> <input type="text"/> CHILDREN
315. So altogether you had a total of (ADD NUMBER OF CHILDREN FROM Q311+Q312+Q314) live births?	<input type="text"/> <input type="text"/> LIVE BIRTHS

PREGNANCY HISTORY

Now I would like to talk to you about all your pregnancies (not counting the current one). Please, make sure you include all pregnancies, it doesn't matter when they happened or how they ended, whether in a live birth, an abortion, a miscarriage, or a stillbirth. Starting with your most recent pregnancy, please give me the following information:

#	316	317	318	319	320	321	322
							IF Q317_YR < 2003---->GO TO NEXT PREGNANCY
	How did that pregnancy end?	When did that pregnancy end? (month & year)	How many weeks or months had you been pregnant when that pregnancy ended?	Was the baby a boy or a girl?	Is the child still alive?	How old was the child when he died? (RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YRS.)	Just before you got pregnant, did you want to get pregnant then, did you want to get pregnant later, or did you not want to get pregnant then or any time in the future?
<u>1</u>	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. ECTOPIC PREGNANCY	___ MTH ___ YR 1. 99. NR	1. ___ WKS OR 2. ___ MTHS 8. 8 8 DK 9. 9 9 NR/REF IF Q316>3 GO TO Q322	1. BOY 2. GIRL IF Q316=2 2nd Twin: 1. BOY 2. GIRL	1. YES->Q322 2. NO 2nd Twin: 1. YES 2. NO	1. ___ DAYS 2. ___ MTHS 3. ___ YEARS 8. 8 8 DK 9. 9 9 NR/REF 2nd Twin age at death: ___ . ___	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
<u>2</u>	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. ECTOPIC PREGNANCY	___ MTH ___ YR 2. 99. NR	1. ___ WKS OR 2. ___ MTHS 8. 8 8 DK 9. 9 9 NR/REF IF Q316>3 GO TO Q322	1. BOY 2. GIRL IF Q316=2 2nd Twin: 1. BOY 2. GIRL	1. YES->Q322 2. NO 2nd Twin: 1. YES 2. NO	1. ___ DAYS 2. ___ MTHS 3. ___ YEARS 8. 8 8 DK 9. 9 9 NR/REF 2nd Twin age at death: ___ . ___	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
<u>3</u>	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. ECTOPIC PREGNANCY	___ MTH ___ YR 3. 99. NR	1. ___ WKS OR 2. ___ MTHS 8. 8 8 DK 9. 9 9 NR/REF IF Q316>3 GO TO Q322	1. BOY 2. GIRL IF Q316=2 2nd Twin: 1. BOY 2. GIRL	1. YES->Q322 2. NO 2nd Twin: 1. YES 2. NO	1. ___ DAYS 2. ___ MTHS 3. ___ YEARS 8. 8 8 DK 9. 9 9 NR/REF 2nd Twin age at death: ___ . ___	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
<u>4</u>	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. ECTOPIC PREGNANCY	___ MTH ___ YR 4. 99. NR	1. ___ WKS OR 2. ___ MTHS 8. 8 8 DK 9. 9 9 NR/REF IF Q316>3 GO TO Q322	1. BOY 2. GIRL IF Q316=2 2nd Twin: 1. BOY 2. GIRL	1. YES->Q322 2. NO 2nd Twin: 1. YES 2. NO	1. ___ DAYS 2. ___ MTHS 3. ___ YEARS 8. 8 8 DK 9. 9 9 NR/REF 2nd Twin age at death: ___ . ___	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE

#	316	317	318	319	320	321	322
	How did that pregnancy end?/	When did that pregnancy end? (month & year)	How many weeks or months had you been pregnant when that pregnancy ended?	Was the baby a boy or a girl?	Is the child still alive?	How old was the child when he died? (RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YRS.)	IF Q317B < 2003 --->GO TO NEXT PREGNANCY Just before you got pregnant, did you want to get pregnant then, did you want to get pregnant later, or did you not want to get pregnant then or any time in the future?
<u>5</u>	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. ECTOPIC PREGNANCY	___ MTH ___ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MTHS 8. 8 8 DK 9. 9 9 NR/REF IF Q316>3 GO TO Q322	1. BOY 2. GIRL IF Q316=2 2nd Twin: 1. BOY 2. GIRL	1. YES->Q322 2. NO 2nd Twin: 1. YES 2. NO	1. ___ DAYS 2. ___ MTHS 3. ___ YEARS 8. 8 8 DK 9. 9 9 NR/REF 2nd Twin age at death: ___ . ___	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
<u>6</u>	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. ECTOPIC PREGNANCY	___ MTH ___ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MTHS 8. 8 8 DK 9. 9 9 NR/REF IF Q316>3 GO TO Q322	1. BOY 2. GIRL IF Q316=2 2nd Twin: 1. BOY 2. GIRL	1. YES->Q322 2. NO 2nd Twin: 1. YES 2. NO	1. ___ DAYS 2. ___ MTHS 3. ___ YEARS 8. 8 8 DK 9. 9 9 NR/REF 2nd Twin age at death: ___ . ___	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
<u>7</u>	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. ECTOPIC PREGNANCY	___ MTH ___ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MTHS 8. 8 8 DK 9. 9 9 NR/REF IF Q316>3 GO TO Q322	1. BOY 2. GIRL IF Q316=2 2nd Twin: 1. BOY 2. GIRL	1. YES->Q322 2. NO 2nd Twin: 1. YES 2. NO	1. ___ DAYS 2. ___ MTHS 3. ___ YEARS 8. 8 8 DK 9. 9 9 NR/REF 2nd Twin age at death: ___ . ___	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
<u>8</u>	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. ECTOPIC PREGNANCY	___ MTH ___ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MTHS 8. 8 8 DK 9. 9 9 NR/REF IF Q316>3 GO TO Q322	1. BOY 2. GIRL IF Q316=2 2nd Twin: 1. BOY 2. GIRL	1. YES->Q322 2. NO 2nd Twin: 1. YES 2. NO	1. ___ DAYS 2. ___ MTHS 3. ___ YEARS 8. 8 8 DK 9. 9 9 NR/REF 2nd Twin age at death: ___ . ___	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
<u>9</u>	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. ECTOPIC PREGNANCY	___ MTH ___ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MTHS 8. 8 8 DK 9. 9 9 NR/REF IF Q316>3 GO TO Q322	1. BOY 2. GIRL IF Q316=2 2nd Twin: 1. BOY 2. GIRL	1. YES->Q322 2. NO 2nd Twin: 1. YES 2. NO	1. ___ DAYS 2. ___ MTHS 3. ___ YEARS 8. 8 8 DK 9. 9 9 NR/REF 2nd Twin age at death: ___ . ___	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE

#	316	317	318	319	320	321	322
							IF Q317_YR <2003 ---->GO TO NEXT PREGNANCY
10	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. ECTOPIC PREGNANCY	___ MTH ___ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MTHS 8. 8 8 DK 9. 9 9 NR/REF IF Q316>3 GO TO Q322	1. BOY 2. GIRL IF Q316=2 2nd Twin: 1. BOY 2. GIRL	1. YES-> Q322 2. NO 2nd Twin: 1. YES 2. NO	1. ___ DAYS 2. ___ MTHS 3. ___ YEARS 8. 8 8 DK 9. 9 9 NR/REF 2 nd Twin age at death: ___ . ___	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
11	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. ECTOPIC PREGNANCY	___ MTH ___ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MTHS 8. 8 8 DK 9. 9 9 NR/REF IF Q316>3 GO TO Q322	1. BOY 2. GIRL IF Q316=2 2nd Twin: 1. BOY 2. GIRL	1. YES-> Q322 2. NO 2nd Twin: 1. YES 2. NO	1. ___ DAYS 2. ___ MTHS 3. ___ YEARS 8. 8 8 DK 9. 9 9 NR/REF 2 nd Twin age at death: ___ . ___	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
12	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. ECTOPIC PREGNANCY	___ MTH ___ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MTHS 8. 8 8 DK 9. 9 9 NR/REF IF Q316>3 GO TO Q322	1. BOY 2. GIRL IF Q316=2 2nd Twin: 1. BOY 2. GIRL	1. YES-> Q322 2. NO 2nd Twin: 1. YES 2. NO	1. ___ DAYS 2. ___ MTHS 3. ___ YEARS 8. 8 8 DK 9. 9 9 NR/REF 2 nd Twin age at death: ___ . ___	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
13	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. ECTOPIC PREGNANCY	___ MTH ___ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MTHS 8. 8 8 DK 9. 9 9 NR/REF IF Q316>3 GO TO Q322	1. BOY 2. GIRL IF Q316=2 2nd Twin: 1. BOY 2. GIRL	1. YES-> Q322 2. NO 2nd Twin: 1. YES 2. NO	1. ___ DAYS 2. ___ MTHS 3. ___ YEARS 8. 8 8 DK 9. 9 9 NR/REF 2 nd Twin age at death: ___ . ___	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
14	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. ECTOPIC PREGNANCY	___ MTH ___ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MTHS 8. 8 8 DK 9. 9 9 NR/REF IF Q316>3 GO TO Q322	1. BOY 2. GIRL IF Q316=2 2nd Twin: 1. BOY 2. GIRL	1. YES-> Q322 2. NO 2nd Twin: 1. YES 2. NO	1. ___ DAYS 2. ___ MTHS 3. ___ YEARS 8. 8 8 DK 9. 9 9 NR/REF 2 nd Twin age at death: ___ . ___	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE

#	316	317	318	319	320	321
	How did that pregnancy end?	When did that pregnancy end? (month & year)	How many weeks or months had you been pregnant when that pregnancy ended?	Was the baby a boy or a girl?	Is the child still alive?	How old was the child when he died? (RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS)
15	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. ECTOPIC PREGNANCY	___ MTH ___ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MTHS 8. 8 8 DK 9. 9 9 NR/REF IF Q316>3 GO TO NEXT PREG	1. BOY 2. GIRL IF Q316=2 2nd Twin: 1. BOY 2. GIRL	1. YES-> NEXT PREG 2. NO 2nd Twin: 1. YES 2. NO	1. ___ DAYS 2. ___ MTHS 3. ___ YEARS 8. 8 8 DK 9. 9 9 NR/REF 2 nd Twin age at death: ___ . ___
16	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. ECTOPIC PREGNANCY	___ MTH ___ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MTHS 8. 8 8 DK 9. 9 9 NR/REF IF Q316>3 GO TO NEXT PREG	1. BOY 2. GIRL IF Q316=2 2nd Twin: 1. BOY 2. GIRL	1. YES-> NEXT PREG 2. NO 2nd Twin: 1. YES 2. NO	1. ___ DAYS 2. ___ MTHS 3. ___ YEARS 8. 8 8 DK 9. 9 9 NR/REF 2 nd Twin age at death: ___ . ___
17	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. ECTOPIC PREGNANCY	___ MTH ___ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MTHS 8. 8 8 DK 9. 9 9 NR/REF IF Q316>3 GO TO NEXT PREG	1. BOY 2. GIRL IF Q316=2 2nd Twin: 1. BOY 2. GIRL	1. YES-> NEXT PREG 2. NO 2nd Twin: 1. YES 2. NO	1. ___ DAYS 2. ___ MTHS 3. ___ YEARS 8. 8 8 DK 9. 9 9 NR/REF 2 nd Twin age at death: ___ . ___
18	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. ECTOPIC PREGNANCY	___ MTH ___ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MTHS 8. 8 8 DK 9. 9 9 NR/REF IF Q316>3 GO TO NEXT PREG	1. BOY 2. GIRL IF Q316=2 2nd Twin: 1. BOY 2. GIRL	1. YES-> NEXT PREG 2. NO 2nd Twin: 1. YES 2. NO	1. ___ DAYS 2. ___ MTHS 3. ___ YEARS 8. 8 8 DK 9. 9 9 NR/REF 2 nd Twin age at death: ___ . ___
19	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. ECTOPIC PREGNANCY	___ MTH ___ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MTHS 8. 8 8 DK 9. 9 9 NR/REF IF Q316>3 GO TO NEXT PREG	1. BOY 2. GIRL IF Q316=2 2nd Twin: 1. BOY 2. GIRL	1. YES-> NEXT PREG 2. NO 2nd Twin: 1. YES 2. NO	1. ___ DAYS 2. ___ MTHS 3. ___ YEARS 8. 8 8 DK 9. 9 9 NR/REF 2 nd Twin age at death: ___ . ___

HEALTH CARE DURING THE LAST BIRTH SINCE JANUARY 2003

323F INTERVIEWER, CHECK THE PREGNANCY HISTORY AND RECORD IF THE WOMAN HAD ANY PREGNANCY THAT RESULTED IN BIRTH (Q316= 1,2,3,4,or 5) SINCE JANUARY 2003.	1. YES 2. NO BIRTHS SINCE 2003 → SECTION IV
324F COPY THE PREGNANCY NUMBER AND OUTCOME OF THE LAST BIRTH SINCE 2003	PREGNANCY # <input type="text"/> PREGNANCY OUTCOME: "1", "2", "3", "4, or "5"
325. Now, I would like to talk to you about your last birth. <u>While you were pregnant</u> with that baby (babies if twin pregnancy), how often did you usually drink beer, stout, wine, rum, liquor or other alcoholic drinks?	0. NOT AT ALL 1. <ONCE A MONTH 2. 1 OR 2 DAYS A MONTH 3. 1 OR 2 DAYS A WEEK 4. 3–4 DAYS A WEEK 5. NEARLY EVERY DAY 8. DON'T REMEMBER 9. REFUSED
326. On the average, how many cigarettes did you smoke per day during that pregnancy?	0. NONE 1. 1–4 (JUST A FEW) 2. 5–10 CIGARETTES (OR ½ PACK) 3. 11+ (MORE THAN ½ PACK) 8. DON'T REMEMBER
327. Were you given any injection to prevent the baby from getting tetanus, AKA <i>lock jaw</i> , during that pregnancy?	1. YES - FOR TETANUS 2. YES - DON'T KNOW WHAT FOR 3. NO → Q329
328. How many injections were given?	<input type="text"/> INJECTIONS 8 NOT SURE
329. Did you see anyone for a prenatal check during that pregnancy?	1. YES 2. NO → Q333
330. Where did you go for most of the prenatal care?	1. GOV'T HEALTH CENTRE / CLINIC 2. GOVERNMENT HOSPITAL 3. PRIVATE HOSPITAL 4. RURAL MATERNITY CENTRE 5. PRIVATE DOCTOR / CLINIC 6. MIDWIFE 7. OTHER _____
331. How many times did you go?	<input type="text"/> <input type="text"/> TIMES 77 NOT SURE, MORE THAN 9 88 DOES NOT REMEMBER
332. In what month of the pregnancy did the prenatal care begin?	<input type="text"/> <input type="text"/> MONTH 88 DOES NOT REMEMBER
333. Was your blood pressure ever checked during that pregnancy?	1. YES 2. NO → Q335 8. DOES NOT REMEMBER → Q335
334. During your last (this) pregnancy, were you told more than once that your blood pressure was high?	1. YES 2. NO 8. DOES NOT REMEMBER
335. Where did you give birth to your last baby?	<div style="display: flex;"> <div style="flex: 1;"> 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). </div> <div style="flex: 1;"> 1. A 2. B 3. OTHER GOVERNMENT HOSPITAL 4. PRIVATE HOSPITAL 5. PRIVATE NURSING HOME 6. RURAL MATERNITY CENTRE 7. OWN HOME 8. HOME OF RELATIVE / FRIEND 9. OTHER _____ </div> </div>
336. Who is the main person who assisted with the delivery?	1. DOCTOR 2. TRAINED NURSE / MIDWIFE 3. NANA 7. OTHER _____ 0. NO ONE
337. Was the delivery a normal delivery, delivery by forceps or suction, or by Caesarean Section?	1. NORMAL DELIVERY 2. FORCEPS OR SUCTION DELIVERY 3. CAESAREAN DELIVERY
338. Did you have any seizures or convulsions while in labor or immediately after delivery? (PROBE IF RESPONDENT WAS TOLD THAT SHE HAD ECLAMPSIA)	1. YES 2. NO 8. DOES NOT REMEMBER
339. How many months after birth did your period (menstruation) return?	<input type="text"/> <input type="text"/> MONTHS 66. NOT YET RESUMED
340. How many months after birth did you resume sexual relations?	<input type="text"/> <input type="text"/> MONTHS 66. NOT YET RESUMED

SECTION IV – WOMEN’S HEALTH

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

<p>400. In general, how is your health, would you say it is... (READ 1–4)</p>	<p>1. Excellent 2. Very Good 3. Fair 4. Poor 8. DOES NOT KNOW/NOT SURE</p>
<p>401. Have you ever had a <u>routine</u> gynaecologic examination? (PROBE: Routine Exam Outside Pregnancy)</p>	<p>1. YES → Q403 2. NO 9. REFUSED TO ANSWER</p>
<p>402. What is the principal reason why you have not had a routine gynaecologic exam?</p>	<p>1. SHE FEELS THAT SHE DOES NOT NEED A GYNAECOLOGIC EXAM 2. SHE IS HEALTHY AND HAS NO GYNAECOLOGIC PROBLEMS 3. THERE IS NO TIME TO GO FOR GYNAECOLOGIC EXAMINATION 4. SHE FORGETS ABOUT IT 5. SHE DOES NOT LIKE GYNAECOLOGIC EXAMINATIONS 6. IT IS DIFFICULT TO GET APPOINTMENT 7. DOES NOT LIKE THE PLACE / FACILITY 8. DOES NOT LIKE THE STAFF 9. WAITING TIME IS TOO LONG 10. DOCTOR HAS NOT RECOMMENDED 11. SHE IS EMBARRASSED TO HAVE GYNAECOLOGIC EXAMINATION 12. NEVER THOUGHT OF IT 13. NOT CURRENTLY SEXUALLY ACTIVE 14. NEVER HAD SEXUAL INTERCOURSE (CHECK IF “00” IN Q303) 20. OTHER (SPECIFY): _____ 88. DOES NOT KNOW / NOT SURE</p> <p style="text-align: right;">Q404</p>
<p>403. When was your last routine gynaecologic examination? (READ 1–4)</p>	<p>1. Within the last year 2. 1 – 2 years ago (12 – 23 months) 3. 2 – 3 years ago (24 – 35 months) 4. 3 or more years ago 8. DOES NOT KNOW / DOES NOT REMEMBER</p>
<p>404. A Pap Smear is a test for cancer of the cervix which is done during a pelvic examination by a doctor or nurse. How long has it been since your last Pap smear, if ever?</p>	<p>1. NEVER HAD ONE 2. LESS THAN 1 YEAR 3. 1 YEAR, LESS THAN 2 YEARS AGO 4. 2 TO 3 YEARS 5. MORE THAN 3 YEARS AGO 8. DOES NOT KNOW / NOT SURE</p> <p style="text-align: right;">Q406 Q410</p>
<p>405. What is the main reason why you have never had a Pap smear?</p>	<p>1. NEVER HEARD OF IT 2. DOCTOR HAS NOT RECOMMENDED IT 3. SHE IS HEALTHY AND HAS NO GYNAECOLOGIC PROBLEMS 4. SHE DOES NOT FEEL TEST IS NECESSARY 5. DOES NOT HAVE TIME TO GO FOR TEST / NEGLIGENCE 6. NEVER THOUGHT OF IT 7. SHE IS AFRAID OF THE RESULTS 8. SHE IS AFRAID IT COULD BE PAINFUL 9. TOO EMBARRASSED TO GET THE TEST OR A PELVIC EXAM 10. SHE HAS NO PARTNER / SHE IS NOT SEXUALLY ACTIVE 20. OTHER (SPECIFY): _____ 88. DOES NOT KNOW 99. REFUSED</p> <p style="text-align: right;">Q410</p>
<p>406. After the test, were you told that you needed follow-up treatment?</p>	<p>1. YES 2. NO, NOT TOLD → Q410 3. NO, DOES NOT HAVE THE RESULT YET → Q410 8. DOES NOT REMEMBER → Q410</p>

407. Did you go for this treatment?	1. YES 2. NO → Q410 8. DOES NOT REMEMBER → Q410
408. What was this treatment?	1. REPEAT SMEAR 2. MEDICINE GIVEN—TABLETS → Q410 3. MEDICINE GIVEN – CREAM → Q410 4. REFERRED TO CLINIC/SPECIAL SERVICES → Q410 8. OTHER (SPECIFY): _____ → Q410
409. When was this repeat smear done?	<input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR 88. DOES NOT REMEMBER
410. How often, if ever, do you perform a self-exam of your breast for lumps?	1. MONTHLY 2. LESS THAN MONTHLY, AT LEAST ONCE PER YEAR 3. LESS THAN ONCE PER YEAR 4. NEVER → Q412 8. DOES NOT KNOW/NOT SURE → Q412
411. Have you ever been taught by a doctor or other health professional to do a breast self-exam to check for lumps?	1. YES 2. NO 8. DOES NOT KNOW/DOES NOT REMEMBER
412. A clinical breast exam is when a doctor, nurse or other health professional feels the breast for lumps. Have you ever had a clinical breast exam?	1. YES 2. NO 8. DOES NOT KNOW/DOES NOT REMEMBER
413. Have you smoked at least 100 cigarettes in your whole life? [100 cigarettes is about 5 packs].	1. YES 2. NO → Q416
414. How old were you when you started smoking regularly?	<input type="text"/> <input type="text"/> YEARS 77. NOT REGULAR SMOKER 88. DOES NOT REMEMBER 99. REFUSED
415. Do you smoke cigarettes now?	1. YES 2. NO 9. REFUSED TO ANSWER
416. In your whole life, have you had 12 drinks containing alcohol, that is, beer, wine, vodka, rum, whiskey or other alcoholic beverages ?	1. YES 2. NO → Q420 9. REFUSED → Q420
416A. During the past 12 months, how often have you had drinks containing alcohol?	1. NEVER → Q420 2. 1-2 DRINKS IN 12 MONTHS 3. SEVERAL TIMES IN 12 MONTHS 4. ABOUT ONCE A MONTH 5. ABOUT ONCE A WEEK 6. ALMOST EVERY DAY 8. DOES NOT REMEMBER/REFUSED
417. During the past 12 months, how often did you drink enough to feel intoxicated or drunk, that is, when your speech was slurred, you felt unsteady on your feet or you had blurred vision?	1. NEVER 2. 1-2 TIMES IN 12 MONTHS 3. SEVERAL TIMES IN 12 MONTHS 4. ABOUT ONCE A MONTH 5. ABOUT ONCE A WEEK 6. ALMOST EVERY DAY 8. DOES NOT REMEMBER/REFUSED
418. In the past month, have you had 5 or more drinks of alcohol on one occasion?	1. YES 2. NO 3. NO ALCOHOLIC DRINKS DURING THE PAST MONTH 8. DOES NOT REMEMBER/REFUSED
419. Counting all types of alcohol combined, how many drinks do you <u>usually</u> have in a typical week?	<input type="text"/> <input type="text"/> ALCOHOLIC DRINKS 00. NO DRINKS/ONLY A FEW SIPS 88. DOES NOT KNOW 99. REFUSED

420. In the <u>past 12 months</u> , have you ... (READ A–D)	<table><tr><td></td><td><u>YES</u></td><td><u>NO</u></td><td><u>NOT SURE</u></td><td><u>REF.</u></td></tr><tr><td>A. Smoked any ganja?</td><td>1</td><td>2</td><td>8</td><td>9</td></tr><tr><td>B. Drank ganja tea?</td><td>1</td><td>2</td><td>8</td><td>9</td></tr><tr><td>C. Used cocaine/crack?</td><td>1</td><td>2</td><td>8</td><td>9</td></tr><tr><td>D. Used other drugs? (SPECIFY)_____</td><td>1</td><td>2</td><td>8</td><td>9</td></tr></table>		<u>YES</u>	<u>NO</u>	<u>NOT SURE</u>	<u>REF.</u>	A. Smoked any ganja?	1	2	8	9	B. Drank ganja tea?	1	2	8	9	C. Used cocaine/crack?	1	2	8	9	D. Used other drugs? (SPECIFY)_____	1	2	8	9															
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D. Used other drugs? (SPECIFY)_____	1	2	8	9																																					
420A. Now, I will ask you about some medical conditions that you may have had. Has a doctor ever told you that you have.... (READ A–G)	<table><tr><td></td><td><u>YES</u></td><td><u>NO</u></td><td><u>NOT SURE</u></td><td><u>REF</u></td></tr><tr><td>A. Diabetes</td><td>1</td><td>2</td><td>8</td><td>9</td></tr><tr><td>B. Anemia</td><td>1</td><td>2</td><td>8</td><td>9</td></tr><tr><td>C. High blood pressure</td><td>1</td><td>2</td><td>8</td><td>9</td></tr><tr><td>D. Pelvic Inflammatory Disease (PID)</td><td>1</td><td>2</td><td>8</td><td>9</td></tr><tr><td>E. Urinary tract infection</td><td>1</td><td>2</td><td>8</td><td>9</td></tr><tr><td>F. Asthma</td><td>1</td><td>2</td><td>8</td><td>9</td></tr><tr><td>G. Hepatitis B</td><td>1</td><td>2</td><td>8</td><td>9</td></tr></table>		<u>YES</u>	<u>NO</u>	<u>NOT SURE</u>	<u>REF</u>	A. Diabetes	1	2	8	9	B. Anemia	1	2	8	9	C. High blood pressure	1	2	8	9	D. Pelvic Inflammatory Disease (PID)	1	2	8	9	E. Urinary tract infection	1	2	8	9	F. Asthma	1	2	8	9	G. Hepatitis B	1	2	8	9
	<u>YES</u>	<u>NO</u>	<u>NOT SURE</u>	<u>REF</u>																																					
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E. Urinary tract infection	1	2	8	9																																					
F. Asthma	1	2	8	9																																					
G. Hepatitis B	1	2	8	9																																					
421. In the <u>past 12 months</u> , have you had a vaginal discharge that was not menstrual?	1. YES 2. NO → Q425 8. NOT SURE → Q425 9. REFUSED → Q425																																								
422. Along with the discharge, did you have any.... (READ A–D)	<table><tr><td></td><td><u>YES</u></td><td><u>NO</u></td><td><u>NOT SURE</u></td></tr><tr><td>A. Itching</td><td>1</td><td>2</td><td>8</td></tr><tr><td>B. Painful urination</td><td>1</td><td>2</td><td>8</td></tr><tr><td>C. Painful intercourse</td><td>1</td><td>2</td><td>8</td></tr><tr><td>D. Lower abdominal pain</td><td>1</td><td>2</td><td>8</td></tr></table>		<u>YES</u>	<u>NO</u>	<u>NOT SURE</u>	A. Itching	1	2	8	B. Painful urination	1	2	8	C. Painful intercourse	1	2	8	D. Lower abdominal pain	1	2	8																				
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B. Painful urination	1	2	8																																						
C. Painful intercourse	1	2	8																																						
D. Lower abdominal pain	1	2	8																																						
423. Did you have any treatment for this/these condition(s)?	1. YES 2. NO → Q425 8. DOES NOT REMEMBER/REFUSED → Q425																																								
424. Where have you been treated? (PROBE: MAIN SOURCE OF TREATMENT)	1. GOVERNMENT HOSPITAL 2. GOVERNMENT HEALTH CLINIC / CENTRE 3. PRIVATE HOSPITAL 4. PRIVATE CLINIC 5. PRIVATE DOCTOR 6. PHARMACY 7. FACTORY / WORKPLACE 8. SELF-TREATMENT 9. TREATMENT RECOMMENDED BY FRIEND / RELATIVE 20. OTHER (SPECIFY) _____ 88. DOES NOT KNOW/ DOES NOT REMEMBER																																								
425. In the <u>past 12 months</u> , have you had any sores, warts or ulcers in the genital area?	1. YES 2. NO → SECTION V 8. NOT SURE → SECTION V 9. REFUSED → SECTION V																																								
426. Did you have treatment for this condition?	1. YES 2. NO → SECTION V 8. DOES NOT REMEMBER/REFUSED → SECTION V																																								
427. Where have you been treated? (PROBE: MAIN SOURCE OF TREATMENT)	1. GOVERNMENT HOSPITAL 2. GOVERNMENT HEALTH CLINIC / CENTRE 3. PRIVATE HOSPITAL 4. PRIVATE CLINIC 5. PRIVATE DOCTOR 6. PHARMACY 7. FACTORY / WORKPLACE 8. SELF-TREATMENT 9. TREATMENT RECOMMENDED BY FRIEND / RELATIVE 20. OTHER (SPECIFY) _____ 88. DOES NOT KNOW/ DOES NOT REMEMBER																																								

SECTION V– CONTRACEPTIVE KNOWLEDGE AND USE

Now I am going to ask you some questions about Family Planning; this is about methods that couples use to delay or avoid pregnancy.

READ THE NAME OF EACH METHOD AND CIRCLE "1" OR "2" IN Q501, AS APPROPRIATE.

THEN, FOR EACH METHOD WITH CODE "1" CIRCLED IN Q501, ASK Q502.

