



2017 INDONESIA DEMOGRAPHIC AND HEALTH SURVEY NEVER-MARRIED MAN'S QUESTIONNAIRE

Confidential

IDENTIFICATION				CODE	
1. PROVINCE _____				<div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>	
2. REGENCY/CITY*) _____					
3. SUBDISTRICT _____					
4. VILLAGE _____					
5. URBAN/RURAL**) URBAN -1 RURAL -2					
6. CENSUS BLOCK NUMBER _____					
7. 2017 IDHS SAMPLE CODE					
8. HOUSEHOLD NUMBER					
9. NAME OF HOUSEHOLD HEAD _____					
10. NAME OF RESPONDENT _____					
11. RESPONDENT LINE NUMBER				<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>	
12. RESPONDENT'S MOBILE PHONE NUMBER _____					

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY MONTH YEAR 2 0 1 7 INT. NUMBER RESULT
INTERVIEWER'S NAME	_____	_____	_____	
RESULT***)	_____	_____	_____	
NEXT VISIT DATE	_____	_____		TOTAL NUMBER OF VISITS
TIME	_____	_____		

***) RESULT CODES

1 COMPLETED	3 POSTPONED	5 PARTLY COMPLETED	7 OTHER _____
2 NOT AT HOME	4 REFUSED	6 INCAPACITATED	(SPECIFY)

FIELD EDITOR		SUPERVISOR		CBS OFFICE EDITOR	KEYED BY
NAME	_____	NAME	_____	_____	_____
DATE	____	DATE	____	____	____

*) Cross out category not used

**) Circle selected category

PARENT/GUARDIAN CONSENT

(READ TO PARENTS OR GUARDIAN OF MEN AGE 15-17)

In this survey, we are interviewing never married men between the ages of 15 and 24 individually. We are interested in their knowledge, attitudes, and practice in reproductive health care. This information will be useful to the government in developing plans to provide health services tailored specifically to address the needs of young people.

We would very much appreciate your permission to have your child(ren) to participate in this survey. The survey usually takes about 25 minutes to complete. Whatever information your children provide will be kept strictly confidential and will not be shown to other persons.

May we interview (NAME OF CHILDREN) in private? If you decide not to allow your child(ren) to be interviewed, we will respect your decision. What is your decision?

PARENT/GUARDIAN AGREES 1 PARENT/GUARDIAN DOES NOT AGREE 2 → END

↓
SECTION 1

Signature of interviewer: _____

Date: _____

INFORMED CONSENT

Hello.

My name is..... I am working with Badan Pusat Statistik. We are conducting a national survey of unmarried men between age 15 and 24. We are interested in your knowledge of, attitudes toward and practice in health care.

This information will be used to help the government in developing plans to provide health services tailored specifically to address the needs of young people. We would very much appreciate your participation in this survey. The survey usually takes about 25 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey? (GIVE CLEAR AND BRIEF RESPONSE)

May I interview (NAME) now?

RESPONDENT AGREES 1
↓

RESPONDENT DOES NOT AGREE 2 → END
TO BE INTERVIEWED

SECTION 1

Signature of interviewer: _____

Date: _____

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	How long have you been living continuously in (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD	YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96	<input type="checkbox"/> → 106
103	Just before you moved here, did you live in a city, in a town, or in a rural area?	CITY 1 TOWN 2 RURAL AREA 3	
104	Before you moved here, which (PROVINCE/STATE) did you live in?	PROVINCE/STATE ¹⁾ <input type="text"/> <input type="text"/> _____ DISTRICT/CITY*) <input type="text"/> <input type="text"/> _____)DES FILLED BY OFFICE EDITOR	
105	Where did you live five years ago?	PROVINCE/STATE ¹⁾ <input type="text"/> <input type="text"/> _____ DISTRICT/CITY*) <input type="text"/> <input type="text"/> _____)DES FILLED BY OFFICE EDITOR	
106	In what month and year were you	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
107	How old were you at your last birthday? COMPARE AND CORRECT 106 AND 107 IF INCONSISTENT. IF AGE IS LESS THAN 15 OR OVER 24, END INTERVIEW. CORRECT 17IDHS-HH SECTION III COL (8).	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
108	Have you ever attended school?	YES 1 NO 2	<input type="checkbox"/> → 114
109	What is the highest level of school you attended: elementary, junior high school, senior high school, academy or university?	PRIMARY SCHOOL 1 JUNIOR HIGH SCHOOL 2 SENIOR HIGH SCHOOL 3 ACADEMY/D1/DII/DIII 4 DIPLOMA/UNIVERSITY 5	
110	What is the highest (grade/year) you completed at that level? IN FIRST YEAR = 0, COMPLETED = 7, DON'T KNOW = 8	GRADE <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	Are you currently attending school?	YES 1 NO 2	→ 113
112	What is the reason you are not currently attending school any more? DO NOT READ OUT RESPONSES. CIRCLE THE MAIN REASON.	GRADUATED/HAD ENOUGH SCHOOLING 01 TO CARE FOR ANOTHER FAMILY MEMBER 02 FAMILY NEEDED HELP ON FARM OR BUSINESS 03 COULD NOT PAY SCHOOL FEES 04 NEEDED TO EARN MONEY 05 DID NOT LIKE SCHOOL/ DID NOT WANT TO CONTINUE 06 DID NOT PASS EXAMS 07 SCHOOL NOT ACCESSIBLE/ TOO FAR 08 OTHER 96 (SPECIFY)	
113	CHECK 109: CODE '1' CIRCLED <input type="checkbox"/> CODE '2', '3', '4' OR '5' CIRCLED <input type="checkbox"/>		116
114	Now I would like you to read this sentence. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE. . . 3 BLIND/VISUALLY IMPAIRED 4	
115	CHECK 114: CODE '2' OR '3' CIRCLED <input type="checkbox"/> CODE '1' OR '4' CIRCLED <input type="checkbox"/>		118
116	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	→ 118
117	In the last 6 months did you read an article in a newspaper or magazine: a) About postponement of age at marriage? b) About HIV-AIDS? c) About sexually transmitted infections? d) About the condom/condom advertisement? e) About drugs? f) About alcoholic beverages? g) About how to prevent pregnancy or family planning?	YES NO a) POSTPONE MARRIAGE 1 2 b) HIV/AIDS 1 2 c) STI 1 2 d) CONDOM 1 2 e) DRUGS 1 2 f) ALCOHOL 1 2 g) FAMILY PLANNING 1 2	
118	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	→ 120
119	In the last 6 months did you hear on the radio: a) About postponement of age at marriage? b) About HIV-AIDS? c) About sexually transmitted infections? d) About the condom/condom advertisement? e) About drugs? f) About alcoholic beverages? g) About how to prevent pregnancy or family planning?	YES NO a) POSTPONE MARRIAGE 1 2 b) HIV/AIDS 1 2 c) STI 1 2 d) CONDOM 1 2 e) DRUGS 1 2 f) ALCOHOL 1 2 g) FAMILY PLANNING 1 2	
120	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	→ 122

