

**2002 REPRODUCTIVE HEALTH SURVEY
JAMAICA
HOUSEHOLD QUESTIONNAIRE FEMALE**

**FORM RHS 1A
CONFIDENTIAL
CAP. 368**

IDENTIFICATION No.

QUESTNO

QUESTIONNAIRE No. 2 _ _ _ _ _

PARISH	CONSTITUENCY	E.D. No.	DWELLING No.	HOUSEHOLD No.
PAR	CONSTIT	EDNO	DWELL	HOUSE
ELIGIBLE RESPONDENTS				SEX
				2

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

*** Interview Status Codes:**

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

FOR OFFICE USE ONLY:

Reviewed By: _____

Position: _____

Edited by: _____

Date: _____

Date: _____

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

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

SCHEDULE OF ALL PERSONS LIVING IN HOUSEHOLD

LINE NO.	NAME	SEX *	AGE	EDUCATIONAL STANDARD **		SEQ. NO.
	<i>Please give me the names of all persons who usually live in your household</i>	<i>Is _____ male or female?</i>	<i>How old Is he/she</i>	<i>Highest Level</i>	<i>Years</i>	<i>***</i>
01		SEX1	AGE1	LEVEL1	YEARS1	SEQNO1
02		SEX2	AGE2	LEVEL2	YEARS2	SEQNO2
03		SEX3	AGE3	LEVEL3	YEARS3	SEQNO3
04		SEX4	AGE4	LEVEL4	YEARS4	SEQNO4
05		SEX5	AGE5	LEVEL5	YEARS5	SEQNO5
06		SEX6	AGE6	LEVEL6	YEARS6	SEQNO6
07		SEX7	AGE7	LEVEL7	YEARS7	SEQNO7
08		SEX8	AGE8	LEVEL8	YEARS8	SEQNO8
09		SEX9	AGE9	LEVEL9	YEARS9	SEQNO9
10		SEX10	AGE10	LEVEL10	YEARS10	SEQNO10
11		SEX11	AGE11	LEVEL11	YEARS11	SEQNO11
12		SEX12	AGE12	LEVEL12	YEARS12	SEQNO12

* Gender codes ** Educational Standard Codes *** Eligible Females aged - 49 years on

1. Males

2. Females

0. None	1 - 8+	9
1. Primary/All age	1 - 8+	9
2. Junior High	1 - 8+	9
3. Secondary	1 - 8+	9
4. Post-secondary	1 - 8+	9
8. Other	1 - 8+	9

N/S
(Use appropriate No.)

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

NOFEMAL

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

THEN COMPLETE THE INDIVIDUAL QUESTIONNAIRE FOR THE SELECTED RESPONDENT.

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

RANDOM SELECTION OF RESPONDENT

Questionnaire Number 1 _____

Number of Eligible Females _____

Last digit on questionnaire number	Number of Eligible Males in Household									
	1	2	3	4	5	6	7	8	9	10
0	1	2	3	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 MALE SELECTED FOR INTERVIEW:

		SEQNO
--	--	-------

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

109.	How many hours did you work during the week ending			
Q109	1. Less than 9 hours	5. 33 - 40 hours		
	2. 9 - 16 hours	6. 41 - 49 hours		
	3. 17 - 24 hours	7. 49 + hours		
	4. 25 - 32 hours	8. Not specified		
110.	Do you work at home or away from home?			
Q110	1. At home	2. Away from home	3. Both	9. DK
111.	Do you regularly read any of the following newspapers? [READ OPTIONS A - E].			
Q111		<u>YES</u>	<u>NO</u>	<u>DK</u>
Q111A	A. Gleaner	1	2	9
Q111B	B. Star	1	2	9
Q111C	C. Jamaica Herald	1	2	9
Q111D	D. Observer	1	2	9
Q111E	E. Other (specify):	1	2	9
				OFFICE USE ONLY
			Q1110TH	<input type="text"/>
112.	Are there any of the following possessions in your household? [READ LIST].			
Q112		<u>YES</u>	<u>NO</u>	<u>DK</u>
Q112A	A. Telephone (land)	1	2	9
Q112B	B. Telephone (Cellular)	1	2	9
Q112C	C. Radio	1	2	9
Q112D	D. Television	1	2	9
Q112E	E. VCR	1	2	9
Q112F	F. Refrigerator	1	2	9
Q112G	G. Computer	1	2	9
Q112H	H. A working motor vehicle	1	2	9
113.	How many rooms does your household occupy (exclude bathrooms and kitchen)?			
Q113	<input type="text"/>	<input type="text"/>	99. No response	
	number			
114.	What is the main source of water for the household? [READ OPTIONS 1 - 7].			
Q114	1. Public piped into dwelling	6. Public catchment		
	2. Public piped into yard	7. Spring or river		
	3. Private piped into dwelling	8. Other (specify):	Q1140TH	OFFICE USE ONLY
	4. Private catchment, not piped	9. Not stated		<input type="text"/>
	5. Public standpipe			
115.	What type of toilet facilities does this household have? [READ OPTIONS 1 - 3].			
Q115	1. WC linked to sewer	4. None (SKIP TO STATEMENT BEFORE Q201)	OFFICE USE ONLY	
	2. WC not linked to sewer	8. Other (specify):	Q1150TH	<input type="text"/>
	3. Pit	9. Not stated / Don't know (SKIP TO STATEMENT BEFORE Q201)		
116.	Are these facilities shared with another household?			
Q116	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 legally married now? Q201 1. Yes 2. No (SKIP TO Q203)
202. Are you and your wife living together as man and wife now? Q202 1. Yes (SKIP TO Q206) 2. No
203. Are you living with a common-law partner now; that is, are you living as man and wife now with a partner to whom you are not legally married? Q203 1. Yes (SKIP TO Q206) 2. No
204. Do you have a visiting partner, that is, a more or less steady partner with whom you have sexual relations? Q204 1. Yes (SKIP TO Q206) 2. No
205. [IF RESPONDENT IS LEGALLY MARRIED, BUT IS NOT LIVING WITH WIFE (Q201 = "YES" AND Q202 = "NO"), ANSWER THIS QUESTION "YES" WITHOUT ASKING. OTHERWISE ASK:] Q205 Have you ever been in a partnership; that is, a marriage, a common-law union or a visiting relationship? 1. Yes 2. No (SKIP TO Q301)
206. What was the month and year when your first marriage, first common-law or first visiting relationship began? Q206MTH <input type="text"/> <input type="text"/> month 77. Don't know month Q206YR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> year 29. Don't know year

SECTION III – FERTILITY

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

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

Q301

age

77. Never had a period (SKIP TO Q303)

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

Q302

months

- 00. Up to one month
- 66. Currently having a period
- 96. Do not have a period (menstruate) any more
- 97. Before last pregnancy
- 98. Don't remember

303. At what age did you have your first intercourse?

Q303

years

- 00. Never had sexual intercourse (SKIP TO Q401)
- 88. Doesn't remember
- 99. Refused

304. Were you forced to have sex at your first intercourse?

Q304

- 1. Yes
- 2. No
- 3. Don't know / Don't remember
- 4. Refusal

305. Are you pregnant now?

Q305

- 1. Yes (SKIP TO Q307)
- 2. No
- 8. Not sure

306. Have you ever been pregnant?

Q306

- 1. Yes
- 2. No (SKIP TO Q401)

Now we want to collect information on your pregnancies.

Q307

307. How many pregnancies resulted in live births?

Q308

308. How many in still births?

Q309

309. How many pregnancies resulted in miscarriages?

Q310

310. How many births were induced before time, that is, were aborted?

Q311

311. Currently pregnant?

[Yes = "1", No = "0". RECORD FROM Q305]

Q312

312. Therefore, the total number of your pregnancies is:

IF SHE HAD AT LEAST ONE ABORTION (Q310 = "1 OR MORE"), CONTINUE. ALL OTHERS, SKIP TO Q314.

313. What was the main reason for having this abortion/the last abortion?

Q313

- 1. Pregnancy was life threatening
- 2. Risk of birth defects
- 3. Could not afford to have another child
- 4. Respondent did not want (any) children
- 5. Partner did not want (any) children
- 6. Did not have a partner
- 7. Other (specify): **Q1130TH**
- 8. Don't know

OFFICE USE ONLY

**IF SHE HAS HAD NO LIVE BIRTHS ("0" IN Q307)
SKIP TO QUESTION 339.
OTHERWISE, CONTINUE.**

314. *Now, I would like to talk to you about all the live births you have had. Beginning with your last live birth, please give me the names and dates of birth of each. [WHEN YOU HAVE COMPLETED THE RECORDING, CHECK QUESTION 307 TO ENSURE THAT THE ANSWER IS CONSISTENT. IF NOT, QUERY AND CORRECT AS APPROPRIATE.]*

<u>Birth order</u>	<u>Name</u>	<u>Sex</u>	BIRTH DATE			
			<u>Month</u>	<u>Year</u>		
00. Last birth		Q3140S	Q3140M	Q3140Y		00.
01. Next to last		Q3141S	Q3141M	Q3141Y		01.
02. Second from last		Q3142S	Q3142M	Q3142Y		02.
03. Third from last		Q3143S	Q3143M	Q3143Y		03.
04. Fourth from last		Q3144S	Q3144M	Q3144Y		04.
05. Fifth from last		Q3145S	Q3145M	Q3145Y		05.
06. Sixth from last		Q3146S	Q3146M	Q3146Y		06.
07. Seventh from last		Q3147S	Q3147M	Q3147Y		07.
08. Eighth from last		Q3148S	Q3148M	Q3148Y		08.
09. Ninth from last		Q3149S	Q3149M	Q3149Y		09.
10. Tenth from last		Q31410S	Q31410M	Q31410Y		10.
11. Eleventh from last		Q31411S	Q31411M	Q31411Y		11.
12. Twelfth from last		Q31412S	Q31412M	Q31412Y		12.