METHOD:	YES	NO	501. Have you heard of (METHOD)?	502. Have you ever used (METHOD)?
A. Female sterilization, tubal ligation (a.k.a. <i>tie-off</i>)	1	2		1 2
B. Male sterilization, vasectomy (a.k.a. <i>male tie-off</i>)	1	2		1 2
C. Implants (e.g. Norplant)	1	2		1 2
D. IUD / Coil	1	2		1 2
E. Injection	1	2		1 2
F. The Pill	1	2		1 2
G. Condom	1	2		1 2
H. Female Condom	1	2		1 2
I. Diaphragm	1	2		1 2
J. Emergency Contraceptive Protection Pill (a.k.a. the Morning After Pill)	1	2		1 2
K. Vaginal Foaming Tablets /Jelly /Creams (Spermicides)	1	2		1 2
L. Withdrawal	1	2		1 2
M. Rhythm, Calendar, Billings (a.k.a the safe period)	1	2		1 2
N. OTHER (SPECIFY) _____	1	2		1 2
503F	INTERVIEWER, CHECK QUESTION Q502. HAS RESPONDENT EVER USED AT LEAST ONE METHOD OF CONTRACEPTION (AT LEAST ONE "1" CIRCLED IN Q502)?		1. EVER USED METHODS (ONE "1" IN Q502A—N) → Q506 2. NEVER USED A CONTRACEPTIVE METHOD	
504.	Have you or any of your partners ever used any method to prevent pregnancy?		1. YES (ASK WHAT METHOD; GO BACK AND CORRECT 2. NO	
505F	INTERVIEWER, CHECK QUESTION Q303 ON PAGE 4. HAS RESPONDENT EVER HAD SEXUAL INTERCOURSE?		1. EVER HAD SEXUAL INTERCOURSE → Q547, PAGE 17 2. NEVER HAD SEX → SECTION VII	
506.	How old were you when you first used contraception?		<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div>YEARS</div> <div style="margin-left: 20px;">88. DOES NOT REMEMBER</div> </div>	
507.	How many living children did you have when you first used contraception?		<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div>CHILDREN</div> <div style="margin-left: 20px;">00. NO LIVING CHILDREN 88. DOES NOT REMEMBER</div> </div>	
508.	Are you and your partner <u>currently</u> (last 30 days) using a method of contraception or doing anything to prevent pregnancy?		1. YES 2. NO → Q544, PAGE 17 8. NOT SURE → Q544, PAGE 17	

509. Which method?	1. FEMALE STERILIZATION, TUBAL LIGATION 2. MALE STERILIZATION, VASECTOMY 3. IMPLANT (NORPLANT) 4. IUD / COIL 5. INJECTION 6. PILL 7. CONDOM 8. DIAPHRAGM 9. EMERGENCY CONTRACEPTIVE PROTECTION (ECP) 10. SPERMICIDES 11. WITHDRAWAL 12. RHYTHM, CALENDAR, BILLINGS 20. OTHER (SPECIFY): _____
510. Are you and your partner also using a <u>second method</u> at the same time for either sexually transmitted disease prevention or contraception?	1. YES 2. NO → Q512F 8. NOT SURE → Q512F
511. Which method?	1. FEMALE STERILIZATION, TUBAL LIGATION 2. MALE STERILIZATION, VASECTOMY 3. IMPLANT (NORPLANT) 4. IUD / COIL 5. INJECTION 6. PILL 7. CONDOM 8. DIAPHRAGM 9. EMERGENCY CONTRACEPTIVE PROTECTION (ECP) 10. SPERMICIDES 11. WITHDRAWAL 12. RHYTHM, CALENDAR, BILLINGS 20. OTHER (SPECIFY): _____
512F VERIFY IF RESPONDENT IS CURRENTLY USING THE PILL (CODE "6" IN Q509 OR Q511)	1. PILL USER 2. NOT A PILL USER → Q514F
513. What brand of pill do you currently use?	1. MINIGYNON 2. PERLE (LOW DOSE) 3. OVRAL 4. NORDETTE 5. GYNERA 6. TRI-REGOL 7. OTHER (SPECIFY): _____ 8. DON'T KNOW / NOT SURE
514F VERIFY IF RESPONDENT IS CURRENTLY USING EMERGENCY CONTRACEPTION (ECP); (CODE "9" IN Q509 OR Q511).	1. ECP USER 2. NOT ECP USER → Q516F
515. Where did you get the information about the Emergency Contraceptive Protection Pill (ECP), also known as the Morning After Pill?	1. GOVERNMENT HOSPITAL 2. GOVERNMENT HEALTH CLINIC / CENTRE 3. PRIVATE HOSPITAL 4. PRIVATE CLINIC 5. PRIVATE DOCTOR 6. PHARMACY 7. OUTREACH WORKER 8. FACTORY / WORKPLACE 9. SUPERMARKET/SHOP/BAR 20. OTHER (SPECIFY) _____ 88. DOES NOT KNOW/ DOES NOT REMEMBER
516F VERIFY IF RESPONDENT OR PARTNER IS CURRENTLY USING TUBAL LIGATION OR VASECTOMY (CODE "1" OR "2" IN Q509 OR Q511).	1. TUBAL LIGATION USER → Q521 2. TUBAL LIGATION AND VASECTOMY USER 3. VASECTOMY USER ONLY 4. NOT USING TUBAL LIGATION OR VASECTOMY → Q528
517. In what facility did your husband/partner vasectomy take place?	1. GOVERNMENT HOSPITAL 2. GOVERNMENT HEALTH CLINIC / CENTRE 3. PRIVATE HOSPITAL 4. PRIVATE CLINIC 5. PRIVATE DOCTOR 7. OTHER (SPECIFY) _____ 8. DOES NOT KNOW/ DOES NOT REMEMBER

518. In what month and year was the vasectomy performed? (IF NEEDED, PROBE USING THE PREGNANCY HISTORY: How long after your last birth did he have the vasectomy performed?)	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> MONTH <div style="margin: 0 10px;">→</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> YEAR → Q520F </div> 88. DOES NOT REMEMBER
519. How old were you when he had the vasectomy? (ASKED ONLY IF MONTH OR YEAR UNKNOWN)	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> YEARS 88. DOES NOT REMEMBER </div>
520F VERIFY IF ONLY THE PARTNER IS STERILIZED OR BOTH (CHECK 516F)	1. TUBAL LIGATION AND VASECTOMY USER 2. VASECTOMY USER ONLY → Q547, PAGE 17
521. In what facility did your sterilization take place?	1. GOVERNMENT HOSPITAL 2. GOVERNMENT HEALTH CLINIC / CENTRE 3. PRIVATE HOSPITAL 4. PRIVATE CLINIC 5. PRIVATE DOCTOR 6. OTHER (SPECIFY) _____ 8. DOES NOT KNOW/ DOES NOT REMEMBER
522. Before your sterilization, did you receive any counseling about family planning methods at this location?	1. YES 2. NO 8. DOES NOT REMEMBER
523. In what month and year was your sterilization performed?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> MONTH <div style="margin: 0 10px;">→</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> YEAR → Q525 </div> 88. DOES NOT REMEMBER
524. How old were you when you had the operation? (ASKED ONLY IF MONTH OR YEAR UNKNOWN)	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> YEARS 88. DOES NOT REMEMBER </div>
525. Are you satisfied with having the operation?	1. YES → Q547 2. NO 8. NOT SURE
526. Why not?	<div style="display: flex;"> <div style="flex: 1;"> 1. HAD SEVERE SIDE EFFECTS FROM OPERATION 2. THE OPERATION HAS CAUSED COMPLICATIONS 3. IT HAS DECREASED SEXUAL ENJOYMENT 4. DESIRES MORE CHILDREN BECAUSE CHILD(REN) DIED 5. WOULD LIKE ANOTHER CHILD 6. HUSBAND/PARTNER TREATS HER DIFFERENTLY 7. HAS DIFFERENT HUSBAND/PARTNER 8. NOW SHE THINKS STERILIZATION IS MORALLY WRONG 9. OTHER (SPECIFY) _____ 88. DOES NOT KNOW 99. REFUSED </div> <div style="flex: 0.1; text-align: center; font-size: 3em;">}</div> <div style="flex: 0.1; align-self: center; font-weight: bold;">→ Q547</div> </div>
528. In what month and year did you start using (CURRENT METHOD IN Q509) continuously (without stopping)? (IF NEEDED, PROBE USING THE PREGNANCY HISTORY: "How long after your last birth did you start using your current method continuously?")	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> MONTH <div style="margin: 0 10px;">→</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> YEAR </div> 88. DOES NOT REMEMBER
529. Where do you (or your partner) obtain the contraceptive method you are currently using as a couple? (IF MULTIPLE PLACES RECORD THE MAIN SOURCE)	<div style="display: flex;"> <div style="flex: 1;"> 1. GOVERNMENT HOSPITAL 2. GOVERNMENT HEALTH CLINIC / CENTRE 3. PRIVATE HOSPITAL 4. PRIVATE CLINIC 5. PRIVATE DOCTOR 6. PHARMACY 7. OUTREACH WORKER 8. FACTORY / WORKPLACE 9. SUPERMARKET/SHOP/BAR 10. TRADITIONAL MET. (WITHDRAWAL/ RHYTHM/ BILLING) 20. OTHER (SPECIFY) _____ 88. DOES NOT REMEMBER </div> <div style="flex: 0.1; text-align: center; font-size: 3em;">}</div> <div style="flex: 0.1; align-self: center;"> → Q535 → Q538 → Q538 → Q538 </div> </div>
530. Who gets the supplies? You, your partner, or both?	1. HERSELF 2. HER PARTNER 3. BOTH 8. DOES NOT REMEMBER

531. Can you get family planning services there at any time or do they only offer family planning services at special times during the day or on certain days?	1. CAN GET FAMILY PLANNING SERVICES AT ANY TIME → Q535 2. CAN ONLY GET FAMILY PLANNING SERVICES AT CERTAIN TIMES/DAYS 8. DOES NOT KNOW/NOT SURE																								
532. Are the special times or days convenient for you?	1. YES → Q535 2. NO 8. NOT SURE																								
533. What <u>time of day</u> is convenient for you to get family planning services? (READ A–E).	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>A. Early Morning (Until 10.00AM)</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. Late morning (10.00AM-Noon)</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. Early Afternoon (12.00PM-3PM)</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. Late Afternoon (3.00PM-6.00PM)</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. Evenings (6.00PM or Later)</td> <td>1</td> <td>2</td> </tr> <tr> <td>F. DOES NOT KNOW/NOT SURE</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	A. Early Morning (Until 10.00AM)	1	2	B. Late morning (10.00AM-Noon)	1	2	C. Early Afternoon (12.00PM-3PM)	1	2	D. Late Afternoon (3.00PM-6.00PM)	1	2	E. Evenings (6.00PM or Later)	1	2	F. DOES NOT KNOW/NOT SURE	1	2			
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E. Evenings (6.00PM or Later)	1	2																							
F. DOES NOT KNOW/NOT SURE	1	2																							
534. Which <u>day, or days of the week</u> are convenient for you? CIRCLE ALL MENTIONED	<table border="1"> <thead> <tr> <th></th> <th>MENTIONED</th> <th>NOT MENTIONED</th> </tr> </thead> <tbody> <tr> <td>A. MONDAY</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. TUESDAY</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. WEDNESDAY</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. THURSDAY</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. FRIDAY</td> <td>1</td> <td>2</td> </tr> <tr> <td>F. SATURDAY</td> <td>1</td> <td>2</td> </tr> <tr> <td>G. SUNDAY</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		MENTIONED	NOT MENTIONED	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
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F. SATURDAY	1	2																							
G. SUNDAY	1	2																							
535. Do you think the <u>waiting time</u> at the health centre/hospital is too long or not too long?	1. TOO LONG 2. NOT TOO LONG 8. DOES NOT KNOW/NOT SURE																								
536. How long does it take you to <u>get to the place</u> where you or your partner get the contraceptive supplies?	1. LESS THAN 15 MIN 2. 15–29 MINUTES 3. 30–44 MINUTES 4. 45–59 MINUTES 5. 1 HOUR OR MORE 6. SUPPLIES OFFERED AT HOME OR WORK PLACE 7. OTHER _____ 8. DOES NOT KNOW NOT SURE																								
537. Do you or your partner pay for the contraceptive method you now use?	1. YES 2. NO 8. NOT SURE																								
538. Would you prefer to use a different method of family planning from the one you are currently using?	1. YES 2. NO → Q547 8. NOT SURE → Q547																								
539. What method would you prefer to use (OTHER THAN THE METHOD SPECIFIED IN Q509)	1. FEMALE STERILIZATION, TUBAL LIGATION 2. MALE STERILIZATION, VASECTOMY 3. IMPLANT (NORPLANT) 4. IUD / COIL 5. INJECTION 6. PILL 7. CONDOM 8. DIAPHRAGM 9. EMERGENCY CONTRACEPTIVE PROTECTION (ECP) 10. SPERMICIDES 11. WITHDRAWAL 12. RHYTHM, CALENDAR, BILLINGS 20. OTHER (SPECIFY): _____																								
540. Do you know where to obtain this method (OR INFORMATION ABOUT A NATURAL METHOD IF IT IS RHYTHM, CALENDAR OR WITHDRAWAL)	1. YES 2. NO → Q543 8. NOT SURE → Q543																								

541. Where can you obtain this preferred method? (OR INFORMATION ABOUT A NATURAL METHOD)	1. GOVERNMENT HOSPITAL 2. GOVERNMENT HEALTH CLINIC / CENTRE 3. PRIVATE HOSPITAL 4. PRIVATE CLINIC 5. PRIVATE DOCTOR 6. PHARMACY 7. OUTREACH WORKER 8. FACTORY / WORKPLACE 9. SUPERMARKET/SHOP/BAR 20. OTHER (SPECIFY) _____ 88. DOES NOT KNOW/ DOES NOT REMEMBER									
542. How much time would you or your partner have to travel to obtain the supplies or information about the method?	1. LESS THAN 15 MIN 2. 15-29 MINUTES 3. 30-44 MINUTES 4. 45-59 MINUTES 5. 1 HOUR OR MORE 6. SUPPLIES OFFERED AT HOME OR WORK PLACE 7. OTHER _____ 8. DOES NOT KNOW NOT SURE									
543. What is the most important reason why you do not use the preferred method?	<table border="0"> <tr> <td> 1. DOCTOR WILL NOT PRESCRIBE IT 2. COST 3. NOT AVAILABLE/DIFFICULT ACCES/UNRELIABLE SOURCE 4. SOURCE TOO FAR AWAY 5. DO NOT KNOW HOW/WHERE TO OBTAIN IT 6. HUSBAND/PARTNER OBJECTS TO IT 7. RELIGIOUS REASONS 8. FEAR OF SIDE EFFECTS 9. STILL THINKING ABOUT IT/HAS NOT MADE UP HER MIND 10. DIFFICULT TO USE 11. FEAR OF SURGERY (IUD, TUBAL LIGATION, NORPLANT) 20. OTHER _____ 88. DON'T KNOW </td> <td style="vertical-align: middle; font-size: 4em;">}</td> <td style="vertical-align: middle; text-align: center;">Q547</td> </tr> </table>	1. DOCTOR WILL NOT PRESCRIBE IT 2. COST 3. NOT AVAILABLE/DIFFICULT ACCES/UNRELIABLE SOURCE 4. SOURCE TOO FAR AWAY 5. DO NOT KNOW HOW/WHERE TO OBTAIN IT 6. HUSBAND/PARTNER OBJECTS TO IT 7. RELIGIOUS REASONS 8. FEAR OF SIDE EFFECTS 9. STILL THINKING ABOUT IT/HAS NOT MADE UP HER MIND 10. DIFFICULT TO USE 11. FEAR OF SURGERY (IUD, TUBAL LIGATION, NORPLANT) 20. OTHER _____ 88. DON'T KNOW	}	Q547						
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544. What was the last contraceptive method you or your partner had used?	1. FEMALE STERILIZATION, TUBAL LIGATION 2. MALE STERILIZATION, VASECTOMY 3. IMPLANT (NORPLANT) 4. IUD / COIL 5. INJECTION 6. PILL 7. CONDOM 8. DIAPHRAGM 9. EMERGENCY CONTRACEPTIVE PROTECTION (ECP) 10. SPERMICIDES 11. WITHDRAWAL 12. RHYTHM, CALENDAR, BILLINGS 20. OTHER (SPECIFY): _____									
545. In what month and year did you stop using (LAST METHOD IN Q544)? RECORD LAST MONTH OF USE	<table border="0"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 0 5px;">MONTH</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 0 5px;">YEAR</td> <td style="padding-left: 20px;">88. DOES NOT REMEMBER</td> </tr> </table>			MONTH					YEAR	88. DOES NOT REMEMBER
		MONTH					YEAR	88. DOES NOT REMEMBER		
546. Where did you obtain that method?	1. GOVERNMENT HOSPITAL 2. GOVERNMENT HEALTH CLINIC / CENTRE 3. PRIVATE HOSPITAL 4. PRIVATE CLINIC 5. PRIVATE DOCTOR 6. PHARMACY 7. OUTREACH WORKER 8. FACTORY / WORKPLACE 9. SUPERMARKET/SHOP/BAR 20. OTHER (SPECIFY) _____ 88. DOES NOT KNOW/ DOES NOT REMEMBER									
547. Now, I would like to ask you some questions on your pregnancies and family planning history during the last few years. First, I will verify with you the pregnancies you may have had since January 2003. COMPLETE COLUMN 1 IN THE PREGNANCY AND CONTRACEPTIVE USE CALENDAR ON THE NEXT PAGE										
547F CHECK Q523, Q528 AND Q545 TO RECORD IF RESPONDENT HAD USED ANY CONTRACEPTIVE METHOD SINCE JANUARY 2003	1. HAD USED CONTRACEPTION IN YEAR IS 2003 OR LATER 2. HAD NEVER USED CONTRACEPTION OR HAD USED IT BEFORE JAN. 2003 COMPLETE COLUMN 2 WITH "0"; LEAVE COLUMN 3 BLANK									

548

COMPLETE THE REST OF THE CONTRACEPTIVE CALENDAR FOR THOSE WHO HAVE USED CONTRACEPTION SINCE JANUARY 2003

USE CALENDAR TO PROBE FOR PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2003. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.

IN COLUMN 2, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH. ILLUSTRATIVE QUESTIONS:

- When was the last time you used a method? Which method was that?
- When did you start using that method? How long after the birth of (NAME)?
- How long did you use the method then?

IN COLUMN 3, ENTER CODES FOR DISCONTINUATION ONE MONTH AFTER THE LAST MONTH OF USE. ILLUSTRATIVE QUESTIONS:

- Why did you stop using the (METHOD)?
- Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason?

406.

COLUMN 1 (PREGNANCY OUTCOME)

1. PREGNANT THAT MONTH

2. LIVE BIRTH

4. STILLBIRTH

6. MISCARRIAGE

7. INDUCED ABORTION

8. ECTOPIC PREGNANCY

407.

COLUMN 2 (METHOD USED)

0. NO METHOD

1. FEMALE STERILIZATION, TUBAL LIGATION

2. MALE STERILIZATION, VASECTOMY

3. IMPLANT

4. IUD/COIL

5. INJECTION

6. THE PILL

7. CONDOM

8. DIAPHRAGM

9. EMERGENCY CONTRACEPTIVE PROTECTION

10. SPERMICIDES _____

11. WITHDRAWAL

12. RHYTHM/CALENDAR/BILLING

13. FEMALE CONDOM

20. OTHER _____

88. DOES NOT REMEMBER

COLUMN 3 (MAIN REASON THE USE WAS

1. GOT PREGNANT WHILE USING

2. WANTED TO GET PREGNANT

3. HUSBAND OBJECTED

4. SIDE EFFECTS

5. HEALTH CONCERNS

6. STOPPED TO "REST THE BODY"

7. PHYSICIAN DECISION

8. SUPPLY/AVAILABILITY

9. DIFFICULT/INCONVENIENT TO USE

10. MARRIAGE/RELATIONSHIP ENDED

11. WANTED TO TRY OTHER METHOD

12. SPORADIC SEXUAL ACTIVITY

14. NO LONGER ABLE TO GET PREGNANT

20. OTHER(SPECIFY) _____

88. NOT SURE/DOES NOT REMEMBER

DATE	1	2	3		DATE	1	2	3	
2003					2006				
1 Jan					1 Jan				
2 Feb					2 Feb				
3 Mar					3 Mar				
4 Apr					4 Apr				
5 May					5 May				
6 Jun					6 Jun				
7 Jul					7 Jul				
8 Aug					8 Aug				
9 Sep					9 Sep				
10 Oct					10 Oct				
11 Nov					11 Nov				
12 Dec					12 Dec				
2004					2007				
1 Jan					1 Jan				
2 Feb					2 Feb				
3 Mar					3 Mar				
4 Apr					4 Apr				
5 May					5 May				
6 Jun					6 Jun				
7 Jul					7 Jul				
8 Aug					8 Aug				
9 Sep					9 Sep				
10 Oct					10 Oct				
11 Nov					11 Nov				
12 Dec					12 Dec				
2005					2008				
1 Jan					1 Jan				
2 Feb					2 Feb				
3 Mar					3 Mar				
4 Apr					4 Apr				
5 May					5 May				
6 Jun					6 Jun				
7 Jul					7 Jul				
8 Aug					8 Aug				
9 Sep					9 Sep				
10 Oct					10 Oct				
11 Nov					11 Nov				
12 Dec					12 Dec				

549F. DETERMINE FROM THE CALENDAR:

1. CONTRACEPTION USED IN JANUARY 2003→ CONTINUE

2. CONTRACEPTION NOT USED IN JANUARY 2003→ Q551F

550.

You said that in January of 2003 you were using _____ (WRITE METHOD USED IN COLUMN 2_JAN 2003).

When did you start using that method?

MONTH
YEAR

88. DOES NOT REMEMBER

551F INTERVIEWER, VERIFY COLUMN 2 IN THE CALENDAR FOR THE MONTH OF THE INTERVIEW	1. CURRENTLY USING TUBAL LIGATION OR VASECTOMY (1 or 2) → SECTION VI 2. CURRENTLY USING ANOTHER METHOD (3—20) → Q557 3. NOT CURRENTLY USING A CONTRACEPTIVE METHOD
552. Do you think you are physically able to get pregnant <u>at the present time</u> ?	1. YES → Q554 2. CURRENTLY PREGNANT → Q555 3. NO 8. NOT SURE
553. What is the main reason why you think you cannot get pregnant?	1. DOES NOT HAVE A PARTNER/NO SEXUAL RELATIONS 2. RESPONDENT CURRENTLY IS BREAST-FEEDING /POSTPARTUM 3. PELVIC INFLAMMATORY DISEASE (PID) 4. HORMONAL DYSFUNCTION 5. HYSTERECTOMY (SURGICAL REMOVAL OF UTERUS) 6. PREMENOPAUSE/ MENOPAUSE 7. OVARIAN CYSTS/ OVARIAN DYSFUNCTION 8. RESPONDENT HAD BOTH TUBES REMOVED OR OBSTRUCTED 9. SHE DID NOT SUCCEED TO GET PREGNANT IN THE PAST 2 YEARS 10. PARTNER IS INFERTILE 11. CURRENTLY USES A METHOD (GO BACK TO Q508 AND CORRECT SECTION) 20. OTHER (SPECIFY) _____ 88. DOES NOT KNOW 99. REFUSE TO ANSWER <div style="position: absolute; right: 0; top: 50%; transform: translateY(-50%); font-size: 2em;">} → Q555</div>
554. Why are you and your partner not using a method to prevent pregnancy now?	1. NO SEXUAL RELATIONS 2. HEALTH / MEDICAL REASONS 3. POSTPARTUM / BREASTFEEDING 4. RESPONDENT OPOSES CONTRACEPTIVES 5. PARTNER OPOSES 6. PARTNER WANTS HER TO BECOME PREGNANT 7. HEALTH CONCERNS 8. FEAR OF SIDE EFFECTS 9. SOURCES FAR AWAY 10. LACK OF KNOWLEDGE OF METHODS 11. LACK OF KNOWLEDGE OF A SOURCE 12. LACK OF ACCESS/TOO FAR 13. CAN'T AFFORD COST 14. HEALTH CARE PROVIDER / PHARMACIST WON'T GIVE THEM 15. RELIGION AGAINST 16. FATALISTIC 20. OTHER (SPECIFY): _____ 88. NOT SURE
555. Do you think you will use a contraceptive method any time in the future?	1. YES 2. NO → Q557 8. NOT SURE → Q557
556. What method would you want to use most?	1. FEMALE STERILIZATION, TUBAL LIGATION 2. MALE STERILIZATION, VASECTOMY 3. IMPLANT (NORPLANT) 4. IUD / COIL 5. INJECTION 6. PILL 7. CONDOM 8. DIAPHRAGM 9. EMERGENCY CONTRACEPTIVE PROTECTION (ECP) 10. SPERMICIDES 11. WITHDRAWAL 12. RHYTHM, CALENDAR, BILLINGS 20. OTHER (SPECIFY): _____
557. Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? (IF CURRENTLY PREGNANT ADD: "after this pregnancy")	1. WANT A(ANOTHER) CHILD 2. NO MORE CHILDREN → Q560 3. GOD'S WILL, FATE → Q560 8. NOT SURE → Q560

<p>558. How many (more) children would you like to have?</p> <p>IF CURRENTLY PREGNANT ASK:</p> <p>After this pregnancy, how many more children would you like to have?</p>	<div style="display: flex; justify-content: space-between;"> <div> <input type="text"/> <input type="text"/> CHILDREN </div> <div> 66. AS MANY AS POSSIBLE 77. GOD'S WILL, FATE 88. NOT SURE </div> </div>
<p>559. How long would you like to wait from now before the birth of (a/another) child?</p> <p>(FOR A NON-NUMERIC ANSWER CIRCLE THE CORRESPONDING CODE)</p>	<div style="display: flex; justify-content: space-between;"> <div> 1. <input type="text"/> <input type="text"/> MONTHS 2. <input type="text"/> <input type="text"/> YEARS </div> <div> 000. RIGHT AWAY, AS SOON AS POSSIBLE 666. AFTER MARRIAGE 777. GOD'S WILL 888. NOT SURE </div> </div>
<p>560. Do you think you or your partner would be interested in having an operation to prevent you from having any more children?</p> <p>IF THE RESPONDENT WANTS TO HAVE MORE CHILDREN (Q557 =1) ADD:</p> <p>"After having all the children you want"</p>	<div> 1. YES 2. NO → Q564 8. NOT SURE </div>
<p>561. Do you know where to go for this operation?</p>	<div> 1. YES → Q563 2. NO 8. NOT SURE </div>
<p>562. Do you know where to get information about this operation?</p>	<div> 1. YES 2. NO → SECTION VI </div>
<p>563. Where? [IF MORE THAN ONE PLACE MENTIONED, MARK THE ONE SHE WOULD MOST LIKELY USE].</p>	<div style="display: flex; align-items: center;"> <div style="flex: 1;"> 1. GOVERNMENT HOSPITAL 2. GOVERNMENT HEALTH CLINIC / CENTRE 3. PRIVATE HOSPITAL 4. PRIVATE CLINIC 5. PRIVATE DOCTOR 7. OTHER (SPECIFY) _____ </div> <div style="font-size: 3em; margin: 0 10px;">}</div> <div style="flex: 0.2; text-align: center;"> → SECTION VI </div> </div>
<p>564. Why would you not be interested in this operation?</p>	<div> 1. HEALTH RISKS/FEAR OF SIDE EFFECTS 2. FEAR OF OPERATION (SURGERY OR ANESTHESY) 3. THINKING ABOUT IT 4. PLANS FOR HER/PARTNER TO HAVE STERILIZATION SOON 5. TOO YOUNG 6. TOO OLD (APPROACHING MENOPAUSE) 7. NOT SEXUALLY ACTIVE/NO PARTNER 8. PARTNER OPPOSES 9. MIGHT WANT ANOTHER CHILD 10. LACK OF INFORMATION ABOUT THE METHOD OR WHERE TO OBTAIN IT 11. MEDICAL FACILITY TOO FAR AWAY 12. COST/LACK OF MONEY TO PAY FOR IT 13. DOCTOR REFUSED TO DO THE OPERATION/ADVISED AGAINST 14. RELIGIOUS REASONS 15. PREFERS (OR USES) OTHER CONTRACEPTIVE METHODS 20. OTHER (SPECIFY) _____ 88. DOES NOT KNOW </div>

