



2007 INDONESIA DEMOGRAPHIC AND HEALTH SURVEY YOUNG ADULT QUESTIONNAIRE

Confidential

IDENTIFICATION	CODE
1. PROVINCE _____	<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>
2. REGENCY/MUNICIPALITY*) _____	
3. SUBDISTRICT _____	
4. VILLAGE*) _____	
5. URBAN/RURAL**) URBAN -1 RURAL -2	<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>
6. CENSUS BLOCK NUMBER _____	
7. 2007 IDHS SAMPLE CODE 	
8. HOUSEHOLD NUMBER 	
9. NAME OF HOUSEHOLD HEAD _____	<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>
10. NAME OF RESPONDENT _____	
11. RESPONDENT'S SEX**) MALE -1 FEMALE -2	
12. RESPONDENT LINE NUMBER 	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <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>
INTERVIEWER'S NAME	_____	_____	_____	MONTH <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>
RESULT***)	_____	_____	_____	YEAR <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">7</div> </div>
NEXT VISIT DATE	_____	_____		INT. 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>
TIME	_____	_____		RESULT <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>
				TOTAL NUMBER OF VISITS <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>
***) RESULT CODES <div style="display: flex; justify-content: space-between;"> <div>1 COMPLETED</div> <div>3 POSTPONED</div> <div>5 PARTLY COMPLETED</div> <div>7 OTHER _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>2 NOT AT HOME</div> <div>4 REFUSED</div> <div>6 INCAPACITATED</div> <div>(SPECIFY)</div> </div>				
LANGUAGE IN INTERVIEW _____ DAILY SPOKEN LANGUAGE _____ USE INTERPRETER YES — 1 NO — 2				
NAME	SUPERVISOR _____		FIELD EDITOR _____	EDITOR _____
DATE	_____		_____	_____

*) Cross out category not used

**) Circle appropriate code

PARENTAL/GUARDIAN CONSENT

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

In this survey, we are interviewing unmarried women and men between age 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: _____

1. RESPONDENT'S BACKGROUND

INFORMED CONSENT

Hello.

My name is..... I am working with Badan Pusat Statistik. We are conducting a national survey of unmarried women and 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.

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

During this interview, how should I address you?

(SPECIFY)

May I begin the interview now?

Signature of interviewer: _____

Date: 2007 _____

RESPONDENT AGREES
TO BE INTERVIEWED

RESPONDENT DOES NOT
AGREE TO BE INTERVIEWED

1
↓

2 → END

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT. IF AGE IS LESS THAN 15 OR OVER 24, END INTERVIEW.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
104	Have you ever attended school?	YES 1 NO 2	→ 109
105	What is the highest level of school you attended: primary, junior high, senior high, academy or university?	PRIMARY 1 JUNIOR HIGH SCHOOL 2 SENIOR HIGH SCHOOL 3 ACADEMY 4 UNIVERSITY 5	
106	What is the highest (grade/year) you completed at that level? FIRST YEAR NOT COMPLETED = 0 COMPLETED = 7 DON'T KNOW = 8	GRADE <input type="text"/>	
107	Are you currently attending school?	YES 1 NO 2	→ 109

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
108	Why is it that you are not currently attending school any more?	GRADUATED/HAD ENOUGH SCHOOLING 01 GOT PREGNANT 02 TO CARE FOR CHILDREN 03 FAMILY NEEDED HELP ON FARM OR BUSINESS 04 COULD NOT PAY SCHOOL FEES ... 05 NEEDED TO EARN MONEY 06 DID NOT LIKE SCHOOL/ DID NOT WANT TO CONTINUE ... 07 DID NOT PASS EXAMS 08 SCHOOL NOT ACCESSIBLE/ TOO FAR 09 OTHER 96 (SPECIFY)	
109	What is your religion?	ISLAM 01 PROTESTANT 02 CATHOLIC 03 HINDU 04 BUDDHIST 05 CONFUCIAN 06 OTHER 96	
110A	Have you done any work in the past week?	YES 1 NO 2	→ 201
110B	As you know, some people take up jobs for which they receive no payment, paid in cash or kind. Others sell things, work in a small business or work in the family farm or family business. Did you do any or these things or any other work for a minimum of one hour continuously in the past week?	YES 1 NO 2	→ 201
110C	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 reason?	YES 1 NO 2	