Sex Code 29. Don't remember
1=Boy, 2=Girl (Month/Year)
98. Not Stated
 (Month/Year)

**IF LAST LIVE BIRTH WAS BEFORE JANUARY 1, 1997
SKIP TO Q328.
FOR ALL BIRTHS ON OR AFTER JANUARY 1, 1997,
RECORD THE NAMES AND LINE NUMBERS FROM Q314
IN THE BIRTH HISTORY CHART ON NEXT PAGE.**

BIRTH HISTORY CHART (Only for live births occurring from January 1, 1997)

COPY LINE NUMBER AND NAME FROM Q314 ON PREVIOUS PAGE

LINE NUMBER NAME:

Q315LT01

LINE NUMBER NAME:

Q315LT02

<p>315. When you became pregnant with [NAME], did you want to become pregnant?</p> <p>Q315</p> <p>Q315A</p>	<p>1. Yes (SKIP TO Q317) 3. God's will, fate, etc. (SKIP TO Q317)</p> <p>2. No (CONTINUE) 8. Don't know (SKIP TO Q317)</p> <p>Q316A</p>	<p>1. Yes (SKIP TO Q317) 3. God's will, fate, etc. (SKIP TO Q317)</p> <p>2. No (CONTINUE) 8. Don't know (SKIP TO Q317)</p> <p>Q315B</p>
<p>316. Was it that you wanted no more children or just wanted to wait longer before another pregnancy?</p> <p>Q316</p>	<p>1. Wanted no more children. Q316A</p> <p>2. Wanted to wait longer. Q316B</p> <p>8. Don't know.</p>	<p>1. Wanted no more children. Q316B</p> <p>2. Wanted to wait longer.</p> <p>8. Don't know.</p>
<p>317. When you were pregnant with [NAME], were you given any injection to prevent the baby from getting tetanus, that is, lock jaw?</p> <p>Q317</p>	<p>1. Yes - for tetanus Q317A</p> <p>2. Yes - don't know what for</p> <p>3. No (SKIP TO Q319)</p> <p>9.</p>	<p>1. Yes - for tetanus Q317B</p> <p>2. Yes - don't know what for</p> <p>3. No (SKIP TO Q319)</p> <p>9.</p>
<p>318. How many injections were given?</p> <p>Q318</p>	<p><input type="checkbox"/> Number 8. Don't remember Q318A</p>	<p><input type="checkbox"/> Number 8. Don't remember Q318B</p>
<p>319. When you were pregnant with [NAME], did you see anyone for a prenatal check on this pregnancy?</p> <p>Q319</p>	<p>1. Yes Q319A</p> <p>2. No (SKIP TO Q323)</p>	<p>1. Yes Q319B</p> <p>2. No (SKIP TO Q323)</p>
<p>320. Where did you go for most of this care?</p> <p>Q320</p>	<p>1. Gov't health centre / clinic Q320A</p> <p>2. Government hospital</p> <p>3. Private hospital</p> <p>4. Rural maternity centre</p> <p>5. Private doctor / clinic</p> <p>6. Midwife</p> <p>7. Other _____</p> <p>(Specify)</p> <p>OFFICE USE <input type="checkbox"/> <input type="checkbox"/> Q320AOTH</p>	<p>1. Gov't health centre / clinic Q320B</p> <p>2. Government hospital</p> <p>3. Private hospital</p> <p>4. Rural maternity centre</p> <p>5. Private doctor / clinic</p> <p>6. Midwife Q320BOTH</p> <p>7. Other _____</p> <p>(Specify)</p> <p>OFFICE USE ONLY <input type="checkbox"/> <input type="checkbox"/></p>
<p>321. How many times did you go?</p> <p>Q321</p>	<p><input type="checkbox"/> times 77. Can't remember / more than 9 times Q321A</p>	<p><input type="checkbox"/> times 77. Can't remember / more than 9 times Q321B</p>
<p>322. In what month of the pregnancy did the prenatal care begin?</p> <p>Q322</p>	<p><input type="checkbox"/> month 0. Don't remember Q322A</p>	<p><input type="checkbox"/> month 0. Don't remember Q322B</p>
<p>323. Where did you give birth to [NAME]?</p> <p>Q323</p> <p>HOSPITAL CODES</p> <p>A = Victoria Jubilee Hospital (VJH); University Hospital of the West Indies(UHWI); Cornwall Regional Hospital(CRH).</p> <p>B = Savanna-la-mar Hospital (SLMH); Mandeville Hospital (MH); St. Ann's Bay Hospital(SABH); Spanish Town Hospital(STH).</p>	<p>1. A Q323A</p> <p>2. B</p> <p>3. Other Government hospital</p> <p>4. Private hospital</p> <p>5. Private nursing home</p> <p>6. Rural maternity centre</p> <p>7. Own home</p> <p>8. Home of relative / friend</p> <p>9. Other _____</p> <p>OFFICE USE ONLY <input type="checkbox"/> <input type="checkbox"/> Q323AOTH</p>	<p>1. A Q323B</p> <p>2. B</p> <p>3. Other Government hospital</p> <p>4. Private hospital</p> <p>5. Private nursing home</p> <p>6. Rural maternity centre</p> <p>7. Own home</p> <p>8. Home of relative / friend</p> <p>9. Other _____</p> <p>OFFICE USE ONLY <input type="checkbox"/> <input type="checkbox"/> Q323BOTH</p>
<p>324. Who is the main person who assisted with the delivery of [NAME]?</p> <p>Q324</p>	<p>1. Doctor Q324A</p> <p>2. Trained Nurse / Midwife</p> <p>3. Nana</p> <p>8. Other _____</p> <p>0. No one Q324AOTH</p> <p>OFFICE USE ONLY <input type="checkbox"/> <input type="checkbox"/></p>	<p>1. Doctor Q324B</p> <p>2. Trained Nurse / Midwife</p> <p>3. Nana</p> <p>8. Other Q324BOTH</p> <p>0. No one <input type="checkbox"/> <input type="checkbox"/></p> <p>OFFICE USE ONLY</p>
<p>325. Was [NAME] delivered by a normal delivery, by forceps or by a Caesarean Section?</p> <p>Q325</p>	<p>1. Normal delivery Q325A</p> <p>2. Forceps delivery</p> <p>3. Caesarean delivery</p> <p>9.</p>	<p>1. Normal delivery Q325B</p> <p>2. Forceps delivery</p> <p>3. Caesarean delivery</p>
<p>326. Is [NAME] still alive?</p> <p>Q326</p>	<p>1. Yes (SKIP TO BOX) 2. No Q326A</p>	<p>1. Yes (SKIP TO BOX) 2. No Q326B</p>
<p>327. IF DEAD: How old was [NAME] when he / she died?. [RECORD DAYS IF UNDER 30 DAYS, MONTHS IF UNDER 12 MONTHS, YEARS IF 12 MONTHS AND OVER</p>	<p>1. <input type="text"/> day(s) Q327AD 3. <input type="text"/> year(s)</p> <p>2. <input type="text"/> month(s) Q327 Q327AY Q327M Q327AM Q327</p>	<p>1. <input type="text"/> day(s) Q327BD 3. <input type="text"/> year(s)</p> <p>2. <input type="text"/> month(s) Q327BY Q327BM</p>

IF NO OTHER LIVE BIRTHS, CONTINUE WITH Q328 ON THE NEXT PAGE. OTHERWISE, CONTINUE WITH NEXT BIRTH; THAT IS, RETURN TO QUESTION 315.

BIRTH HISTORY CHART (Only for live births occurring from January 1, 1997)

LINE NUMBER
NAME:

Q315LT03

LINE NUMBER
NAME:

Q315LT04

LINE NUMBER
NAME:

Q315LT05

1. Yes (SKIP TO Q317) 2. No (CONTINUE) Q315C	3. God's will, fate, etc. (SKIP TO Q317) 8. Don't know (SKIP TO Q317)	1. Yes (SKIP TO Q317) 2. No (CONTINUE) Q315D	3. God's will, fate, etc. (SKIP TO Q317) 8. Don't know (SKIP TO Q317)	1. Yes (SKIP TO Q317) 2. No (CONTINUE) Q315E	3. God's will, fate, etc. (SKIP TO Q317) 8. Don't know (SKIP TO Q317)
1. Wanted no more children. 2. Wanted to wait longer. 8. Don't know. Q316C		1. Wanted no more children. 2. Wanted to wait longer. 8. Don't know. Q316D		1. Wanted no more children. 2. Wanted to wait longer. 8. Don't know. Q316E	
1. Yes - for tetanus 2. Yes - don't know what for 3. No (SKIP TO Q319) Q317C		1. Yes - for tetanus 2. Yes - don't know what for 3. No (SKIP TO Q319) Q317D		1. Yes - for tetanus 2. Yes - don't know what for 3. No (SKIP TO Q319) Q317E	
<input type="checkbox"/> Number 8. Don't remember Q318C		<input type="checkbox"/> Number 8. Don't remember Q318D		<input type="checkbox"/> Number 8. Don't remember Q318E	
1. Yes 2. No (SKIP TO Q323) Q319C		1. Yes 2. No (SKIP TO Q323) Q319D		1. Yes 2. No (SKIP TO Q323) Q319E	
1. Gov't health centre / clinic 2. Government hospital 3. Private hospital 4. Rural maternity centre 5. Private doctor / clinic 6. Midwife 7. Other _____ (Specify)	Q320C OFFICE USE ONLY <input type="text"/>	1. Gov't health centre / clinic 2. Government hospital 3. Private hospital 4. Rural maternity centre 5. Private doctor / clinic 6. Midwife 7. Other _____ (Specify)	Q320D OFFICE USE ONLY <input type="text"/>	1. Gov't health centre / clinic 2. Government hospital 3. Private hospital 4. Rural maternity centre 5. Private doctor / clinic 6. Midwife 7. Other _____ (Specify)	Q320E OFFICE USE ONLY <input type="text"/>
<input type="text"/> times 77. Can't remember / more than 9 times Q321C		<input type="text"/> times 77. Can't remember / more than 9 times Q321D		<input type="text"/> times 77. Can't remember / more than 9 times Q321E	
<input type="text"/> month 0. Don't remember Q322C		<input type="text"/> month 0. Don't remember Q322D		<input type="text"/> month 0. Don't remember Q322E	
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 0. Other _____ OFFICE USE ONLY <input type="text"/>	Q323C OFFICE USE ONLY <input type="text"/>	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 0. Other _____ OFFICE USE ONLY <input type="text"/>	Q323D OFFICE USE ONLY <input type="text"/>	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 0. Other _____ OFFICE USE ONLY <input type="text"/>	Q323E OFFICE USE ONLY <input type="text"/>
1. Doctor 2. Trained Nurse / Midwife 3. Nana 8. Other _____ 0. No one OFFICE USE ONLY <input type="text"/>	Q324C OFFICE USE ONLY <input type="text"/>	1. Doctor 2. Trained Nurse / Midwife 3. Nana 8. Other _____ 0. No one OFFICE USE ONLY <input type="text"/>	Q324D OFFICE USE ONLY <input type="text"/>	1. Doctor 2. Trained Nurse / Midwife 3. Nana 8. Other _____ 0. No one OFFICE USE ONLY <input type="text"/>	Q324E OFFICE USE ONLY <input type="text"/>
1. Normal delivery 2. Forceps delivery 3. Caesarean delivery Q325C		1. Normal delivery 2. Forceps delivery 3. Caesarean delivery Q325D		1. Normal delivery 2. Forceps delivery 3. Caesarean delivery Q325E	
1. Yes (SKIP TO BOX) 2. No Q326C		1. Yes (SKIP TO BOX) 2. No Q326D		1. Yes (SKIP TO BOX) 2. No Q326E	
1. <input type="text"/> day(s) 2. <input type="text"/> month(s) 3. <input type="text"/> year(s) Q327CD Q327CY Q327CM		1. <input type="text"/> day(s) 2. <input type="text"/> month(s) 3. <input type="text"/> year(s) Q327DD Q327DY Q327DM		1. <input type="text"/> day(s) 2. <input type="text"/> month(s) 3. <input type="text"/> year(s) Q327ED Q327EY Q327EM	

IF NO OTHER LIVE BIRTHS, CONTINUE WITH Q328 ON THE NEXT PAGE.
 OTHERWISE, CONTINUE WITH NEXT BIRTH;
 THAT IS, RETURN TO QUESTION 315.