SECTION VI – SEXUAL ACTIVITY AND EARLY CHILDBEARING

600. INTERVIEWER: CHECK Q303 ON PAGE 4 DID THE RESPONDENT EVER HAVE SEXUAL ACTIVITY?		1. YES 2. NO → SECTION VII	
601. Now I need to ask you some questions about sexual activity. Please think back to all men with whom you have ever had sexual intercourse, even if it was only once or you did not know them well. When was the last time you had sexual intercourse? IF MORE THAN 12 MONTHS ANSWER MUST BE RECORDED IN YEARS.		1. <input type="text"/> <input type="text"/> DAYS AGO 2. <input type="text"/> <input type="text"/> WEEKS AGO 3. <input type="text"/> <input type="text"/> MONTHS AGO 4. <input type="text"/> <input type="text"/> YEARS AGO <div style="text-align: right;"> } → Q603 } → Q611 </div>	
602. When was the last time you had sexual intercourse with this (second/third) person?	LAST SEXUAL PARTNER	NEXT-TO-LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER
		1. <input type="text"/> <input type="text"/> DAYS AGO 2. <input type="text"/> <input type="text"/> WEEKS AGO 3. <input type="text"/> <input type="text"/> MONTHS AGO	1. <input type="text"/> <input type="text"/> DAYS AGO 2. <input type="text"/> <input type="text"/> WEEKS AGO 3. <input type="text"/> <input type="text"/> MONTHS AGO
603. What was your relationship to this (last/second/third) person you had sexual intercourse?	1. HUSBAND 2. LIVE-IN-PARTNER 3. VISITING PARTNER 4. BOYRIEND 5. FRIEND 6. CASUAL ACQUAINTANCE 7. OTHER _____	1. HUSBAND 2. LIVE-IN-PARTNER 3. VISITING PARTNER 4. BOYRIEND 5. FRIEND 6. CASUAL 7. OTHER _____	1. HUSBAND 2. LIVE-IN-PARTNER 3. VISITING PARTNER 4. BOYRIEND 5. FRIEND 6. CASUAL 7. OTHER _____
604. The last time you had sexual intercourse with (this/ second/ third) person, was a contraceptive method used?	1. YES 2. NO → Q608 8. DK → Q608	1. YES 2. NO → Q608 8. DK → Q608	1. YES 2. NO → Q608 8. DK → Q608
605. What was this method?	1. TUBAL LIGATION 2. VASECTOMY 3. IMPLANT 4. IUD/COIL 5. INJECTION 6. THE PILL 7. CONDOM 8. DIAPHRAGM 9. ECP 10. SPERMICIDES _____ 11. WITHDRAWAL 12. RHYTHM/CALENDAR 20. OTHER _____	1. TUBAL LIGATION 2. VASECTOMY 3. IMPLANT 4. IUD/COIL 5. INJECTION 6. THE PILL 7. CONDOM 8. DIAPHRAGM 9. ECP 10. SPERMICIDES _____ 11. WITHDRAWAL 12. RHYTHM/CALENDAR 20. OTHER _____	1. TUBAL LIGATION 2. VASECTOMY 3. IMPLANT 4. IUD/COIL 5. INJECTION 6. THE PILL 7. CONDOM 8. DIAPHRAGM 9. ECP 10. SPERMICIDES _____ 11. WITHDRAWAL 12. RHYTHM/CALENDAR 20. OTHER _____
606. The last time you had sexual intercourse with (this/ second/ third) person, was a <u>second method</u> used for disease or pregnancy prevention?	1. YES 2. NO → Q608 8. DK → Q608	1. YES 2. NO → Q608 8. DK → Q608	1. YES 2. NO → Q608 8. DK → Q608
607. What was this second method?	1. TUBAL LIGATION 2. VASECTOMY 3. IMPLANT 4. IUD/COIL 5. INJECTION 6. THE PILL 7. CONDOM 8. DIAPHRAGM 9. ECP 10. SPERMICIDES _____ 11. WITHDRAWAL 12. RHYTHM/CALENDAR 20. OTHER _____	1. TUBAL LIGATION 2. VASECTOMY 3. IMPLANT 4. IUD/COIL 5. INJECTION 6. THE PILL 7. CONDOM 8. DIAPHRAGM 9. ECP 10. SPERMICIDES _____ 11. WITHDRAWAL 12. RHYTHM/CALENDAR 20. OTHER _____	1. TUBAL LIGATION 2. VASECTOMY 3. IMPLANT 4. IUD/COIL 5. INJECTION 6. THE PILL 7. CONDOM 8. DIAPHRAGM 9. ECP 10. SPERMICIDES _____ 11. WITHDRAWAL 12. RHYTHM/CALENDAR 20. OTHER _____
608. The last time you had sexual intercourse with (this/ second/ third) person, did you or this person drink alcohol or take any drugs, including weed?	1. YES, DRANK ALCOHOL 2. YES, USED DRUGS 3. YES, BOTH 4. NO, NO ALCOHOL OR DRUGS	1. YES, DRANK ALCOHOL 2. YES, USED DRUGS 3. YES, BOTH 4. NO, NO ALCOHOL OR DRUGS	1. YES, DRANK ALCOHOL 2. YES, USED DRUGS 3. YES, BOTH 4. NO, NO ALCOHOL OR DRUGS
609. Apart from [this person/these two people], have you had sexual intercourse with any other person in the past 12 months?	1. YES → Q602 NEXT COLUMN 2. NO → Q610	1. YES → Q602 NEXT COLUMN 2. NO → Q610	1. YES → Q610 2. NO → Q610

<p>610. With how many different men have you had sexual intercourse <u>in the last 3 months</u>?</p> <p>IF 3 OR MORE PARTNERS, ALL 3 COLUMNS ABOVE MUST BE COMPLETED.</p> <p>IF NON-NUMERIC ANSWERS, PROBE TO GET AN ESTIMATE.</p> <p>IF RESPONDENT DID NOT HAVE SEXUAL INTERCOURSE IN THE LAST 3 MONTHS RECORD "00"</p>	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div> <input type="text"/> <input type="text"/> PARTNERS </div> <div> 77. MORE THAN 10 PARTNERS 88. DOES NOT REMEMBER 99. REFUSED </div> </div>																								
<p>610A Altogether, with how many different men have you had sexual intercourse <u>in the past 12 months</u>?</p> <p>IF 3 OR MORE PARTNERS, ALL 3 COLUMNS ABOVE MUST BE COMPLETED.</p> <p>IF NON-NUMERIC ANSWERS, PROBE TO GET AN ESTIMATE.</p>	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div> <input type="text"/> <input type="text"/> PARTNERS </div> <div> 77. MORE THAN 10 PARTNERS 88. DOES NOT REMEMBER 95. MORE THAN 95 PARTNERS 99. REFUSED </div> </div>																								
<p>611. In total, with how many different men have you had sexual intercourse <u>in your lifetime</u>?</p> <p>IF NON-NUMERIC ANSWERS, PROBE TO GET AN ESTIMATE</p>	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div> <input type="text"/> <input type="text"/> PARTNERS </div> <div> 77. MORE THAN 10 PARTNERS 88. DOES NOT REMEMBER 95. MORE THAN 95 PARTNERS 99. REFUSED </div> </div>																								
<p>612. Have you ever asked a partner to use a condom?</p>	<p>1. YES 2. NO → Q614 8. DOES NOT REMEMBER → Q614 9. REFUSED → Q614</p>																								
<p>613. Have any of the following ever happened because you asked a partner to use a condom? (READ A-E)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th><th style="text-align: center;">YES</th><th style="text-align: center;">NO</th><th style="text-align: center;">DR</th></tr> </thead> <tbody> <tr> <td>A. He refused to wear a condom?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr> <td>B. He refused to have sex with you?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr> <td>C. He threatened to hurt you?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr> <td>D. He threatened to break up with you?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr> <td>E. He forced you to have sex without a condom?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> </tbody> </table>		YES	NO	DR	A. He refused to wear a condom?	1	2	8	B. He refused to have sex with you?	1	2	8	C. He threatened to hurt you?	1	2	8	D. He threatened to break up with you?	1	2	8	E. He forced you to have sex without a condom?	1	2	8
	YES	NO	DR																						
A. He refused to wear a condom?	1	2	8																						
B. He refused to have sex with you?	1	2	8																						
C. He threatened to hurt you?	1	2	8																						
D. He threatened to break up with you?	1	2	8																						
E. He forced you to have sex without a condom?	1	2	8																						
<p>614. During <u>the past 12 months</u>, did you ever use a condom with any partner?</p>	<p>1. YES 2. NO → Q619 8. DOES NOT REMEMBER → Q619 9. REFUSED → Q619</p>																								
<p>615. Did you and any of your partners use condoms to... (READ 1-3)</p>	<p>1. Prevent pregnancy 2. Prevent STDs including HIV 3. Both 8. DOES NOT KNOW</p>																								
<p>616. During <u>the past 12 months</u>, have you tried to obtain condoms?</p>	<p>1. YES 2. NO</p>																								
<p>617. In general, with what frequency did you use a condom <u>with a steady partner(s)</u> over the past 12 months? (READ 1-4)</p>	<p>1. Every time 2. Almost every time 3. Sometimes 4. Never 5. NO STEADY PARTNER DURING PAST 12 MONTHS 8. DOES NOT REMEMBER</p>																								
<p>618. In general, with what frequency did you use a condom <u>with a non-steady partner(s)</u> over the past 12 months? (READ 1-4)</p>	<p>1. Every time 2. Almost every time 3. Sometimes 4. Never 5. NO NON-STEADY PARTNER OVER THE PAST 12 MONTHS 8. DOES NOT REMEMBER</p>																								
<p>619. Have you ever received any money or goods in exchange for sex?</p>	<p>1. YES 2. NO → Q622F 8. DOES NOT REMEMBER → Q622F 9. REFUSED → Q622F</p>																								
<p>620. How many times?</p>	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div> <input type="text"/> <input type="text"/> TIMES </div> <div> 66. MOST TIMES 88. DOES NOT REMEMBER 99. REFUSED </div> </div>																								
<p>621. Were you in school when this (any of these) transaction(s) occurred?</p>	<p>1. YES 2. NO 8. DOES NOT REMEMBER 9. REFUSED</p>																								

622F INTERVIEWER: CHECK AGE OF RESPONDENT	1. 15–24 YEARS 2. 25–49 YEARS → SECTION VIII
623. Now I have some questions about the first time you had sexual intercourse. In what month and year did you first have sexual intercourse? (CHECK Q303 ON PAGE 4 AND VERIFY AGE AT FIRST INTERCOURSE WITH MONTH AND YEAR)	<div> <div> <div></div> <div></div> </div> MONTH <div> <div></div> <div></div> <div></div> <div></div> </div> YEAR </div> 88. DOES NOT REMEMBER 99. REFUSED
624. What was your relationship with the person you first had sexual intercourse?	<div> <div> 1. HUSBAND/LIVE-IN PARTNER 2. FIANCÉ 3. BOYFRIEND 4. FRIEND 5. ACQUAINTANCE </div> <div> 6. RELATIVE 7. JUST MET 8. RAPE/INCEST → Q633 20. OTHER (SPECIFY) _____ 98. NOT REMEMBER/REF </div> </div>
625. How old was the person you first had sexual intercourse with? PROBE: “Was this person older than you, younger than you, or about the same age as you?” AND OBTAIN AN ESTIMATE.	<div> <div> <div></div> <div></div> </div> YEARS 88. DOES NOT REMEMBER 99. REFUSED </div> IF “88” OR “99” ASK Q625A; OTHERWISE GO TO Q626
625A How much older or younger was the person with whom you had your first sexual experience? Was she.... (READ 1–4)	<div> 1. More than 10 year older 2. 5-10 year older 3. Less than 5 year older 4. Younger 8. DK/NO RESPONSE </div>
626. How long were you going with him when you first had sexual intercourse? ENTER DURATION IN ONE UNIT OF TIME ONLY IF JUST MET, RECORD '00' DAYS	<div> 1. <div></div><div></div> DAYS 2. <div></div><div></div> WEEKS 3. <div></div><div></div> MONTHS 4. <div></div><div></div> YEARS </div>
627. How would you describe the first time you had sexual intercourse? Would you say that you wanted to have sex, you did not want to have sex but it happened anyway, or were you forced to have sex?	<div> 1. WANTED TO HAVE SEX 2. DID NOT WANT BUT IT HAPPENED ANYWAY 3. FORCED TO HAVE SEX 8. DOES NOT REMEMBER </div>
628. The first time you had sexual intercourse did you or your partner use a contraceptive method?	<div> 1. YES 2. NO → Q632 8. DOES NOT REMEMBER → Q632 9. REFUSED → Q632 </div>
629. What was this method?	<div> <div> 1. TUBAL LIGATION 2. VASECTOMY 3. IMPLANT 4. IUD/COIL 5. INJECTION 6. THE PILL 7. CONDOM </div> <div> 8. DIAPHRAGM 9. ECP 10. SPERMICIDES 11. WITHDRAWAL → Q631 12. RHYTHM/CALENDAR → Q631 20. OTHER (Specify) _____ 88. DOES NOT REMEMBER </div> </div>
630. Where did you get this method?	<div> 1. GOVERNMENT HOSPITAL 2. GOVERNMENT HEALTH CLINIC / CENTRE 3. PRIVATE HOSPITAL 4. PRIVATE CLINIC 5. PRIVATE DOCTOR 6. PHARMACY 7. OUTREACH WORKER 8. FACTORY / WORKPLACE 9. SUPERMARKET/SHOP/BAR 10. PARTNER 20. OTHER (SPECIFY) _____ 88. DOES NOT KNOW/ DOES NOT REMEMBER </div>
631. Whose decision was to use the method? Was it ... (READ 1–3)	<div> <div> 1. Your decision 2. Your partner's decision 3. Decision made together 8. DOES NOT REMEMBER </div> <div> } → Q633F </div> </div>

632. What was the main reason for not using a contraceptive method at the time of first sexual intercourse?	1. SEX WAS NOT EXPECTED 2. DID NOT KNOW ABOUT CONTRACEPTION 3. DID NOT KNOW WHERE TO GET CONTRACEPTIVES 4. DID NOT THINK IT WAS NECESSARY 5. PARTNER OBJECTED 6. RESPONDENT OBJECTED 7. SHE WANTED TO BECOME PREGNANT 8. NEGLIGENCE 9. COULD NOT GET A METHOD/ NOT AVAILABLE 10. TOO EXPENSIVE 20. OTHER _____ 88. DOES NOT KNOW/ DOES NOT REMEMBER															
633F INTERVIEWER, CHECK Q315 ON PAGE 4 AND RECORD IF RESPONDENT HAD EVER HAD A LIVE BIRTH	1. YES 2. NO → Q642F															
634. When pregnant with your first child, were you still in school?	1. YES 2. NO → Q637															
635. What grade of schooling were you in? (IF PREGNANT WHILE ATTENDING TERTIARY EDUCATION, WRITE IN "77")	<input type="text"/> <input type="text"/> GRADE 77. TERTIARY LEVEL OF EDUC. 88. DOES NOT REMEMBER															
636. After the first child was born, did you return to school?	1. YES 2. NO															
637. Do you have a child or children who are alive today <u>from anyone other than your present husband/partner</u> ?	1. YES 2. NO → Q642F															
638. Now, I will ask you about your youngest child with anyone other than your present partner. How often does the baby father help you with the care or financial support of his child? (READ 1-4)	1. At all times 2. Sometimes 3. Seldom 4. Never → Q641															
639. Does he help you with... (READ A-D)	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>A. Child Care?</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. Money/Financial help?</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. Gifts?</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. In any other way? (SPECIFY) _____</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	A. Child Care?	1	2	B. Money/Financial help?	1	2	C. Gifts?	1	2	D. In any other way? (SPECIFY) _____	1	2
	YES	NO														
A. Child Care?	1	2														
B. Money/Financial help?	1	2														
C. Gifts?	1	2														
D. In any other way? (SPECIFY) _____	1	2														
640. Do you think the help he gives you is important or not important in taking care of this child?	1. IMPORTANT 2. NOT IMPORTANT 8. DOES NOT KNOW															
641. Who is your <u>main source</u> of help in caring for this child?	1. FATHER OF THE CHILD 2. CURRENT PARTNER 3. MATERNAL GRANDPARENT(S) 4. PATERNAL GRANDPARENT(S) 5. OTHER RELATIVE 6. FRIEND/NEIGHBOUR 7. NO HELP RECEIVED 8. OTHER (SPECIFY) _____															
642F INTERVIEWER, CHECK Q304 ON PAGE 4 IF RESPONDENT IS PREGNANT NOW	1. YES 2. NO → Q644															
643. What type of support do you get from the father of the child you are expecting? (READ 1-5)	1. None/ No relationship at this time 2. He gives emotional support only 3. Gives financial support only 4. Gives emotional <u>and</u> financial support 5. Other support (SPECIFY) _____															
644. During the <u>past 12 months</u> , have you discussed with any of your partners family issues such as...? (READ A-D)	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>A. How many children do you wish to have</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. Birth spacing</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. Family planning</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. Adoption</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	A. How many children do you wish to have	1	2	B. Birth spacing	1	2	C. Family planning	1	2	D. Adoption	1	2
	YES	NO														
A. How many children do you wish to have	1	2														
B. Birth spacing	1	2														
C. Family planning	1	2														
D. Adoption	1	2														

SECTION VII – FAMILY LIFE AND SEX EDUCATION (FOR RESPONDENTS AGED 15–24 YEARS)

701. For young people your age who have sexual intercourse, what do you think is the most appropriate method to use to avoid pregnancy?	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> 1. TUBAL LIGATION 2. VASECTOMY 3. IMPLANT 4. INJECTION 5. PILL 6. MORNING AFTER PILL (ECP) 7. IUD/COIL 8. CONDOM </td> <td style="width: 33%; vertical-align: top;"> 9. SPERMICIDES 10. DIAPHRAGM 11. WITHDRAWAL 12. RHYTHM/CALENDAR 13. BILLINGS MET. 14. ABSTINENCE 20. OTHER _____ 88. DOES NOT KNOW 99. REFUSED </td> <td style="width: 33%; vertical-align: middle; text-align: center;"> <div style="font-size: 3em;">}</div> <div style="font-size: 1.5em;">→ Q703</div> </td> </tr> </table>	1. TUBAL LIGATION 2. VASECTOMY 3. IMPLANT 4. INJECTION 5. PILL 6. MORNING AFTER PILL (ECP) 7. IUD/COIL 8. CONDOM	9. SPERMICIDES 10. DIAPHRAGM 11. WITHDRAWAL 12. RHYTHM/CALENDAR 13. BILLINGS MET. 14. ABSTINENCE 20. OTHER _____ 88. DOES NOT KNOW 99. REFUSED	<div style="font-size: 3em;">}</div> <div style="font-size: 1.5em;">→ Q703</div>
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702. Could you or your partner afford to use this method?	1. YES 2. NO 8. DOESN'T KNOW			
703. FOR THOSE WHO HAVE NEVER HAD A PERIOD (Q301 = "77" ON PAGE 4), ASK: Have you ever received any information from your parents or guardians about <u>menstruation</u> ? IN ALL OTHER CASES, ASK: Before you started having periods, did you ever receive any information from your parents or guardians about menstruation?	1. YES 2. NO → Q705 8. DOESN'T KNOW → Q705			
704. How difficult was it to discuss the subject of menstruation with your parents or guardians? (READ OPTIONS 1–3)	1. Easy 2. Somewhat difficult 3. Extremely difficult 8. DOES NOT KNOW / NOT SURE			
705. FOR THOSE WHO HAVE NEVER HAD A PERIOD (Q301 = "77" ON PAGE 4), ASK: Have you ever received any information from your parents or guardians about <u>pregnancy and how it occurs</u> ? IN ALL OTHER CASES, 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 2. NO → Q707 8. DOESN'T KNOW → Q707			
706. How difficult was it to discuss the subject of pregnancy with your parents or guardians? (READ OPTIONS 1–3)	1. Easy 2. Somewhat difficult 3. Extremely difficult 8. DOES NOT KNOW / NOT SURE			
707. As far as you know, when is most likely for a woman to become pregnant? Is this time just before her period begins, during her period, right after her period has ended, or half way between two periods?	1. Just before her period starts 2. During her period 3. Right after period ends 4. Halfway between two periods 8. DOES NOT KNOW			
708. FOR THOSE WHO HAVE NEVER HAD SEX (Q303 = "00" ON PAGE 4), ASK: Have you ever received any information from your parents or guardians about <u>methods of birth control</u> ? IN ALL OTHER CASES, ASK: Before you started having sex, did you ever receive any information from your parents or guardians about methods of birth control?	1. YES 2. NO → Q710 8. DOES NOT KNOW → Q710			
709. How difficult was it to discuss the subject of birth control with your parents or guardians? (READ OPTIONS 1–3)	1. Easy 2. Somewhat difficult 3. Extremely difficult 8. DOES NOT KNOW / NOT SURE			
710. Have you ever received any information from your parents or guardians about <u>sexually transmitted diseases</u> ?	1. YES 2. NO 8. DOES NOT KNOW			
711. Have you ever had a class or course about family life or sex education in school?	1. YES 2. NO → Q719 8. DOES NOT KNOW → Q719			

<p>712. How many weeks did the class or course last?</p> <p>RESPONSE MUST BE RECORDED IN WEEKS; IF LESS THAN 1 WEEK, CODE AS '00'</p> <p>IF THE CLASS WAS TAUGHT FOR A WHOLE SCHOOL YEAR, WRITE IN "36" WEEKS</p>	<p><input type="text"/> <input type="text"/> WEEKS</p> <p>66. SEVERAL WEEKS, NOT SURE HOW MANY</p> <p>77. MORE THAN 1 YEAR</p> <p>88. DOES NOT REMEMBER AT ALL</p>																																
<p>713. On the average, how many hours per week was the class or course taught?</p> <p>IF LESS THAN ONE HOUR, WRITE IN "00"</p>	<p><input type="text"/> <input type="text"/> HOURS</p> <p>77. MANY HOURS, DON'T REMEMBER NUMBER</p> <p>88. DOES NOT REMEMBER AT ALL</p>																																
<p>714. What grade of schooling were you in when you had this first class or course?</p> <p>(IF FIRST COURSE RECEIVED WHILE ATTENDING POST-SECONDARY EDUCATION WRITE IN "77")</p>	<p><input type="text"/> <input type="text"/> GRADE</p> <p>77. COURSE RECEIVED DURING TERTIARY LEVEL OF EDUCATION</p> <p>88. DOES NOT REMEMBER</p>																																
<p>715. How old were you at that time?</p>	<p><input type="text"/> <input type="text"/> YEARS</p> <p>88. DOES NOT REMEMBER</p>																																
<p>716. Who was the main person who taught this first class or course?</p>	<p>1. SCHOOL TEACHER</p> <p>2. NURSE</p> <p>3. COUNSELLOR OR PSYCHOLOGIST</p> <p>8. OTHER (SPECIFY): _____</p>																																
<p>717. Did this first class or course in school include information about...?</p> <p>(READ A-G)</p>	<table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>A. The woman's menstrual cycle or period</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>B. Pregnancy and how it occurs</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>C. Condoms</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>D. Other modern methods such as pill, IUD or injections</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>E. HIV/AIDS</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>F. Other Sexually Transmitted Diseases</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>G. Abstinence</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	A. The woman's menstrual cycle or period	1	2	8	B. Pregnancy and how it occurs	1	2	8	C. Condoms	1	2	8	D. Other modern methods such as pill, IUD or injections	1	2	8	E. HIV/AIDS	1	2	8	F. Other Sexually Transmitted Diseases	1	2	8	G. Abstinence	1	2	8
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<p>718. Did the class or course include information on the following services available for adolescents?</p> <p>(READ A-C)</p>	<table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>A. Counselling</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>B. Clinic services</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>C. Distribution of contraceptives</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	A. Counselling	1	2	8	B. Clinic services	1	2	8	C. Distribution of contraceptives	1	2	8																
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<p>719. At what age do you think family life or sex education should begin in schools?</p>	<p><input type="text"/> <input type="text"/> YEARS</p> <p>77. IT SHOULD NOT BE TAUGHT IN SCHOOLS</p> <p>88. DOESN'T KNOW</p>																																
<p>720. Have you ever had a formal class or course about family life or sex education anywhere <u>outside of the school or home?</u></p>	<p>1. YES</p> <p>2. NO → Q726</p>																																
<p>721. Where was this first class or course held?</p>	<p>1. COMMUNITY CENTER</p> <p>2. CLINIC</p> <p>3. CLUB</p> <p>4. CHURCH</p> <p>5. YOUTH CENTRE</p> <p>6. BAR</p> <p>7. WORK PLACE</p> <p>8. HEART</p> <p>20. OTHER (SPECIFY): _____</p> <p>88. DOESN'T REMEMBER</p>																																

722. How old were you when you had this first class or course on family life or sex education?	<div><div></div><div></div></div> YEARS	88. DOES NOT REMEMBER																																																				
723. Who was the main person who taught this course?	1. SCHOOL TEACHER 2. PHYSICIAN 3. NURSE 4. COUNSELLOR OR PSYCHOLOGIST 5. LIAISON OFFICER 6. OUTREACH WORKER / VOLUNTEER 7. OTHER SOCIAL WORKER 8. PEERS / FRIENDS 9. PARENT / GUARDIAN 20. OTHER (SPECIFY): _____ 88. DOESN'T REMEMBER																																																					
724. Did this first class or course outside of the school or home include information about... ? (READ A-G)	A. The woman's menstrual cycle or period B. Pregnancy and how it occurs C. Condoms D. Other modern methods such as pill, IUD or injections E. HIV/AIDS F. Other Sexually Transmitted Diseases G. Abstinence	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr><td>1</td><td>2</td><td>8</td></tr> <tr><td>1</td><td>2</td><td>8</td></tr> <tr><td>1</td><td>2</td><td>8</td></tr> <tr><td>1</td><td>2</td><td>8</td></tr> <tr><td>1</td><td>2</td><td>8</td></tr> <tr><td>1</td><td>2</td><td>8</td></tr> <tr><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>	YES	NO	DK	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8																												
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726. Do you know where to go if you need to get information on family planning or other sexual health issues?	1. YES 2. NO																																																					
727. If needed, would you know where to go to receive treatment for a sexually transmitted disease?	1. YES 2. NO																																																					
728. What is your <u>preferred source of information</u> about family life or sex education topics?	1. PARENT(S) / GUARDIAN(S) 2. SISTER(S) OR BROTHER(S) 3. OTHER RELATIVE 4. TEACHERS 5. PEERS / FRIENDS 6. MARGE ROPER HELP LINE 7. MARGE ROPER RADIO PROGRAM 8. "Outta Road" RADIO DRAMA 9. OTHER RADIO PROGRAMS OR MESSAGES 10. "TEEN SEEN" TV PROGRAM 11. OTHER TELEVISION PROGRAMS OR MESSAGES 12. PRINTED MATERIALS (BOOKS, BROCHURES, POSTERS) 13. YOUTH INFORMATION CENTER 14. SUMMER CAMP 15. JA-STYLE BOOTHS AT AN EVENT 20. OTHER (SPECIFY): _____ 88. DOES NOT KNOW																																																					
729. 205. Did you find the following sources to be very helpful, somewhat helpful, or not helpful for learning about sexuality and changing one's behaviours? 206. 207. (READ A-I)	<table border="1"> <thead> <tr> <th></th> <th>VERY HELPFUL</th> <th>SOMEWHAT HELPFUL</th> <th>NOT HELPFUL</th> <th>NOT A SOURCE</th> </tr> </thead> <tbody> <tr><td>A. Parents / guardians</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>B. Other relative</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>C. Teachers</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>D. Peers / friends</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>E. MARGE ROPER help line</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>F. Radio</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>G. Television</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>H. Youth Information Center</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>I. Printed materials</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> </tbody> </table>					VERY HELPFUL	SOMEWHAT HELPFUL	NOT HELPFUL	NOT A SOURCE	A. Parents / guardians	1	2	3	4	B. Other relative	1	2	3	4	C. Teachers	1	2	3	4	D. Peers / friends	1	2	3	4	E. MARGE ROPER help line	1	2	3	4	F. Radio	1	2	3	4	G. Television	1	2	3	4	H. Youth Information Center	1	2	3	4	I. Printed materials	1	2	3	4
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730. Within the <u>past 6 months</u> , have you seen or heard any of the following programmes about family life or sex education? (READ OPTIONS A-F) IF NO PROGRAMME(S) SEEN OR HEARD (ALL ANSWERED "2"), SKIP TO Q733 OTHERWISE, CONTINUE	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>A. "Teen Seen"</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. NFPB "Youth Forum"</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. Marge Roper Radio Program</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. "Outta Road" Radio Drama</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. Radio commercials</td> <td>1</td> <td>2</td> </tr> <tr> <td>F. TV commercials</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	A. "Teen Seen"	1	2	B. NFPB "Youth Forum"	1	2	C. Marge Roper Radio Program	1	2	D. "Outta Road" Radio Drama	1	2	E. Radio commercials	1	2	F. TV commercials	1	2									
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731. Did any of these programmes cause you to behave differently?	1. YES 2. NO → Q733 8. DOESN'T KNOW → Q733																														
732. Which one? Was it (READ A-F)	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>A. Teen Seen</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. NFPB Youth Forum</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. Marge Roper Radio Program</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. "Outta Road" Radio Drama</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. Radio commercials</td> <td>1</td> <td>2</td> </tr> <tr> <td>F. TV commercials</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	A. Teen Seen	1	2	B. NFPB Youth Forum	1	2	C. Marge Roper Radio Program	1	2	D. "Outta Road" Radio Drama	1	2	E. Radio commercials	1	2	F. TV commercials	1	2									
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733. Have you <u>ever</u> seen or heard messages from the JA-STYLE Radio Series Drama "Outta Road", the JA-STYLE "Good Parenting" activities (such as the calendar) or any other JA-STYLE activities?	1. YES 2. → NO → Q735 8. NOR SURE → Q735																														
734. Did any of these messages include information on the following topics...? (READ A-F)	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>A. HIV/AIDS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>B. Drug Use</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>C. Gender Violence</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>D. Teen Pregnancy</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>E. Sexual Abuse</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>F. Preventing Pregnancy and STDs</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	A. HIV/AIDS	1	2	8	B. Drug Use	1	2	8	C. Gender Violence	1	2	8	D. Teen Pregnancy	1	2	8	E. Sexual Abuse	1	2	8	F. Preventing Pregnancy and STDs	1	2	8		
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735. Have you ever belong to any youth clubs or participate in any extra-curricular activities targeted toward adolescents in your community?	1. YES 2. NO → Q737 8. DON'T REMEMBER → Q737 9. REFUSED → Q737																														
736. What were these activities? PROBE "ANY OTHER ACTIVITY?" CIRCLE "1" FOR ALL MENTIONED CIRCLE "2" FOR ALL NOT MENTIONED	<table border="1"> <thead> <tr> <th></th> <th>MENTIONED</th> <th>NOT MENTIONED</th> </tr> </thead> <tbody> <tr> <td>A. AFTER-SCHOOL SPORTING ACTIVITIES</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. DEBATING</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. CHURCH ACTIVITIES</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. EDUCATIONAL (EXTRA LESSONS, HOME-WORK PROGRAMMES, ETC)</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. 4H CLUBS</td> <td>1</td> <td>2</td> </tr> <tr> <td>F. YOUTH ADVOCACY NETWORK</td> <td>1</td> <td>2</td> </tr> <tr> <td>G. MARCHING BAND</td> <td>1</td> <td>2</td> </tr> <tr> <td>H. DRAMA OR DANCE GROUPS</td> <td>1</td> <td>2</td> </tr> <tr> <td>I. OTHER (SPECIFY): _____</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		MENTIONED	NOT MENTIONED	A. AFTER-SCHOOL SPORTING ACTIVITIES	1	2	B. DEBATING	1	2	C. CHURCH ACTIVITIES	1	2	D. EDUCATIONAL (EXTRA LESSONS, HOME-WORK PROGRAMMES, ETC)	1	2	E. 4H CLUBS	1	2	F. YOUTH ADVOCACY NETWORK	1	2	G. MARCHING BAND	1	2	H. DRAMA OR DANCE GROUPS	1	2	I. OTHER (SPECIFY): _____	1	2
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737. Where do you usually go for medical/health care?	1. NOWHERE 2. PUBLIC CLINIC (HEALTH CENTRE, HEALTH POST, DISPENSARY, POLYCLINIC) 3. HOSPITAL 4. CIVIC OR CHURCH ORGANIZATION 5. PRIVATE DOCTOR 6. PHARMACIST 7. TRADITIONAL HEALER, HERBALIST, BUSH DOCTOR, OBEAH MAN 8. DON'T KNOW 9. NO RESPONSE																														
738. Have you ever received health counseling on the following health topics: (READ A-C)	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK/DR</th> </tr> </thead> <tbody> <tr> <td>A. Family Planning</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>B. HIV/AIDS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>C. Other STDs</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK/DR	A. Family Planning	1	2	8	B. HIV/AIDS	1	2	8	C. Other STDs	1	2	8														
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740F	INTERVIEWER: VERIFY AGE OF RESPONDENT (REFER TO Q102)	1. 15–19 2. 20–24 → SECTION VIII																																
741.	Now I am going to read you some statements about social support at home and outside the home. Please tell me whether you agree or disagree with each statement. In your home, there is an adult who ... (READ A–G)	<table><thead><tr><th></th><th><u>AGREE</u></th><th><u>DISAGREE</u></th><th><u>DK/NS</u></th></tr></thead><tbody><tr><td>A. Is interested in your school work</td><td>1</td><td>2</td><td>8</td></tr><tr><td>B. Talks with you about your problems</td><td>1</td><td>2</td><td>8</td></tr><tr><td>C. Gives you enough attention</td><td>1</td><td>2</td><td>8</td></tr><tr><td>D. Listens to you when you have something to say</td><td>1</td><td>2</td><td>8</td></tr><tr><td>E. Expects you to follow the rules</td><td>1</td><td>2</td><td>8</td></tr><tr><td>F. Always wants you to do your best</td><td>1</td><td>2</td><td>8</td></tr><tr><td>G. Believes that you will be a success</td><td>1</td><td>2</td><td>8</td></tr></tbody></table>		<u>AGREE</u>	<u>DISAGREE</u>	<u>DK/NS</u>	A. Is interested in your school work	1	2	8	B. Talks with you about your problems	1	2	8	C. Gives you enough attention	1	2	8	D. Listens to you when you have something to say	1	2	8	E. Expects you to follow the rules	1	2	8	F. Always wants you to do your best	1	2	8	G. Believes that you will be a success	1	2	8
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SECTION VIII – ATTITUDES TOWARDS CONTRACEPTION AND CHILDBEARING