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
121	In the last 6 months did you watch on television: a) About postponement of age at marriage? b) About HIV/AIDS? c) About sexually transmitted infections? d) About the condom/condom advertisement? e) About drugs? f) About alcoholic beverages? g) About how to prevent pregnancy or family planning?	YES a) POSTPONE MARRIAGE b) HIV/AIDS c) STI d) CONDOM e) DRUGS f) ALCOHOL g) FAMILY PLANNING	NO 1 2 1 2 1 2 1 2 1 2 1 2 1 2	
122	Do you own a mobile telephone?	YES NO	1 2	
123	Do you have an account in a bank or other financial institution that you yourself use?	YES NO	1 2	
124	Have you ever used the Internet, including <i>browsing, Facebook, Twitter, WhatsApp, BBM, online game, Skype, Instagram and others?</i>	YES NO	1 2	→ 127
125	In the last 12 months, have you used the Internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES NO	1 2	→ 127
126	During the last one month, how often did you use the Internet: almost every day, at least once a week, less than once a week, or not at all?	ALMOST EVERY DAY AT LEAST ONCE A WEEK LESS THAN ONCE A WEEK NOT AT ALL	1 2 3 4	
127	Have you done any work in the last seven days for at least one hour continuously?	YES NO	1 2	→ 130
128	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, or any other such reason?	YES NO	1 2	→ 130
129	Have you done any work in the last 12 months?	YES NO	1 2	→ 201
130	What is your occupation, that is, what kind of work do you mainly do? DESCRIBE AS COMPLETE AS POSSIBLE. DO NOT CIRCLE CODE AND FILL IN BOXES. _____ _____ (FILLED BY BPS)	PROFESSIONAL, TECHNICAL MANAGERS AND ADMINISTRATION CLERICAL SALES SERVICE AGRICULTURAL WORKER INDUSTRIAL WORKER OTHER (SPECIFY) DON'T KNOW	01 02 03 04 05 06 07 96 98	
131	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER FOR SOMEONE ELSE SELF-EMPLOYED	1 2 3	
132	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR SEASONALLY/PART OF THE YEAR ONCE IN A WHILE	1 2 3	
133	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY CASH AND KIND IN KIND ONLY NOT PAID	1 2 3 4	

2. KNOWLEDGE AND EXPERIENCE ABOUT HUMAN REPRODUCTION SYSTEM

Now I want to ask you about changes from childhood to adolescence, the reproductive system, and related issues.

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
201	<p>When a boy begins to change from childhood to adolescence, also known as puberty, he experiences some physical changes. Can you tell me what they are?</p> <p>Any other change?</p> <p>DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.</p>	<p>DEVELOP MUSCLES A</p> <p>CHANGE IN VOICE B</p> <p>GROWTH OF FACIAL HAIR, PUBIC HAIR, UNDERARM HAIR, CHEST, LEGS AND ARMS C</p> <p>INCREASE IN SEXUAL AROUSAL ... D</p> <p>WET DREAMS E</p> <p>GROWTH OF ADAM'S APPLE F</p> <p>OTHER X</p> <p>(SPECIFY) _____</p> <p>DON'T KNOW Z</p>	
202	<p>When a girl begins to change from childhood to adolescence, she experiences some physical changes. Can you tell me what they are?</p> <p>Any other change?</p> <p>DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.</p>	<p>GROWTH OF PUBIC AND UNDERARM HAIR A</p> <p>GROWTH IN BREASTS B</p> <p>GROWTH IN HIPS C</p> <p>INCREASE IN SEXUAL AROUSAL ... D</p> <p>MENSTRUATION E</p> <p>OTHER X</p> <p>(SPECIFY) _____</p> <p>DON'T KNOW Z</p>	
203	<p>CHECK 201 AND 202:</p> <p>NO CODE 'Z' CIRCLED OR CODE 'Z' CIRCLED IN ONE QUESTION ONLY <input type="checkbox"/></p>	<p>CODE 'Z' CIRCLED IN BOTH 201 AND 202 <input type="checkbox"/></p>	205
204	<p>Where did you get the information about the physical changes from childhood to adolescence?</p> <p>Any other source?</p> <p>DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.</p>	<p>FRIEND A</p> <p>MOTHER B</p> <p>FATHER C</p> <p>SIBLING D</p> <p>RELATIVES E</p> <p>TEACHER F</p> <p>HEALTH SERVICE PROVIDER G</p> <p>RELIGIOUS LEADER H</p> <p>TELEVISION I</p> <p>RADIO J</p> <p>BOOK/MAGAZINE/NEWSPAPER K</p> <p>INTERNET L</p> <p>OTHER X</p> <p>(SPECIFY) _____</p> <p>DON'T KNOW Z</p>	
205	<p>How old were you when you had your first wet dream?</p>	<p>NEVER 00</p> <p>AGE IN YEARS <input type="text"/> <input type="text"/></p>	→ 209
206	<p>Before you had wet dreams, did anyone talk to you about wet dreams?</p>	<p>YES 1</p> <p>NO 2</p>	→ 208