THE FOLLOWING ELEVEN QUESTIONS (Q328 TO Q338) REFER TO LAST BIRTH

328.	NAME OF LAST BORN CHILD (SEE Q314 - CODE "0")? NAME _____
329.	Did you have any seizures or convulsions while giving birth to _____ ? [NAME] 1. Yes 2. No 9 Don't remember
330.	How many months after _____ 's birth did your period (menstruation) return? [NAME] 00. Less than 1 month 66. Don't remember 77. Not yet returned 88. Did not return and have become pregnant again
331.	How many weeks after _____ 's birth did you resume sexual relations? [NAME] 00. Less than 1 week 66. Don't remember 77. Not yet resumed 88. More than 1 year
332.	Were you tested for HIV/AIDS when you were pregnant with _____ ? [NAME] 1. Yes 8. Don't know / Not sure 2. No 9. Refused
333.	Did you breastfeed _____ ? [NAME] 1. Yes 2. No (SKIP TO Q337)
334.	How soon (in minutes, hours <u>or</u> days) after the baby's birth did you first breastfeed that last child, that is, first put him/ her to the breast? [INTERVIEWER: RECORD AS MINUTES, HOURS OR DAYS BUT ENTER ONE ANSWER ONLY]. 1. [Q3341] [] [] minutes 2. [Q3342] [] [] hours 3. [Q3343] [] [] days
335.	Are you still breastfeeding _____ ? [NAME] 1 Yes (SKIP TO BOX BEFORE Q338) 2 No
336.	How many months did you breastfeed _____ ? [NAME] [Q336] [] [] Months 99. SKIP TO BOX BEFORE QUESTION 338
337.	Why did you never breastfeed _____ ? [NAME] 1. Inconvenient 5. Baby refused 2. Had to work 6. Child sick 3. Insufficient milk 7. Child died 4. Had no where to store milk 8. Other (specify): [Q337OTH] [] [] OFFICE USE ONLY
SKIP TO QUESTION 339	

IF CHILD IS MORE THAN 24 MONTHS OLD, SKIP TO QUESTION 339.

338. During the last 24 hours, did _____ get any of the following food besides breastmilk? [READ LIST]
[NAME]

		<u>YES</u>	<u>NO</u>
Q338A	A. Fresh Milk	1	2
Q338B	B. Tinned or powdered milk	1	2
Q338C	C. Infant formula	1	2
Q338D	D. Plain water	1	2
Q338E	E. Glucose	1	2
Q338F	F. Sugar water	1	2
Q338	G. Bush tea	1	2
Q338H	H. Juices	1	2
Q338I	I. Solid food (rice, potatoes, bananas, etc.)	1	2
Q338J	J. Puree, pap, baby food	1	2

339. CURRENTLY PREGNANT: [REFER TO QUESTION 305. **DON'T READ QUESTION**].

- Q339
1. Yes (CONTINUE)
 2. No (SKIP TO Q401)
 8. Not sure (SKIP TO Q401)

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

- Q340
1. Yes (SKIP TO Q401)
 2. No (CONTINUE)
 3. God's will, fate, etc. (SKIP TO Q401)
 8. Don't know / Not sure (SKIP TO Q401)

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

- Q341
1. Wanted no more children
 2. Wanted to wait longer.
 8. Don't know / Not sure

SECTION IV - WOMEN'S HEALTH

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

401. *Have you ever had a gynecologic examination?*
Q401 1. Yes (SKIP TO Q403) 2. No 9. Don't remember

402. *What is the principal reason why you have not had a gynecologic examination?*
Q402

1. Respondent feels that she does not need to go for a gynecologic examination	9. Waiting time is too long
2. She is healthy and has no gynecologic problems	10. Doctor has not recommended
3. There is no time to go for gynecologic examination	11. She is embarrassed to have gynecologic examination
4. She forgets about it	12. Never thought of it
5. She does not like gynecologic examinations	13. Not currently sexually active
6. It is difficult to get appointment	14. Never had sexual intercourse (CHECK IF "00" IN Q303)
7. Does not like the place / facility	29. Other (specify): Q402OTH
8. Does not like the staff	88. Don't know / Don't remember

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SKIP TO QUESTION 404

403. *When was your last routine gynecologic examination (not pregnancy related)?* [READ 1-4].
Q403

1. Within the last year	4. 3 or more years ago
2. 1 - 2 years ago (12 - 23 months)	9. Don't know / Don't remember
3. 2 - 3 years ago (24 - 35 months)	

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?*
Q404

1. Less than 1 year (SKIP TO Q406)	4. More than 3 years ago (SKIP TO Q406)
2. 1 year, less than 2 years ago (SKIP TO Q406)	5. Never had one
3. 2 to 3 years (SKIP TO Q406)	7. Don't know / Not sure (SKIP TO Q410)

405. *What is the main reason why you have never had a Pap smear?*
Q405

1. Never heard of it	8. She is afraid it could be painful
2. Doctor has not recommended it	9. Too embarrassed to get the test or a pelvic examination
3. She is healthy and has no gynecologic problems	10. She has no partner / She is not sexually active
4. She does not feel test is necessary	29. Other (specify): Q405OTH
5. Does not have time to go for test / She forgets about it	88. Don't know
6. Never thought of it	99. Refused to answer
7. She is afraid of the results	

OFFICE USE ONLY

ALL SKIP TO QUESTION 410

406. *After the test, were you told that you needed follow-up treatment?*
Q406 1. Yes 2. No (SKIP TO Q410) 9. Don't remember (SKIP TO Q410)

407. *Did you go for this treatment?*
Q407 1. Yes 2. No (SKIP TO Q410) 9. Don't remember (SKIP TO Q410)

408.	<i>What was this treatment?</i>		
Q408	1. Repeat smear	4. Referred to clinic / special services (SKIP TO Q 410)	
	2. Medicine given - tablets (SKIP TO Q410)	8. Other (specify): Q408OTH	OFFICE USE ONLY
	3. Medicine given - cream (SKIP TO Q410)	9. (SKIP TO Q410)	<input type="checkbox"/> <input type="checkbox"/>
409.	<i>When was this repeat smear done?</i>		
Q409M	<input type="checkbox"/> <input type="checkbox"/> month	Q409Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> year	29. Don't remember
410.	<i>How often, if ever, do you examine your breast for lumps?</i>		
Q410	1. Monthly	4. Never (SKIP TO Q413)	
	2. Less than once a month, at least once per year	7. Don't know / Not sure (SKIP TO Q413)	
	3. Less than once per year	9.	
411.	<i>When doing your breast examination, did you ever find a suspicious lump?</i>		
Q411	1. Yes	2. No (SKIP TO Q413)	7. Don't know / Not sure (SKIP TO Q413)
412.	<i>When you found the lump, did you go to see a doctor for advice?</i>		
Q412	1. Yes	2. No	7. Don't know / Not sure
413.	<i>Have you ever been taught by a doctor or other health professional to do a breast self-examination to check for lumps?</i>		
Q413	1. Yes	2. No	9. Don't know / Don't remember
414.	<i>How many women in your family who are blood relatives (mother and sisters only) have had breast cancer?</i>		
Q414	<input type="checkbox"/> <input type="checkbox"/> number	00. None	77. Don't know
415.	<i>Have you smoked at least 100 cigarettes in your whole life? [100 cigarettes is about 5 packs].</i>		
Q415	1. Yes	2. No (SKIP TO Q418)	
416.	<i>How old were you when you started smoking regularly?</i>		
Q416	<input type="checkbox"/> <input type="checkbox"/> years	77. Not Regular Smoker	88. Don't know / Don't remember
		99. Refused	
417.	<i>Do you smoke cigarettes now?</i>		
Q417	1. Yes	2. No	9. Refused
418.	<i>In your whole life, have you had 12 drinks containing alcohol, that is, beer, wine, vodka, rum, whiskey, etc.?</i>		
Q418	1. Yes	2. No (SKIP TO Q422)	9. Refused (SKIP TO Q422)
419.	<i>In the past month, have you had a drink containing alcohol?</i>		
Q419	1. Yes	2. No (SKIP TO Q421)	8. Don't remember / Refused (SKIP TO Q421)
420.	<i>In the past month, have you had 5 or more drinks of alcohol on one occasion?</i>		
Q420	1. Yes	2. No	8. Don't remember / Refused

421. *How many drinks do you have in a typical week?*

Q421 number of drinks 00. No drinks / only a few sips
 88. Don't know
 99. Refused

422. *Now, I will ask you about some medical conditions that you may have had. Has a doctor ever told you that you have [READ LIST]*

		<u>YES</u>	<u>NO</u>	<u>DK</u>	<u>REF</u>
Q422A	A. Diabetes	1	2	8	9
Q422B	B. Anemia	1	2	8	9
Q422C	C. Heart disease	1	2	8	9
Q422D	D. Pelvic Inflammatory Disease (PID)	1	2	8	9
Q422E	E. Urinary tract infection	1	2	8	9
Q422F	F. Asthma	1	2	8	9
Q422G	G. Hepatitis B	1	2	8	9

423. *In the past 12 months, have you had a vaginal discharge that was not menstrual?*

Q423

1. Yes	8. Not sure (SKIP TO Q427)
2. No (SKIP TO Q427)	9. Refused (SKIP TO Q427)

424. *Along with the discharge, did you have any? [READ LIST]*

		<u>YES</u>	<u>NO</u>	<u>NOT SURE</u>
Q424A	A. Itching	1	2	8
Q424B	B. Painful urination	1	2	8
Q424C	C. Painful intercourse	1	2	8
Q424D	D. Lower abdominal pain	1	2	8

425. *Did you have any treatment for this(ese) condition(s)?*

Q425

1. Yes	2. No (SKIP TO Q427)	8. Not sure (SKIP TO Q427)
--------	-------------------------------	-------------------------------------