800. Now I would like to talk about something else. Have you ever tried to obtain a contraceptive method and been refused?	1. YES 2. NO → Q804 8. DOES NOT REMEMBER → Q804																																	
801. How many times?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>TIMES</div> </div> <div style="text-align: right;"> 88. DOES NOT REMEMBER 99. REFUSED </div>																																	
802. In what place were you refused a contraceptive method? PROBE: Anyplace else? (CIRCLE ALL RESPONSES MENTIONED)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">MENTIONED</th> <th style="text-align: center;">NOT MENTIONED</th> </tr> </thead> <tbody> <tr><td>A. GOVERNMENT HOSPITAL</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>B. GOVT. HEALTH CLINIC/ CENTRE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>C. PRIVATE HOSPITAL</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>D. PRIVATE CLINIC</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>E. PRIVATE DOCTOR</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>F. PHARMACY</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>G. OUTREACH WORKER</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>H. FACTORY / WORKPLACE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>I. SUPERMARKET/SHOP/BAR</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>J. OTHER PLACE _____</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		MENTIONED	NOT MENTIONED	A. GOVERNMENT HOSPITAL	1	2	B. GOVT. HEALTH CLINIC/ CENTRE	1	2	C. PRIVATE HOSPITAL	1	2	D. PRIVATE CLINIC	1	2	E. PRIVATE DOCTOR	1	2	F. PHARMACY	1	2	G. OUTREACH WORKER	1	2	H. FACTORY / WORKPLACE	1	2	I. SUPERMARKET/SHOP/BAR	1	2	J. OTHER PLACE _____	1	2
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J. OTHER PLACE _____	1	2																																
803. What was the gender of the <u>last person</u> who refused to provide a contraceptive method?	1. MALE 2. FEMALE 8. DOES NOT REMEMBER																																	
804. In <u>the past 12 months</u> , have you heard or seen a message on radio or television giving information about ... (READ A–D)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">RADIO ONLY</th> <th style="text-align: center;">TV ONLY</th> <th style="text-align: center;">YES BOTH</th> <th style="text-align: center;">NO, NEITHER</th> <th style="text-align: center;">DOES NOT REMEMBER</th> </tr> </thead> <tbody> <tr><td>A. Family Planning</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">4</td><td style="text-align: center;">8</td></tr> <tr><td>B. HIV/AIDS</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">4</td><td style="text-align: center;">8</td></tr> <tr><td>C. Other STDs</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">4</td><td style="text-align: center;">8</td></tr> <tr><td>D. Domestic Violence</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">4</td><td style="text-align: center;">8</td></tr> </tbody> </table>		RADIO ONLY	TV ONLY	YES BOTH	NO, NEITHER	DOES NOT REMEMBER	A. Family Planning	1	2	3	4	8	B. HIV/AIDS	1	2	3	4	8	C. Other STDs	1	2	3	4	8	D. Domestic Violence	1	2	3	4	8			
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806. Couples may use condoms to avoid getting sexually transmitted diseases. How effective do you think a properly used condom is for this purpose?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">1</th> <th style="text-align: center;">2</th> <th style="text-align: center;">3</th> <th style="text-align: center;">4</th> <th style="text-align: center;">8</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>		1	2	3	4	8																											
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808. If you could choose exactly the number of children to have in your whole life, how many would that be?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>CHILDREN</div> </div> <div style="text-align: right;"> 77. FATE, UP TO GOD 88. NOT SURE </div>																																	
809. In Jamaica, what is the earliest age a woman can <u>legally</u> consent to having sexual intercourse?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>YEARS</div> </div> <div style="text-align: right;"> 77. NO LEGAL LIMIT 88. NOT SURE </div>																																	
810. As far as you know, what is the punishment for a man if it can be proved that he had sex with a girl less than 16 years of age?	1. NONE 2. HE WILL BE SENT TO JAIL 7. OTHER _____ 8. DOES NOT KNOW																																	
811. In your opinion, at what age is a woman responsible enough to have her <u>first child</u> ?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>YEARS</div> </div> <div style="text-align: right;"> 55. IT DEPENDS 66. 1 YEAR AFTER 1st UNION 77. WHEN IN STABLE UNION 88. NOT SURE </div>																																	
812. How old do you think it is best for a child to be before another child is born?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>MONTHS</div> </div> <div style="text-align: right;"> 66. FATE, UP TO GOD 77. MORE THAN 5 YEARS 88. NOT SURE </div>																																	
813. How old do you think a child should be before the mother stops breastfeeding him / her?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>MONTHS</div> </div> <div style="text-align: right;"> 77. NO AGE LIMIT, AS LONG AS POSSIBLE 88. NOT SURE </div>																																	

SECTION IX – GENDER AND VIOLENCE

900. Now I would like to ask a few questions about your family Do you believe that physical punishment is necessary to raise children well, for example spanking, cuffing, or hitting them?	1. YES 2. NO																														
901. In this household, are the children punished when they do not behave well?	1. YES 2. NO → Q904 3. NO CHILDREN (AGE 1-15) IN THE HOUSEHOLD → Q904																														
902. How are the children punished when they don't behave well? PROBE: Another way? (MARK ALL THE RESPONSES MENTIONED, DO NOT READ LIST)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 15%; text-align: center;"><u>MENTIONED</u></th> <th style="width: 15%; text-align: center;"><u>NOT MENTIONED</u></th> </tr> </thead> <tbody> <tr><td>A. SCOLDING THEM VERBALLY</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>B. TAKING AWAY SOMETHING THEY LIKE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>C. CUFFING OR SPANKING</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>D. HITTING THEM WITH THE HAND OR FIST</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>E. HITTING THEM WITH A BELT, STICK, OR OTHER OBJECT</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>F. LOCKING THEM IN/ISOLATING THEM</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>G. GIVING THEM EXTRA CHORES</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>H. LOCKING THEM OUT OF THE HOUSE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>I. OTHER _____</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		<u>MENTIONED</u>	<u>NOT MENTIONED</u>	A. SCOLDING THEM VERBALLY	1	2	B. TAKING AWAY SOMETHING THEY LIKE	1	2	C. CUFFING OR SPANKING	1	2	D. HITTING THEM WITH THE HAND OR FIST	1	2	E. HITTING THEM WITH A BELT, STICK, OR OTHER OBJECT	1	2	F. LOCKING THEM IN/ISOLATING THEM	1	2	G. GIVING THEM EXTRA CHORES	1	2	H. LOCKING THEM OUT OF THE HOUSE	1	2	I. OTHER _____	1	2
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903. Who is most likely to punish the children? Is it... (READ 1-4)	1. You 2. Your partner 3. Both you and your partner 4. Someone else?																														
904. In this community and elsewhere, people have different ideas about families and what is acceptable behavior for men and women in the home. I am going to read you a list of statements, and I would like you to tell me whether you generally agree or disagree with the statement There are no right or wrong answers (READ A-F)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 10%; text-align: center;"><u>AGREE</u></th> <th style="width: 10%; text-align: center;"><u>DISAGREE</u></th> <th style="width: 10%; text-align: center;"><u>DK/NS</u></th> </tr> </thead> <tbody> <tr><td>A. A good wife obeys her husband even if she disagrees</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>B. Family problems should only be discussed with people in the family</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>C. It is important for a man to show his wife/partner who is the boss</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>D. It is a wife's obligation to have sex with her husband even if she doesn't feel like it</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>E. It is all right for a wife to refuse sex with her husband if he sees other women</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>F. If a man mistreats his wife, others outside of the family should intervene</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> </tbody> </table>		<u>AGREE</u>	<u>DISAGREE</u>	<u>DK/NS</u>	A. A good wife obeys her husband even if she disagrees	1	2	8	B. Family problems should only be discussed with people in the family	1	2	8	C. It is important for a man to show his wife/partner who is the boss	1	2	8	D. It is a wife's obligation to have sex with her husband even if she doesn't feel like it	1	2	8	E. It is all right for a wife to refuse sex with her husband if he sees other women	1	2	8	F. If a man mistreats his wife, others outside of the family should intervene	1	2	8		
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905. In your opinion, does a man have a good reason to hit his wife if... (READ A-E) :	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 10%; text-align: center;"><u>AGREE</u></th> <th style="width: 10%; text-align: center;"><u>DISAGREE</u></th> <th style="width: 10%; text-align: center;"><u>DK/NS</u></th> </tr> </thead> <tbody> <tr><td>A. She does not complete her household work to his satisfaction</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>B. She disobeys him</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>C. She refuses to have sexual relations with him</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>D. She asks him whether he has other girlfriends</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>E. He finds out that she has been unfaithful</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> </tbody> </table>		<u>AGREE</u>	<u>DISAGREE</u>	<u>DK/NS</u>	A. She does not complete her household work to his satisfaction	1	2	8	B. She disobeys him	1	2	8	C. She refuses to have sexual relations with him	1	2	8	D. She asks him whether he has other girlfriends	1	2	8	E. He finds out that she has been unfaithful	1	2	8						
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A. She does not complete her household work to his satisfaction	1	2	8																												
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C. She refuses to have sexual relations with him	1	2	8																												
D. She asks him whether he has other girlfriends	1	2	8																												
E. He finds out that she has been unfaithful	1	2	8																												
906. Now I have some questions about your childhood. Thinking about your childhood <u>before you turned age 15</u> , did you ever see or hear your father or stepfather slap, kick, shove, or hit your mother or stepmother?	1. YES 2. NO 3. DID NOT GROW UP WITH BOTH PARENTS 8. DOES NOT REMEMBER																														
907. <u>Before you turned 15 years</u> of age, were you ever slapped, kicked, shoved, or hit by a parent or another adult family member?	1. YES, BY MOTHER OR FATHER (STEP-MOTHER/STEP-FATHER) 2. YES, BY OTHER ADULT FAMILY MEMBER 3. NO 8. DOES NOT REMEMBER																														
908. And <u>after you turned age 15 until now</u> , were you ever slapped, kicked, shoved, or hit by anyone other than a current or former partner? This may include a parent, a relative, someone at school, other people that you know, or even a stranger?	1. YES 2. NO → Q910F 8. DOES NOT REMEMBER → Q910F																														

<p>909. Who was it that got physical with you after you turned age 15?</p> <p>(CIRCLE ALL RESPONSES MENTIONED)</p> <p>PROBE:</p> <p>How about a relative?</p> <p>How about someone at school or work?</p> <p>How about a friend or neighbour?</p> <p>How about a stranger or anyone else?</p>	<table border="1"> <thead> <tr> <th></th> <th>MENTIONED</th> <th>NOT MENTIONED</th> </tr> </thead> <tbody> <tr> <td>A. MOTHER OR FATHER</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. STEPFATHER/STEPMOTHER</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. BROTHER OR SISTER</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. OTHER FAMILY MEMBER</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. TEACHER</td> <td>1</td> <td>2</td> </tr> <tr> <td>F. COLLEAGUE AT SCHOOL</td> <td>1</td> <td>2</td> </tr> <tr> <td>G. POLICE</td> <td>1</td> <td>2</td> </tr> <tr> <td>H. BOYFRIEND OR DATE</td> <td>1</td> <td>2</td> </tr> <tr> <td>I. STRANGER</td> <td>1</td> <td>2</td> </tr> <tr> <td>J. OTHER _____</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		MENTIONED	NOT MENTIONED	A. MOTHER OR FATHER	1	2	B. STEPFATHER/STEPMOTHER	1	2	C. BROTHER OR SISTER	1	2	D. OTHER FAMILY MEMBER	1	2	E. TEACHER	1	2	F. COLLEAGUE AT SCHOOL	1	2	G. POLICE	1	2	H. BOYFRIEND OR DATE	1	2	I. STRANGER	1	2	J. OTHER _____	1	2
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<p>910F INTERVIEWER: VERIFY MARITAL HISTORY Q207 AND Q208 ON PAGE 3</p>	<p>1. EVER MARRIED, IN UNION OR IN VISITING PARTNERSHIP (Q208 > 0)</p> <p>2. NEVER MARRIED/IN UNION/IN VISITING PARTNERSHIP (Q207=2) → Q931</p>																																	
<p>Now I would like to ask you questions about some other important aspects of family life. I know that some of these questions are very personal. However, your answers are crucial for helping to understand social norms in Jamaica. Let me assure you that your answers are completely confidential and will not be told to anyone.</p>																																		
<p>911. When two people marry or live together, they share both good and bad moments.</p> <p>In your relationship with your current (last) husband/partner, would you say it is generally true that he</p> <p>(READ A–F)</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>REF</th> </tr> </thead> <tbody> <tr> <td>A. Tries to keep you from seeing your friends or family</td> <td>1</td> <td>2</td> <td>9</td> </tr> <tr> <td>B. Insists on knowing where you are at all times</td> <td>1</td> <td>2</td> <td>9</td> </tr> <tr> <td>C. Ignores you or treats you indifferently</td> <td>1</td> <td>2</td> <td>9</td> </tr> <tr> <td>D. Gets angry if you speak with another man</td> <td>1</td> <td>2</td> <td>9</td> </tr> <tr> <td>E. Is often suspicious that you are unfaithful</td> <td>1</td> <td>2</td> <td>9</td> </tr> <tr> <td>F. Expects her to ask his permission for seeking health care</td> <td>1</td> <td>2</td> <td>9</td> </tr> </tbody> </table>		YES	NO	REF	A. Tries to keep you from seeing your friends or family	1	2	9	B. Insists on knowing where you are at all times	1	2	9	C. Ignores you or treats you indifferently	1	2	9	D. Gets angry if you speak with another man	1	2	9	E. Is often suspicious that you are unfaithful	1	2	9	F. Expects her to ask his permission for seeking health care	1	2	9					
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<p>912. During the past 12 months of your relationship, how frequently was he drunk? Would you say...</p> <p>(READ 1–5)</p>	<p>1. Every day or almost every day</p> <p>2. Once or twice a week</p> <p>3. 1-3 times a month</p> <p>4. Occasionally</p> <p>5. Never</p> <p>8. DOES NOT REMEMBER</p>																																	
<p>The next set of questions is about violence and physical abuse that may have happened between you and a partner or ex-partner. When we say a partner we mean a wife, ex-wife, as well as any other woman you have been living with as husband and wife or with whom you had a visiting relation.</p>																																		
<p>913. Please tell me if a partner has ever (READ A–I):</p> <p>A. Insulted you or made you feel bad about yourself?</p> <p>B. Threatened to hurt you or someone you care about?</p> <p>C. Slapped you or thrown something at you that could hurt you?</p> <p>D. Pushed you or shoved you or pulled your hair?</p> <p>E. Hit you with his fist or with something else that could hurt you?</p> <p>F. Threatened you with a gun, knife or other weapon?</p> <p>G. Choked you or burnt you on purpose?</p> <p>H. Kicked you, dragged you or beat you up?</p> <p>I. Physically forced you to have sexual relations when you did not want to?</p>	<p>1. YES</p> <p>2. NO → Q913B</p> <p>8. DOES NOT REMEMBER → Q913B</p> <p>1. YES</p> <p>2. NO → Q913C</p> <p>8. DOES NOT REMEMBER → Q913C</p> <p>1. YES</p> <p>2. NO → Q913D</p> <p>8. DOES NOT REMEMBER → Q913D</p> <p>1. YES</p> <p>2. NO → Q913E</p> <p>8. DOES NOT REMEMBER → Q913E</p> <p>1. YES</p> <p>2. NO → Q913F</p> <p>8. DOES NOT REMEMBER → Q913F</p> <p>1. YES</p> <p>2. NO → Q913G</p> <p>8. DOES NOT REMEMBER → Q913G</p> <p>1. YES</p> <p>2. NO → Q913H</p> <p>8. DOES NOT REMEMBER → Q913H</p> <p>1. YES</p> <p>2. NO → Q913I</p> <p>8. DOES NOT REMEMBER → Q913I</p> <p>1. YES</p> <p>2. NO → Q915F</p> <p>8. DOES NOT REMEMBER → Q915F</p>	<p>914. Has this happened in the past 12 months?</p> <p>1. YES</p> <p>2. NO</p> <p>8. DOESN'T REMEMBER</p> <p>1. YES</p> <p>2. NO</p> <p>8. DOESN'T REMEMBER</p> <p>1. YES</p> <p>2. NO</p> <p>8. DOESN'T REMEMBER</p> <p>1. YES</p> <p>2. NO</p> <p>8. DOESN'T REMEMBER</p> <p>1. YES</p> <p>2. NO</p> <p>8. DOESN'T REMEMBER</p> <p>1. YES</p> <p>2. NO</p> <p>8. DOESN'T REMEMBER</p> <p>1. YES</p> <p>2. NO</p> <p>8. DOESN'T REMEMBER</p> <p>1. YES</p> <p>2. NO</p> <p>8. DOESN'T REMEMBER</p> <p>1. YES</p> <p>2. NO</p> <p>8. DOESN'T REMEMBER</p>																																

915F INTERVIEWER, CHECK IF RESPONDENT HAS <u>EVER BEEN PHYSICALLY OR SEXUALLY ABUSED BY A PARTNER (ANY Q913_C — Q913_H=1)</u>	1. YES (ANY ANSWER “YES” IN Q913_C — Q913_I) 2. NO (NO ANSWER “YES” IN Q913_C — Q913_I) → Q931																																							
916. During or after a violent incident, does (did) he ever make you have sex with him against your will? How often?	3. NEVER 4. ONCE OR TWICE 5. SEVERAL TIMES 6. MANY TIMES/MOST OF THE TIMES 8. NO RESPONSE																																							
916A During the times that your husband/partner got physical with you or forced you to have sex, did you ever fight back physically?	1. YES 2. NO 8. DOES NOT REMEMBER																																							
917. Have you ever hit or physically mistreated your husband/partner when he was not hitting or physically mistreating you?	1. YES 2. NO 8. DOES NOT REMEMBER																																							
918F INTERVIEWER, CHECK THE MONTH-BY-MONTH CALENDAR (PG. 18) AND RECORD IF SHE HAD ANY PREGNANCY (INCLUDING CURRENT) SINCE JAN 2003	1. YES 2. NO → Q922F																																							
919. During the last 5 years, did you ever experience physical violence while you were pregnant from a husband/partner or ex-husband/ex-partner?	1. YES 2. NO → Q922F 8. DOES NOT REMEMBER → Q922F																																							
920. Had that same person also been physically violent toward you before you were pregnant?	1. YES 2. NO 8. DOES NOT REMEMBER																																							
921. Were you ever hit or kicked in the abdomen while you were pregnant?	1. YES 2. NO 8. DOES NOT REMEMBER																																							
922F INTERVIEWER, CHECK IF RESPONDENT HAS <u>BEEN PHYSICALLY OR SEXUALLY ABUSED IN THE PAST 12 MONTHS (ANY Q914_C —Q914_H=1)</u>	1. YES (ANY ANSWER “YES” IN Q914_C —Q914_I) 2. NO (NO ANSWER “YES” IN Q914_C —Q914_I) → Q931																																							
923. Now I would like to ask more about the consequences of the violence or abuse that you experienced from your partner during the last year. As a result of abuse, did you have ? (READ A–G):	<table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>A. Bruises or scratches?</td><td>1</td><td>2</td></tr> <tr> <td>B. Headaches or other pain?</td><td>1</td><td>2</td></tr> <tr> <td>C. Cuts, sprains or burns?</td><td>1</td><td>2</td></tr> <tr> <td>D. Stabs, penetrating wounds?</td><td>1</td><td>2</td></tr> <tr> <td>E. Broken eardrum, eye injury</td><td>1</td><td>2</td></tr> <tr> <td>F. Fractures, broken bones or teeth?</td><td>1</td><td>2</td></tr> <tr> <td>G. Other injuries? (SPECIFY) _____</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	A. Bruises or scratches?	1	2	B. Headaches or other pain?	1	2	C. Cuts, sprains or burns?	1	2	D. Stabs, penetrating wounds?	1	2	E. Broken eardrum, eye injury	1	2	F. Fractures, broken bones or teeth?	1	2	G. Other injuries? (SPECIFY) _____	1	2															
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924. Did you receive medical attention for the injury?	1. YES 2. NO 8. DOES NOT REMEMBER																																							
925. As a result of abuse, did you miss days of work or were you unable to carry out activities for which you earn money?	1. YES, ALL THE TIMES 2. YES, SOMETIMES 3. NO, NEVER 8. DOES NOT REMEMBER																																							
926. Now I would like to ask a few questions about what happens when you are/were violent during the last year. What are the usual situations that cause you to be violent? PROBE: Any other situation? (CIRCLE ALL RESPONSES MENTIONED)	<table border="1"> <thead> <tr> <th></th><th>MENTIONED</th><th>NOT MENTIONED</th></tr> </thead> <tbody> <tr> <td>A. NO PARTICULAR REASON</td><td>1</td><td>2</td></tr> <tr> <td>B. WHEN HE IS DRUNK OR USING DRUGS</td><td>1</td><td>2</td></tr> <tr> <td>C. WHEN FAMILY HAS FINANCIAL PROBLEMS</td><td>1</td><td>2</td></tr> <tr> <td>D. NO FOOD OR ALCOHOL IN THE HOUSE</td><td>1</td><td>2</td></tr> <tr> <td>E. WHEN HE HAS WORK PROBLEMS</td><td>1</td><td>2</td></tr> <tr> <td>F. PROBLEMS WITH HIS OR HER FAMILY</td><td>1</td><td>2</td></tr> <tr> <td>G. WHEN HE IS JEALOUS OF HER</td><td>1</td><td>2</td></tr> <tr> <td>H. WHEN SHE COMPLAINS TO HIM</td><td>1</td><td>2</td></tr> <tr> <td>I. WHEN SHE REFUSES TO HAVE SEX</td><td>1</td><td>2</td></tr> <tr> <td>J. WHEN SHE DISOBEYS</td><td>1</td><td>2</td></tr> <tr> <td>K. IF SHE CHEATS</td><td>1</td><td>2</td></tr> <tr> <td>L. OTHER (SPECIFY) _____</td><td>1</td><td>2</td></tr> </tbody> </table>		MENTIONED	NOT MENTIONED	A. NO PARTICULAR REASON	1	2	B. WHEN HE IS DRUNK OR USING DRUGS	1	2	C. WHEN FAMILY HAS FINANCIAL PROBLEMS	1	2	D. NO FOOD OR ALCOHOL IN THE HOUSE	1	2	E. WHEN HE HAS WORK PROBLEMS	1	2	F. PROBLEMS WITH HIS OR HER FAMILY	1	2	G. WHEN HE IS JEALOUS OF HER	1	2	H. WHEN SHE COMPLAINS TO HIM	1	2	I. WHEN SHE REFUSES TO HAVE SEX	1	2	J. WHEN SHE DISOBEYS	1	2	K. IF SHE CHEATS	1	2	L. OTHER (SPECIFY) _____	1	2
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927. Did you tell anyone about the situation of violence that you suffered?	1. YES 2. NO → Q930 8. DOES NOT REMEMBER → Q930																																							