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
207	<p>Who talked to you about wet dreams?</p> <p>Any one else?</p> <p>DO NOT READ OUT RESPONSES.</p> <p>CIRCLE ALL MENTIONED.</p>	<p>FRIEND A</p> <p>MOTHER B</p> <p>FATHER C</p> <p>SIBLING D</p> <p>RELATIVES E</p> <p>TEACHER F</p> <p>HEALTH SERVICE PROVIDER G</p> <p>RELIGIOUS LEADER H</p> <p>OTHER X</p> <p>(SPECIFY)</p>	
208	<p>The first time you had wet dreams, did you talk to anyone?</p> <p>If 'YES', who did you talk to?</p> <p>Any one else?</p> <p>DO NOT READ OUT RESPONSES.</p> <p>CIRCLE ALL MENTIONED.</p>	<p>FRIEND A</p> <p>MOTHER B</p> <p>FATHER C</p> <p>SIBLING D</p> <p>RELATIVES E</p> <p>TEACHER F</p> <p>HEALTH SERVICE PROVIDER G</p> <p>RELIGIOUS LEADER H</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	
209	<p>Now I want to talk to you about the risk of pregnancy.</p> <p>From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>211</p>
210	<p>Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?</p>	<p>JUST BEFORE HER PERIOD BEGINS 1</p> <p>DURING HER PERIOD 2</p> <p>RIGHT AFTER HER PERIOD HAS ENDED 3</p> <p>HALFWAY BETWEEN 4</p> <p>OTHER 6</p> <p>(SPECIFY)</p> <p>DON'T KNOW 8</p>	
211	<p>Can a woman become pregnant by having one sexual intercourse ?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
212	<p>Do you know how to avoid pregnancy?</p> <p>If "YES": What is it?</p> <p>Any other way?</p> <p>DO NOT READ OUT RESPONSES.</p> <p>CIRCLE ALL MENTIONED.</p>	<p>ABSTAIN FROM SEX A</p> <p>USE CONTRACEPTION B</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	
213	<p>Can a woman become pregnant after giving birth before she resumes menstruation?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
Now I would like to talk about family planning . The various ways or methods that a couple can use to delay or avoid a pregnancy.			
212. Have you ever heard about (METHOD)?			
214	01. Female sterilization. Women can have an operation to avoid having any more children.	YES 1 NO 2	
	02. Male sterilization. Men can have an operation to avoid having any more children.	YES 1 NO 2	
	03. IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2	
	04. Injectables Women can have an injection by a health provider that stops them from becoming pregnant for one more months.	YES 1 NO 2	
	05. Implants Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2	
	06. Pill Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2	
	07. Condom Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2	
	08. Intravag/Diaphragm Women can place a thin flexible disk in their vagina before intercourse.	YES 1 NO 2	
	09. Emergency Contraception. As an emergency measure after unprotected sexual intercourse, women can take special pills at any time within three days to prevent pregnancy.	YES 1 NO 2	
	10. Lactational amenorrhea methode (LAM) Women Breastfeed the baby with condition: the age of the baby less than 6 months, the baby just consume breast milk, and the mother haven't had menstruated yet.	YES 1 NO 2	
	11. Rhythm or periodic abstinence Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES 1 NO 2	
	12. Withdrawal. Men can be careful and pull out before climax	YES 1 NO 2	
	13. Other methods. Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO																
215	CHECK 214: ANY CODE '1' <input type="checkbox"/> CIRCLED	CODE '1' <input type="checkbox"/> NOT CIRCLED	219																
216	Now I want to talk about family planning use in the future. Do you think you will use a family planning method some time in the future?	YES 1 NO 2 DON'T KNOW 8																	
217	What service of family planning do you think should be made available to unmarried youth? a) Information about reproductive health and family planning methods? b) Consultation about how to use family planning methods? c) Provision and family planning services	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>a) INFORMATION</td> <td>..... 1</td> <td>..... 2</td> </tr> <tr> <td>b) COUNSELLING</td> <td>..... 1</td> <td>..... 2</td> </tr> <tr> <td>c) SERVICE</td> <td>..... 1</td> <td>..... 2</td> </tr> </table>		YES	NO	a) INFORMATION 1 2	b) COUNSELLING 1 2	c) SERVICE 1 2					
	YES	NO																	
a) INFORMATION 1 2																	
b) COUNSELLING 1 2																	
c) SERVICE 1 2																	
218	I will now read you some statements about condom use. Please tell me if you agree or disagree with each. a) Condoms can be used to prevent pregnancy b) A condom can protect against getting HIV/AIDS and other sexually transmitted diseases c) A condom can be reused	<table border="0"> <tr> <td></td> <td>DIS- AGREE</td> <td>DON'T AGREE</td> <td>KNOW</td> </tr> <tr> <td>a) PREVENT PREGNANCY</td> <td>..... 1</td> <td>..... 2</td> <td>..... 8</td> </tr> <tr> <td>b) PREVENT HIV/AIDS AND STI</td> <td>..... 1</td> <td>..... 2</td> <td>..... 8</td> </tr> <tr> <td>c) CAN BE REUSED</td> <td>..... 1</td> <td>..... 2</td> <td>..... 8</td> </tr> </table>		DIS- AGREE	DON'T AGREE	KNOW	a) PREVENT PREGNANCY 1 2 8	b) PREVENT HIV/AIDS AND STI 1 2 8	c) CAN BE REUSED 1 2 8	
	DIS- AGREE	DON'T AGREE	KNOW																
a) PREVENT PREGNANCY 1 2 8																
b) PREVENT HIV/AIDS AND STI 1 2 8																
c) CAN BE REUSED 1 2 8																
219	Now I want to talk about a disease called anemia. Have you ever heard of anemia?	YES 1 NO 2	→ 301																
220	What is anemia? Anything else? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	LOW HEMOGLOBIN (Hb) A IRON DEFICIENCY B DEFICIT IN RED BLOOD CELLS C BLOOD DEFICIT D VITAMIN DEFICIENCY E LOW BLOOD PRESSURE F OTHER X (SPECIFY) DON'T KNOW Z																	
221	What do you think is the cause of anemia? Anything else? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	LACK OF CONSUMPTION OF MEAT, FISH AND LIVER A LACK OF CONSUMPTION OF VEGETABLES AND FRUITS B BLEEDING C MENSTRUATION D MALNUTRITION E INFECTIOUS DISEASE F OTHER X (SPECIFY) DON'T KNOW Z																	
222	Can anemia be treated?	YES 1 NO 2 DON'T KNOW 8	→ 301																
223	How is anemia treated? Anything else? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	TAKE PILL TO INCREASE BLOOD A TAKE IRON TABLET B INCREASE CONSUMPTION OF MEAT, FISH AND LIVER C INCREASE CONSUMPTION OF IRON-RICH VEGETABLES AND FRUITS D OTHER X (SPECIFY) DON'T KNOW Z																	