426. *Where have you been treated?*

Q426

1. Government hospital	7. Factory / workplace
2. Government health clinic / centre	8. Self-treatment
3. Private hospital	9. Treatment recommended by friend / relative
4. Private clinic	28. Other (specify) Q426OTH
5. Private doctor	99. Doesn't know / doesn't remember
6. Pharmacy	OFFICE USE ONLY <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>

427. *In the past 12 months, have you had any sores, warts or ulcers in the genital area?*

Q427

1. Yes	8. Not sure (SKIP TO Q430)
2. No (SKIP TO Q430)	9. Refused (SKIP TO Q430)

428. *Did you have treatment for this condition?*

Q428

1. Yes	2. No (SKIP TO Q430)	8. Not sure (SKIP TO Q430)
--------	-------------------------------	-------------------------------------

429.	<i>Where have you been treated?</i>									
Q429	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 friend / relative 28. Other (specify): Q429OTH 99. Doesn't know / doesn't remember	OFFICE USE ONLY <table border="1" style="display: inline-table; border-collapse: collapse; width: 40px; height: 20px;"> <tr><td> </td><td> </td></tr> </table>							
430.	EVER BEEN PREGNANT? ["YES" IN Q306].									
Q430	1. Yes (CONTINUE)	2. No (SKIP TO Q501)								
431.	<i>During your last (this) pregnancy, how often did you (do you) usually drink beer, stout, wine, rum, liquor or other alcoholic drinks?</i>									
Q431	0. Not at all 1. Less than once a month 2. 1 or 2 days a month 3. 1 or 2 days a week	4. 3 or 4 days a week 5. Nearly every day 7. Don't remember 9.								
432.	<i>During your last (this) pregnancy, how many cigarettes did you (do you) usually smoke?</i>									
Q432	0. None 1. About one a day or less 2. 2 - 10 a day 3. 11 - 19 a day	4. About 1 pack a day 5. About 2 packs a day 6. More than 2 packs 9. Don't remember								
433.	<i>During your last (this) pregnancy, did you (do you) use any of the following hard drugs? [READ OPTIONS 1 - 4].</i>									
		<u>YES</u>	<u>NO</u>	<u>REFUSED</u>						
Q433A	A. Marijuana (ganja)	1	2	9						
Q433B	B. Cocaine	1	2	9						
Q433C	C. Crack	1	2	9						
	<i>Any other? Specify:</i>									
Q433D	D. Q433DOTH	1	2	9						
Q433E	E. Q433EOTH	1	2	9						
Q433F	F. Q433FOTH	1	2	9						
				<table border="1" style="display: inline-table; border-collapse: collapse; width: 40px; height: 40px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> OFFICE USE ONLY OFFICE USE ONLY OFFICE USE ONLY						
434.	<i>During your last (this) pregnancy, was your blood pressure ever checked?</i>									
Q434	1. Yes	2. No (SKIP TO Q436)	9. Don't remember (SKIP TO QUESTION 436)							
435.	<i>During your last (this) pregnancy, were you told more than once that your blood pressure was high?</i>									
Q435	1. Told two or more times 2. Told once only	3. Was never told 9. Don't know / Don't remember								
436.	<i>During your last (this) pregnancy, did you have convulsions or fits?</i>									
Q436	1. Yes	2. No	9. Don't remember							

SECTION V - CONTRACEPTIVE KNOWLEDGE AND USAGE

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

501. a. READ THE NAME OF EACH METHOD AND MARK "YES" OR "NO" IN COLUMN 1 AS APPROPRIATE.
 b. THEN, IF CONTRACEPTIVE METHOD IS KNOWN BY RESPONDENT, ASK ABOUT USE FOR THAT METHOD AND MARK "YES" OR "NO" IN COLUMN 2 AS APPROPRIATE.

IF NOT KNOWN, GO TO THE NEXT METHOD

Method	COLUMN 1		COLUMN 2			
	Have you ever heard of [METHOD]?		IF HEARD OF, ASK: Have you / your partner ever used it?			
	YES	NO	YES	NO		
A. Female sterilization, tubal ligation	Q501A1	1	2	3	4	Q501A2
B. Male sterilization, vasectomy	Q501B1	1	2	3	4	Q501B2
C. Implant (Norplant)	Q501C1	1	2	3	4	Q501C2
D. Injection	Q501D1	1	2	3	4	Q501D2
E. Pill	Q501E1	1	2	3	4	Q501E2
F. Emergency Contraceptive Protection Pill(ECP)	Q501F1	1	2	3	4	Q501F2
G. IUD / Coil	Q501G1	1	2	3	4	Q501G2
H. Condom	Q501H1	1	2	3	4	Q501H2
I. Foaming Tablets / Creams / Jellies	Q501I1	1	2	3	4	Q501I2
J. Diaphragm	Q501J1	1	2	3	4	Q501J2
K. Abstinence	Q501K1	1	2	3	4	Q501K2
L. Withdrawal	Q501L1	1	2	3	4	Q501L2
M. Rhythm, Calendar, Billings	Q501M1	1	2	3	4	Q501M2
N. Other specify: <u>Q501O1H</u>	Q501N1	1	2	3	4	Q501N2

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502. HAS RESPONDENT EVER USED AT LEAST ONE METHOD OF CONTRACEPTION? [AT LEAST ONE "YES" IS MARKED IN COLUMN 2 IN Q501].

- Q502
 1. Yes 2. No (SKIP TO Q518)

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

Q503 age 88. Don't remember
 99.

504. [IF NEVER HAD ANY LIVE BIRTHS (Q307 = "00"), CODE "00" AND CONTINUE. OTHERWISE ASK]: How many living children did you have when you first used contraception?

Q504 number 00.
 29. Don't remember
 99.

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

- Q505
 1. Yes 2. No (SKIP TO Q516)

506. Which method?

Q506

1. Female sterilization, tubal ligation	8. Condom
2. Male sterilization, vasectomy	9. Spermicides
3. Implant (Norplant)	10. Diaphragm
4. Injection	11. Withdrawal
5. Pill	12. Rhythm, Calendar, Billings
6. Emergency Contraceptive Protection (ECP)	88. Other (specify): _____
7. IUD / Coil	

OFFICE USE ONLY
Q506OTH

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

Q507

1. Yes 2. No **(SKIP TO Q509)**

508. Which method?

Q508

1. Female sterilization, tubal ligation	8. Condom
2. Male sterilization, vasectomy	9. Spermicides
3. Implant (Norplant)	10. Diaphragm
4. Injection	11. Withdrawal
5. Pill	12. Rhythm, Calendar, Billings
6. Emergency Contraceptive Protection (ECP)	88. Other (specify): _____
7. IUD / Coil	

OFFICE USE ONLY
Q508OTH

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

Q509

1. Yes 2. No **(SKIP TO Q511)**

510. What brand of pill do you currently use?

Q510

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

OFFICE USE ONLY
Q510OTH

511. CURRENTLY USING EMERGENCY CONTRACEPTIVE PROTECTION PILL (ECP). ("6" IN Q506 OR Q508):

Q511

1. Yes 2. No **(SKIP TO Q514)**

512. Where did you get the information about the Emergency Contraceptive Protection Pill (ECP), that is, the Morning After Pill?

Q512

1. Government hospital	6. Pharmacy
2. Government health clinic / centre	7. Outreach worker
3. Private hospital	8. Factory / work place
4. Private clinic	28. Other (specify): _____
5. Private doctor	29. Doesn't know / doesn't remember

OFFICE USE ONLY
Q512OTH

513. Where did you get the Emergency Contraceptive Protection Pill (ECP), that is, the Morning After Pill?

Q513

1. Government hospital	7. Outreach worker
2. Government health clinic / centre	8. Factory / work place
3. Private hospital	9. Supermarket / shop / bar
4. Private clinic	28. Other (specify): _____
5. Private doctor	29. Doesn't know / doesn't remember
6. Pharmacy	

OFFICE USE ONLY
Q513OTH

SKIP TO QUESTION 515

514. RESPONDENT OR HUSBAND / PARTNER CURRENTLY STERILIZED. ["1" OR "2" IN Q506 OR Q508].
Q514 1. Yes (SKIP TO Q550) 2. No

515. CURRENT USER OF ANY OF METHODS 3 - 10 IN Q506 OR Q508.
Q515 1. Yes (SKIP TO Q522) 2. No (SKIP TO Q531)

516. What was the last contraceptive method you or your partner used?
Q516

1. Female sterilization, tubal ligation	8. Condom	
2. Male sterilization, vasectomy	9. Spermicides	
3. Implant (Norplant)	10. Diaphragm	
4. Injection	11. Withdrawal (SKIP TO Q518)	
5. Pill	12. Rhythm, Calendar, Billings	
6. Morning after pill (ECP)	88. Other (specify): Q5160TH	OFFICE USE ONLY <input type="checkbox"/> <input type="checkbox"/>
7. IUD / Coil		

517. Where did you or your partner get your contraceptive supplies/ orientation?
Q517

1. Government hospital	7. Outreach worker	
2. Government health clinic / centre	8. Factory / work place	
3. Private hospital	9. Supermarket / shop / bar	
4. Private clinic	88. Other (specify): Q5170TH	OFFICE USE ONLY <input type="checkbox"/> <input type="checkbox"/>
5. Private doctor	29. Doesn't know / doesn't remember	
6. Pharmacy		

518. IF SHE IS PREGNANT NOW [SEE Q305], CIRCLE CODE "3". OTHERWISE ASK: Do you think you are able to get pregnant at the present time?
Q518

1. Yes (SKIP TO Q520)	3. Currently pregnant (SKIP TO Q537)
2. No	4. Not sure, don't know (SKIP TO Q520)

519. Why not?
Q519

1. Menopause (SKIP TO Q601)	4. Respondent was told by a doctor that she could not get pregnant (SKIP TO Q601)
2. Respondent or partner has had an operation for medical reasons which makes pregnancy impossible (SKIP TO Q601)	5. Respondent is not sexually active (SKIP TO Q537)
3. Respondent has tried to get pregnant for at least two years without success (or has not gotten pregnant despite at least two years of non-contraception) (SKIP TO Q601)	6. Postpartum / breastfeeding
	8. Other (specify): Q5190TH
	9.