928. Who did you tell about it? PROBE: Anyone else? (CIRCLE ALL RESPONSES MENTIONED)	<table border="1"> <thead> <tr> <th></th> <th>MENTIONED</th> <th>NOT MENTIONED</th> </tr> </thead> <tbody> <tr><td>A. FRIENDS</td><td>1</td><td>2</td></tr> <tr><td>B. PARENTS</td><td>1</td><td>2</td></tr> <tr><td>C. BROTHER OR SISTER</td><td>1</td><td>2</td></tr> <tr><td>D. UNCLE OR AUNT</td><td>1</td><td>2</td></tr> <tr><td>E. HUSBAND/PARTNER'S FAMILY</td><td>1</td><td>2</td></tr> <tr><td>F. CHILDREN</td><td>1</td><td>2</td></tr> <tr><td>G. NEIGHBORS</td><td>1</td><td>2</td></tr> <tr><td>H. POLICE</td><td>1</td><td>2</td></tr> <tr><td>I. DOCTOR /HEALTH CARE WORKER</td><td>1</td><td>2</td></tr> <tr><td>J. PRIEST/RELIGIOUS LEADER</td><td>1</td><td>2</td></tr> <tr><td>K. COUNSELLOR/LEGAL AID</td><td>1</td><td>2</td></tr> <tr><td>L. LOCAL LEADER</td><td>1</td><td>2</td></tr> <tr><td>M. OTHER (SPECIFY) _____</td><td>1</td><td>2</td></tr> </tbody> </table>		MENTIONED	NOT MENTIONED	A. FRIENDS	1	2	B. PARENTS	1	2	C. BROTHER OR SISTER	1	2	D. UNCLE OR AUNT	1	2	E. HUSBAND/PARTNER'S FAMILY	1	2	F. CHILDREN	1	2	G. NEIGHBORS	1	2	H. POLICE	1	2	I. DOCTOR /HEALTH CARE WORKER	1	2	J. PRIEST/RELIGIOUS LEADER	1	2	K. COUNSELLOR/LEGAL AID	1	2	L. LOCAL LEADER	1	2	M. OTHER (SPECIFY) _____	1	2
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929. Did you go to any of the following places to ask for (READ A–H) INTERVIEWER: IF SHE WENT TO ANY PLACE FOR ASKING HELP (ANY "1" IN A–H), SKIP TO Q931	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>A. Police</td><td>1</td><td>2</td></tr> <tr><td>B. Health Clinic</td><td>1</td><td>2</td></tr> <tr><td>C. Court/solicitor</td><td>1</td><td>2</td></tr> <tr><td>D. Legal aid center</td><td>1</td><td>2</td></tr> <tr><td>E. Shelter/refuge</td><td>1</td><td>2</td></tr> <tr><td>F. Safehouse, center, or women's organization</td><td>1</td><td>2</td></tr> <tr><td>G. Church</td><td>1</td><td>2</td></tr> <tr><td>H. Anywhere else? Where? _____</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	A. Police	1	2	B. Health Clinic	1	2	C. Court/solicitor	1	2	D. Legal aid center	1	2	E. Shelter/refuge	1	2	F. Safehouse, center, or women's organization	1	2	G. Church	1	2	H. Anywhere else? Where? _____	1	2															
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931. In their lives, many women experience different forms of violence from partners, relatives, other people that they know, or strangers. If you don't mind, I would like to briefly ask you about some of these situations. At any time in your life, did anyone ever force you to have sexual intercourse (with penetration) against your will? INTERVIEWER, VERIFY Q913_H AND INCLUDE ACTS BY HUSBAND OR PARTNER	1. YES 2. NO → 934A 8. DOES NOT REMEMBER/REF → 934A																																										
932. How old were you the <u>first time</u> this ever happened to you?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>AGE</div> </div> 77. NOT SURE, MORE THAN 12 88. DOES NOT REMEMBER																																										
933. At that time, what was your relationship with the person(s) who forced you to have sexual intercourse against your will?	1. HUSBAND/PARTNER 2. EX-HUSBAND / EX-PARTNER 3. FATHER/STEP-FATHER 4. OTHER RELATIVE 5. TEACHER 6. BOYFRIEND/EX-BOYFRIEND 7. NEIGHBOR/FRIEND/ACQUAINTANCE 8. STRANGER 20. OTHER (SPECIFY _____) 98. REFUSED/DOES NOT REMEMBER																																										
934. INTERVIEWER: DID YOU HAVE TO INTERRUPT THIS SECTION OF THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table border="1"> <thead> <tr> <th></th> <th>YES, ONCE</th> <th>YES, MORE THAN NCE</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>A. HUSBAND/PARTNER</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>B. OTHER ADULT MALE</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>C. ADULT FEMALE</td><td>1</td><td>2</td><td>3</td></tr> </tbody> </table>		YES, ONCE	YES, MORE THAN NCE	NO	A. HUSBAND/PARTNER	1	2	3	B. OTHER ADULT MALE	1	2	3	C. ADULT FEMALE	1	2	3																										
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935. INTERVIEWER: READ FINISH ONE OR TWO AND GIVE INFORMATION ON ORGANISATIONS THAT PROVIDE SUPPORT, LEGAL ADVICE AND COUNSELLING SERVICES TO WOMEN																																											

SECTION X – HIV/AIDS AND OTHER STDs

Now I will ask you some questions about sexually transmitted diseases (STDs); that is, illnesses which are acquired through sex with another person.																																											
1001. What diseases do you know or have you heard of that are transmitted through sexual relations? Do you know or have you heard of... (READ A–H)			1002. Have you ever had (READ A–H)		1003. Did you seek help to cure yourself of this disease?		1004. Whom did you seek help from to cure yourself of this disease? (FILL IN THE CODE BELOW)	1005. Was your partner also treated to cure this disease?																																			
	YES	NO	YES	NO	YES	NO		YES	NO	DK																																	
A. Syphilis (chancre) A PAINLESS SORE OR ULCER IN THE VAGINA, PENIS, ANUS OR MOUTH; LATER, IT CAUSES A RASH IN THE SKIN OF THE PALMS OF THE HANDS AND SOLES OF THE FEET. IT CAN ALSO AFFECT THE BRAIN OR THE HEART IN ADVANCED STAGES.	1	2 ↓	1	2 ↓	1	2 ↓	— —	1	2	8																																	
B. Chancroid (soft chancre) APPEARS WITH PAINFUL BUMPS IN THE GENITALS WHICH FILL WITH PUS, AND WHEN THEY DRAIN, THEY LEAVE PAINFUL SORES.	1	2 ↓	1	2 ↓	1	2 ↓	— —	1	2	8																																	
C. Gonorrhea (a.k.a. clap) PRODUCES A DISCHARGE THAT IS EITHER WHITE OR YELLOW OR GREEN THAT CAN BE VAGINAL, URETHRAL OR ANAL.	1	2 ↓	1	2 ↓	1	2 ↓	— —	1	2	8																																	
D. Genital herpes ERUPT AS SMALL BLISTERS OR PAINFUL SORES ON THE GENITALS.	1	2 ↓	1	2 ↓	1	2 ↓	— —	1	2	8																																	
E. Papilloma/Genital warts MEATY GROWTHS THAT LOOK LIKE A ROOSTER'S CREST OR LIKE CAULIFLOWER, OF REDDISH, ASHEN OR PURPLISH COLOR.	1	2 ↓	1	2 ↓	1	2 ↓	— —	1	2	8																																	
F. Trichomoniasis IS A YELLOW-GREENISH VAGINAL DISCHARGE WHICH IS FROTHY AND HAS BAD ODOR; IT CAN CAUSE ITCHING AND PAIN DURING SEX.	1	2 ↓	1	2 ↓	1	2 ↓	— —	1	2	8																																	
G. Chlamydia PRODUCES A DISCHARGE WHICH CAN BE VAGINAL, URETHRAL OR ANAL.	1	2 ↓	1	2 ↓	1	2 ↓	— —	1	2	8																																	
H. HIV/AIDS HIV IS THE VIRUS THAT WEAKENS THE IMMUNE SYSTEM AND CAN CAUSE AIDS.	1	2																																									
CODES FOR QUESTION 1004:	1. GOVERNMENT HOSPITAL 2. GOVERNMENT HEALTH CLINIC / CENTRE 3. PRIVATE HOSPITAL 4. PRIVATE CLINIC 5. PRIVATE DOCTOR 6. PHARMACY 7. OUTREACH WORKER						8. FACTORY / WORKPLACE 9. HEALER 10. FRIEND/RELATIVE 11. SELF-MEDICATED 20. OTHER _____ 88. DOES NOT REMEMBER 99. REFUSED																																				
1006. If a woman has a sexually transmitted disease, what symptoms might she have? PROBE "ANY OTHER SYMPTOM?" (DO NOT READ OUT THE SYMPTOMS) CIRCLE "1" FOR ALL MENTIONED CIRCLE "2" FOR ALL NOT MENTIONED	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;"><u>MENTIONED</u></th> <th style="width: 20%; text-align: center;"><u>NOT MENTIONED</u></th> </tr> </thead> <tbody> <tr><td>A. ABDOMINAL PAIN</td><td></td><td></td></tr> <tr><td>B. VAGINAL DISCHARGE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>C. FOUL SMELLING DISCHARGE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>D. BURNING PAIN ON URINATION</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>E. REDNESS/INFLAMMATION IN GENITAL AREA</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>F. SWELLING IN GENITAL AREA</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>G. GENITAL SORES/ULCERS OR WARTS</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>H. GENITAL ITCHING</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>I. WEIGHT LOSS</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>J. HARD TO GET PREGNANT/HAVE CHILD</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>											<u>MENTIONED</u>	<u>NOT MENTIONED</u>	A. ABDOMINAL PAIN			B. VAGINAL DISCHARGE	1	2	C. FOUL SMELLING DISCHARGE	1	2	D. BURNING PAIN ON URINATION	1	2	E. REDNESS/INFLAMMATION IN GENITAL AREA	1	2	F. SWELLING IN GENITAL AREA	1	2	G. GENITAL SORES/ULCERS OR WARTS	1	2	H. GENITAL ITCHING	1	2	I. WEIGHT LOSS	1	2	J. HARD TO GET PREGNANT/HAVE CHILD	1	2
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1007. In general, what has been your most important source of information about STDs, including AIDS? (Where or from whom have you learned the most about STDs)	<div style="display: flex; justify-content: space-between;"> <div> 1. MOTHER 2. FATHER 3. OTHER RELATIVE 4. GIRLFRIEND 5. WIFE, PARTNER 6. SOMEBODY WHO HAD STDs 7. FRIENDS/COLLEAGUES/ PEERS 8. OB/GYN DOCTOR 9. DERMATOLOGIST 10. FAMILY DOCTOR, GP 11. NURSE, MIDWIFE, </div> <div> 12. TEACHER 13. PHARMACIST 14. SPECIALTY BOOKS 15. PRINT MEDIA 16. RADIO 17. TV 18. MARGE ROPER HELP LINE 20. OTHER _____ 77. NEVER HEARD OF ANY STDs (ALL Q1001_A – Q1001_H = 2) </div> </div>																
1008. Have you heard about a test for HIV/AIDS?	1. YES 2. NO → Q1010F																
1009. Do you know of a place where people can go to get tested for HIV?	1. YES 2. NO																
1010F INTERVIEWER, CHECK IF RESPONDENT IS CURRENTLY PREGNANT AT LEAST 6 MONTHS (Q304 ON PAGE 4)	1. YES → Q1012 2. NO																
1011F INTERVIEWER, CHECK IF RESPONDENT HAD LAST BIRTH SINCE JANUARY 2006 (PREGNANCY HISTORY ON PAGE 5)	1. YES 2. NO → Q1016																
1012. Did you see anyone for antenatal care during this pregnancy?	1. YES 2. NO → Q1016 8. DOES NOT REMEMBER → Q1016																
1013. During any of the antenatal visits for that pregnancy, did anyone talk to you about: (READ A-C)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>YES</u></th> <th style="text-align: center;"><u>NO</u></th> <th style="text-align: center;"><u>NOT REMEMBER</u></th> </tr> </thead> <tbody> <tr> <td>A. Babies getting the AIDS virus from their mother?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>B. Things that you can do to prevent getting the AIDS virus?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>C. Getting tested for the AIDS virus?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	<u>NOT REMEMBER</u>	A. Babies getting the AIDS virus from their mother?	1	2	8	B. Things that you can do to prevent getting the AIDS virus?	1	2	8	C. Getting tested for the AIDS virus?	1	2	8
	<u>YES</u>	<u>NO</u>	<u>NOT REMEMBER</u>														
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B. Things that you can do to prevent getting the AIDS virus?	1	2	8														
C. Getting tested for the AIDS virus?	1	2	8														
1014. I don't want to know the results, but were you tested for the AIDS virus during any of your antenatal care visits?	1. YES 2. NO → Q1017 8. DOES NOT REMEMBER → Q1017																
1015. I don't want to know the results, but did you get the results of the test?	1. YES → Q1017 2. NO → Q1017																
1016. I don't want to know the results, but have you ever had an HIV test?	1. YES 2. NO → Q1022 8. DOES NOT REMEMBER → Q1022																
1017. During the <u>past 12 months</u> , have you had an HIV test?	1. YES 2. NO 8. DOES NOT REMEMBER																
1018. Where did you take the test?	1. GOVERNMENT HOSPITAL OR CLINIC 2. STD CENTRE 3. PRIVATE HOSPITAL OR CLINIC 4. PRIVATE DOCTOR OR LAB 5. NON-PROFIT/NON-GOVERNMENTAL ORGANIZATION 7. OTHER (SPECIFY) _____ 8. DOES NOT REMEMBER																
1019. Did you yourself ask for the test, was it offered to you and you accepted, or was it required?	1. ASKED FOR TEST 2. OFFERED & ACCEPTED 3. REQUIRED 8. DOES NOT REMEMBER																
1020. I don't want to know the results, but did you get the results of your test?	1. YES 2. NO 3. NOT YET, BUT PLANNING TO/ WAITING FOR THE RESULT																
1021. Before getting the results, did someone talk with you about how HIV/AIDS is transmitted and how to prevent it?	1. YES 2. NO } → Q1025F																

1022. What is the reason you have never taken the test for HIV/AIDS?	1. NEVER FELT IT NECESSARY 2. AFRAID OF LACK OF CONFIDENTIALITY 3. PARTNER WAS AGAINST IT 4. RELATIVES WERE AGAINST IT 5. FEAR OF THE RESULTS 6. NEVER HAD TIME 7. RELIGIOUS REASONS 8. TOLD HEALTH STAFF SCOLDED PERSONS BEING TESTED 9. TOLD THAT RESULT WAS NOT GIVEN 10. LACK OF MONEY/TOO EXPENSIVE 11. NEVER TOLD TO TAKE TEST 20. OTHER (SPECIFY) _____ 88. DOES NOT KNOW		
1023. If you were offered the test for HIV/AIDS at a low price or even free, would you be willing to take it?	1. YES, IF IT WERE AT A LOW PRICE → Q1025F 2. YES, IF IT WERE FREE → Q1025F 3. NO 8. NOT SURE		
1024. Why would you not take it?	1. DOES NOT NEED IT 2. AFRAID OF LACK OF CONFIDENTIALITY 3. PARTNER AGAINST IT 4. RELATIVES AGAINST IT 5. FEAR OF THE RESULTS 6. NO TIME 7. RELIGIOUS REASONS 8. TOLD HEALTH STAFF SCOLDED PERSONS BEING TESTED 9. TOLD THAT RESULT WAS NOT GIVEN 20. OTHER (SPECIFY) _____ 88. DOES NOT KNOW		
1025F REFER TO Q1001_H AND RECORD IF RESPONDENT HAS HEARD ABOUT HIV/AIDS.	1. YES 2. NO → Q1038 (RECORD THE TIME THE INTERVIEW ENDED)		
1026. Do you think that a person can be infected with the AIDS virus and not appear sick?	1. YES 2. NO 3. DOES NOT KNOW		
1027. Do you think that the HIV virus (that causes AIDS) can be transmitted from an infected mother to her child... (READ A-C)		<u>YES</u> <u>NO</u> <u>NOT SURE</u>	
1028. Are there any drugs that a woman infected with the AIDS virus can take to reduce the risk of transmission to the baby during pregnancy?	1. YES 2. NO 8. DOES NOT KNOW		
1029. Do you think that AIDS can be cured? (PROBE: AT PRESENT TIME)	1. YES 2. NO 8. DOES NOT KNOW		
INTERVIEWER: IN THE COLUMN OF Q1030 CIRCLE THE CODE "1" FOR EACH FORM OF PREVENTION THAT RESPONDENT MENTIONS SPONTANEOUSLY. FOR EACH OF THE FIRST THREE FORMS OF PREVENTION (A, B, AND C). IF THE RESPONDENT DOES NOT MENTION IT, ASK Q1031 AND CODE ACCORDINGLY.			
1030. What can a person do to avoid being infected with HIV/AIDS? & 1031. (FOR A-C AND L PROMPTED ADD "Can people reduce the risk of getting HIV by...") A. Not having sex/Abstaining from sex B. Having only one partner/stay faithful to one partner/Monogamy C. Using condoms D. NOT HAVING SEX WITH PROSTITUTES E. NOT USING NEEDLES USED BY INFECTED PERSONS F. NOT RECEIVING UNTESTED BLOOD TRANSFUSIONS G. NOT HAVING ORAL SEX H. NOT HAVING ANAL SEX I. NOT HAVING SEX WITH STRANGERS J. NOT HAVING SEX WITH MEN WHO HAVE SEX WITH OTHER WOMEN K. NOT HAVING SEX WITH WOMEN L. Any other way? How? _____	1030. SPONTANEOUSLY MENTIONED <u>YES</u> <u>NO</u> 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	1031. PROMPT: Is this a way of avoiding HIV? <u>YES</u> <u>NO</u> 1 2 1 2 1 2 _____ _____ _____ _____ _____ _____ _____ _____ 1 2	

1032. Do you think that a person can get infected with HIV/AIDS by...(READ A-E) A. hugging or shaking the hand of someone who has AIDS? B. sitting on a toilet seat after someone who is infected? C. getting bitten by a mosquito? D. using forks, knives, plates or cups used by someone who has AIDS? E. working with someone who has AIDS?	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>	YES	NO	DK	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8			
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1033. How much of a risk do you think you personally have of getting HIV/AIDS? Would you say you are at (READ 1-4)	1. Great risk 2. Moderate risk 3. Little risk 4. No risk at all → Q1035 8. DOES NOT KNOW → Q1035																					
1034. What is the main reason you think that you are <u>at risk</u> ?	<table border="1"> <tbody> <tr> <td> 1. PARTNER HAS OTHER PARTNERS 2. PARTNER SPENDS A LOT OF TIME AWAY 3. DON'T KNOW HOW TO PROTECT MYSELF 4. PARTNER REFUSES TO LET ME USE CONDOMS 5. HAVE HAD AN STI 6. HAVE MORE THAN ONE PARTNER 7. HAVE SEX WITH PROSTITUTES 8. DON'T USE CONDOMS EVERY TIME 9. DON'T KNOW WHO I AM HAVING SEX WITH 10. PARTNER IS ADDICTED (TO ALCHOHOL/DRUGS) 11. CONDOMS CAN BREAK 12. HAVE RECEIVED BLOOD TRANSFUSIONS 20. OTHER (SPECIFY) _____ 88. DOES NOT KNOW </td> <td> } → Q1036 </td> </tr> </tbody> </table>	1. PARTNER HAS OTHER PARTNERS 2. PARTNER SPENDS A LOT OF TIME AWAY 3. DON'T KNOW HOW TO PROTECT MYSELF 4. PARTNER REFUSES TO LET ME USE CONDOMS 5. HAVE HAD AN STI 6. HAVE MORE THAN ONE PARTNER 7. HAVE SEX WITH PROSTITUTES 8. DON'T USE CONDOMS EVERY TIME 9. DON'T KNOW WHO I AM HAVING SEX WITH 10. PARTNER IS ADDICTED (TO ALCHOHOL/DRUGS) 11. CONDOMS CAN BREAK 12. HAVE RECEIVED BLOOD TRANSFUSIONS 20. OTHER (SPECIFY) _____ 88. DOES NOT KNOW	} → Q1036																			
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1035. What is the main reason you think that you are <u>not at risk</u> ?	1. DON'T HAVE SEX WITH STRANGERS 2. USE CONDOMS 3. USE OTHER CONTRACEPTIVE METHOD 4. HAVE ONLY ONE SEXUAL PARTNER 5. KNOW SEXUAL PARTNER WELL 6. DON'T HAVE SEXUAL PARTNER 7. DON'T HAVE SEX 8. DON'T HAVE SEX WITH PROSTITUTES 9. DON'T USE DRUGS 10. NEVER HAD A BLOOD TRANSFUSION 11. TRUST MY PARTNER 12. CONDOMS CAN BREAK 20. OTHER (SPECIFY) _____ 88. DOES NOT KNOW																					
1036. How much of a risk do you think you personally have of getting other STDs? Would you say you are at (READ 1-4)	1. Great risk 2. Moderate risk 3. Little risk 4. No risk at al 8. DOES NOT KNOW																					
1037. Thinking of what could happen in (name of location, neighborhood, city)... (READ A-E) A. If a member of your family became sick with the AIDS virus, would you be willing to care for him or her in your household? B. If you knew a vendor was infected with the AIDS virus, would you buy fresh vegetables or fruits from him/her? C. If you knew that a co-worker was infected with the AIDS virus, would you be willing to work with him/her? D. If a female teacher has the AIDS virus but is not sick, should be allowed to continue teaching in school? E. If a relative of yours became infected with the AIDS virus, would you want it to be kept a secret? I. If a child was infected with the AIDS virus but is not sick, should she/he be allowed to take classes together with healthy children?	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>	YES	NO	DK	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8
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1	2	8																				
1	2	8																				
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1038. THANK THE RESPONDENT FOR PARTICIPATING IN THE SURVEY AND RECORD THE TIME THE INTERVIEW HAD ENDED: <div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div>HOUR</div> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div>MIN</div> </div>																						

Male Questionnaire

2008 REPRODUCTIVE HEALTH SURVEY CONFIDENTIAL JAMAICA

CONFIDENTIAL



STATISTICAL INSTITUTE OF JAMAICA
7 Cecilio Ave., Kingston 10
Tel. 926-5311, Fax 926-1138
E-mail: info@statinja.com



HOUSEHOLD QUESTIONNAIRE

MALE

Questionnaire No

1

SEX 1

PARISH	CONSTITUENCY	ED NO.	DWELLING NO.	HOUSEHOLD NO.	SAMPLING REGION	ELEGIBLE RESPONDENTS.	PSU
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Interview Visits	1	2	3	4	Final Visit
Day (Date)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Interview Status *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Interviewer's Name					
Interviewer's No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Supervisor's Name					
Supervisor's No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Next Visit: Date					
Time					

*** Interview Status Codes:**

- | | |
|---|--|
| 1. Completed interview (household and individual) | 5. Partly completed individual interview—completion deferred |
| 2. Completed household interview—no eligible woman resident | 6. Refusal – household |
| 3. Household interview deferred—nobody at home or no competent respondent at home to provide information | 7. Refusal – individual |
| 4. Completed household interview—individual interview deferred selected respondent not at home or not available | 8. Vacant dwelling |
| | 9. Other (specify): _____ |

FOR OFFICE USE ONLY:

Reviewed By: _____

Edited by: _____

Position: _____

Date: _____

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.

LIST ACCORDING TO AGE, WITH THE OLDEST HOUSEHOLD MEMBER LISTED FIRST!

SCHEDULE OF ALL PERSONS LIVING IN THE HOUSEHOLD

LINE NO.	NAME	GENDER *	AGE	EDUCATION **		SEQ. NO. ***
	Please give me the names of all persons who usually live in your household	Is _____ Male or Female?	How old is he/she?	Level	Grade	
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						

* Gender Codes	**Educational Standard Codes				***Eligible males Aged 15–24 Only
	Level	Grade	NR		
3. Male					
4. Female	0 None				
	1 Pre-Primary (infant/basic)	1 through	3	8	
	2 Primary/All age	1 through	6	8	
	3 Secondary	7 through	11	88	
	4 Sixth Form	12 and	13	88	
	5 Vocational	7 through	13	88	
	6 College/University	1 through	4+	8	
	8 Other _____	1 through	6+	8	

11. Number of eligible males aged 15–24 years living in household (Total of number of eligible males recorded in the Schedule).

--	--

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

PROCEED WITH THE INDIVIDUAL QUESTIONNAIRE FOR THE SELECTED FEMALE.

IF THERE ARE NO ELIGIBLE MALES, RETURN TO AND COMPLETE THE TITLE PAGE.

RANDOM SELECTION OF RESPONDENT

Questionnaire Number: 2 _ _ _ _ _

Number of Eligible Males (Q11) _ _

Last digit of the questionnaire number	Number of Eligible Males in the 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 THE FEMALE SELECTED FOR INTERVIEW:

--	--

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

COMMENTS (e.g. Reason for Deferring the Interview, Name of Selected Eligible Respondent, Date and Time of the Next Visit, Other)



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2008 REPRODUCTIVE HEALTH SURVEY JAMAICA



INDIVIDUAL QUESTIONNAIRE MALE

PARISH	CONSTITUENCY	ED NO.	DWELLING NO.	HOUSEHOLD NO.	Questionnaire No.	Line No.	Sequence No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 <input type="text"/>	<input type="text"/>	<input type="text"/>
SAMPLING REGION <input type="text"/>		PSU <input type="text"/>					

DATE OF INTERVIEW	<input type="text"/>	<input type="text"/>	<input type="text"/>	TIME INTERVIEW STARTED (24 Hours Clock)	<input type="text"/>	<input type="text"/>
	Day	Month	Year		Hours	Mins.

SECTION I – RESPONDENT'S BACKGROUND

<p>102. In what month and year were you born?</p> <p>Month <input type="text"/> Year <input type="text"/> 88. DON'T KNOW (MONTH/YEAR)</p>	<p>102. How old were you on your last birthday?</p> <p><input type="text"/> Years</p>
<p>103. Have you ever attended school?</p> <p><input type="radio"/> 1. Yes <input type="radio"/> 2. No Go to Q105</p>	<p>107. How many years did you attend school, not including years spent in infant and basic school?</p> <p><input type="text"/> Years 88. DOES NOT REMEMBER</p>
<p>108. With what frequency do you attend religious services (READ 1–5)?</p> <p><input type="radio"/> 6. At least once a week</p> <p><input type="radio"/> 7. At least once a month but less than once a week</p> <p><input type="radio"/> 8. Less than once a month</p> <p><input type="radio"/> 9. Only for special occasions (weddings, funerals, christenings)</p> <p><input type="radio"/> 10. Does not attend at all</p> <p><input type="radio"/> 10. REFUSED</p>	
<p>109. What were you doing during the past week? Were you..... ? (READ 1–8)</p> <p><input type="radio"/> 10. Working</p> <p><input type="radio"/> 11. Not working but had a job</p> <p><input type="radio"/> 12. Looking for work</p> <p><input type="radio"/> 13. Wanted work and was available</p> <p><input type="radio"/> 14. Keeping house</p> <p><input type="radio"/> 15. Going to school</p> <p><input type="radio"/> 16. On vacation from school</p> <p><input type="radio"/> 17. At home, not keeping house</p> <p><input type="radio"/> 18. Incapable of working</p> <p><input type="radio"/> 20. OTHER (Specify) _____</p> <p style="text-align: right;">} → Go to Q111</p>	
<p>116. Do you work regularly (at least 5 days every two weeks) in your present job?</p> <p><input type="radio"/> 1. Yes <input type="radio"/> 2. No</p>	
<p>117. How many hours do you usually work per week? <input type="text"/> Hours 88. NOT SPECIFIED</p>	
<p>118. How many hours did you work during the week ending ? (INTERVIEWER, ASK ABOUT THE WEEK ENDED PRIOR TO THE INTERVIEW)</p> <p><input type="text"/> Hours 88. NOT SPECIFIED</p>	

119. Do you work at home or away from home?	1. AT HOME 2. AWAY FROM HOME 3. BOTH																														
120. Do you regularly read any of the following newspapers? (READ OPTIONS A–E) “REGULARLY” MEANS AT LEAST ONCE PER WEEK	<table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>A. Gleaner</td><td>1</td><td>2</td></tr> <tr> <td>B. Star</td><td>1</td><td>2</td></tr> <tr> <td>C. Sunday Herald</td><td>1</td><td>2</td></tr> <tr> <td>D. Observer</td><td>1</td><td>2</td></tr> <tr> <td>E. Any other (SPECIFY)</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	A. Gleaner	1	2	B. Star	1	2	C. Sunday Herald	1	2	D. Observer	1	2	E. Any other (SPECIFY)	1	2												
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C. Sunday Herald	1	2																													
D. Observer	1	2																													
E. Any other (SPECIFY)	1	2																													
121. Are there any of the following possessions in your household? (READ OPTIONS A–I)	<table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>A. Electricity</td><td>1</td><td>2</td></tr> <tr> <td>B. Radio</td><td>1</td><td>2</td></tr> <tr> <td>C. Television</td><td>1</td><td>2</td></tr> <tr> <td>D. VCR/DVD Player</td><td>1</td><td>2</td></tr> <tr> <td>E. Refrigerator</td><td>1</td><td>2</td></tr> <tr> <td>F. Telephone (land line)</td><td>1</td><td>2</td></tr> <tr> <td>G. Telephone (cellular)</td><td>1</td><td>2</td></tr> <tr> <td>H. Computer</td><td>1</td><td>2</td></tr> <tr> <td>I. A working motor vehicle (car or truck)</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	A. Electricity	1	2	B. Radio	1	2	C. Television	1	2	D. VCR/DVD Player	1	2	E. Refrigerator	1	2	F. Telephone (land line)	1	2	G. Telephone (cellular)	1	2	H. Computer	1	2	I. A working motor vehicle (car or truck)	1	2
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122. What type of fuel does this household mainly use for cooking?	1. ELECTRICITY 2. NATURAL GAS 3. LIQUID PROPANE GAS (LPG) 4. KEROSENE 5. COAL 6. WOOD 7. STRAW/SHRUBS/GRASS 8. ANIMAL DUNG 9. OTHER _____																														
123. How many rooms does your household occupy (exclude bathrooms and kitchen)?	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td>ROOMS</td> <td>99. NO RESPONSE</td> </tr> </table>	<input type="text"/>	<input type="text"/>	ROOMS	99. NO RESPONSE																										
<input type="text"/>	<input type="text"/>	ROOMS	99. NO RESPONSE																												
124. What is the main source of water for the household?	1. PUBLIC PIPED INTO DWELLING 2. PUBLIC PIPED INTO YARD 3. PRIVATE PIPED INTO DWELLING/YARD 4. PUBLIC STANDPIPE 5. WELL WATER, WITHIN RESIDENCE 6. PUBLIC WELL 7. TANKER / TRUCK / WATER VENDOR 8. SPRING 9. SURFACE WATER (RIVER, STREAM, POND, LAKE, DAM) 10. BOTTLED WATER 20. OTHER (SPECIFY): _____ 88. NOT STATED																														
117. What type of toilet facilities does this household have?	5. FLUSH TOILET LINKED TO SEWER 6. FLUSH TOILET NOT LINKED TO SEWER (e.g. SEPTIC TANK) 7. PIT LATRINE 8. NO FACILITY / BUSH / FIELD 7. OTHER (SPECIFY): _____ 8. NOT STATED / DON'T KNOW <div style="text-align: right;"> → SECTION II → SECTION II → SECTION II </div>																														
118. Are these facilities shared with another household?	3. SHARED 4. NOT SHARED 8. NOT STATED																														

SECTION II – RELATIONSHIP STATUS AND PARTNERSHIP HISTORY

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

202. Are you currently legally married?	1. YES 2. NO → Q203
202. Are you and your wife currently living together as husband and wife?	1. YES → Q208 2. NO
203. Are you currently living with a common-law partner? That is, are you living as husband and wife with a partner to whom you are not legally married?	1. YES → Q208 2. NO
204. Do you currently have a visiting partner? That is, do you have a steady partner with whom you have sexual relations?	1. YES → Q208 2. NO 1)
205. Do you currently have a girlfriend?	1. YES 2. NO → Q207
206. Have you ever had sexual intercourse with your current girlfriend?	1. YES 2. NO
207. Have you <u>ever been</u> in a partnership; that is, a marriage, a common-law union or a visiting union? IF RESPONDENT IS LEGALLY MARRIED, BUT HE IS NOT LIVING WITH WIFE (Q202=2), RECORD “YES” WITHOUT ASKING THE QUESTION	1. YES 2. NO → SECTION III
208. How many times have you been in a partnership that is a marriage, a common-law union or a visiting union?	<div style="display: flex; justify-content: space-between; align-items: center;"> <input style="width: 40px; height: 25px; border: 1px solid black;" type="text"/> TIMES 9. REFUSED </div>
209. In what month and year did you start your first legal or common-law marriage or first visiting union?	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="display: flex; align-items: center;"> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> MONTH </div> <div style="display: flex; align-items: center;"> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> YEAR </div> </div> <p>88. DOES NOT REMEMBER (MONTH/YEAR)</p> <p>BOTH MONTH AND YEAR OF FIRST MARRIAGE/UNION/VR KNOWN? GO TO SECTION III</p> <p>EITHER MONTH OR YEAR OF MARRIAGE/UNION NOT KNOWN? CONTINUE WITH Q210</p>
210. How old were you when you started your first marriage, common law union, or visiting union?	<div style="display: flex; align-items: center;"> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> YEARS </div> <p>88. DOES NOT REMEMBER 99. REFUSED</p>

DEFINITION OF TERMS:

Legally Married describes a person who has a contracted legal matrimony/or married according to customary rites and is not widowed, divorced or legally separated;

Common Law or Consensual Union describes the status in which the partners share a common household though the union has not been established by legal process or customs.