3. MARRIAGE AND CHILDREN

Let us now talk about marriage and having children.

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
301	At what age would you like to be married?	AGE IN YEARS <input type="text"/> <input type="text"/> NEVER 95 DON'T KNOW 98	
302	In your opinion, what is the best age for a woman to get married?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	
303	In your opinion, what is the best age for a man to get married?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	
304	Do you think a couple who wants to get married needs to have a medical test?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 306
305	What kind of test ? Anything else? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	PHYSICAL A BLOOD B URINE C OTHER X (SPECIFY) DON'T KNOW Z	
306	Who is going to choose the person you will marry: yourself, your parents, other relatives, or jointly?	SELF 1 PARENT 2 OTHER RELATIVES 3 JOINTLY 4	
307	If you could choose exactly the number of children to have in your whole life, how many children would that be?	DO NOT WANT CHILDREN 00 NUMBER <input type="text"/> <input type="text"/> OTHER 96 (SPECIFY)	→ 309 → 309
308	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it was boy or girl? "ANY" IS THE DESIRED NUMBER OF CHILDREN WITHOUT A SPECIFIC GENDER PREFERENCE	BOYS GIRLS EITHER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER 999996 (SPECIFY)	
309	Who do you think should decide on how many children a couple should have : the wife, the husband, or both?	WIFE 1 HUSBAND 2 BOTH 3 DON'TKNOW 8	
310	In your opinion, what is the best age for a woman to have the first baby?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO																																
311	In your opinion, what is the best age for a man to have the first baby?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98																																	
312	How long do you think a woman should wait after one birth before she has another birth?	MONTH 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998																																	
313	If a woman has an unwanted pregnancy, what do you think she should do, have the baby and keep it, have the baby and give it away, have an abortion, or up to her?	HAVE THE BABY AND KEEP IT 1 HAVE THE BABY AND GIVE IT AWAY 2 HAVE AN ABORTION 3 UP TO HER 4 DON'T KNOW 8																																	
314	I'm going to read some statements about times when a woman might consider having an abortion. Please tell me, in your opinion, is it acceptable for a woman to have an abortion a) The pregnancy endangers her health and the baby's health? b) The pregnancy endangers her life and the baby's life? c) The fetus has physical deformity? d) The pregnancy has resulted from rape? e) She is unmarried? f) The couple can not afford to have a child? g) She is attending school?	<table> <thead> <tr> <th></th> <th>DIS- AGREE</th> <th>AGREE</th> <th>DON'T KNOW</th> </tr> </thead> <tbody> <tr> <td>a) ENDANGER HEALTH</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) ENDANGER LIFE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) FETUS DEFORMED</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) RAPED</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) UNMARRIED</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f) CAN NOT AFFORD</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>g) ATTENDING SCHOOL</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		DIS- AGREE	AGREE	DON'T KNOW	a) ENDANGER HEALTH	1	2	8	b) ENDANGER LIFE	1	2	8	c) FETUS DEFORMED	1	2	8	d) RAPED	1	2	8	e) UNMARRIED	1	2	8	f) CAN NOT AFFORD	1	2	8	g) ATTENDING SCHOOL	1	2	8	
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f) CAN NOT AFFORD	1	2	8																																
g) ATTENDING SCHOOL	1	2	8																																

4. ROLE OF FAMILY, SCHOOL, COMMUNITY, AND MASS MEDIA

Now I'd like to ask you about the role of family, school and community as sources of information on reproductive health, which includes issues related to sexuality and sexually transmitted infections, such as HIV/AIDS; and use of illegal drugs and NAPZA (narcotics, alcohol, psychotropic drugs, and other addictive substances).

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO																											
401	<p>We would like to know about the people with whom you have talked about or asked questions about sexual matters. Have you talked about these things with:</p> <p>a) Friend? b) Mother? c) Father? d) Siblings? e) Relatives? f) Teacher? g) Health service provider? h) Religious leader?</p>	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>a) FRIEND</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) MOTHER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) FATHER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d) SIBLING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e) RELATIVE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f) TEACHER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>g) HEALTH SERVICE PROVID</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>h) RELIGIOUS LEADER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	a) FRIEND	1	2	b) MOTHER	1	2	c) FATHER	1	2	d) SIBLING	1	2	e) RELATIVE	1	2	f) TEACHER	1	2	g) HEALTH SERVICE PROVID	1	2	h) RELIGIOUS LEADER	1	2	
	YES	NO																												
a) FRIEND	1	2																												
b) MOTHER	1	2																												
c) FATHER	1	2																												
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f) TEACHER	1	2																												
g) HEALTH SERVICE PROVID	1	2																												
h) RELIGIOUS LEADER	1	2																												
402	<p>If you want to know more about reproductive health, who would you like to ask?</p> <p>Any one else?</p> <p>DO NOT READ OUT RESPONSES.</p> <p>CIRCLE ALL MENTIONED.</p>	<p>FRIEND A</p> <p>MOTHER B</p> <p>FATHER C</p> <p>SIBLING D</p> <p>RELATIVES E</p> <p>TEACHER F</p> <p>HEALTH SERVICE PROVIDER G</p> <p>RELIGIOUS LEADER H</p> <p>OTHER X</p> <p style="text-align: center;">(SPECIFY)</p> <p>DON'T KNOW Z</p>																												
403	<p>CHECK 108:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>CODE '1'</p> <p>CIRCLED</p> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; border: 1px solid black; margin: 2px;"></div> </div> </div> <div style="text-align: center;"> <p>CODE '2'</p> <p>CIRCLED</p> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; border: 1px solid black; margin: 2px;"></div> </div> </div> </div>		406																											