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520. Would you like to become pregnant now?
Q520

1. Yes (SKIP TO Q543)	3. God's will, fate
2. No	9. Don't know, not sure

521. Why are you or your partner not using a method to prevent pregnancy now?
Q521

1. Health / medical	9. Lack of knowledge
2. Doesn't like contraceptives	10. Can't afford cost
3. Had side effects using last method	11. Religion against
4. Fear of side effects	12. Partner wants to become pregnant
5. Not sexually active	13. Health care provider / pharmacist won't give them
6. Postpartum / breastfeeding	88. Other (specify): Q5210TH
7. Sources far away	
8. Partner opposes	

OFFICE USE ONLY

SKIP TO QUESTION 537

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

Q522

1. Government hospital	8. Factory / work place (SKIP TO Q528)	OFFICE USE <input type="checkbox"/>
2. Government health clinic / centre	9. Supermarket / shop / bar (SKIP TO Q528)	
3. Private hospital (SKIP TO Q528)	77. Rhythm without instruction (SKIP TO Q528)	<input type="checkbox"/>
4. Private clinic (SKIP TO Q528)	88. Other (specify): <u>Q5220TH</u> (SKIP TO Q528)	
5. Private doctor (SKIP TO Q528)		
6. Pharmacy (SKIP TO Q528)	29. Doesn't know / doesn't remember (SKIP TO Q528)	
7. Outreach worker (SKIP TO Q528)		

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

Q523

1. Can get family planning services at any time (SKIP TO Q527)
2. Can only get family planning services at special times or on certain days
7. Don't know / Not sure (SKIP TO Q525)

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

Q524

1. Yes (SKIP TO Q527)
2. No
7. Not sure

525. *What time of day is convenient for you to get family planning services? [READ].*

	<u>YES</u>	<u>NO</u>	
Q525A A. Early morning (Until 10.00 a.m.)	1	2	
Q525B B. Late morning (10.00 a.m. - noon)	1	2	
Q525C C. Early afternoon (12.00 a.m. - 3.00 p.m.)	1	2	
Q525D D. Late afternoon(3.00 p.m. - 6.00 p.m.)	1	2	
Q525E E. Evenings (6.00 p.m or later)	1	2	
Q525F F. Not sure	1	2	OFFICE USE ONLY <input type="checkbox"/>
Q525G G. Other (specify): <u>Q525GOTH</u>	1	2	

526. *Which day, or days of the week are convenient for you? [DO NOT READ.]*

	<u>YES</u>	<u>NO</u>
Q526A A. Monday	1	2
Q526B B. Tuesday	1	2
Q526C C. Wednesday	1	2
Q526D D. Thursday	1	2
Q526E E. Friday	1	2
Q526F F. Saturday	1	2
Q526G G. Sunday	1	2

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

Q527

1. Too long
2. Not too long
7. Don't know / No opinion

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

Q528

1. At home or workplace (SKIP TO Q530)
2. Less than 15 minutes
3. 15 to 29 minutes
4. 30 to 44 minutes
5. 45 to 59 minutes
6. 1 hour or more
9. No response

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

Q529

1. Yes
2. No
7. Not sure

530. *Do you or your partner pay for the contraceptive method you now use?*
Q530 1. Yes 2. No 7. Don't know, not sure

531. *Would you prefer using a different method than the one you now use to prevent pregnancy?*
Q531 1. Yes 2. No (SKIP TO Q537) 7. Don't know, not sure (SKIP TO Q537)

532. *What method would you most like to use?*
Q532 1. Female sterilization, tubal ligation 8. Condom
 2. Male sterilization, vasectomy 9. Foaming tablets / cream / jelly
 3. Implant (Norplant) 10. Diaphragm
 4. Injection 11. Withdrawal (SKIP TO Q536)
 5. Pill 12. Rhythm, Calendar, Billings
 6. Morning after pill (ECP) 88. Other (specify): _____ **Q532OTH** **OFFICE USE ONLY**
 7. IUD / Coil

533. *Do you know where to obtain the method (or information about this method if it is the Rhythm, Calendar or Billings method [METHOD 12]).*
Q533 1. Yes 2. No (SKIP TO Q536)

534. *Where? [IF MORE THAN ONE PLACE MENTIONED, CIRCLE THE ONE SHE WOULD MOST LIKELY USE]*
Q534 1. Government hospital 7. Outreach worker
 2. Government health clinic / centre 8. Factory / workplace
 3. Private hospital 9. Supermarket / shop / bar
 4. Private clinic 88. Other (specify): _____ **Q534OTH** **OFFICE USE ONLY**
 5. Private doctor
 6. Pharmacy 29. Doesn't know / Doesn't remember

535. *How much time would you or your partner have to travel to obtain the supplies or information about the method?*
Q535 1. At home 5. 45 to 59 minutes
 2. Less than 15 minutes 6. One hour or more
 3. 15 to 29 minutes 9. No response
 4. 30 to 44 minutes

536. *What is the most important reason why you and your partner are not using the other method?*
Q536 1. Family planning or health staff won't prescribe it 7. Religious reasons
 2. Too expensive 8. Fear of side effects
 3. Not available / Unreliable supply / Difficult access 9. Still thinking about it / Have not made up my mind
 4. Source too far away 28. Other (specify): _____ **Q536OTH**
 5. Don't know how to get it 29. Don't know / Not sure **OFFICE USE ONLY**
 6. Husband / Partner objects to it

537. *Do you want to have any (more) children (after this pregnancy)?*
Q537 1. Yes (SKIP TO Q543) 3. God's will, fate (SKIP TO Q545)
 2. No 7. Not sure (SKIP TO Q545)

QUESTIONS 538 - 542 ARE ONLY FOR WOMEN WHO DO NOT WANT MORE CHILDREN

Q538 538. *Would you or your partner be interested in an operation that would prevent you from having any (more) children?*
 1. Yes 2. No (SKIP TO Q549) 7. Not sure

539. Do you know where to go for this operation?
Q539 1. Yes (**SKIP TO Q541**) 2. No

540. Do you know where to get information about this operation?
Q540 1. Yes 2. No (**SKIP TO Q601**)

541. Where? [IF MORE THAN ONE PLACE MENTIONED, MARK THE ONE SHE WOULD MOST LIKELY USE].
Q541 1. Clinic / health centre 3. Private doctor / clinic
 2. Public hospital 8. Other (specify): **Q5410TH**

542. Since you have (or will have) all the children you want (and you know where to get this operation / information about this operation), why have you not had it? [IF CURRENTLY PREGNANT (MARKED "Yes" IN QUESTION 305), MARK "14"].
Q542

1. Fear of method / side effects	9. Current partner opposes
2. Fear of operation (cut)	10. Advanced age, approaching menopause
3. Thinking about it	11. Not sexually active
4. Too young	12. Service facility too far away
5. Plan to have it soon	13. Doctor refused to do the operation
6. May want more children if situation changes	14. Currently pregnant
7. Lack of information	88. Other(specify): Q5420TH
8. Lack of money	99. No reason stated

OFFICE USE ONLY

SKIP TO QUESTION 601

QUESTIONS 543 - 548 ARE ONLY FOR WOMEN WHO WANT OR MIGHT WANT MORE CHILDREN

543. How many (more) children would you like to have (after this pregnancy)?
Q543 children 66. As many as possible
 77. As many as God sends, up to fate
 29. Don't know

544. When would you like to have (the next) one?
 [ANSWER IN MONTHS IF LESS THAN TWENTY FOUR MONTHS OR IN YEARS IF TWO YEARS OR MORE].
Q544M months **Q544Y** years 00. Now, as soon as possible
 29. Don't know (month / year)

545. When you have had all the children you want, would you be interested in an operation that would prevent you from having any (more) children?
Q545 1. Yes 2. No (**SKIP TO Q549**) 7. Not sure

546. Do you know where to go for this operation?
Q546 1. Yes (**SKIP TO Q548**) 2. No

547. Do you know where to get information about this operation?
Q547 1. Yes 2. No (**SKIP TO Q601**)

548. Where? [IF MORE THAN ONE PLACE MENTIONED, CIRCLE THE ONE SHE WOULD MOST LIKELY USE].
Q548 1. Clinic / health centre 4. Private doctor / clinic
 2. Public hospital 8. Other (specify): **Q5480TH**
 3. Private hospital

SKIP TO QUESTION 601

549. *Why would you not be interested in this operation?*
Q549 [IF CURRENTLY PREGNANT (MARKED "Yes" IN Q305), MARK "14"].

1. Fear of method / side effects	9. Current partner opposes	
2. Fear of operation (cut)	10. Advanced age, approaching menopause	
3. Thinking about it	11. Not sexually active	
4. Too young	12. Service facility too far away	
5. Plan to have it soon	13. Doctor refused to do the operation	
6. May want more children if situation changes	14. Currently pregnant	Q549OTH <input type="checkbox"/>
7. Lack of information	88. Other (specify):	<input type="checkbox"/>
8. Lack of money	99. No reason stated	

SKIP TO QUESTION 601

550. *Were you or your husband / partner sterilized or both?*
Q550

- Husband / partner only
- Respondent only **(SKIP TO Q553)**
- Both

551. *Where was your husband's / partner's vasectomy done?*
Q551

1. Public hospital	7. Don't know	OFFICE USE ONLY
2. Private hospital	8. Other (specify):	<input type="checkbox"/>
3. Private doctor / clinic	Q551OTH	

552. *How old were you when your husband / partner had the operation ?*
Q552 age 99. Don't know / Not sure

IF BOTH ARE STERILIZED, CONTINUE OTHERWISE, SKIP TO QUESTION 601.