Visiting union refers to a status in which the partners live apart (the woman lives with her family), have sexual relations and often have children together; the man has some financial obligations (contributions in money, gifts, or goods) to his partner and his child(ren).

Dating (a girlfriend/boyfriend) may or may not involve sexual relations, does not result in fatherhood and does not imply financial obligations.

SECTION III – FERTILITY

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

303. How old were you when you had your first sexual intercourse?	<input type="text"/> <input type="text"/> YEARS 00. NEVER HAD INTERCOURSE → SECTION IV 77. FIRST TIME WHEN STARTED LIVING WITH WIFE/PARTNER 88. DOES NOT REMEMBER 99. REFUSED
304. To the best of your knowledge, is anyone, including your wife pregnant for you now?	1. YES 2. NO → Q309 8. NOT SURE → Q309
305. How many women are pregnant for you now?	<input type="text"/> WOMEN
306. Thinking back to the time your partner got pregnant, did you want her to get pregnant then, did you want the pregnancy later, or did you not want the pregnancy? IF MORE THAN ONE WOMAN IN Q305, ASK ABOUT THE MOST STABLE RELATIONSHIP	1. WANTED THE PREGNANCY THEN 2. WANTED THE PREGNANCY LATER 3. DID NOT WANT THE PREGNANCY 8. NOT SURE
307. To the best of your knowledge, is this your first pregnancy?	1. YES → SECTION IV 2. NO 8. NOT SURE
309. Have you ever fathered a child? (IF PARTNER CURRENTLY PREGNANT ASK: "Have you made a woman pregnant before?")	1. YES 2. NO → SECTION IV 8. NOT SURE → SECTION IV
311. How many children have you fathered who <u>live with you</u> now?	<input type="text"/> <input type="text"/> CHILDREN
312. How many children have you fathered who <u>do not live with you</u> now? (CHILDREN THE RESPONDENT HAS KNOWLEDGE THAT HE FATHERED)	<input type="text"/> <input type="text"/> CHILDREN
313. Have you ever fathered a child born alive who later died, including those who may have died in the first hours or days after birth?	3. YES 4. NO → Q315
314. How many children died?	<input type="text"/> <input type="text"/> CHILDREN
315. So altogether you had a total of (ADD NUMBER OF CHILDREN FROM Q311+Q312+Q314) live births?	<input type="text"/> <input type="text"/> LIVE BIRTHS IF "01" GO TO THE BIRTH TABLE ON THE NEXT PAGE
316M How many "baby mothers" (including wives) have you had?	<input type="text"/> BABY MOTHERS 88. DOES NOT KNOW IF "01" GO TO THE BIRTH TABLE ON THE NEXT PAGE
316N Have you ever had more than one child born in the same year with different mothers?	1. YES 2. NO

GO TO THE BIRTH TABLE ON THE NEXT PAGE

HISTORY OF ALL LIVE BIRTHS

Now I would like to talk to you about all live births you and your partner(s) have ever had. Please, make sure you include all births you have fathered regardless of which partner was the mother of the child. Let's start with your most recent child, please give me the following information

#	317	318	319	320	321	322
						IF Q317_YR < 2003--->GO TO NEXT LIVE-BIRTH
	When was that child born? (month & year)	How many weeks or months had your partner been pregnant when she gave birth?	Was the baby a boy or a girl?	Is the child still alive?	How old was the child when he/she died? (RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YRS.)	Just before the pregnancy, did you want your partner to get pregnant then, did you want her to get pregnant later, or did you not want the pregnancy?
<u>1</u> LAST LIVE BIRTH	___ MTH ___ YR 3) 98. DK/NR	1. ___ WEEKS OR 2. ___ MONTHS 888. DK 999. NR/REF	1. BOY 2. GIRL 3. BOTH	1. YES->Q322 2. NO	1. ___ DAYS OR 2. ___ MTHS OR 3. ___ YEARS 888. DK 999. NR/REF	1. WANTED PREGNANCY THEN 2. WANTED PREGNANCY LATER 3. DID NOT WANT THE PREGNANCY 8. NOT SURE
<u>2</u>	___ MTH ___ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MONTHS 888. DK 999. NR/REF	1. BOY 2. GIRL 3. BOTH	1. YES->Q322 2. NO	1. ___ DAYS OR 2. ___ MTHS OR 3. ___ YEARS 888. DK 999. NR/REF	1. WANTED PREGNANCY THEN 2. WANTED PREGNANCY LATER 3. DID NOT WANT THE PREGNANCY 8. NOT SURE
<u>3</u>	___ MTH ___ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MONTHS 888. DK 999. NR/REF	1. BOY 2. GIRL 3. BOTH	1. YES->Q322 2. NO	1. ___ DAYS OR 2. ___ MTHS OR 3. ___ YEARS 888. DK 999. NR/REF	1. WANTED PREGNANCY THEN 2. WANTED PREGNANCY LATER 3. DID NOT WANT THE PREGNANCY 8. NOT SURE
<u>4</u>	___ MTH ___ YR 4) 98. DK/NR	1. ___ WEEKS OR 2. ___ MONTHS 888. DK 999. NR/REF	1. BOY 2. GIRL 3. BOTH	1. YES->Q322 2. NO	1. ___ DAYS OR 2. ___ MTHS OR 3. ___ YEARS 888. DK 999. NR/REF	1. WANTED PREGNANCY THEN 2. WANTED PREGNANCY LATER 3. DID NOT WANT THE PREGNANCY 8. NOT SURE
<u>5</u>	___ MTH ___ YR 5) 98. DK/NR	1. ___ WEEKS OR 2. ___ MONTHS 888. DK 999. NR/REF	1. BOY 2. GIRL 3. BOTH	1. YES->Q322 2. NO	1. ___ DAYS OR 2. ___ MTHS OR 3. ___ YEARS 888. DK 999. NR/REF	1. WANTED PREGNANCY THEN 2. WANTED PREGNANCY LATER 3. DID NOT WANT THE PREGNANCY 8. NOT SURE

VERIFY THAT SUM OF LIVE BIRTHS = Q315, IF NOT, CORRECT HISTORY OF LIVE BIRTH TABLE VERIFY THAT THE LAST ROW IN THE TABLE CORRESPONDS TO THE FIRST LIVE BIRTH ASK: "Was this your first child?"

SECTION IV – MEN'S HEALTH

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

400. In general, how is your health, would you say it is... (READ 1-4)	1. Excellent 2. Very Good 3. Fair 4. Poor 8. DOES NOT KNOW/NOT SURE																									
415. Have you smoked at least 100 cigarettes in your whole life? [100 cigarettes is about 5 packs].	1. YES 2. NO → Q416																									
416. How old were you when you started smoking regularly?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div>YEARS</div> </div> <div style="margin-left: 20px;"> 77. NOT REGULAR SMOKER 88. DOES NOT REMEMBER 99. REFUSED </div>																									
420. Do you smoke cigarettes now?	1. YES 2. NO 9. REFUSED TO ANSWER																									
421. In your whole life, have you had 12 drinks containing alcohol, that is, beer, wine, vodka, rum, whiskey or other alcoholic beverages ?	1. YES 2. NO → Q420 9. REFUSED → Q420																									
416A. During the <u>past 12 months</u> , how often have you had drinks containing alcohol?	1. NEVER → Q420 2. 1-2 DRINKS IN 12 MONTHS 3. SEVERAL TIMES IN 12 MONTHS 4. ABOUT ONCE A MONTH 5. ABOUT ONCE A WEEK 6. ALMOST EVERY DAY 8. DOES NOT REMEMBER/REFUSED																									
417. During the <u>past 12 months</u> , how often did you drink enough to feel intoxicated or drunk, that is, when your speech was slurred, you felt unsteady on your feet or you had blurred vision?	1. NEVER 2. 1-2 TIMES IN 12 MONTHS 3. SEVERAL TIMES IN 12 MONTHS 4. ABOUT ONCE A MONTH 5. ABOUT ONCE A WEEK 6. ALMOST EVERY DAY 8. DOES NOT REMEMBER/REFUSED																									
418. In the <u>past 12 months</u> , have you had 5 or more drinks of alcohol on one occasion?	1. YES 2. NO 3. NO ALCOHOLIC DRINKS DURING THE PAST MONTH 8. DOES NOT REMEMBER/REFUSED																									
419. Counting all types of alcohol combined, how many drinks do you <u>usually</u> have in a typical week?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div>ALCOHOLIC DRINKS</div> </div> <div style="margin-left: 20px;"> 00. NO DRINKS/ONLY A FEW SIPS 88. DOES NOT KNOW 99. REFUSED </div>																									
420. In the <u>past 12 months</u> , have you ... (READ A-D)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>YES</u></th> <th style="text-align: center;"><u>NO</u></th> <th style="text-align: center;"><u>NOT SURE</u></th> <th style="text-align: center;"><u>REF.</u></th> </tr> </thead> <tbody> <tr> <td>A. Smoked any ganja?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td style="text-align: center;">9</td> </tr> <tr> <td>B. Drank ganja tea?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td style="text-align: center;">9</td> </tr> <tr> <td>C. Used cocaine/crack?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td style="text-align: center;">9</td> </tr> <tr> <td>D. Used other drugs? (SPECIFY)_____</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td style="text-align: center;">9</td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	<u>NOT SURE</u>	<u>REF.</u>	A. Smoked any ganja?	1	2	8	9	B. Drank ganja tea?	1	2	8	9	C. Used cocaine/crack?	1	2	8	9	D. Used other drugs? (SPECIFY)_____	1	2	8	9
	<u>YES</u>	<u>NO</u>	<u>NOT SURE</u>	<u>REF.</u>																						
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C. Used cocaine/crack?	1	2	8	9																						
D. Used other drugs? (SPECIFY)_____	1	2	8	9																						
421. In the <u>past 12 months</u> , have you had any unusual discharge from the penis?	1. YES 2. NO → Q425 8. NOT SURE → Q425 9. REFUSED → Q425																									

422. Along with the discharge, did you have any... (READ A–D)	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>NOT SURE</th> </tr> </thead> <tbody> <tr> <td>A. Itching or burning in the genital area</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>B. Burning or painful urination</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>C. Painful intercourse</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>D. Swelling in genital area</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	NOT SURE	A. Itching or burning in the genital area	1	2	8	B. Burning or painful urination	1	2	8	C. Painful intercourse	1	2	8	D. Swelling in genital area	1	2	8
	YES	NO	NOT SURE																		
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B. Burning or painful urination	1	2	8																		
C. Painful intercourse	1	2	8																		
D. Swelling in genital area	1	2	8																		
423. Did you have any treatment for this(ese) condition(s)?	1. YES 2. NO → Q425 8. DOES NOT REMEMBER/REFUSED → Q425																				
424. Where have you been treated?	1. GOVERNMENT HOSPITAL 2. GOVERNMENT HEALTH CLINIC / CENTRE 3. PRIVATE HOSPITAL 4. PRIVATE CLINIC 5. PRIVATE DOCTOR 6. PHARMACY 7. FACTORY / WORKPLACE 8. SELF-TREATMENT 9. TREATMENT RECOMMENDED BY FRIEND / RELATIVE 20. OTHER (SPECIFY) _____ 88. DOES NOT KNOW/ DOES NOT REMEMBER																				
425. In the <u>past 12 months</u> , have you had any sores, warts or ulcers in the genital area?	1. YES 2. NO → SECTION V 8. NOT SURE → SECTION V 9. REFUSED → SECTION V																				
426. Did you have treatment for this condition?	1. YES 2. NO → SECTION V 8. DOES NOT REMEMBER/REFUSED → SECTION V																				
427. Where have you been treated?	1. GOVERNMENT HOSPITAL 2. GOVERNMENT HEALTH CLINIC / CENTRE 3. PRIVATE HOSPITAL 4. PRIVATE CLINIC 5. PRIVATE DOCTOR 6. PHARMACY 7. FACTORY / WORKPLACE 8. SELF-TREATMENT 9. TREATMENT RECOMMENDED BY FRIEND / RELATIVE 20. OTHER (SPECIFY) _____ 88. DOES NOT KNOW/ DOES NOT REMEMBER																				

SECTION V – CONTRACEPTIVE KNOWLEDGE AND USE

Now I am going to ask you some questions about Family Planning; this is about methods that couples use to delay or avoid pregnancy.			
READ THE NAME OF EACH METHOD AND CIRCLE "1" OR "2" IN Q501, AS APPROPRIATE. THEN, FOR EACH METHOD WITH CODE "1" CIRCLED IN Q501, ASK Q502.		501. Have you heard of METHOD ?	502. Have you or your partner ever used (METHOD) ?
METHOD:		YES NO	YES NO
A. Female sterilization, tubal ligation (tie off)		1 2	1 2
B. Male sterilization, vasectomy (male tie off)		1 2	1 2
C. Implants (e.g. Norplant)		1 2	1 2
D. IUD / Coil		1 2	1 2
E. Injection		1 2	1 2
F. The Pill		1 2	1 2
G. Condom		1 2	1 2
H. Female Condom		1 2	1 2
I. Diaphragm		1 2	1 2
J. Emergency Contraceptive Protection Pill (a.k.a. the Morning After Pill)		1 2	1 2
K. Vaginal Foaming Tablets /Jelly /Creams (Spermicides)		1 2	1 2
L. Withdrawal		1 2	1 2
M. Rhythm, Calendar, Billings		1 2	1 2
N. OTHER (SPECIFY) _____		1 2	1 2
503F INTERVIEWER, CHECK QUESTION Q502. HAS RESPONDENT EVER USED AT LEAST ONE METHOD OF CONTRACEPTION (AT LEAST ONE "1" CIRCLED IN Q502)?	1. EVER USED METHODS (ONE "1" IN Q502A—N) → Q506 2. NEVER USED A CONTRACEPTIVE METHOD		
504. Have you or any of your partners ever used any method to prevent pregnancy?	1. YES (ASK WHAT METHOD; GO BACK AND CORRECT Q502&Q503) 2. NO		
505F INTERVIEWER, CHECK QUESTION Q303 ON PAGE 4. HAS RESPONDENT EVER HAD SEXUAL INTERCOURSE?	1. EVER HAD SEXUAL INTERCOURSE → Q552 2. NEVER HAD SEX → SECTION VII		
506. How old were you when you first used contraception?	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> YEARS	88.	DOES NOT REMEMBER
507. How many living children did you have when you first used contraception?	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> CHILDREN	00. 88.	NO LIVING CHILDREN DOES NOT REMEMBER
508. Are you and your partner <u>currently</u> (last 30 days) using a method of contraception or doing anything to prevent pregnancy?	1. YES 2. NO → Q551M 8. NOT SURE → Q551M		

509. Which method?	1. FEMALE STERILIZATION, TUBAL LIGATION 2. MALE STERILIZATION, VASECTOMY 3. IMPLANT (NORPLANT) 4. IUD / COIL 5. INJECTION 6. PILL 7. CONDOM 8. DIAPHRAGM 9. EMERGENCY CONTRACEPTIVE PROTECTION (ECP) 10. SPERMICIDES 11. WITHDRAWAL 12. RHYTHM, CALENDAR, BILLINGS 20. OTHER (SPECIFY): _____																					
510. Are you and your partner also using a <u>second method</u> at the same time for either sexually transmitted disease prevention or contraception?	1. YES 2. NO → Q529 8. NOT SURE → Q529																					
511. Which method?	1. FEMALE STERILIZATION, TUBAL LIGATION 2. MALE STERILIZATION, VASECTOMY 3. IMPLANT (NORPLANT) 4. IUD / COIL 5. INJECTION 6. PILL 7. CONDOM 8. DIAPHRAGM 9. EMERGENCY CONTRACEPTIVE PROTECTION (ECP) 10. SPERMICIDES 11. WITHDRAWAL 12. RHYTHM, CALENDAR, BILLINGS 20. OTHER (SPECIFY): _____																					
529. Where do you (or your partner) obtain the contraceptive method you are currently using as a couple? (IF MULTIPLE PLACES RECORD THE MAIN SOURCE)	1. GOVERNMENT HOSPITAL 2. GOVERNMENT HEALTH CLINIC / CENTRE 3. PRIVATE HOSPITAL 4. PRIVATE CLINIC 5. PRIVATE DOCTOR 6. PHARMACY 7. OUTREACH WORKER 8. FACTORY / WORKPLACE 9. SUPERMARKET/SHOP/BAR 10. TRADITIONAL MET. (WITHDRAWAL/ RHYTHM/ BILLING) 20. OTHER (SPECIFY) _____ 88. DOES NOT KNOW/ DOES NOT REMEMBER <div style="position: absolute; left: 750px; top: 480px;"> } → Q537 } → Q538 } → Q538 } → Q538 </div>																					
530. Who gets the supplies? You, your partner, or both?	1. HIMSELF 2. HIS PARTNER 3. BOTH 8. DOES NOT REMEMBER																					
531. Can you get family planning services there at any time or only at special times during the day or on certain days?	1. CAN GET FAMILY PLANNING SERVICES AT ANY TIME → Q535 2. CAN ONLY GET FAMILY PLANNING SERVICES AT CERTAIN TIMES/DAYS 8. DOES NOT KNOW/NOT SURE																					
532. Are the special times or days convenient for you?	1. YES → Q535 2. NO 8. NOT SURE																					
533. What <u>time of day</u> is convenient for you to get family planning services? (READ A-E).	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>YES</u></th> <th style="text-align: center;"><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>A. Early Morning (Until 10.00AM)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>B. Late morning (10.00AM-Noon)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>C. Early Afternoon (12.00PM-3PM)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>D. Late Afternoon (3.00PM-6.00PM)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>E. Evenings (6.00PM or Later)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>F. DOES NOT KNOW/NOT SURE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	A. Early Morning (Until 10.00AM)	1	2	B. Late morning (10.00AM-Noon)	1	2	C. Early Afternoon (12.00PM-3PM)	1	2	D. Late Afternoon (3.00PM-6.00PM)	1	2	E. Evenings (6.00PM or Later)	1	2	F. DOES NOT KNOW/NOT SURE	1	2
	<u>YES</u>	<u>NO</u>																				
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C. Early Afternoon (12.00PM-3PM)	1	2																				
D. Late Afternoon (3.00PM-6.00PM)	1	2																				
E. Evenings (6.00PM or Later)	1	2																				
F. DOES NOT KNOW/NOT SURE	1	2																				

<p>534. Which <u>day, or days of the week</u> are convenient for you? CIRCLE ALL MENTIONED</p>	<table border="1"> <thead> <tr> <th></th><th><u>MENTIONED</u></th><th><u>NOT MENTIONED</u></th></tr> </thead> <tbody> <tr><td>A. MONDAY</td><td>1</td><td>2</td></tr> <tr><td>B. TUESDAY</td><td>1</td><td>2</td></tr> <tr><td>C. WEDNESDAY</td><td>1</td><td>2</td></tr> <tr><td>D. THURSDAY</td><td>1</td><td>2</td></tr> <tr><td>E. FRIDAY</td><td>1</td><td>2</td></tr> <tr><td>F. SATURDAY</td><td>1</td><td>2</td></tr> <tr><td>G. SUNDAY</td><td>1</td><td>2</td></tr> </tbody> </table>		<u>MENTIONED</u>	<u>NOT MENTIONED</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
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E. FRIDAY	1	2																							
F. SATURDAY	1	2																							
G. SUNDAY	1	2																							
<p>535. Do you think the <u>waiting time</u> at the health centre/hospital is too long or not too long?</p>	<p>1. TOO LONG 2. NOT TOO LONG 8. DOES NOT KNOW/NOT SURE</p>																								
<p>536. How long does it take you or your partner to <u>get to the place</u> where you get the contraceptive supplies?</p>	<p>1. LESS THAN 15 MIN 2. 15-29 MINUTES 3. 30-44 MINUTES 4. 45-59 MINUTES 5. 1 HOUR OR MORE 6. SUPPLIES OFFERED AT HOME OR WORK PLACE 7. OTHER _____ 8. DOES NOT KNOW NOT SURE</p>																								
<p>537. Do you or your partner pay for the contraceptive method you now use?</p>	<p>1. YES 2. NO 8. NOT SURE</p>																								
<p>538. Would you prefer to use a different method of family planning from the one you are currently using?</p>	<p>1. YES 2. NO → Q551F 8. NOT SURE → Q551F</p>																								
<p>539. What method would you prefer to use (OTHER THAN THE METHOD SPECIFIED IN Q509)</p>	<p>1. FEMALE STERILIZATION, TUBAL LIGATION 2. MALE STERILIZATION, VASECTOMY 3. IMPLANT (NORPLANT) 4. IUD / COIL 5. INJECTION 6. PILL 7. CONDOM 8. DIAPHRAGM 9. EMERGENCY CONTRACEPTIVE PROTECTION (ECP) 10. SPERMICIDES 11. WITHDRAWAL 12. RHYTHM, CALENDAR, BILLINGS 20. OTHER (SPECIFY): _____</p>																								
<p>540. Do you know where to obtain this method (OR INFORMATION ABOUT A NATURAL METHOD IF IT IS RHYTHM, CALENDAR OR WITHDRAWAL)</p>	<p>1. YES 2. NO → Q543 8. NOT SURE → Q543</p>																								
<p>541. Where can you obtain this preferred method? (OR INFORMATION ABOUT A NATURAL METHOD)</p>	<p>1. GOVERNMENT HOSPITAL 2. GOVERNMENT HEALTH CLINIC / CENTRE 3. PRIVATE HOSPITAL 4. PRIVATE CLINIC 5. PRIVATE DOCTOR 6. PHARMACY 7. OUTREACH WORKER 8. FACTORY / WORKPLACE 9. SUPERMARKET/SHOP/BAR 20. OTHER (SPECIFY) _____ 88. DOES NOT KNOW/ DOES NOT REMEMBER</p>																								

542. How much time would you or your partner have to travel to obtain the supplies or information about the method?	1. LESS THAN 15 MIN 2. 15–29 MINUTES 3. 30–44 MINUTES 4. 45–59 MINUTES 5. 1 HOUR OR MORE 6. SUPPLIES OFFERED AT HOME OR WORK PLACE 7. OTHER _____ 8. DOES NOT KNOW NOT SURE
543. What is the most important reason why you do not use the preferred method?	1. DOCTOR WILL NOT PRESCRIBE IT 2. COST 3. NOT AVAILABLE/DIFFICULT ACCES/UNRELIABLE SOURCE 4. SOURCE TOO FAR AWAY 5. DO NOT KNOW HOW/WHERE TO OBTAIN IT 6. WIFE/PARTNER OBJECTS TO IT 7. RELIGIOUS REASONS 8. FEAR OF SIDE EFFECTS 9. STILL THINKING ABOUT IT/HAS NOT MADE UP HER MIND 10. DIFFICULT TO USE 11. FEAR OF SURGERY (IUD, TUBAL LIGATION, NORPLANT) 20. OTHER _____ 88. DON'T KNOW
551F INTERVIEWER, VERIFY Q509 AND CIRCLE WHAT METHOD IS THE RESPONDENT CURRENTLY USING	1. CURRENTLY USING TUBAL LIGATION OR VASECTOMY (CODE 1 or 2) → SECTION VI 2. CURRENTLY USING ANOTHER METHOD (3–20) → Q557 3. NOT CURRENTLY USING A CONTRACEPTIVE METHOD
551M What was the last contraceptive method you or your partner used?	1. FEMALE STERILIZATION, TUBAL LIGATION 2. MALE STERILIZATION, VASECTOMY 3. IMPLANT (NORPLANT) 4. INJECTION 5. PILL 6. EMERGENCY CONTRACEPTIVE PROTECTION (ECP) 7. IUD / COIL 8. CONDOM 9. SPERMICIDES 10. DIAPHRAGM 11. WITHDRAWAL 12. RHYTHM, CALENDAR, BILLINGS 20. OTHER (SPECIFY): _____
551N Where did you or your partner get the method? (IF MULTIPLE PLACES RECORD THE MAIN SOURCE)	1. GOVERNMENT HOSPITAL 2. GOVERNMENT HEALTH CLINIC / CENTRE 3. PRIVATE HOSPITAL 4. PRIVATE CLINIC 5. PRIVATE DOCTOR 6. PHARMACY 7. OUTREACH WORKER 8. FACTORY / WORKPLACE 9. SUPERMARKET/SHOP/BAR 10. TRADITIONAL MET. (WITHDRAWAL/ RHYTHM/ BILLING) 20. OTHER (SPECIFY) _____ 88. DOES NOT KNOW/ DOES NOT REMEMBER
552. Do you think your current partner is physically able to get pregnant <u>at the present time</u> ?	1. YES → Q554 2. CURRENTLY PREGNANT → Q555 3. CURRENTLY HE DOES NOT HAVE A PARTNER → Q555 4. NO 8. NOT SURE → Q554

553. What is the main reason why you think she cannot get pregnant?	<ol style="list-style-type: none"> 1. NO SEXUAL RELATIONS 2. CURRENT PARTNER IS BREAST-FEEDING /POSTPARTUM 3. PELVIC INFLAMMATORY DISEASE (PID) 4. ENDOCRINE DYSFUNCTION 5. HYSTERECTOMY (SURGICAL REMOVAL OF UTERUS) 6. PREMENOPAUSE/ MENOPAUSE 7. OVARIAN CYSTS/ OVARIAN DYSFUNCTION 8. RESPONDENT HAD BOTH TUBES REMOVED OR OBSTRUCTED 9. NOT SUCCEEDED TO GET PREGNANT IN THE PAST 2 YEARS 10. PARTNER IS INFERTILE 11. CURRENTLY USES A METHOD (GO BACK TO Q508 AND CORRECT SECTION) 20. OTHER (SPECIFY) _____ 88. DOES NOT KNOW 99. REFUSE TO ANSWER <div style="position: absolute; right: 0; top: 50px;"> } → Q555 </div>
554. Why are you and your partner not using a method to prevent pregnancy now?	<ol style="list-style-type: none"> 1. NO SEXUAL RELATIONS 2. HEALTH / MEDICAL REASONS 3. POSTPARTUM / BREASTFEEDING 4. RESPONDENT OPOSES CONTRACEPTIVES 5. PARTNER OPPOSES 6. PARTNER WANTS HER TO BECOME PREGNANT 7. HEALTH CONCERNS 8. FEAR OF SIDE EFFECTS 9. SOURCES FAR AWAY 10. LACK OF KNOWLEDGE OF METHODS 11. LACK OF KNOWLEDGE OF A SOURCE 12. LACK OF ACCESS/TOO FAR 13. CAN'T AFFORD COST 14. HEALTH CARE PROVIDER / PHARMACIST WON'T GIVE THEM 15. RELIGION AGAINST 16. FATALISTIC 20. OTHER (SPECIFY): _____ 88. NOT SURE
555. Do you think you will use a contraceptive method any time in the future?	<ol style="list-style-type: none"> 1. YES 2. NO → Q557 8. NOT SURE → Q557
556. What method would you want to use most?	<ol style="list-style-type: none"> 1. FEMALE STERILIZATION, TUBAL LIGATION 2. MALE STERILIZATION, VASECTOMY 3. IMPLANT (NORPLANT) 4. IUD / COIL 5. INJECTION 6. PILL 7. CONDOM 8. DIAPHRAGM 9. EMERGENCY CONTRACEPTIVE PROTECTION (ECP) 10. SPERMICIDES 11. WITHDRAWAL 12. RHYTHM, CALENDAR, BILLINGS 20. OTHER (SPECIFY): _____
557. Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? (ADD: "after this pregnancy" IF ANY PARTNER IS CURRENTLY PREGNANT)	<ol style="list-style-type: none"> 4. WANT A(ANOTHER) CHILD 5. NO MORE CHILDREN → SECTION VI 6. GOD'S WILL, FATE → SECTION VI 8. NOT SURE → SECTION VI
558. IF HE DOES NOT HAVE CHILDREN, ASK: How many children would you like to have? IF HE HAS CHILDREN, ASK: How many more children would you like to have?(ADD: "after this pregnancy" IF ANY PARTNER IS CURRENTLY PREGNANT)	<div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> CHILDREN </div> <div> <ol style="list-style-type: none"> 66. AS MANY AS POSSIBLE 77. GOD'S WILL, FATE 88. NOT SURE </div> </div>
559. How long would you like to wait from now before the birth of (a/another) child?	<ol style="list-style-type: none"> 1. <div style="display: flex; align-items: center;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> MONTHS </div> 2. <div style="display: flex; align-items: center;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> YEARS </div> <div style="margin-top: 10px;"> <ol style="list-style-type: none"> 000. RIGHTAWAY, AS SOON AS POSSIBLE 666. AFTER MARRIAGE 555. WHEN HE CAN AFFORD (GET A JOB) 777. GOD'S WILL 888. NOT SURE </div>