TOPIC	404. Have you ever been taught at school about (TOPIC)?	405. In what level of schooling were you when you first were taught at school about (TOPIC)?
A. How the human reproductive system works.	<p>YES 1 →</p> <p>NO 2 →</p> <p>DON'T KNOW 8 →</p>	<p>PRIMARY 1</p> <p>JUNIOR HIGH SCHOOL 2</p> <p>SENIOR HIGH SCHOOL 3</p> <p>ACADEMY/DI/DII/DIII 4</p> <p>DIPLOMA IV/UNIVERSITY 5</p> <p>DON'T KNOW 8</p>
B. Methods of birth control.	<p>YES 1 →</p> <p>NO 2 →</p> <p>DON'T KNOW 8 →</p>	<p>PRIMARY 1</p> <p>JUNIOR HIGH SCHOOL 2</p> <p>SENIOR HIGH SCHOOL 3</p> <p>ACADEMY/DI/DII/DIII 4</p> <p>DIPLOMA IV/UNIVERSITY 5</p> <p>DON'T KNOW 8</p>
C. HIV-AIDS.	<p>YES 1 →</p> <p>NO 2 →</p> <p>DON'T KNOW 8 →</p>	<p>PRIMARY 1</p> <p>JUNIOR HIGH SCHOOL 2</p> <p>SENIOR HIGH SCHOOL 3</p> <p>ACADEMY/DI/DII/DIII 4</p> <p>DIPLOMA IV/UNIVERSITY 5</p> <p>DON'T KNOW 8</p>
D. Other sexually transmitted infections.	<p>YES 1 →</p> <p>NO 2 →</p> <p>DON'T KNOW 8 →</p>	<p>PRIMARY 1</p> <p>JUNIOR HIGH SCHOOL 2</p> <p>SENIOR HIGH SCHOOL 3</p> <p>ACADEMY/DI/DII/DIII 4</p> <p>DIPLOMA IV/UNIVERSITY 5</p> <p>DON'T KNOW 8</p>
E. NAPZA (narcotics, alcohol, psychotropic drugs and other addictive substances).	<p>YES 1 →</p> <p>NO 2 →</p> <p>DON'T KNOW 8 →</p>	<p>PRIMARY 1</p> <p>JUNIOR HIGH SCHOOL 2</p> <p>SENIOR HIGH SCHOOL 3</p> <p>ACADEMY/DI/DII/DIII 4</p> <p>DIPLOMA IV/UNIVERSITY 5</p> <p>DON'T KNOW 8</p>

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
406	Have you ever attended a community-sponsored meeting about reproductive health?	YES 1 NO 2	→ 408
407	What kind of meeting did you attend? Any other? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	YOUTH GROUP A RELIOUS GATHERING B YOUTH FAMILY GUIDANCE/BKR ... C NGO D GOVT. EXTENSION SERVIC..... E OTHER X (SPECIFY)	
408	Have you heard of a place for young adults to obtain information and counselling about young adult reproductive health?	YES 1 NO 2	→ 501
409	What places have you heard about? (TULISKAN) DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	CENTER OF INFORMATION AND COUNSELING FOR YOUTH .. A PRIMARY HEALTH CENTER-YOUTH FRIENDLY HEALTH SERVICE .. B YOUTH CENTE C OTHER X DON'T REMEMBER/DON'T KNOW ... Z	
410	Do you know where this place is (any of these places are)?	YES 1 NO 2	→ 501
411	Have you ever visited this place (any of these places)?	YES 1 NO 2	→ 501
412	What services did you find there? Anything else? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	INFORMATION ON REPRODUCTIVE HEALTH A COUNSELLING B MEDICAL CHECK UP C STI TREATMENT D CONTRACEPTIVE METHODS E OTHER X (SPECIFY) DON'T KNOV Z	
413	Apart from services you mentioned before, what other services do you want to be available in that place (those places)? Anything else? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	INFORMATION ON REPRODUCTIVE HEALTH A COUNSELLING B MEDICAL CHECK UP C STI TREATMENT D CONTRACEPTIVE METHODS E OTHER X (SPECIFY) DON'T KNOV Z	

5. SMOKING, DRINKING AND DRUGS

Now I'd like to ask you some question about the use of tobacco, alcohol and drugs. As we discussed earlier, you can choose not to answer any individual question or all of the questions. However, I hope you will answer these questions because your views are important. The information you give will be confidential and will only be used for scientific study.