553. *Where was your tubal ligation done?*
Q553

1. Public hospital	3. Private doctor / clinic	OFFICE USE ONLY
2. Private hospital	8. Other(specify):	<input type="checkbox"/>
	Q553OTH	

554. *How old were you when you had the operation ?*
Q554 age 88. Don't know / Not sure

555. *In what month and year was the operation done?*
Q555M month year 29. Don't remember **Q555Y**

556. *Did you receive any counselling about family planning methods at this location?*
Q556

- Yes
- No

557. *Are you satisfied with having had the operation?*
Q557

- Yes **(SKIP TO Q601)**
- No

558. *Why are you not satisfied with the operation?*
Q558

1. Had severe side effects from operation	7. Has different husband / partner	
2. The operation has caused complications	8. Sterilization is morally wrong	
3. It has decreased sexual enjoyment	28. Other (specify):	Q558OTH
4. Desires more children because child(ren) died	29. Don't know	OFFICE USE ONLY
5. Would like another child	99. Refused	<input type="checkbox"/>
6. Husband / partner treats her differently		

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

601.	EVER HAD SEX [DO NOT ASK. SEE ANSWER IN QUESTION 303].		
Q601	1. Yes (CONTINUE WITH Q602)	2. No (SKIP TO Q625)	
602.	<i>Have you had sexual intercourse in the last 30 days?</i>		
Q602	1. Yes	2. No (SKIP TO Q604)	
603.	<i>With how many men have you had sexual intercourse in the last 30 days?</i>		
Q603	<input type="text"/> <input type="text"/> men	77. Don't remember but less than 10	98. Don't remember
		88. Don't remember but 10 or more	99. Refused
SKIP TO QUESTION 605			
604.	<i>Have you had sexual intercourse in the last 3 months?</i>		
Q604	1. Yes	2. No (SKIP TO Q606)	
605.	<i>With how many men have you had sexual intercourse in the last 3 months?</i>		
Q605	<input type="text"/> <input type="text"/> men	77. Don't remember but less than 10	98. Don't remember
		88. Don't remember but 10 or more	99. Refused
606.	<i>What was your relationship to the last person with whom you had sexual intercourse?</i>		
Q606	1. Husband / partner	2. Visiting partner	3. Boyfriend
	5. Casual acquaintance	6. Mother's partner	7. Other relative's partner
	4. Friend	8. Other (specify): _____	
		Q606OTH	OFFICE USE ONLY <input type="text"/> <input type="text"/>
607.	<i>Did you or the man involved use a contraceptive method the last time you had sexual intercourse?</i>		
Q607	1. Yes	2. No (SKIP TO Q611)	8. Can't remember / Don't know (SKIP TO Q611)
608.	<i>What was this method?</i>		
Q608	1. Female sterilization, tubal ligation	2. Male sterilization, vasectomy	3. Implant (Norplant)
	4. Injection	5. Pill	6. Morning after pill (ECP)
	7. IUD / Coil	8. Condom	9. Foaming tablets / cream / jelly
	10. Diaphragm	11. Withdrawal	12. Rhythm, Calendar, Billings
	88. Other (specify): _____	Q608OTH	OFFICE USE <input type="text"/> <input type="text"/>
609.	<i>At the same time, did you or the man involved also use a second contraceptive method for disease prevention or contraception the last time you had sexual intercourse?</i>		
Q609	1. Yes	2. No (SKIP TO Q611)	
610.	<i>What was this method?</i>		
Q610	1. Female sterilization, tubal ligation	2. Male sterilization, vasectomy	3. Implant (Norplant)
	4. Injection	5. Pill	6. Morning after pill (ECP)
	7. IUD / Coil	8. Condom	9. Foaming tablets / cream / jelly
	10. Diaphragm	11. Withdrawal	12. Rhythm, Calendar, Billings
	88. Other (specify): _____	Q610OTH	OFFICE USE <input type="text"/> <input type="text"/>

611.	<i>Have you ever asked a partner to use a condom?</i>				
Q611	1. Yes	2. No (SKIP TO Q613)			
612.	<i>Has any of the following ever happened to you because you asked a partner to use a condom?</i> [READ A-E]				
		<u>YES</u>	<u>NO</u>	<u>DK</u>	<u>REF</u>
Q612A	A. <i>He refused to wear a condom ?</i>	1	2	8	9
Q612B	B. <i>He refused to have sex with you?</i>	1	2	8	9
Q612C	C. <i>He threatened you with physical violence?</i>	1	2	8	9
Q612D	D. <i>He threatened never to go out with you again?</i>	1	2	8	9
Q612E	E. <i>He forced you to have sex without a condom?</i>	1	2	8	9
613.	<i>Has a partner ever suggested to you that he wear a condom?</i>				
Q613	1. Yes	2. No (SKIP TO Q615)			
614.	<i>Did you ever do the following because a partner wanted to wear a condom?</i> [READ OPTIONS A-D]				
		<u>YES</u>	<u>NO</u>	<u>DK</u>	<u>REF</u>
Q614A	A. <i>You refused to let him wear a condom ?</i>	1	2	8	9
Q614B	B. <i>You refused to have sex with him?</i>	1	2	8	9
Q614C	C. <i>You threatened never to go out with him again?</i>	1	2	8	9
Q614D	D. <i>You suspected that he had other partners?</i>	1	2	8	9
615.	CURRENT CONDOM USER:				
Q615	1. Yes (CODE 8 in Q506 OR Q508)	2. No (SKIP TO Q619)			
616.	<i>Why do you and your partner use condoms?</i>				
Q616	1. Prevent pregnancy	8. Other (specify):	Q6160TH		
	2. Prevent sexually transmitted diseases (STDs) including AIDS	9. Don't know / Don't remember	OFFICE USE <input style="width: 20px; height: 20px;" type="text"/>		
	3. Both	5.	<input style="width: 20px; height: 20px;" type="text"/>		
617.	<i>How often do you use condoms when you have sexual intercourse with a steady partner?</i> [READ OPTIONS 1- 4]				
Q617	1. <i>Always</i>	4. <i>Never</i>			
	2. <i>Most of the time</i>	5. <i>Has no steady partner</i>			
	3. <i>Seldom</i>	9. <i>Refused to answer</i>			
618.	<i>How often do you use condoms when you have sexual intercourse with a non-steady partner?</i> [READ OPTIONS 1- 4]				
Q618	1. <i>Always</i>	4. <i>Never</i>			
	2. <i>Most of the time</i>	8. <i>Never had non-steady partner</i>			
	3. <i>Seldom</i>	9. <i>Refused to answer</i>			

619.	<i>Have you ever in your lifetime been forced to have sexual intercourse?</i>		
Q619	1. Yes 2. No (SKIP TO Q622)	7. Not sure (SKIP TO Q622) 9. Refused (SKIP TO Q622)	
620.	<i>How many times?</i>		
Q620	0. One time 1. Two to five times 2. Six to ten times	3. More than ten times 4. Not sure 9. Refused	
621.	<i>By whom?</i> [INTERVIEWER: IF MORE THAN ONE INDIVIDUAL, ASK: WHO WAS IT THE LAST TIME].		
Q621	1. Husband/Common-law partner 2. Visiting partner 3. Boyfriend 4. Friend 5. Casual acquaintance 6. Mother's partner	7. Father 8. Other relative / relative of partner 9. Gang rape 29. Other (specify): _____ 99. Refusal	OFFICE USE ONLY <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/>
622.	<i>"Have you ever received any money or goods in exchange for sex?"</i>		
Q622	1. Yes 2. No (SKIP TO Q625)	3. Don't remember (SKIP TO Q625) 9. Refused (SKIP TO Q625)	
623.	<i>How many times?</i>		
Q623	0. One time 1. Two to five times 2. Six to ten times	3. More than ten times 4. Not sure 9. Refused	
624.	<i>Were you in school when this (any of these) transaction (s) occurred?</i>		
Q624	1. In school 2. Out of school	3. Both in school and out of school 8. Don't remember	
625.	<i>Over the past year, have you ever had..</i> [READ ALTERNATIVES].		
		<u>YES</u>	<u>NO</u>
Q625A	A. A discharge from the sex organ due to disease?	1	2
Q625B	B. A sore on the sex organ?	1	2
Q625C	C. To visit a doctor / clinic / other health centre for a sexually transmitted illness (venereal disease) such as gonorrhoea or syphilis?	1	2
Q625D	D. To treat yourself for a sexually transmitted illness such as gonorrhoea or syphilis?	1	2
		<u>REF</u>	
626.	<i>In your opinion, if a woman takes the pill correctly, how sure can she be that she will not become pregnant?</i> [READ OPTIONS 1 - 4]		
Q626	1. Completely sure 2. Almost sure 3. Some risk of pregnancy	4. Not sure at all 9. Don't know	

627.	<i>In your opinion, how safe for a woman's health is the pill?</i> [READ OPTIONS 1-4]							
Q627	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. <i>Completely safe</i></td> <td style="width: 50%;">4. <i>Unsafe</i></td> </tr> <tr> <td>2. <i>Almost completely safe</i></td> <td>7. <i>Depends on the woman</i></td> </tr> <tr> <td>3. <i>Not very safe</i></td> <td>9. <i>Don't know</i></td> </tr> </table>	1. <i>Completely safe</i>	4. <i>Unsafe</i>	2. <i>Almost completely safe</i>	7. <i>Depends on the woman</i>	3. <i>Not very safe</i>	9. <i>Don't know</i>	
1. <i>Completely safe</i>	4. <i>Unsafe</i>							
2. <i>Almost completely safe</i>	7. <i>Depends on the woman</i>							
3. <i>Not very safe</i>	9. <i>Don't know</i>							
628.	<i>In your opinion, how safe for a woman's health is the contraceptive injection?</i> [READ OPTIONS 1-4].							
Q628	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. <i>Completely safe</i></td> <td style="width: 50%;">4. <i>Unsafe</i></td> </tr> <tr> <td>2. <i>Almost completely safe</i></td> <td>7. <i>Depends on the woman</i></td> </tr> <tr> <td>3. <i>Not very safe</i></td> <td>9. <i>Don't know</i></td> </tr> </table>	1. <i>Completely safe</i>	4. <i>Unsafe</i>	2. <i>Almost completely safe</i>	7. <i>Depends on the woman</i>	3. <i>Not very safe</i>	9. <i>Don't know</i>	
1. <i>Completely safe</i>	4. <i>Unsafe</i>							
2. <i>Almost completely safe</i>	7. <i>Depends on the woman</i>							
3. <i>Not very safe</i>	9. <i>Don't know</i>							
629	<i>In your opinion. If a couple uses a condom correctly, how sure can the woman be that she will not become pregnant?</i> [READ OPTIONS 1-4].							
Q629	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. <i>Completely sure</i></td> <td style="width: 50%;">4. <i>Not sure at all</i></td> </tr> <tr> <td>2. <i>Almost sure</i></td> <td>9. <i>Don't know</i></td> </tr> <tr> <td>3. <i>Some risk of pregnancy</i></td> <td></td> </tr> </table>	1. <i>Completely sure</i>	4. <i>Not sure at all</i>	2. <i>Almost sure</i>	9. <i>Don't know</i>	3. <i>Some risk of pregnancy</i>		
1. <i>Completely sure</i>	4. <i>Not sure at all</i>							
2. <i>Almost sure</i>	9. <i>Don't know</i>							
3. <i>Some risk of pregnancy</i>								
630.	<i>In your opinion, if a couple uses a condom correctly, how, sure can the woman be that she will not get a sexually transmitted disease?</i> [READ OPTIONS 1-4].							
Q630	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. <i>Completely sure</i></td> <td style="width: 50%;">4. <i>Not sure at all</i></td> </tr> <tr> <td>2. <i>Almost sure</i></td> <td>9. <i>Don't know</i></td> </tr> <tr> <td>3. <i>Some risk of getting STD</i></td> <td></td> </tr> </table>	1. <i>Completely sure</i>	4. <i>Not sure at all</i>	2. <i>Almost sure</i>	9. <i>Don't know</i>	3. <i>Some risk of getting STD</i>		
1. <i>Completely sure</i>	4. <i>Not sure at all</i>							
2. <i>Almost sure</i>	9. <i>Don't know</i>							
3. <i>Some risk of getting STD</i>								
631.	<i>Have you ever tried to obtain contraceptives and been refused?</i>							
Q631	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. <i>Yes</i></td> <td style="width: 50%;">8. <i>Don't remember (SKIP TO Q634)</i></td> </tr> <tr> <td>2. <i>No (SKIP TO Q634)</i></td> <td>9.</td> </tr> </table>	1. <i>Yes</i>	8. <i>Don't remember (SKIP TO Q634)</i>	2. <i>No (SKIP TO Q634)</i>	9.			
1. <i>Yes</i>	8. <i>Don't remember (SKIP TO Q634)</i>							
2. <i>No (SKIP TO Q634)</i>	9.							
632.	<i>How many times?</i>							
Q632	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. <i>Five times or less</i></td> <td style="width: 50%;">4. <i>Not sure</i></td> </tr> <tr> <td>2. <i>Six to ten times</i></td> <td>9. <i>Refused</i></td> </tr> <tr> <td>3. <i>More than ten times</i></td> <td></td> </tr> </table>	1. <i>Five times or less</i>	4. <i>Not sure</i>	2. <i>Six to ten times</i>	9. <i>Refused</i>	3. <i>More than ten times</i>		
1. <i>Five times or less</i>	4. <i>Not sure</i>							
2. <i>Six to ten times</i>	9. <i>Refused</i>							
3. <i>More than ten times</i>								
633.	<i>Where was it and what was the gender of the (last) person(s) who refused to provide the contraceptive?</i> [READ LIST].							
	Gender of Refuser							
	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%; text-align: center;"><u>Male</u></td> <td style="width: 33%; text-align: center;"><u>Female</u></td> <td style="width: 33%; text-align: center;"><u>DK/DR</u></td> </tr> </table>		<u>Male</u>	<u>Female</u>	<u>DK/DR</u>			
	<u>Male</u>	<u>Female</u>	<u>DK/DR</u>					
Q633A	A. <i>Government hospital</i>	1	2	8				
Q633B	B. <i>Government health clinic / centre</i>	1	2	8				
Q633C	C. <i>Private hospital</i>	1	2	8				
Q633D	D. <i>Private clinic</i>	1	2	8				
Q633E	E. <i>Private doctor</i>	1	2	8				
Q633F	F. <i>Pharmacy</i>	1	2	8				
Q633G	G. <i>Outreach worker</i>	1	2	8				
Q633H	H. <i>Factory / work place</i>	1	2	8				
Q633I	I. <i>Supermarket / shop / bar</i>	1	2	8				
Q633J	J. <i>Any other place (specify):</i>	1	2	8				
	<hr style="width: 20%; margin: 0 auto;"/> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid red; color: red; padding: 2px; margin-right: 10px;">Q6330TH</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> OFFICE USE ONLY </div> </div>							