SECTION VI – SEXUAL ACTIVITY AND EARLY CHILDBEARING

600.F INTERVIEWER: CHECK Q303 ON PAGE 4 DID THE RESPONDENT EVER HAVE SEXUAL ACTIVITY?		1. YES 2. NO → SECTION VII	
601. Now I need to ask you some questions about sexual activity. Please think back to all women with whom you have ever had sexual intercourse, even if it was only once or you did not know them well. When was the last time you had sexual intercourse? IF MORE THAN 12 MONTHS ANSWER MUST BE RECORDED IN YEARS.		1. <input type="text"/> <input type="text"/> DAYS AGO 2. <input type="text"/> <input type="text"/> WEEKS AGO 3. <input type="text"/> <input type="text"/> MONTHS AGO 4. <input type="text"/> <input type="text"/> YEARS AGO <div style="position: absolute; right: 0; top: 0;"> } → Q603 } → Q611 </div>	
	LAST SEXUAL PARTNER	NEXT-TO-LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER
602. When was the last time you had sexual intercourse with this (second/third) person?	1. <input type="text"/> <input type="text"/> DAYS AGO 2. <input type="text"/> <input type="text"/> WKS. AGO 3. <input type="text"/> <input type="text"/> MTHS AGO	1. <input type="text"/> <input type="text"/> DAYS AGO 2. <input type="text"/> <input type="text"/> WKS. AGO 3. <input type="text"/> <input type="text"/> MTHS AGO	1. <input type="text"/> <input type="text"/> DAYS AGO 2. <input type="text"/> <input type="text"/> WKS. AGO 3. <input type="text"/> <input type="text"/> MTHS AGO
603. What was your relationship to this (last/second/third) person you had sexual intercourse?	1. WIFE/ LIVE-IN-PARTNER 2. VISITING PARTNER 3. GIRLFRIEND 4. FRIEND 5. CASUAL ACQUAINTANCE 6. PROSTITUTE 7. OTHER	1. WIFE/ LIVE-IN-PARTNER 2. VISITING PARTNER 3. GIRLFRIEND 4. FRIEND 5. CASUAL ACQUAINTANCE 6. PROSTITUTE 7. OTHER	1. WIFE/ LIVE-IN-PARTNER 2. VISITING PARTNER 3. GIRLFRIEND 4. FRIEND 5. CASUAL ACQUAINTANCE 6. PROSTITUTE 7. OTHER
604. The last time you had sexual intercourse with (this/ second/ third) person, was a contraceptive method used?	1. YES 2. NO → Q608 8. DK → Q608	1. YES 2. NO → Q608 8. DK → Q608	1. YES 2. NO → Q608 8. DK → Q608
605. What was this method?	1. TUBAL LIGATION 2. VASECTOMY 3. IMPLANT 4. IUD/COIL 5. INJECTION 6. THE PILL 7. CONDOM 8. DIAPHRAGM 9. ECP 10. SPERMICIDES _____ 11. WITHDRAWAL 12. RHYTHM/CALENDAR 20. OTHER _____	1. TUBAL LIGATION 2. VASECTOMY 3. IMPLANT 4. IUD/COIL 5. INJECTION 6. THE PILL 7. CONDOM 8. DIAPHRAGM 9. ECP 10. SPERMICIDES _____ 11. WITHDRAWAL 12. RHYTHM/CALENDAR 20. OTHER _____	1. TUBAL LIGATION 2. VASECTOMY 3. IMPLANT 4. IUD/COIL 5. INJECTION 6. THE PILL 7. CONDOM 8. DIAPHRAGM 9. ECP 10. SPERMICIDES _____ 11. WITHDRAWAL 12. RHYTHM/CALENDAR 20. OTHER _____
606. The last time you had sexual intercourse with (this/ second/ third) person, was a <u>second method</u> used for disease or pregnancy prevention?	1. YES 2. NO → Q608 8. DK → Q608	1. YES 2. NO → Q608 8. DK → Q608	1. YES 2. NO → Q608 8. DK → Q608
607. What was this second method?	1. TUBAL LIGATION 2. VASECTOMY 3. IMPLANT 4. IUD/COIL 5. INJECTION 6. THE PILL 7. CONDOM 8. DIAPHRAGM 9. ECP 10. SPERMICIDES _____ 11. WITHDRAWAL 12. RHYTHM/CALENDAR 20. OTHER _____	1. TUBAL LIGATION 2. VASECTOMY 3. IMPLANT 4. IUD/COIL 5. INJECTION 6. THE PILL 7. CONDOM 8. DIAPHRAGM 9. ECP 10. SPERMICIDES _____ 11. WITHDRAWAL 12. RHYTHM/CALENDAR 20. OTHER _____	1. TUBAL LIGATION 2. VASECTOMY 3. IMPLANT 4. IUD/COIL 5. INJECTION 6. THE PILL 7. CONDOM 8. DIAPHRAGM 9. ECP 10. SPERMICIDES _____ 11. WITHDRAWAL 12. RHYTHM/CALENDAR 20. OTHER _____
608. The last time you had sexual intercourse with (this/ second/ third) person, did you or this person drink alcohol or take any drugs, including weed?	1. YES, DRANK ALCOHOL 2. YES, USED DRUGS 3. YES, BOTH 4. NO, NO ALCOHOL OR DRUGS	1. YES, DRANK ALCOHOL 2. YES, USED DRUGS 3. YES, BOTH 4. NO, NO ALCOHOL OR DRUGS	1. YES, DRANK ALCOHOL 2. YES, USED DRUGS 3. YES, BOTH 4. NO, NO ALCOHOL OR DRUGS
609. Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	1. YES → Q602 NEXT COLUMN 2. NO → Q610	1. YES → Q602 NEXT COLUMN 2. NO → Q610	1. YES → Q610 2. NO → Q610

<p>610. With how many different people have you had sexual intercourse in the <u>past 3 months</u>?</p> <p>IF 3 OR MORE PARTNERS, ALL 3 COLUMNS ABOVE MUST BE COMPLETED.</p> <p>IF NON-NUMERIC ANSWERS, PROBE TO GET AN ESTIMATE.</p> <p>IF RESPONDENT DID NOT HAVE SEXUAL INTERCOURSE IN THE LAST 3 MONTHS RECORD "00"</p>	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="text-align: center;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> </div> <div style="text-align: right;"> PARTNERS </div> </div> <div style="margin-top: 10px;"> 77. MORE THAN 10 PARTNERS 88. DOES NOT REMEMBER 99. REFUSED </div>																								
<p>610A Altogether, with how many different people have you had sexual intercourse in the <u>past 12 months</u>?</p> <p>IF 3 OR MORE PARTNERS, ALL 3 COLUMNS ABOVE MUST BE COMPLETED.</p> <p>IF NON-NUMERIC ANSWERS, PROBE TO GET AN ESTIMATE.</p>	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="text-align: center;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> </div> <div style="text-align: right;"> PARTNERS </div> </div> <div style="margin-top: 10px;"> 77. MORE THAN 10 PARTNERS 88. DOES NOT REMEMBER 95. MORE THAN 95 PARTNERS 99. REFUSED </div>																								
<p>611. In total, with how many different people have you had sexual intercourse <u>in your lifetime</u>?</p> <p>IF NON-NUMERIC ANSWERS, PROBE TO GET AN ESTIMATE</p>	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="text-align: center;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> </div> <div style="text-align: right;"> PARTNERS </div> </div> <div style="margin-top: 10px;"> 77. MORE THAN 10 PARTNERS 88. DOES NOT REMEMBER 95. MORE THAN 95 PARTNERS 99. REFUSED </div>																								
<p>612. Have <u>you</u> ever suggested to a partner that <u>you</u> use a condom?</p>	<div style="margin-top: 10px;"> 1. YES 2. NO → Q613M 8. DOES NOT REMEMBER → Q613M 9. REFUSED → Q613M </div>																								
<p>613. Have any of the following ever happened because you told a partner you were going to use a condom? (READ A–D)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th><th style="text-align: center;"><u>YES</u></th><th style="text-align: center;"><u>NO</u></th><th style="text-align: center;"><u>DR</u></th></tr> </thead> <tbody> <tr> <td>A. She refused to let you wear a condom?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr> <td>B. She refused to have sex with you?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr> <td>C. She threatened to break up with you?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr> <td>D. Against your better judgment, you had sex without a condom?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	<u>DR</u>	A. She refused to let you wear a condom?	1	2	8	B. She refused to have sex with you?	1	2	8	C. She threatened to break up with you?	1	2	8	D. Against your better judgment, you had sex without a condom?	1	2	8				
	<u>YES</u>	<u>NO</u>	<u>DR</u>																						
A. She refused to let you wear a condom?	1	2	8																						
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C. She threatened to break up with you?	1	2	8																						
D. Against your better judgment, you had sex without a condom?	1	2	8																						
<p>613M Has a <u>partner</u> ever suggested that <u>you</u> use a condom?</p>	<div style="margin-top: 10px;"> 1. YES 2. NO → Q614 8. DOES NOT REMEMBER → Q614 9. REFUSED → Q614 </div>																								
<p>613N Have any of the following ever happened because a partner asked you to use a condom? (READ A–E)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th><th style="text-align: center;"><u>YES</u></th><th style="text-align: center;"><u>NO</u></th><th style="text-align: center;"><u>DR</u></th></tr> </thead> <tbody> <tr> <td>A. You used the condom?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr> <td>B. You made her have sex with you without the condom?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr> <td>C. You refused to have sex with her?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr> <td>D. You got angry?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr> <td>E. You threatened never to go with her again?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	<u>DR</u>	A. You used the condom?	1	2	8	B. You made her have sex with you without the condom?	1	2	8	C. You refused to have sex with her?	1	2	8	D. You got angry?	1	2	8	E. You threatened never to go with her again?	1	2	8
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<p>614. During the <u>past 12 months</u>, did you ever use a condom with any partner?</p>	<div style="margin-top: 10px;"> 1. YES 2. NO → Q619 8. DOES NOT REMEMBER → Q619 9. REFUSED → Q619 </div>																								
<p>615. Did you and any of your partners use condoms to... (READ 1–3)</p>	<div style="margin-top: 10px;"> 1. Prevent pregnancy 2. Prevent STDs including HIV 3. Both 8. DOES NOT KNOW </div>																								
<p>616. During the <u>past 12 months</u>, have you tried to obtain condoms?</p>	<div style="margin-top: 10px;"> 1. YES 2. NO </div>																								
<p>617. In general, with what frequency did you use a condom <u>with a steady partner(s)</u>? (READ 1–4)</p>	<div style="margin-top: 10px;"> 1. Every time 2. Almost every time 3. Sometimes 4. Never 5. NEVER HAD A STEADY PARTNER 8. DOES NOT REMEMBER </div>																								
<p>618. In general, with what frequency did you use a condom <u>with a non-steady partner(s)</u>? (READ 1–4)</p>	<div style="margin-top: 10px;"> 1. Every time 2. Almost every time 3. Sometimes 4. Never 5. NEVER HAD A NON-STEADY PARTNER 8. DOES NOT REMEMBER </div>																								

619. Have you ever given a woman money or goods in exchange for sex?	1. YES 2. NO → Q623 8. DOES NOT REMEMBER → Q623 9. REFUSED → Q623
620. How many times?	<div style="display: flex; justify-content: space-between;"> <div> <input type="text"/> <input type="text"/> TIMES </div> <div> 66. MOST TIMES 88. DOESN'T REMEMBER 99. REFUSED </div> </div>
623. Now I have some questions about the first time you had sexual intercourse. In what month and year did you first have sexual intercourse? (CHECK Q303 ON PAGE 4 AND VERIFY AGE AT FIRST INTERCOURSE WITH MONTH AND YEAR)	<div style="display: flex; justify-content: space-between;"> <div> <input type="text"/> <input type="text"/> MONTH </div> <div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR </div> </div> <div style="margin-top: 10px;"> 88. DOES NOT REMEMBER 99. REFUSED </div>
624. What was your relationship with the person you first had sexual intercourse?	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> 1. WIFE/LIVE-IN PARTNER 2. FIANCÉE 3. GIRLFRIEND 4. FRIEND 5. ACQUAINTANCE </div> <div style="width: 50%;"> 6. FATHER'S PARTNER 7. PROSTITUTE 8. JUST MET 20. OTHER (Specify) _____ 98. NOT REMEMBER/REFUSED </div> </div>
625. How old was the person you first had sexual intercourse with? PROBE: "Was this person older than you, younger than you, or about the same age as you?" AND OBTAIN AN ESTIMATE.	<div style="display: flex; justify-content: space-between;"> <div> <input type="text"/> <input type="text"/> YEARS </div> <div> 88. DOES NOT KNOW/REMEMBER 99. REFUSED </div> </div> <p style="text-align: center;">IF "88" OR "99" ASK Q625A; OTHERWISE GO TO Q626</p>
625A How much older or younger was the person with whom you had your first sexual experience? Was she.... (READ 1–4)	1. More than 10 year older 2. 5-10 year older 3. Less than 5 year older 4. Younger 8. DK/NO RESPONSE
626. How long were you going with her when you first had intercourse? ENTER DURATION IN ONE UNIT OF TIME ONLY IF JUST MET, RECORD '00' DAYS.	1. <input type="text"/> <input type="text"/> DAYS 2. <input type="text"/> <input type="text"/> WEEKS 3. <input type="text"/> <input type="text"/> MONTHS 4. <input type="text"/> <input type="text"/> YEARS
627. How would you describe the first time you had sexual intercourse? Would you say that...? (READ 1–3)	1. You wanted it to happen? 2. You had mixed feelings? 3. You really did not want it to happen? 8. DOES NOT REMEMBER
628. The first time you had sexual intercourse did you or your partner use a contraceptive method?	1. YES 2. NO → Q632 8. DOES NOT REMEMBER → Q632 9. REFUSED → Q632
629. What was this method?	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> 1. TUBAL LIGATION 2. VASECTOMY 3. IMPLANT 4. IUD/COIL 5. INJECTION 6. THE PILL 7. CONDOM </div> <div style="width: 50%;"> 8. DIAPHRAGM 9. ECP 10. SPERMICIDES 11. WITHDRAWAL → Q631 12. RHYTHM/CALENDAR → Q631 20. OTHER (Specify) _____ 88. DOES NOT REMEMBER </div> </div>
630. Where did you get this method?	1. GOVERNMENT HOSPITAL 2. GOVERNMENT HEALTH CLINIC / CENTRE 3. PRIVATE HOSPITAL 4. PRIVATE CLINIC 5. PRIVATE DOCTOR 6. PHARMACY 7. OUTREACH WORKER 8. FACTORY / WORKPLACE 9. SUPERMARKET/SHOP/BAR 10. PARTNER 20. OTHER (SPECIFY) _____ 88. DOES NOT KNOW/ DOES NOT REMEMBER

631. Whose decision was to use the method? Was it ... (READ 1-3)	1. Your decision 2. Your partner's decision 3. Decision made together 8. DOES NOT REMEMBER	} → Q633F	
633F INTERVIEWER, CHECK Q315 ON PAGE 4 AND RECORD IF RESPONDENT HAD EVER HAD A LIVE BIRTH	1. YES 2. NO → Q642F		
634. When your partner/ex-partner was pregnant with your first child, were you still in school?	1. YES 2. NO → Q637		
635. What grade of schooling were you in? (IF HE WAS ENROLLED IN POST-SECONDARY EDUCATION WHEN HIS PARTNER GOT PREGNANT, WRITE IN "77")	<input type="text"/> <input type="text"/> GRADE	77. TERTIARY LEVEL OF EDUC. 88. DOES NOT REMEMBER	
636. After the first child was born, did you leave school to work and support your child?	1. YES 2. NO		
637. Do you have a child or children who are alive today <u>from anyone other than your present wife/partner</u> ? CHECK ALSO Q312	1. YES 2. NO → Q642F		
638. Now, I will ask you about your youngest child with anyone other than your present partner. How often do you help with the care or financial support of this child? (READ 1-4)	1. At all times 2. Sometimes 3. Seldom 4. Never → Q641		
639. Do you help with... (READ A-D)		YES A. Child Care? 1 B. Money/Financial help? 1 C. Gifts? 1 D. In any other way? 1	NO 2 2 2 2
640. Do you think the help you give is important or not important in taking care of this child?	1. IMPORTANT 2. NOT IMPORTANT 8. DOES NOT KNOW		
641. Who is the main source of help to the mother?	1. FATHER OF THE CHILD (RESPONDENT) 2. MOTHER'S CURRENT PARTNER 3. MATERNAL GRANDPARENT(S) 4. PATERNAL GRANDPARENT(S) 5. OTHER RELATIVE 6. FRIEND/NEIGHBOUR 7. NO HELP RECEIVED 8. OTHER 9. REFUSED/DOES NOT KNOW		
642F INTERVIEWER, CHECK Q304 IF RESPONDENT HAS A PARTNER, INCLUDING A WIFE, WHO IS PREGNANT WITH HIS CHILD NOW.	1. YES 2. NO → Q644		
643. What type of support do you give to the prospective "baby mother" (wife/visiting partner/girlfriend)? (READ 1-5)	1. None/ No relationship at this time 2. He gives emotional support only 3. Gives financial support only 4. Gives emotional <u>and</u> financial support 5. Any other support (SPECIFY) _____		
644. During <u>the past 12 months</u> , have you discussed with any of your partners family issues such as...? (READ A-D)		YES A. How many children do you wish to have 1 B. Birth spacing 1 C. Family planning 1 D. Adoption 1	NO 2 2 2 2

SECTION VII – FAMILY LIFE AND SEX EDUCATION

701. For young people your age who have sexual intercourse, what do you think is the most appropriate method to use to avoid pregnancy?	1. TUBAL LIGATION 2. VASECTOMY 3. IMPLANT 4. INJECTION 5. PILL 6. MORNING AFTER PILL (ECP) 7. IUD/COIL 8. CONDOM	9. SPERMICIDES 10. DIAPHRAGM 11. WITHDRAWAL 12. RHYTHM/CALENDAR 13. BILLINGS MET. 14. ABSTINENCE 20. OTHER 88. DOES NOT KNOW 99. REFUSED	} → Q705
702. Could you or your partner afford to use this method?	1. YES 2. NO 8. DOESN'T KNOW		
705. Have you ever received any information from your parents or guardians about <u>pregnancy</u> and how it occurs?	1. YES 2. NO → Q707 8. DOESN'T KNOW → Q707		
706. How difficult was it to discuss the subject of pregnancy with your parents or guardians? (READ OPTIONS 1–3)	1. Easy 2. Somewhat difficult 3. Extremely difficult 8. DOES NOT KNOW / NOT SURE		
707. As far as you know, when is most likely for a woman to become pregnant? Is this time just before her period begins, during her period, right after her period has ended, or half way between two periods?	1. Just before her period starts 2. During her period 3. Right after period ends 4. Halfway between two periods 8. DOES NOT KNOW		
708. FOR THOSE WHO HAVE NEVER HAD SEX (Q303 = "00"), ASK: Have you ever received any information from your parents or guardians about <u>condoms</u> ? IN ALL OTHER CASES, ASK: Before you started having sex, did you ever receive any information from your parents or guardians about condoms?	1. YES 2. NO → Q710 8. DOESN'T KNOW → Q710		
709. How difficult was it to discuss the subject of condoms with your parents or guardians? (READ OPTIONS 1–3)	1. Easy 2. Somewhat difficult 3. Extremely difficult 8. DOES NOT KNOW / NOT SURE		
710. Have you ever received any information from your parents or guardians about <u>sexually transmitted diseases</u> ?	1. YES 2. NO 8. DOES NOT KNOW		
711. Have you ever had a class or course about family life or sex education <u>in school</u> ?	1. YES 2. NO → Q719 8. DOES NOT KNOW → Q719		
712. How many weeks did the class or course last? RESPONSE MUST BE RECORDED IN WEEKS; IF LESS THAN 1 WEEK, WRITE IN '00' IF THE CLASS WAS TAUGHT FOR A WHOLE SCHOOL YEAR, WRITE IN "36" WEEKS	<div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-right: 5px;"></div> WEEKS 66. SEVERAL WEEKS, NOT SURE HOW MANY 77. MORE THAN 1 YEAR 88. DOES NOT REMEMBER AT ALL		
713. On the average, how many hours per week was the class or course taught? IF LESS THAN ONE HOUR, WRITE IN "00"	<div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-right: 5px;"></div> HOURS 77. MANY HOURS, DON'T REMEMBER NUMBER 88. DOES NOT REMEMBER AT ALL		
714. What grade of schooling were you in when you had this first class or course? (IF FIRST COURSE RECEIVED WHILE ATTENDING POST-SECONDARY EDUCATION WRITE IN "77")	<div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-right: 5px;"></div> GRADE 77. TERTIARY LEVEL OF EDUCATION 88. DOES NOT REMEMBER		
715. How old were you at that time?	<div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-right: 5px;"></div> YEARS 88. DOES NOT REMEMBER		

716. Who was the <u>main person</u> who taught this first class or course?	1. SCHOOL TEACHER 2. NURSE 3. COUNSELLOR OR PSYCHOLOGIST 8. OTHER (SPECIFY): _____			
717. Did this first sex education class or course in school include information about...? (READ A-G)	A. The woman's menstrual cycle or period B. Pregnancy and how it occurs C. Condoms D. Other modern methods such as the pill, IUD or injections E. HIV/AIDS F. Other Sexually Transmitted Diseases G. Abstinence	YES 1 1 1 1 1 1	NO 2 2 2 2 2 2	DK 8 8 8 8 8 8
718. Did the class or course include information on the following services available for adolescents? (READ A-C)	A. Counselling B. Clinic services C. Distribution of contraceptives	YES 1 1 1	NO 2 2 2	DK 8 8 8
719. At what age do you think family life or sex education should begin in schools?	<input type="text"/> <input type="text"/> YEARS 77. IT SHOULD NOT BE TAUGHT IN SCHOOLS 88. DOESN'T KNOW			
720. Have you ever had a formal class or course about family life or sex education anywhere <u>outside of the school or home?</u>	1. YES 2. NO → Q727			
721. Where was this first class or course held?	1. COMMUNITY CENTER 2. CLINIC 3. CLUB 4. CHURCH 5. YOUTH CENTRE 6. BAR 7. WORK PLACE 8. HEART 20. OTHER (SPECIFY): _____ 88. DOESN'T REMEMBER			
722. How old were you when you had this first class or course on family life or sex education?	<input type="text"/> <input type="text"/> YEARS 88. DOES NOT REMEMBER			
723. Who was the main person who taught this course?	1. SCHOOL TEACHER 2. PHYSICIAN 3. NURSE 4. COUNSELLOR OR PSYCHOLOGIST 5. LIAISON OFFICER 6. OUTREACH WORKER / VOLUNTEER 7. OTHER SOCIAL WORKER 8. PEERS / FRIENDS 9. PARENT / GUARDIAN 20. OTHER (SPECIFY): _____ 88. DOESN'T REMEMBER			
724. Did this first class or course outside of the school or home include information about... ? (READ A-G)	A. The woman's menstrual cycle or period B. Pregnancy and how it occurs C. Condoms D. Other modern methods such as the pill, IUD or injection E. HIV/AIDS F. Other Sexually Transmitted Diseases F. Abstinence	YES 1 1 1 1 1 1	NO 2 2 2 2 2 2	DK 8 8 8 8 8 8