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
501	Have you tried to smoke cigarettes?	YES 1 NO 2	→ 506
502	How old were when you smoked a cigarette for the first time?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	
503	How old were you when you started smoking fairly regularly?	AGE IN YEARS <input type="text"/> <input type="text"/> JUST TRIED 94 NEVER SMOKED REGULARLY ... 95 DON'T REMEMBER/DK 98	
504	Do you currently smoke every day, once in a while, or not at all?	EVERY DAY 1 ONCE IN A WHILE 2 NOT AT ALL 3	→ 506
505	On average, how many cigarettes do you smoke every day?	NUMBER OF CIGARETTES <input type="text"/> <input type="text"/>	
506	Do you currently smoke or use any (other) type of tobacco every day, some days, or not at all?	EVERY DAY 1 ONCE IN A WHILE 2 NOT AT ALL 3	→ 508
507	What (other) type of tobacco do you currently smoke or use? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	PIPE A CIGAR B SHISHA C INHALED THROUGH MOUTH D INHALED THROUGH NOSE E CHEWING TOBACCO F CHEW BETEL LEAF AND TOBACCO G OTHER X (SPECIFY)	
508	Have you ever asked/influenced a friend/someone to smoke?	YES 1 NO 2	
509	Have you ever asked/influenced a friend/someone not to smoke?	YES 1 NO 2	
510	Now I have some questions about drinking alcohol such as arak, tuak, beer, and others. Have you ever drunk an alcohol-containing beverage?	YES 1 NO 2	→ 514
511	How old were you when you had your first drink of alcohol?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T REMEMBER 98	
512	In the last three months, on how many days did you drink an alcohol-containing beverage? IF EVERY DAY: RECORD '90'.	NUMBER OF DAYS <input type="text"/> <input type="text"/> DID NOT DRINK 95	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
513	Have you ever gotten "drunk" from drinking an alcohol-containing beverage?	YES 1 NO 2	
514	Have you ever asked/influenced a friend/someone to drink an alcohol-containing beverage?	YES 1 NO 2	
515	Have you ever asked/influenced a friend/someone not to drink an alcohol-containing beverage?	YES 1 NO 2	
516	There are drugs such as ganja, putau, shabu-shabu, and others drugs which can be used for fun or get high (LOCAL TERMS: fly, boat, fantasize, etc). Do you know someone who takes drugs?	YES 1 NO 2	
517	Have you yourself ever tried to use drugs (LOCAL TERM)?	YES 1 NO 2	→ 525
518	How did you use the drug? Any other way? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	SMOKED A INHALED B INJECTED C DRANK/SWALLOWED D OTHER X (SPECIFY)	
519	CHECK 518: CODE 'A', 'B', 'D' OR 'X' <input type="checkbox"/> CIRCLED	CODE 'C' <input type="checkbox"/> CIRCLED	→ 521
520	Have you ever injected drugs which can make you LOCAL TERMS: fly, high, intoxicated, etc. ?	YES 1 NO 2	→ 525
521	How old were you when you first injected drugs?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T REMEMBER 98	
522	Did you inject drugs in the last 12 months?	YES 1 NO 2	→ 524
523	How often did you inject the drugs?	EVERYDAY 01 A FEW TIMES A WEEK 02 EVERY WEEK 03 LESS THAN ONCE PER WEEK 04 ONCE A MONTH 05 LESS THAN ONCE A MONTH 06 OTHER 96 (SPECIFY)	
524	Have you ever shared needles?	YES 1 NO 2	
525	Have you ever asked/influenced a friend/someone to use drugs?	YES 1 NO 2	
526	Have you ever asked/influenced a friend/someone not to use drugs?	YES 1 NO 2	
527	Have you ever heard of IPWL (Institution For Compulsory Reporting Programme)?	YES 1 NO 2	

6. HIV-AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Now I would like to talk about something else. Have you ever heard of an illness called HIV-AIDS?	YES 1 NO 2	→ 624
602	From which sources of information have you learned about HIV-AIDS? Any thing else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	RADIO A TELEVISION B NEWSPAPER/MAGAZINE C POSTER D HEALTH PROFESSIONAL E RELIGIOUS INSTITUTION F SCHOOL/TEACHER G COMMUNITY MEETING H FRIENDS/RELATIVES I WORK PLACE J INTERNET K OTHER X <div style="text-align: center;">(SPECIFY)</div>	
603	Can people reduce their chance of getting the HIV-AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8	
604	Can people get the HIV-AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
605	Can people reduce their chance of getting the HIV-AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
606	Can people get the HIV-AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
607	Can people get the HIV-AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8	
608	Can people get the HIV-AIDS virus by sharing unsterilized needle or syringe?	YES 1 NO 2 DON'T KNOW 8	
609	Is it possible for a healthy-looking person to have the HIV-AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
610	Can the HIV-AIDS virus be transmitted from a mother to her baby: a) During pregnancy? b) During delivery? c) By breastfeeding?	<div style="text-align: right; margin-bottom: 5px;">YES NO DK</div> a) DURING PREGNANCY ... 1 2 8 b) DURING DELIVERY ... 1 2 8 c) BREASTFEEDING ... 1 2 8	
611	How do you know if someone who was infected HIV-AIDS? Any thing else? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	PHYSICAL CHANGES A BEHAVIOR CHANGES B BLOOD TEST C OTHER X <div style="text-align: center;">(SPECIFY)</div> DON'T KNOW Z	
612	Do you know about HIV-AIDS test?	YES 1 NO 2	→ 615