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

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

Q634 number

- 77. Fate, up to God
- 98. Don't know

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

Q635 years

- 88. There is no legal limit
- 77. Doesn't know / Doesn't have an opinion
- 99.

636. *What is the punishment for the man if it can be proved that he had sex with a girl under sixteen years of age?*

Q636
1. None
2. Go to jail

- 7. Other (specify): **Q636OTH**
- 8. Don't know
- 9.

OFFICE USE ONLY

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

Q637 years

- 55. Depends on circumstances
- 66. One year after entering first union
- 77. When she is in a stable union
- 88. Other (specify): **Q637OTH**
- 98. Doesn't have an opinion
- 99.

OFFICE USE ONLY

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

Q638 months

- 88. Fate, up to God
- 66. No opinion
- 77. More than 5 years

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

Q639 months

- 77. For as long as possible
- 29. Don't know

SECTION VII - FAMILY LIFE AND SEX EDUCATION
[FOR RESPONDENTS AGED 15 - 24 YEARS]

701.	AGE OF RESPONDENT: [SEE QUESTION 102] Q701						
	1. 15 - 24 [CONTINUE WITH Q702] 2. 25 - 49 [SKIP TO STATEMENT BEFORE Q901]						
702.	For young people your age who have sexual intercourse, what do you think is the most appropriate method to use to avoid pregnancy? Q702						
	<table style="width:100%; border: none;"> <tr> <td style="width:50%; vertical-align: top;"> 1. Female sterilization, tubal ligation 2. Male sterilization, vasectomy 3. Implant (Norplant) 4. Injection 5. Pill 6. Morning after pill (ECP) 7. IUD / Coil 8. Condom 9. Foaming tables / creams / jellies </td> <td style="width:50%; vertical-align: top;"> 10. Diaphragm 11. Withdrawal 12. Rhythm 13. Billings method 14. Abstinence 00. None 29. Doesn't know 99. Doesn't answer 88. Other (specify): _____ </td> </tr> </table> <div style="margin-left: 600px; margin-top: 20px;"> <table style="border: none;"> <tr> <td style="border-left: 1px solid black; border-right: 1px solid black; padding: 5px;">SKIP TO Q704</td> <td style="padding: 0 20px;">Q7020TH</td> </tr> </table> </div> <div style="text-align: right; margin-top: 10px;"> OFFICE USE ONLY <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </div>	1. Female sterilization, tubal ligation 2. Male sterilization, vasectomy 3. Implant (Norplant) 4. Injection 5. Pill 6. Morning after pill (ECP) 7. IUD / Coil 8. Condom 9. Foaming tables / creams / jellies	10. Diaphragm 11. Withdrawal 12. Rhythm 13. Billings method 14. Abstinence 00. None 29. Doesn't know 99. Doesn't answer 88. Other (specify): _____	SKIP TO Q704	Q7020TH		
1. Female sterilization, tubal ligation 2. Male sterilization, vasectomy 3. Implant (Norplant) 4. Injection 5. Pill 6. Morning after pill (ECP) 7. IUD / Coil 8. Condom 9. Foaming tables / creams / jellies	10. Diaphragm 11. Withdrawal 12. Rhythm 13. Billings method 14. Abstinence 00. None 29. Doesn't know 99. Doesn't answer 88. Other (specify): _____						
SKIP TO Q704	Q7020TH						
703.	Could you afford to use this method? Q703						
	1. Yes 2. No 9. Doesn't know						
704.	[FOR THOSE WHO HAVE NEVER HAD A PERIOD - (Q301 = "77"), ASK]: Have you ever received any information from your parents or guardians about menstruation? Q704 [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 (SKIP TO Q706) 9. Doesn't know (SKIP TO Q706)						
705.	How difficult was it to discuss the subject of menstruation with your parents or guardians? Q705						
	1. Easy 3. Extremely difficult 2. Somewhat difficult 8. Don't know / Not sure						
706.	[FOR THOSE WHO HAVE NEVER HAD A PERIOD (Q301 = "77"), ASK]: Have you ever received any information from your parents or guardians about pregnancy and how it occurs? Q706 [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 (SKIP TO Q708) 9. Doesn't know (SKIP TO Q708)						
707.	How difficult was it to discuss the subject of pregnancy with your parents or guardians? Q707						
	1. Easy 2. Somewhat difficult 3. Extremely difficult 9. Don't know / Not sure						
708.	[FOR THOSE WHO HAVE NEVER HAD SEX (Q303 = "00"), ASK]: Have you ever received any information from your parents or guardians about pregnancy and how it occurs? Q708 [IN ALL OTHER CASES, ASK]: Before you started having sex, did you ever receive any information from your parents or guardians about pregnancy and how it occurs?						
	1. Yes 2. No (SKIP TO Q710) 9. Doesn't know (SKIP TO Q710)						

709. How difficult was it to discuss the subject of sexual relations with your parents or guardians?
Q709 1. Easy 3. Extremely difficult
 2. Somewhat difficult 9. Don't know / Not sure

710. Have you ever had a class or course about family life or sex education in school?
Q710 1. Yes 2. No (SKIP TO Q718) 9. Doesn't know (SKIP TO Q718)

711. How many weeks did the class or course last?[IF LESS THAN 1 WEEK, CODE AS '00']
Q711 weeks 97. Many weeks, don't remember number
 29. Don't remember at all

712. On the average, how many hours per week was the class or course taught?
Q712 [IF LESS THAN ONE HOUR, CODE AS "00"].
 hours 97. Many hours, don't remember number
 29. Don't remember at all

713. What grade of schooling (level and years) had you reached when you had this first class or course?
LEVEL YEARS NS

Q713A	A. Primary/All age	0	1	2	3	4	5	6	7	8+	9
Q713B	B. Junior High	0	1	2	3	4	5	6	7	8+	9
Q713C	C. Secondary	0	1	2	3	4	5	6	7	8+	9
Q713D	D. Post-secondary	0	1	2	3	4	5	6	7	8+	9
Q713E	E. Doesn't remember										

714. How old were you at that time?
Q714 age 29. Don't remember at all

715. Who was the main person who taught this first class or course ?
Q715 1. School teacher 3. Nurse
 2. Counselor or psychologist 8. Other (specify): **Q7150TH** OFFICE USE ONLY

716. Did this first class or course in school include information about ? [READ]
YES NO DR

Q716A	A. The human reproductive system	1	2	8
Q716B	B. The woman's menstrual cycle or period	1	2	8
Q716C	C. Pregnancy and how it occurs	1	2	8
Q716D	D. Modern birth control methods such as the pill, IUD or injections	1	2	8
Q716E	E. Condoms	1	2	8
Q716F	F. Disease that can result from sexual contact	1	2	8
Q716G	G. Abstinence	1	2	8

717. Did the class or course include **information** on the following services available for adolescents? [READ].
YES NO DK

Q717A	A. Counselling	1	2	7
Q717B	B. Clinic services	1	2	7
Q717C	C. Distribution of contraceptives	1	2	7

718. At what age do you think family life or sex education should begin in schools?
Q718 age 77. It should not be taught in schools
 29. Doesn't know
 99.