725. Did this class or course include information on the following services available for adolescents? (READ A-C)	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>A. Counselling</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>B. Clinic services</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>C. Distribution of contraceptives</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	A. Counselling	1	2	8	B. Clinic services	1	2	8	C. Distribution of contraceptives	1	2	8																																		
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726. Do you know where to go if you need to get information on family planning, STDs, or other sexual health issues?	1. YES 2. NO																																																		
727. If needed, would you know where to go to receive treatment for a sexually transmitted disease?	1. YES 2. NO																																																		
728. What is your preferred source of information about family life or sex education topics?	1. PARENT(S) / GUARDIAN(S) 2. SISTER(S) OR BROTHER(S) 3. OTHER RELATIVE 4. TEACHERS 5. PEERS / FRIENDS 6. MARGE ROPER HELP LINE 7. MARGE ROPER RADIO PROGRAM 8. "Outta Road" RADIO DRAMA 9. OTHER RADIO PROGRAMS OR MESSAGES 10. "TEEN SEEN" TV PROGRAM 11. OTHER TELEVISION PROGRAMS OR MESSAGES 12. PRINTED MATERIALS (BOOKS, BROCHURES, POSTERS) 13. YOUTH INFORMATION CENTER 14. SUMMER CAMP 15. JA-STYLE BOOTHS AT EVENTS 20. OTHER (SPECIFY): _____ 88. DOES NOT KNOW																																																		
729. Did you find the following sources to be very helpful, somewhat helpful, or not helpful for learning about sexuality and changing one's behaviours? (READ A-I)	<table border="0"> <tr> <td></td> <td>VERY HELPFUL</td> <td>SOMEWHAT HELPFUL</td> <td>NOT HELPFUL</td> <td>NOT A SOURCE</td> </tr> <tr> <td>A. Parents / guardians</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>B. Other relative</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>C. Teachers</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>D. Peers / friends</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>E. MARGE ROPER help line</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>F. Radio</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>G. Television</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>H. Youth Information Center</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>I. Printed materials</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </table>		VERY HELPFUL	SOMEWHAT HELPFUL	NOT HELPFUL	NOT A SOURCE	A. Parents / guardians	1	2	3	4	B. Other relative	1	2	3	4	C. Teachers	1	2	3	4	D. Peers / friends	1	2	3	4	E. MARGE ROPER help line	1	2	3	4	F. Radio	1	2	3	4	G. Television	1	2	3	4	H. Youth Information Center	1	2	3	4	I. Printed materials	1	2	3	4
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730. Within the <u>past six months</u> , have you seen or heard any of the following programmes about family life or sex education? (READ A-F) IF NO PROGRAMME(S) SEEN OR HEARD (ALL ANSWERED "2"), SKIP TO Q733; OTHERWISE, CONTINUE	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>A. "Teen Seen"</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. NFPB "Youth Forum"</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. Marge Roper Radio Program</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. "Outta Road" Radio Drama</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. Radio commercials</td> <td>1</td> <td>2</td> </tr> <tr> <td>F. TV commercials</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	A. "Teen Seen"	1	2	B. NFPB "Youth Forum"	1	2	C. Marge Roper Radio Program	1	2	D. "Outta Road" Radio Drama	1	2	E. Radio commercials	1	2	F. TV commercials	1	2																													
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731. Did any of these programmes cause you to behave differently?	1. YES 2. NO → Q733 8. DOES NOT KNOW → Q733																																																		
732. Which one? Was it... (READ A-F)	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>A. "Teen Seen"</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. NFPB Youth Forum</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. Marge Roper Radio Program</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. "Outta Road" Radio Drama</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. Radio commercials</td> <td>1</td> <td>2</td> </tr> <tr> <td>F. TV commercials</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	A. "Teen Seen"	1	2	B. NFPB Youth Forum	1	2	C. Marge Roper Radio Program	1	2	D. "Outta Road" Radio Drama	1	2	E. Radio commercials	1	2	F. TV commercials	1	2																													
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733. Have you <u>ever seen or heard</u> messages from the JA-STYLE Radio Series Drama "Outta Road," the JA-STYLE "Good Parenting" activities or any other JA-STYLE activities?	1. YES 2. NO → Q735 8. NOR SURE → Q735																																		
734. Did any of these messages include information on the following topics...? (READ A-F)	<table border="1"> <thead> <tr> <th></th> <th><u>YES</u></th> <th><u>NO</u></th> <th><u>DK</u></th> </tr> </thead> <tbody> <tr> <td>A. HIV/AIDS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>B. Drug Use</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>C. Gender Violence</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>D. Teen Pregnancy</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>E. Sexual Abuse</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>F. Preventing Pregnancy and STDs</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	<u>DK</u>	A. HIV/AIDS	1	2	8	B. Drug Use	1	2	8	C. Gender Violence	1	2	8	D. Teen Pregnancy	1	2	8	E. Sexual Abuse	1	2	8	F. Preventing Pregnancy and STDs	1	2	8						
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F. Preventing Pregnancy and STDs	1	2	8																																
735. Have you ever belong to any youth clubs or participate in any extra-curricular activities targeted toward adolescents in your community?	1. YES 2. NO → Q737 8. DON'T REMEMBER → Q737 9. REFUSED → Q737																																		
736. What were these activities? PROBE "Any other activity?" CIRCLE "1" FOR ALL MENTIONED CIRCLE "2" FOR ALL NOT MENTIONED	<table border="1"> <thead> <tr> <th></th> <th><u>MENTIONED</u></th> <th><u>NOT MENTIONED</u></th> </tr> </thead> <tbody> <tr> <td>A. AFTER-SCHOOL SPORTING ACTIVITIES</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. DEBATING</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. CHURCH ACTIVITIES</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. EDUCATIONAL (EXTRA LESSONS, HOME-WORK PROGRAMMES, ETC)</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. 4H CLUBS</td> <td>1</td> <td>2</td> </tr> <tr> <td>F. YOUTH ADVOCACY NETWORK</td> <td>1</td> <td>2</td> </tr> <tr> <td>G. MARCHING BAND</td> <td>1</td> <td>2</td> </tr> <tr> <td>H. DRAMA OR DANCE GROUPS</td> <td>1</td> <td>2</td> </tr> <tr> <td>I. OTHER (SPECIFY): _____</td> <td>1</td> <td>2</td> </tr> </tbody> </table>				<u>MENTIONED</u>	<u>NOT MENTIONED</u>	A. AFTER-SCHOOL SPORTING ACTIVITIES	1	2	B. DEBATING	1	2	C. CHURCH ACTIVITIES	1	2	D. EDUCATIONAL (EXTRA LESSONS, HOME-WORK PROGRAMMES, ETC)	1	2	E. 4H CLUBS	1	2	F. YOUTH ADVOCACY NETWORK	1	2	G. MARCHING BAND	1	2	H. DRAMA OR DANCE GROUPS	1	2	I. OTHER (SPECIFY): _____	1	2		
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737. Where do you usually go for medical/health care?	1. NOWHERE 2. PUBLIC CLINIC (HEALTH CENTRE/ POST, DISPENSARY, POLYCLINIC) 3. HOSPITAL 4. CIVIC OR CHURCH ORGANIZATION 5. PRIVATE DOCTOR 6. PHARMACIST 7. TRADITIONAL HEALER, HERBALIST, BUSH DOCTOR, OBEAH MAN 8. DON'T KNOW 9. NO RESPONSE																																		
738. Have you ever received counseling on the following health topics: (READ A-C)	<table border="1"> <thead> <tr> <th></th> <th><u>YES</u></th> <th><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>A. Family Planning</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. HIV/AIDS</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. Other STDs</td> <td>1</td> <td>2</td> </tr> </tbody> </table>				<u>YES</u>	<u>NO</u>	A. Family Planning	1	2	B. HIV/AIDS	1	2	C. Other STDs	1	2																				
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740F INTERVIEWER: VERIFY AGE OF RESPONDENT (REFER TO Q102)	1. 15-19 2. 20-24 → SECTION VIII																																		
741. Now I am going to read you some statements about social support at home and outside the home. Please tell me whether you agree or disagree with each statement. In your home, there is an adult who ... (READ A-G)	<table border="1"> <thead> <tr> <th></th> <th><u>AGREE</u></th> <th><u>DISAGREE</u></th> <th><u>DK/NS</u></th> </tr> </thead> <tbody> <tr> <td>A. Is interested in your school work</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>B. Talks with you about your problems</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>C. Gives you enough attention</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>D. Listens to you when you have something to say</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>E. Expects you to follow the rules</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>F. Always wants you to do your best</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>G. Believes that you will be a success</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>				<u>AGREE</u>	<u>DISAGREE</u>	<u>DK/NS</u>	A. Is interested in your school work	1	2	8	B. Talks with you about your problems	1	2	8	C. Gives you enough attention	1	2	8	D. Listens to you when you have something to say	1	2	8	E. Expects you to follow the rules	1	2	8	F. Always wants you to do your best	1	2	8	G. Believes that you will be a success	1	2	8
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SECTION VIII – ATTITUDES TOWARDS CONTRACEPTION AND CHILDBEARING

800. Now I would like to talk about something else. Have you ever tried to obtain a contraceptive method and been refused?	1. YES 2. NO → Q804 8. DOES NOT REMEMBER → Q804																																	
801. How many times?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div>TIMES</div> </div> <div style="text-align: right;"> 88. DOES NOT REMEMBER 99. REFUSED </div>																																	
802. In what place were you refused a contraceptive method? PROBE: Anyplace else? (CIRCLE ALL RESPONSES MENTIONED)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>MENTIONED</u></th> <th style="text-align: center;"><u>NOT MENTIONED</u></th> </tr> </thead> <tbody> <tr><td>A. GOVERNMENT HOSPITAL</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>B. GOVT. HEALTH CLINIC/ CENTRE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>C. PRIVATE HOSPITAL</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>D. PRIVATE CLINIC</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>E. PRIVATE DOCTOR</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>F. PHARMACY</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>G. OUTREACH WORKER</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>H. FACTORY / WORKPLACE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>I. SUPERMARKET/SHOP/BAR</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>J. OTHER PLACE _____</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		<u>MENTIONED</u>	<u>NOT MENTIONED</u>	A. GOVERNMENT HOSPITAL	1	2	B. GOVT. HEALTH CLINIC/ CENTRE	1	2	C. PRIVATE HOSPITAL	1	2	D. PRIVATE CLINIC	1	2	E. PRIVATE DOCTOR	1	2	F. PHARMACY	1	2	G. OUTREACH WORKER	1	2	H. FACTORY / WORKPLACE	1	2	I. SUPERMARKET/SHOP/BAR	1	2	J. OTHER PLACE _____	1	2
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J. OTHER PLACE _____	1	2																																
803. What was the gender of the <u>last person</u> who refused to provide a contraceptive method?	1. MALE 2. FEMALE 8. DOES NOT REMEMBER																																	
804. In the <u>past 12 months</u> , have you heard or seen a message on radio or television giving information about ... (READ A-D)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>RADIO ONLY</u></th> <th style="text-align: center;"><u>TV ONLY</u></th> <th style="text-align: center;"><u>YES BOTH</u></th> <th style="text-align: center;"><u>NO, NEITHER</u></th> <th style="text-align: center;"><u>DOES NOT REMEMBER</u></th> </tr> </thead> <tbody> <tr><td>A. Family Planning</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">4</td><td style="text-align: center;">8</td></tr> <tr><td>B. HIV/AIDS</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">4</td><td style="text-align: center;">8</td></tr> <tr><td>C. Other STDs</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">4</td><td style="text-align: center;">8</td></tr> <tr><td>D. Domestic Violence</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">4</td><td style="text-align: center;">8</td></tr> </tbody> </table>		<u>RADIO ONLY</u>	<u>TV ONLY</u>	<u>YES BOTH</u>	<u>NO, NEITHER</u>	<u>DOES NOT REMEMBER</u>	A. Family Planning	1	2	3	4	8	B. HIV/AIDS	1	2	3	4	8	C. Other STDs	1	2	3	4	8	D. Domestic Violence	1	2	3	4	8			
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806. Couples may use condoms to avoid getting sexually transmitted diseases. How effective do you think a properly used condom is for this purpose?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>	1	2	3	4	8																												
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808. If you could choose exactly the number of children to have in your whole life, how many would that be?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div>CHILDREN</div> </div> <div style="text-align: right;"> 77. FATE, UP TO GOD 88. NOT SURE </div>																																	
809. In Jamaica, what is the earliest age a woman can <u>legally</u> consent to having sexual intercourse?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div>YEARS</div> </div> <div style="text-align: right;"> 77. NO LEGAL LIMIT 88. NOT SURE </div>																																	
810. As far as you know, what is the punishment for a man if it can be proved that he had sex with a girl less than 16 years of age?	1. NONE 2. HE WILL BE SENT TO JAIL 7. OTHER _____ 8. DOES NOT KNOW																																	
811. In your opinion, at what age is a woman responsible enough to have her <u>first child</u> ?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div>YEARS</div> </div> <div style="text-align: right;"> 55. IT DEPENDS 66. 1 YEAR AFTER 1st UNION 77. WHEN IN STABLE UNION 88. NOT SURE </div>																																	
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812. How old do you think it is best for a child to be before another child is born?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div>MONTHS</div> </div> <div style="text-align: right;"> 66. FATE, UP TO GOD 77. MORE THAN 5 YEARS 88. NOT SURE </div>																																	
813. How old do you think a child should be before the mother stops breastfeeding him / her?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div>MONTHS</div> </div> <div style="text-align: right;"> 77. NO AGE LIMIT, AS LONG AS POSSIBLE 88. NOT SURE </div>																																	

SECTION IX – GENDER AND VIOLENCE

900. Now I would like to ask a few questions about your family Do you believe that physical punishment is necessary to raise children well, for example spanking, cuffing, or hitting them?	1. YES 2. NO																														
901. In this household, are the children punished when they do not behave well?	1. YES 2. NO → Q904 3. NO CHILDREN (AGE 1-15) IN THE HOUSEHOLD → Q904																														
902. How are the children punished when they don't behave well? PROBE: Another way? (MARK ALL THE RESPONSES MENTIONED, DO NOT READ LIST)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 15%; text-align: center;"><u>MENTIONED</u></th> <th style="width: 15%; text-align: center;"><u>NOT MENTIONED</u></th> </tr> </thead> <tbody> <tr><td>A. SCOLDING THEM VERBALLY</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>B. TAKING AWAY SOMETHING THEY LIKE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>C. CUFFING OR SPANKING</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>D. HITTING THEM WITH THE HAND OR FIST</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>E. HITTING THEM WITH A BELT, STICK, OR OTHER OBJECT</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>F. LOCKING THEM IN/ISOLATING THEM</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>G. GIVING THEM EXTRA CHORES</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>H. LOCKING THEM OUT OF THE HOUSE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>I. OTHER _____</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		<u>MENTIONED</u>	<u>NOT MENTIONED</u>	A. SCOLDING THEM VERBALLY	1	2	B. TAKING AWAY SOMETHING THEY LIKE	1	2	C. CUFFING OR SPANKING	1	2	D. HITTING THEM WITH THE HAND OR FIST	1	2	E. HITTING THEM WITH A BELT, STICK, OR OTHER OBJECT	1	2	F. LOCKING THEM IN/ISOLATING THEM	1	2	G. GIVING THEM EXTRA CHORES	1	2	H. LOCKING THEM OUT OF THE HOUSE	1	2	I. OTHER _____	1	2
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I. OTHER _____	1	2																													
903. Who is most likely to punish the children? Is it... (READ 1-4)	1. You 2. Your partner 3. Both you and your partner 4. Someone else?																														
904. In this community and elsewhere, people have different ideas about families and what is acceptable behavior for men and women in the home. I am going to read you a list of statements, and I would like you to tell me whether you generally agree or disagree with the statement There are no right or wrong answers (READ A-F)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 10%; text-align: center;"><u>AGREE</u></th> <th style="width: 10%; text-align: center;"><u>DISAGREE</u></th> <th style="width: 10%; text-align: center;"><u>DK/NS</u></th> </tr> </thead> <tbody> <tr><td>A. A good wife obeys her husband even if she disagrees</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>B. Family problems should only be discussed with people in the family</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>C. It is important for a man to show his wife/partner who is the boss</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>D. It is a wife's obligation to have sex with her husband even if she doesn't feel like it</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>E. It is all right for a wife to refuse sex with her husband if he sees other women</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>F. If a man mistreats his wife, others outside of the family should intervene</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> </tbody> </table>		<u>AGREE</u>	<u>DISAGREE</u>	<u>DK/NS</u>	A. A good wife obeys her husband even if she disagrees	1	2	8	B. Family problems should only be discussed with people in the family	1	2	8	C. It is important for a man to show his wife/partner who is the boss	1	2	8	D. It is a wife's obligation to have sex with her husband even if she doesn't feel like it	1	2	8	E. It is all right for a wife to refuse sex with her husband if he sees other women	1	2	8	F. If a man mistreats his wife, others outside of the family should intervene	1	2	8		
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905. In your opinion, does a man have a good reason to hit his wife if... (READ A-E):	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 10%; text-align: center;"><u>AGREE</u></th> <th style="width: 10%; text-align: center;"><u>DISAGREE</u></th> <th style="width: 10%; text-align: center;"><u>DK/NS</u></th> </tr> </thead> <tbody> <tr><td>A. She does not complete her household work to his satisfaction</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>B. She disobeys him</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>C. She refuses to have sexual relations with him</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>D. She asks him whether he has other girlfriends</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>E. He finds out that she has been unfaithful</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> </tbody> </table>		<u>AGREE</u>	<u>DISAGREE</u>	<u>DK/NS</u>	A. She does not complete her household work to his satisfaction	1	2	8	B. She disobeys him	1	2	8	C. She refuses to have sexual relations with him	1	2	8	D. She asks him whether he has other girlfriends	1	2	8	E. He finds out that she has been unfaithful	1	2	8						
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906. Now I have some questions about your childhood. Thinking about your childhood <u>before you turned age 15</u> , did you ever see or hear your father or stepfather slap, kick, shove, or hit your mother or stepmother?	1. YES 2. NO 3. DID NOT GROW UP WITH BOTH PARENTS 8. DOES NOT REMEMBER																														
907. <u>Before you turned 15 years</u> of age, were you ever slapped, kicked, shoved, or hit by anyone, including adult family member?	1. YES, BY MOTHER OR FATHER (STEP-MOTHER/STEP-FATHER) 2. YES, BY OTHER ADULT FAMILY MEMBER 3. NO 8. DOES NOT REMEMBER																														
908. And <u>after you turned age 15 until now</u> , were you ever slapped, kicked, shoved, or hit by anyone other than a current or former partner? This may include a parent, a relative, someone at school, other people that you know, or even a stranger?	1. YES 2. NO → Q910F 8. DOES NOT REMEMBER → Q910F																														

915F INTERVIEWER, CHECK IF RESPONDENT HAS EVER PHYSICALLY OR SEXUALLY ABUSED A PARTNER (ANY Q913_C — Q913_I=1)	1. YES (ANY ANSWER "YES" IN Q913_C — Q913_I) 2. NO (NO ANSWER "YES" IN Q913_C — Q913_I) → Q926M																																							
916. During the times that you got physical with her or forced her to have sex, did your partner/ex-partner ever fight back physically?	1. YES 2. NO 8. DOES NOT REMEMBER																																							
917. Has your partner/ex-partner ever hit or physically mistreated you when you were not hitting or physically mistreating her?	1. YES 2. NO 8. DOES NOT REMEMBER																																							
918F INTERVIEWER, CHECK THE HISTORY OF LIVE BIRTHS AND RECORD IF THE RESPONDENT HAD ANY LIVE BIRTHS SINCE JANUARY 2003.	1. YES 2. NO → Q922F																																							
919. During the last 5 years, did you ever physically abuse a partner while she was pregnant with your child?	1. YES 2. NO → Q922F 8. DOES NOT REMEMBER → Q922F																																							
920. Had you also been physically violent toward her before she was pregnant?	1. YES 2. NO 8. DOES NOT REMEMBER																																							
921. Did you ever hit or kicked her in the abdomen while she was pregnant?	1. YES 2. NO 8. DOES NOT REMEMBER																																							
922F INTERVIEWER, CHECK IF RESPONDENT HAS PHYSICALLY OR SEXUALLY ASSAULTED A PARTNER DURING THE PAST 12 MONTHS (ANY Q914_C THROUGH Q914_I=1)	3. YES (ANY ANSWER "YES" IN Q914_C — Q914_I) 4. NO (NO ANSWER "YES" IN Q914_C — Q914_I) → Q926M																																							
923. Now I would like to ask more about the consequences of the violence or abuse that your partner experienced from you during the last year. As a result of abuse, did she have... (READ A–G):	<table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr><td>A. Bruises or scratches?</td><td>1</td><td>2</td></tr> <tr><td>B. Headaches or other pain?</td><td>1</td><td>2</td></tr> <tr><td>C. Cuts, sprains or burns?</td><td>1</td><td>2</td></tr> <tr><td>D. Stabs, penetrating wounds?</td><td>1</td><td>2</td></tr> <tr><td>E. Broken eardrum, eye injury</td><td>1</td><td>2</td></tr> <tr><td>F. Fractures, broken bones or teeth?</td><td>1</td><td>2</td></tr> <tr><td>G. Other injuries? (SPECIFY) _____</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	A. Bruises or scratches?	1	2	B. Headaches or other pain?	1	2	C. Cuts, sprains or burns?	1	2	D. Stabs, penetrating wounds?	1	2	E. Broken eardrum, eye injury	1	2	F. Fractures, broken bones or teeth?	1	2	G. Other injuries? (SPECIFY) _____	1	2															
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924. As far as you know, did she receive medical attention for the injury?	1. YES 2. NO 8. DOES NOT REMEMBER																																							
925. As a result of abuse, did she miss days of work or was she unable to carry out activities for which she earns money?	1. YES, ALL THE TIMES 2. YES, SOMETIMES 3. NO, NEVER 8. DOES NOT REMEMBER																																							
926. Now I would like to ask a few questions about what happens when you are/were violent during the last year. What are the usual situations that cause you to be violent? PROBE: Any other situation? (CIRCLE ALL RESPONSES MENTIONED)	<table border="1"> <thead> <tr> <th></th><th>MENTIONED</th><th>NOT MENTIONED</th></tr> </thead> <tbody> <tr><td>A. NO PARTICULAR REASON</td><td>1</td><td>2</td></tr> <tr><td>B. WHEN HE IS DRUNK OR USING DRUGS</td><td>1</td><td>2</td></tr> <tr><td>C. WHEN FAMILY HAS FINANCIAL PROBLEMS</td><td>1</td><td>2</td></tr> <tr><td>D. NO FOOD OR ALCOHOL IN THE HOUSE</td><td>1</td><td>2</td></tr> <tr><td>E. WHEN HE HAS WORK PROBLEMS</td><td>1</td><td>2</td></tr> <tr><td>F. PROBLEMS WITH HIS OR HER FAMILY</td><td>1</td><td>2</td></tr> <tr><td>G. WHEN HE IS JEALOUS OF HER</td><td>1</td><td>2</td></tr> <tr><td>H. WHEN SHE COMPLAINS TO HIM</td><td>1</td><td>2</td></tr> <tr><td>I. WHEN SHE REFUSES TO HAVE SEX</td><td>1</td><td>2</td></tr> <tr><td>J. WHEN SHE DISOBEYS</td><td>1</td><td>2</td></tr> <tr><td>K. WHEN SHE CHEATS</td><td>1</td><td>2</td></tr> <tr><td>L. OTHER (SPECIFY) _____</td><td>1</td><td>2</td></tr> </tbody> </table>		MENTIONED	NOT MENTIONED	A. NO PARTICULAR REASON	1	2	B. WHEN HE IS DRUNK OR USING DRUGS	1	2	C. WHEN FAMILY HAS FINANCIAL PROBLEMS	1	2	D. NO FOOD OR ALCOHOL IN THE HOUSE	1	2	E. WHEN HE HAS WORK PROBLEMS	1	2	F. PROBLEMS WITH HIS OR HER FAMILY	1	2	G. WHEN HE IS JEALOUS OF HER	1	2	H. WHEN SHE COMPLAINS TO HIM	1	2	I. WHEN SHE REFUSES TO HAVE SEX	1	2	J. WHEN SHE DISOBEYS	1	2	K. WHEN SHE CHEATS	1	2	L. OTHER (SPECIFY) _____	1	2
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926M In the past 12 months, how many times were you in a physical fight with another man? Has this happened... (READ 1–4)	1. Once Or Twice, 2. 3-5 Times 3. More Than 5 Times 4. Never 8. DOES NOT REMEMBER																																							

		<u>AGREE</u>	<u>DISAGREE</u>	<u>DK/NS</u>
926N	Now I am going to read you some statements about family life and relationships.			
	Please tell me whether you agree or disagree with each statement.			
	(READ A–J)			
	B. If a man has a lot of girlfriends he is seen as more of a man than if he sticks with only one woman	1	2	8
	C. A man can tell when a child is really his	1	2	8
	D. I would never marry a woman who could not have children	1	2	8
	E. A man should not have to tell his partner everywhere that he is going	1	2	8
	F. Even if a man is living with his partner, it is okay for him to have outside children if he looks after them	1	2	8
	G. Even if a man helps the woman with the housework, he should not wash the clothes for the family	1	2	8
	H. A man's nature is stronger than a woman's, so it is okay for him to have more than one woman	1	2	8
	I. I would not feel like a man if I do not have children	1	2	8
	J. Even if the housekeeping money is short, a man is allowed to buy a drink for his friends	1	2	8
	K. If my partner could not have children, I would seek to get children elsewhere	1	2	8

SECTION X – HIV/AIDS AND OTHER STDs

Now I will ask you some questions about sexually transmitted diseases (STDs); that is, illnesses which are acquired through sex with another person.										
1001. What diseases do you know or have you heard of that are transmitted through sexual relations? Do you know or have you heard of... (READ A–H)	1002. Have you ever had (READ A–H)		1003. Did you seek help to cure yourself of this disease?		1004. Whom did you seek help from to cure yourself of this disease?		1005. Was your partner also treated to cure this disease?			
	YES	NO	YES	NO	YES	NO	(FILL IN THE CODE BELOW)	YES	NO	DK
A. Syphilis (chancere) A PAINLESS SORE OR ULCER IN THE VAGINA, PENIS, ANUS OR MOUTH; LATER, IT CAUSES A RASH IN THE SKIN OF THE PALMS OF THE HANDS AND SOLES OF THE FEET. IT CAN ALSO AFFECT THE BRAIN OR THE HEART IN ADVANCED STAGES.	1	2 ↓	1	2 ↓	1	2 ↓	___ _	1	2	8
B. Chancroid (soft chancre) APPEARS WITH PAINFUL BUMPS IN THE GENITALS WHICH FILL WITH PUS, AND WHEN THEY DRAIN, THEY LEAVE PAINFUL SORES.	1	2 ↓	1	2 ↓	1	2 ↓	___ _	1	2	8
C. Gonorrhea (a.k.a. clap) PRODUCES A DISCHARGE THAT IS EITHER WHITE OR YELLOW OR GREEN THAT CAN BE VAGINAL, URETHRAL OR ANAL.	1	2 ↓	1	2 ↓	1	2 ↓	___ _	1	2	8
D. Genital herpes ERUPT AS SMALL BLISTERS OR PAINFUL SORES ON THE GENITALS.	1	2 ↓	1	2 ↓	1	2 ↓	___ _	1	2	8
E. Papilloma/Genital warts MEATY GROWTHS THAT LOOK LIKE A ROOSTER'S CREST OR LIKE CAULIFLOWER, OF REDDISH, ASHEN OR PURPLISH COLOR.	1	2 ↓	1	2 ↓	1	2 ↓	___ _	1	2	8
F. Trichomoniasis IS A YELLOW-GREENISH VAGINAL DISCHARGE WHICH IS FROTHY AND HAS BAD ODOR; IT CAN CAUSE ITCHING AND PAIN DURING SEX.	1	2 ↓	1	2 ↓	1	2 ↓	___ _	1	2	8
G. Chlamydia PRODUCES A DISCHARGE WHICH CAN BE VAGINAL, URETHRAL OR ANAL.	1	2 ↓	1	2 ↓	1	2 ↓	___ _	1	2	8
H. HIV/AIDS HIV IS THE VIRUS THAT WEAKENS THE IMMUNE SYSTEM AND CAN CAUSE AIDS.	1	2								
CODES FOR QUESTION 1004:	1. GOVERNMENT HOSPITAL 2. GOVERNMENT HEALTH CLINIC / CENTRE 3. PRIVATE HOSPITAL 4. PRIVATE CLINIC 5. PRIVATE DOCTOR 6. PHARMACY 7. OUTREACH WORKER						8. FACTORY / WORKPLACE 9. HEALER 10. FRIEND/RELATIVE 11. SELF-MEDICATED 20. OTHER _____ 88. DOES NOT REMEMBER 99. REFUSED			
1006. If a man has a sexually transmitted disease, what symptoms might he have? (DO NOT READ OUT THE SYMPTOMS) CIRCLE "1" FOR ALL MENTIONED CIRCLE "2" FOR ALL NOT MENTIONED	K. ABDOMINAL PAIN L. DISCHARGE FROM PENIS M. BURNING PAIN ON URINATION N. REDNESS/INFLAMMATION IN GENITAL AREA O. SWELLING IN GENITAL AREA P. GENITAL SORES/ULCERS OR WARTS Q. GENITAL ITCHING R. WEIGHT LOSS S. DIFFICULTY GETTING SOMEONE PREGNANT/HAVING A CHILD						MENTIONED 1 1 1 1 1 1 1 1	NOT MENTIONED 2 2 2 2 2 2 2 2		
							1	2		

1007. In general, what has been your most important source of information about STDs, including AIDS? (Where or from whom have you learned the most about STDs)	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 1. MOTHER 2. FATHER 3. OTHER RELATIVE 4. GIRLFRIEND 5. WIFE, PARTNER 6. SOMEBODY WHO HAD STDs 7. FRIENDS/COLLEAGUES/ PEERS 8. OB/GYN DOCTOR 9. DERMATOLOGIST 10. FAMILY DOCTOR, GP 11. NURSE, MIDWIFE, </div> <div style="width: 35%;"> 12. TEACHER 13. PHARMACIST 14. SPECIALTY BOOKS 15. PRINT MEDIA 16. RADIO 17. TV 18. MARGE ROPER HELP LINE 20. OTHER 77. NEVER HEARD OF ANY STDs (ALL Q1001_A – Q1001_H = 2) </div> </div>
1008. Have you heard about a test for HIV/AIDS?	1. YES 2. NO → Q1023
1009. Do you know of a place where people can go to get tested for HIV?	1. YES 2. NO
1016. I don't want to know the results, but have you ever had an HIV test?	1. YES 2. NO → Q1022 8. DOES NOT REMEMBER → Q1022
1017. During <u>the past 12 months</u> , have you had an HIV test?	1. YES 2. NO 8. DOES NOT REMEMBER
1018. Where did you take the last test?	1. GOVERNMENT HOSPITAL OR CLINIC 2. STD CENTRE 3. PRIVATE HOSPITAL OR CLINIC 4. PRIVATE DOCTOR OR LAB 5. NON-PROFIT/NON-GOVERNMENTAL ORGANIZATION 7. OTHER (SPECIFY) _____ 8. DOES NOT REMEMBER
1019. Did you yourself ask for the test, was it offered to you and you accepted, or was it required?	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 1. ASKED FOR TEST 2. OFFERED & ACCEPTED </div> <div style="width: 35%;"> 3. REQUIRED 8. DOES NOT REMEMBER </div> </div>
1020. I don't want to know the results, but did you get the results of your test?	1. YES 2. NO 3. NOT YET, BUT PLANNING TO/ WAITING FOR THE RESULT
1021. Before getting the results, did someone talk with you about how HIV/AIDS is transmitted and how to prevent It?	1. YES 2. NO } → Q1025F
1022. What is the reason you have never taken the test for HIV/AIDS?	1. NEVER FELT IT NECESSARY 2. AFRAID OF LACK OF CONFIDENTIALITY 3. PARTNER WAS AGAINST IT 4. RELATIVES WERE AGAINST IT 5. FEAR OF THE RESULTS 6. NEVER HAD TIME 7. RELIGIOUS REASONS 8. TOLD HEALTH STAFF SCOLDED PERSONS BEING TESTED 9. TOLD THAT RESULT WAS NOT GIVEN 10. LACK OF MONEY/TOO EXPENSIVE 11. NEVER TOLD TO TAKE TEST 20. OTHER (SPECIFY) _____ 88. DOES NOT KNOW
1023. If you were offered the test for HIV/AIDS at a low price or even free, would you be willing to take it?	1. YES, IF IT WERE AT A LOW PRICE → Q1025F 2. YES, IF IT WERE FREE → Q1025F 3. NO 9. NOT SURE
1024. Why would you not take it?	1. DOES NOT NEED IT 2. AFRAID OF LACK OF CONFIDENTIALITY 3. PARTNER AGAINST IT 4. RELATIVES AGAINST IT 5. FEAR OF THE RESULTS 6. NO TIME 7. RELIGIOUS REASONS 8. TOLD HEALTH STAFF SCOLDED PERSONS BEING TESTED 9. TOLD THAT RESULT WAS NOT GIVEN 20. OTHER (SPECIFY) _____ 88. DOES NOT KNOW