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
613	Do you know a place to get HIV-AIDS test?	YES 1 NO 2	→ 615
614	Where is it? Any other place? IF UNABLE TO DETERMINE IF HOSPITAL OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE) RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	PUBLIC SECTOR HOSPITAL A PRIMARY HEALTH CENTER B SUB/MOBILE PRIMARY HEALTH CENTER C CLINIC D STAND-ALONE VCT CENTER E OTHER F (SPECIFY) PRIVATE MEDICAL SECTOR HOSPITAL G CLINIC H PRIVATE STAND-ALONE VCT CENTER I PRIVATE DOCTOR J MIDWIFE/NURSE K OTHER L (SPECIFY) OTHER X (SPECIFY)	
615	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the HIV-AIDS virus?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
616	If a member of your family got infected with the HIV-AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET 1 NO 2 DK/NOT SURE/DEPENDS 8	
617	If a member of your family became sick with HIV-AIDS, would you be willing to care for her or him in your own household?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
618	Do you think children living with HIV-AIDS should be allowed to attend school with children who do not HIV-	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
619	Do you think people hesitate to take an HIV test because they are afraid of how other people will react if the test result is positive for HIV?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
620	Do people talk badly about people living with HIV, or who are thought to be living with HIV?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
621	Do people living with HIV-AIDS, or thought to be living with HIV-AIDS, lose the respect of other people?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
622	Do you agree or disagree with the following statement: I would be ashamed if someone in my family had HIV-AIDS.	AGREE 1 DISAGREE 2 DK/NOT SURE/DEPENDS 8	
623	Do you fear that you could get HIV-AIDS if you come into contact with the saliva of a person living with HIV-AIDS?	YES 1 NO 2 RESPONDENT HAS HIV-AIDS 3 DK/NOT SURE/DEPENDS 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
624	<p>CHECK 601:</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>CODE '1' CIRCLED</p> <p>↓</p> <p>Apart from HIV-AIDS, have you heard about other infections that can be transmitted through sexual contact?</p> </div> <div style="text-align: center;"> <p>CODE '2' CIRCLED</p> <p>↓</p> <p>Have you heard about infections that can be transmitted through sexual contact?</p> </div> </div>	<p>YES 1</p> <p>NO 2 → 701</p>	
625	<p>What other infections have you heard about?</p> <p>Any other?</p> <p>DO NOT READ OUT RESPONSES.</p> <p>CIRCLE ALL MENTIONED.</p>	<p>SYPHILIS A</p> <p>GONORRHEA B</p> <p>GENITAL WARTS/CONDYLOMATA ... C</p> <p>CHANROID D</p> <p>CLAMYDIA E</p> <p>CANDIDA F</p> <p>GENITAL HERPES G</p> <p>OTHER X</p> <p style="text-align: center;">(SPECIFY)</p>	
626	<p>From which sources of information have you learned about sexually transmitted infections (STIs)?</p> <p>Anywhere else?</p> <p>DO NOT READ OUT RESPONSES.</p> <p>CIRCLE ALL MENTIONED.</p>	<p>RADIO A</p> <p>TELEVISION B</p> <p>NEWSPAPER/MAGAZINE C</p> <p>POSTER D</p> <p>HEALTH PROFESSIONAL E</p> <p>RELIGIOUS INSTITUTION F</p> <p>SCHOOL/TEACHER G</p> <p>COMMUNITY MEETING H</p> <p>FRIENDS/RELATIVES I</p> <p>WORK PLACE J</p> <p>INTERNET K</p> <p>OTHER X</p> <p style="text-align: center;">(SPECIFY)</p>	
627	<p>If a man has a sexually transmitted disease, what symptoms might he have?</p> <p>Any thing else?</p> <p>DO NOT READ OUT RESPONSES.</p> <p>CIRCLE ALL MENTIONED.</p>	<p>ABDOMINAL PAIN A</p> <p>GENITAL DISCHARGE/DRIPPING B</p> <p>FOUL SMELLING DISCHARGE C</p> <p>BURNING PAIN ON URINATION D</p> <p>REDNESS/INFLAMMATION IN GENITAL AREA E</p> <p>SWELLING IN GENITAL AREA F</p> <p>GENITAL SORES/ULCERS G</p> <p>GENITAL WARTS H</p> <p>GENITAL ITCHING I</p> <p>BLOOD IN URINE J</p> <p>LOSS OF WEIGHT K</p> <p>IMPOTENT L</p> <p>OTHER X</p> <p style="text-align: center;">(SPECIFY)</p> <p>NO SYMPTOMS Y</p> <p>DON'T KNOW Z</p>	
628	<p>If a woman has a sexually transmitted disease, what symptoms might she have?</p> <p>Any thing else?</p> <p>DO NOT READ OUT RESPONSES.</p> <p>CIRCLE ALL MENTIONED.</p>	<p>ABDOMINAL PAIN A</p> <p>GENITAL DISCHARGE/DRIPPING B</p> <p>FOUL SMELLING DISCHARGE C</p> <p>BURNING PAIN ON URINATION D</p> <p>REDNESS/INFLAMMATION IN GENITAL AREA E</p> <p>SWELLING IN GENITAL AREA F</p> <p>GENITAL SORES/ULCERS G</p> <p>GENITAL WARTS H</p> <p>GENITAL ITCHING I</p> <p>BLOOD IN URINE J</p> <p>LOSS OF WEIGHT K</p> <p>HARD TO CONCEIVE L</p> <p>OTHER X</p> <p style="text-align: center;">(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		NO SYMPTOMS Y DON'T KNOW Z	

7. DATING AND SEXUAL BEHAVIOUR

Now I want to ask questions about sexual activity. We are interested in finding out whether people your age are sexually active. Your responses will be treated confidentially and will only be used for scientific research.

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO															
701	Do you currently have a girlfriend?	YES 1 NO 2	→703															
702	Did you ever have a girlfriend?	YES 1 NO 2	→705															
703	How old were you when you first had a girlfriend?	AGE IN YEARS <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW 98																
704	Have you ever done any of the following with (any of) your girlfriend? a Hold hands? b) Embraced? c) Kissed lips? d) Touched (or being touched) on your sensitive body parts such as genitals, breast, thigh, etc.?	<table><tr><td></td><td>YES</td><td>NO</td></tr><tr><td>a) HOLD HANDS</td><td>1</td><td>2</td></tr><tr><td>b) EMBRACED</td><td>1</td><td>2</td></tr><tr><td>c) KISS LIPS</td><td>1</td><td>2</td></tr><tr><td>d) TOUCHED/BEING TOUCHED</td><td>1</td><td>2</td></tr></table>		YES	NO	a) HOLD HANDS	1	2	b) EMBRACED	1	2	c) KISS LIPS	1	2	d) TOUCHED/BEING TOUCHED	1	2	
	YES	NO																
a) HOLD HANDS	1	2																
b) EMBRACED	1	2																
c) KISS LIPS	1	2																
d) TOUCHED/BEING TOUCHED	1	2																
IF THE RESPONDENT IS UNCOMFORTABLE WITH THE QUESTIONS, TELL HER THAT YOU KNOW THE QUESTIONS ARE SENSITIVE BUT IT IS IMPORTANT TO GET ACCURATE INFORMATION. ASSURE THE RESPONDENT AGAIN THAT THE INFORMATION WILL BE CONFIDENTIAL.																		
705	Have you ever had sexual intercourse?	YES 1 NO 2 DON'T KNOW 8	└→715															
706	What is the main reason for having sexual intercourse the first time? DO NOT READ OUT RESPONSES	LOVE EACH OTHER 01 JUST HAPPENED 02 CURIOUS/ANXIOUS TO KNOW 03 FORCED BY PARTNER 04 FOR MONEY 05 WISH TO MARRY 06 INFLUENCED BY FRIENDS 07 OTHER 96 (SPECIFY) DON'T REMEMBER 98																
707	Where did you have sexual intercourse the first time? DO NOT READ OUT RESPONSES	OWN HOUSE 01 PARTNER'S HOUSE 02 HOTEL/MOTEL 03 BOARDING HOUSE 04 PROSTITUTES PLACE 05 VEHICLE 06 OTHER 96 (SPECIFY) DON'T REMEMBER 98																
708	How old were you when you first had sexual intercourse?	AGE IN YEARS <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW 98																