733. <i>Did any of these programmes cause you to behave differently?</i>											
Q733	1. Yes	2. No (SKIP TO Q735)		8. Don't know (SKIP TO Q735)							
734. <i>Which?</i> [READ OPTIONS A TO E].											
		<u>YES</u>		<u>NO</u>							
Q734A	A. <i>Teen Seen</i>	1		2							
Q734B	B. <i>NFPB Youth Forum</i>	1		2							
Q734C	C. <i>Radio Drama for men</i>	1		2							
Q734D	D. <i>Radio commercials</i>	1		2							
Q734E	E. <i>TV commercials</i>	1		2							
	Other (specify):				OFFICE USE ONLY						
Q734F	F. _____ Q734FOTH	1		2	<table border="1" style="width: 40px; height: 40px; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						
Q734G	G. _____ Q734GOTH	1		2							
735. <i>Have you ever heard any messages on the YOUTH.NOW program?</i>											
Q735	1. Yes	2. No (SKIP TO Q737)		9. Don't know / Not sure (SKIP TO Q737)							
736. <i>Did any of these messages include information on the following?</i> [READ].											
		<u>YES</u>		<u>NO</u>	<u>DK/DR</u>						
Q736A	A. <i>Type of services available to adolescents</i>	1		2	8						
Q736B	B. <i>Using dual methods</i>	1		2	8						
Q736C	C. <i>Sources of information</i>	1		2	8						
Q736D	D. <i>Sources of contraception</i>	1		2	8						
Q736E	E. <i>Popular myths and beliefs relating to contraception</i>	1		2	8						
737. <i>Have you ever been involved in extra-curricular activities which could help you to prevent early sexual activity?</i>											
Q737	1. Yes	2. No (SKIP TO STATEMENT BEFORE Q801)		8. Don't remember (SKIP TO STATEMENT BEFORE Q801)							
				9. Refused (SKIP TO STATEMENT BEFORE Q801)							
738. <i>What were these activities?</i>											
		<u>YES</u>		<u>NO</u>							
Q738A	A. <i>Sporting activities</i>	1		2							
Q738B	B. <i>Debating</i>	1		2							
Q738C	C. <i>Church activities</i>	1		2							
Q738D	D. <i>Educational activities (extra lessons, etc.)</i>	1		2							
Q738E	E. <i>Social activities</i>	1		2							
	Other (specify)				OFFICE USE ONLY						
Q738F	F. _____ Q738FOTH	1		2	<table border="1" style="width: 40px; height: 40px; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						
Q738G	G. _____ Q738GOTH	1		2							
Q738E	H. _____ Q738HOTH	1		2							

SECTION VIII - EARLY SEXUAL EXPERIENCE AND CHILDBEARING
NOTE: THIS SECTION IS ALSO FOR RESPONDENTS AGED 15 TO 24 YEARS

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

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

Q801M

month

Q801Y

year

- 22. Has never had sexual intercourse (**SKIP TO STATEMENT BEFORE Q901**)
- 28. Doesn't remember
- 29. No response

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

Q802

years

- 85. 85 years and over
- 88. Don't know / Not sure

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

Q803

- 1. Husband / common-law partner
- 2. Boyfriend
- 3. Friend (**SKIP TO Q805**)
- 4. Casual acquaintance (**SKIP TO Q805**)
- 5. Mother's partner (**SKIP TO Q805**)
- 6. Rape (**SKIP TO Q810**)
- 8. Other (specify): (**SKIP TO Q805**)

Q803OTH

OFFICE USE ONLY

804. *How long were you going with him when you first had sex? [ENTER ONE RESPONSE ONLY].*

Q804D

days

Q804M

months

Q804W

weeks

Q804Y

years

- 66. Had just met him
- 77. Don't remember

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

Q805

- 1. Yes
- 2. No (**SKIP TO Q809**)

806. *What was the method?*

Q806

- 1. Female sterilization, tubal ligation
- 2. Male sterilization, vasectomy
- 3. Implant (Norplant)
- 4. Injection
- 5. Pill
- 6. Morning after pill (ECP)
- 7. IUD / Coil
- 8. Condom
- 9. Foaming tablets, cream, jelly
- 10. Diaphragm
- 11. Withdrawal (**SKIP TO Q808**)
- 12. Rhythm, Calendar, Billings
- 88. Other (specify):

Q806OTH

OFFICE USE ONLY

807. *Where did you or your partner get this method used during your first sexual intercourse?*
Q807 [IN THE CASE OF BILLINGS, CALENDAR OR RHYTHM METHOD, ASK]:
Where did you or your partner receive orientation?

1. Government hospital	5. Private doctor	9. Supermarket / shop / bar	OFFICE USE ONLY <input type="checkbox"/> <input type="checkbox"/>
2. Government health clinic/centre	6. Pharmacy	77. Rhythm without instruction	
3. Private hospital	7. Outreach worker	88. Other (specify): Q807OTH	
4. Private clinic	8. Factory / work place	29. Doesn't know / doesn't remember	

808. *Whose decision was it to use this method? You alone, your partner alone, or was it made together?*
Q808

1. My decision	3. Decision made together
2. Partner's decision	9. Doesn't remember

ALL SKIP TO QUESTION 810

809. *Why didn't you or your partner use a contraceptive method during this first sexual intercourse?*
Q809

1. Didn't expect to have sexual relations at that time	6. Too embarrassed to get method	OFFICE USE ONLY <input type="checkbox"/> <input type="checkbox"/>
2. Partner was against using it	7. Wanted to become pregnant	
3. Didn't know of any methods	8. Other (specify): Q809OTH	
4. Knew of methods but didn't know where to get them	29. Doesn't know	
5. Wanted to use something but couldn't get it at that moment	98. No response	

810. **EVER HAD A LIVE BIRTH: [SEE ANSWER TO Q307]**
Q810

1. Yes (CONTINUE)	2. No (SKIP TO STATEMENT BEFORE Q901)
-------------------	---------------------------------------

811. *When pregnant with your first child, were you still in school?*
Q811

1. Yes	2. No (SKIP TO Q814)
--------	----------------------

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

	LEVEL	YEARS									
		<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8+</u>	<u>NS</u>
Q812A	A. Primary/All age	0	1	2	3	4	5	6	7	8+	9
Q812B	B. Junior High	0	1	2	3	4	5	6	7	8+	9
Q812C	C. Secondary	0	1	2	3	4	5	6	7	8+	9
Q812D	D. Post-secondary	0	1	2	3	4	5	6	7	8+	9
Q812E	E. Doesn't remember	0									

813. *After the first child was born, did you return to school?*
Q813

1. Yes	2. No
--------	-------

814. *Do you have a child who is / children who are alive today for anyone other than your present husband / partner?*
Q814

1. Yes	2. No (SKIP TO Q820)	9. Refused to answer (SKIP TO Q820)
--------	----------------------	-------------------------------------

Now, the next four questions [Q815 - Q818] are about your youngest child with that previous partner.

815.	Does the baby father help you with the care or financial support of the child? [READ RESPONSES 1 - 3]						
Q815	1. At all times	3. Seldom					
	2. Sometimes	4. No (SKIP TO Q818)					
816.	What kind of help does he give you? [READ OPTIONS A TO C].						
Q816A	A. Child care	<u>YES</u> 1	<u>NO</u> 2				
Q816B	B. Financial help	1	2				
Q816C	C. Gifts	1	2				
	Other (specify):		OFFICE USE ONLY				
Q816D	D. _____ Q816DOTH	1	2				
Q816E	E. _____ Q816EOTH	1	2				
			<table border="1" style="display: inline-table; width: 30px; height: 30px; vertical-align: middle;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>				
817.	Do you think the help he gives you is important or not important in taking care of his child?						
Q817	1. Important	2. Not important					
818.	Who is the main source of help?						
Q818	1. Baby's father	6. Mother's relative					
	2. Current partner	7. Father's relative	OFFICE USE ONLY				
	3. Maternal grandparent(s)	8. Don't receive help	<table border="1" style="display: inline-table; width: 30px; height: 30px; vertical-align: middle;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>				
	4. Paternal grandparent(s)	88. Other (specify): _____ Q8180TH					
	5. Friend / neighbour						
819.	How many children do you have who are still alive?						
Q819	1. One living child (SKIP TO Q823)	2. Two or more living children (CONTINUE)	<table border="1" style="display: inline-table; width: 30px; height: 30px; vertical-align: middle;"><tr><td style="width: 15px; height: 15px; text-align: center;">2</td></tr></table> 9.	2			
2							
820.	Does any one help with the care or financial support of your child / children with your current husband / partner?						
Q820	1. Yes	8. No other (living) children with current husband / partner (SKIP TO Q823)					
	2. No (SKIP TO Q823)						
821.	What kind of help do you get?						
Q821A	A. Child care	<u>YES</u> 1	<u>NO</u> 2				
Q821B	B. Financial help	1	2				
Q821C	C. Gifts	1	2				
	Other (specify):		OFFICE USE ONLY				
Q821D	D. _____ Q821DOTH	1	2				
			<table border="1" style="display: inline-table; width: 30px; height: 30px; vertical-align: middle;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>				
822.	Who is the main source of help?						
Q822	1. Husband / partner	5. Partner's parents / relative					
	2. Respondent's mother	6. Partner's grandparents	OFFICE USE ONLY				
	3. Respondent's grandmother	7. Partner's other relative	<table border="1" style="display: inline-table; width: 30px; height: 30px; vertical-align: middle;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>				
	4. Other relative	8. Other (specify): _____ Q8220TH					

SECTION IX - GENERAL ATTITUDES AND OPINIONS

Now, I'd like to read some statements to you. Please tell me whether you agree or disagree....

		<u>Agree</u>	<u>Don't agree</u>	<u>Un- certain</u>	<u>No response</u>
Q901	901. <i>If a woman doesn't have sex, she'll get sick</i>	1	2	8	9
Q902	902. <i>A girl must have a baby by the time she is 18 years old</i>	1	2	8	9
Q903	903. <i>A girl can get pregnant only after she has seen her first period</i>	1	2	8	9
Q904	904. <i>A boy must have sex to show he is a man</i>	1	2	8	9
Q905	905. <i>A girl can avoid getting pregnant by having sex standing up, using pepsi or going to the sea</i>	1	2	8	9
Q906	906. <i>It is not necessary to use a condom with a steady partner</i>	1	2	8	9
Q907	907. <i>Planning too far ahead is not wise since many things turn out to be a matter of good or bad luck</i>	1	2	8	9
Q908	908. <i>Your life is mostly controlled by people with more power than you</i>	1	2	8	9
Q909	909. <i>To get what you want, you have to conform to the wishes of others</i>	1	2	8	9
Q910	910. <i>What others in your family want should always come first before what you want</i>	1	2	8	9
Q911	911. <i>You can generally determine what will happen in your life</i>	1	2	8	9
Q912	912. <i>When you get what you want, it is usually because you worked hard for it</i>	1	2	8	9
	913. <i>In your opinion, who would you regard as "a real man":</i>				
Q913A	A. <i>A sexually responsible person</i>	1	2	8	9
Q913B	B. <i>One who treats a woman good</i>	1	2	8	9
Q913C	C. <i>One who helps in the home</i>	1	2	8	9
Q913D	D. <i>One who has as many women as he wants</i>	1	2	8	9
Q913E	E. <i>One who has as many children as he wants</i>	1	2	8	9
Q913F	F. <i>One who takes sexual risks</i>	1	2	8	9

END OF INTERVIEW THANK YOU!!!!