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO																																
709	What is your relationship to the person you had sex with the first time? DO NOT READ OUT RESPONSES.	FRIEND 01 BOY/GIRLFRIEND 02 RELATIVE 03 MOTHER 04 PROSTITUTE 05 OTHER 96 (SPECIFY)																																	
710	The first time you had sexual intercourse, did you or your partner use anything to prevent a pregnancy?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER ... 8	<input type="checkbox"/> → 712																																
711	What did you or your partner use? Any other method? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	CONDOM A PILL B EMERGENCY CONTRACEPTION C WITHDRAWAL D PERIODIC ABSTINENCE/CALENDAR . E OTHER X (SPECIFY)																																	
712	When was the <u>last</u> time you had sexual intercourse?	DAYS AGO 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS AGO 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS AGO 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																																	
713	The last time you had sexual intercourse, did you or your partner use anything to prevent a pregnancy?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER ... 8	<input type="checkbox"/> → 715																																
714	What did you or your partner use? Any other method? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES	CONDOM A PILL B EMERGENCY CONTRACEPTION C WITHDRAWAL D PERIODIC ABSTINENCE/CALENDAR . E OTHER X (SPECIFY)																																	
715	Do you have any friends who have had sex before marriage?	YES 1 NO 2 DK/DON'T REMEMBER 8	<input type="checkbox"/> → 717																																
716	Because your friends have had sex, are you motivated to have sexual intercourse?	YES 1 NO 2 DK/DON'T REMEMBER 8																																	
717	Do you agree or disagree with the following statements: a) Agree if a man has many concurrent partners/girlfriends b) Agree if a woman has many concurrent partners/boyfriends	YES NO DE- PENDS a) MAN HAS MANY CONCURRENT GIRLFRIENDS 1 2 8 b) WOMAN HAS MANY CONCURRENT BOYFRIENDS 1 2 8																																	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
718	Do you approve if a woman has sexual intercourse before marriage?	APPROVE 1 DISAPPROVE 2 DEPENDS 8	
719	Do you approve if a man has sexual intercourse before marriage?	APPROVE 1 DISAPPROVE 2 DEPENDS 8	
720	Do you approve if someone has sexual intercourse before marriage if: a) They both like to have sex. b) They love each other. c) They plan to get married d) The woman is an adult and knows the consequences e) They want to show their love	DIS- APPROVE APPROVE a) BOTH LIKE SEX 1 2 b) LOVE EACH OTHER 1 2 c) PLAN TO MARRY 1 2 d) WOMAN KNOWS CONSEQUENCES 1 2 e) SHOW LOVE 1 2	
721	Do you strongly agree, agree or disagree of the opinion that women should maintain virginity before marriage?	STRONGLY AGREE 1 AGREE 2 DISAGREE 8	
722	Do you think men in general still value their partner's virginity?	YES 1 NO 2 DON'T KNOW 8	
723	CHECK 705: NO/ <input type="checkbox"/> DON'T KNOW ↓	YES <input type="checkbox"/> _____	725
724	If you have never had sexual intercourse, do you intend to have sexual intercourse before marriage?	YES 1 NO 2 DEPENDS 8	
725	Have you ever advised/influenced a friend/someone to have sexual intercourse before marriage?	YES 1 NO 2	
726	Have you ever advised/influenced a friend/someone not to have sexual intercourse before marriage?	YES 1 NO 2 DEPENDS 8	
727	CHECK 705: CODE '1' <input type="checkbox"/> CIRCLED ↓	CODE '2' OR '8' <input type="checkbox"/> _____	736
728	Sometimes a woman becomes pregnant when she doesn't want to be. In the past, have you ever had a sexual partner who became pregnant when you did not want her to be?	YES 1 NO 2	→ 736
729	How many times did you/your partner become pregnant when you did not want to be?	ONCE 1 SEVERAL TIMES 2	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
741	Now I would like to ask you about your health in the past 12 months. In the past 12 months, have you experienced any disease transmitted during intercourse?	YES 1 NO 2 DON'T KNOW 8	
742	Sometimes men have a problems with a form of genital During the last 12 months, have you had a sore or ulcer near your genital?	YES 1 NO 2 DON'T KNOW 8	
743	CHECK 741, 742 EVER HAD INFECTION <input type="checkbox"/> NEVER HAD INFECTION <input type="checkbox"/> (THERE IS CODE 'YES') OR DON'T KNOW		746
744	The last time you get infected (PROBLEMS FROM 741 and 742), did you get advice or treatment?	YES 1 NO 2	→ 746
745	Where did you get advice or treatment? Any other else? PUSTU/PUSLING DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	PUBLIC SECTOR HOSPITAL A PRIMARY HEALTH CENTER B SUB/MOBILE PRIMARY HEALTH CENTER C CLINIC D OTHER E _____ (SPECIFY) PRIVATE MEDICAL SECTOR HOSPITAL F CLINIC G PRIVATE DOCTOR H MIDWIFE/NURSE I PHARMACY J OTHER K _____ (SPECIFY) OTHER SOURCE SHOP/DRUGSTORE L SELF MEDICATED M TRADITIONAL PRACTITIONER N OTHER X _____ (SPECIFY)	
746	RECORD THE TIME	HOUR MINUTE <div style="display: inline-block; border: 1px solid black; width: 40px; height: 40px; text-align: center; vertical-align: middle;"> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%; height: 50%;"></div> <div style="width: 50%; height: 50%;"></div> </div> </div>	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____