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 CHANGE IN VOICE B GROWTH OF FACIAL HAIR, PUBIC HAIR, UNDERARM HAIR, CHEST, LEGS AND ARMS C INCREASE IN SEXUAL AROUSAL ... D WET DREAMS E GROWTH OF ADAM'S APPLE F HARDENING OF NIPPLES G OTHER X (SPECIFY) 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 GROWTH IN BREASTS B GROWTH IN HIPS C INCREASE IN SEXUAL AROUSAL ... D MENSTRUATION E OTHER X (SPECIFY) DON'T KNOW Z</p>	
202A	<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>		204
203	<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>FRIENDS A MOTHER B FATHER C SIBLINGS D RELATIVES E TEACHER F HEALTH SERVICE PROVIDER G RELIGIOUS LEADER H TELEVISION I RADIO J BOOK/MAGAZINE/NEWSPAPER K OTHER X (SPECIFY) DON'T KNOW Z</p>	
204	<p>RESPONDENT :</p> <p>FEMALE <input type="checkbox"/></p> <p>MALE <input type="checkbox"/></p>		208A
205	How old were you when you had your first menstruation?	<p>NEVER 00</p> <p>AGE IN YEARS <input type="text"/> <input type="text"/></p>	209
206	Before you menstruated, did anyone talk to you about menstruation?	<p>YES 1</p> <p>NO 2</p>	208

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO		
207	<p>Who talked to you about menstruation?</p> <p>Any one else?</p> <p>DO NOT READ OUT RESPONSES.</p> <p>CIRCLE ALL MENTIONED.</p>	FRIENDS A MOTHER B FATHER C SIBLINGS D RELATIVES E TEACHER F HEALTH SERVICE PROVIDER G RELIGIOUS LEADER H OTHER X (SPECIFY)			
208	<p>The first time you menstruated, did you talk to anyone?</p> <p>Who did you talk to?</p> <p>Anybody else?</p> <p>DO NOT READ OUT RESPONSES.</p> <p>CIRCLE ALL MENTIONED.</p>	FRIENDS A MOTHER B FATHER C SIBLINGS D RELATIVES E TEACHER F HEALTH SERVICE PROVIDER G RELIGIOUS LEADER H OTHER X (SPECIFY) NO ONE Z	→ 209		
208A	<p>How old were you when you had your first wet dream?</p>	NEVER 00 AGE IN YEARS <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			→ 209
208B	<p>Before you had wet dreams, did anyone talk to you about wet dreams?</p>	YES 1 NO 2	→ 209		
208C	<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>	FRIENDS A MOTHER B FATHER C SIBLINGS D RELATIVES E TEACHER F HEALTH SERVICE PROVIDER G RELIGIOUS LEADER H OTHER X (SPECIFY)			
209	<p>For women who have menstruated, from one menstrual period to the next, are there certain days when she is more likely to become pregnant if she has sexual relations?</p>	YES 1 NO 2 DON'T KNOW 8	→ 211		
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>	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN 4 OTHER 6 (SPECIFY) DON'T KNOW 8			
211	<p>Can a woman become pregnant by having one sexual intercourse ?</p>	YES 1 NO 2 DON'T KNOW 8			
211A	<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>	ABSTAIN FROM SEX A USE CONTRACEPTION METHOD B RHYTHM OR PERIODIC ABSTINENCE C WITHDRAWAL D HERBS E OTHER X (SPECIFY) DON'T KNOW Z			

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
<p>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.</p> <p>CIRCLE CODE '1' IN 212 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN THE COLUMN, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 OR 2 IF METHOD IS "RECOGNIZED", AND CODE 3 IF "NOT RECOGNIZED".</p>			
212	What family planning methods have you heard about? (Have you ever heard about:)		
	01. Female sterilization. Women can have an operation to avoid having any more children.	YES, SPONTANEOUS 1 YES, PROBED 2 NO 3	
	02. Male sterilization. Men can have an operation to avoid having any more children.	YES, SPONTANEOUS 1 YES, PROBED 2 NO 3	
	03. Pill Women can take a pill every day to avoid becoming pregnant.	YES, SPONTANEOUS 1 YES, PROBED 2 NO 3	
	04. IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES, SPONTANEOUS 1 YES, PROBED 2 NO 3	
	05. Injectables Women can have an injection by a health provider that stops them from becoming pregnant for one more months.	YES, SPONTANEOUS 1 YES, PROBED 2 NO 3	
	06. 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, SPONTANEOUS 1 YES, PROBED 2 NO 3	
	07. Condom Men can put a rubber sheath on their penis before sexual intercourse.	YES, SPONTANEOUS 1 YES, PROBED 2 NO 3	
	08. Intravag/Diaphragm Women can place a thin flexible disk in their vagina before intercourse.	YES, SPONTANEOUS 1 YES, PROBED 2 NO 3	
	09. Lactational amenorrhea method (LAM) Up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned.	YES, SPONTANEOUS 1 YES, PROBED 2 NO 3	
	10. 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, SPONTANEOUS 1 YES, PROBED 2 NO 3	
	11. Withdrawal. Men can be careful and pull out before climax	YES, SPONTANEOUS 1 YES, PROBED 2	
	12. 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, SPONTANEOUS 1 YES, PROBED 2 NO 3	
	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
212A	CHECK 212: AT LEAST ONE 'YES' <input type="checkbox"/> CODE "1" OR "2" <input type="checkbox"/> CIRCLED	NO CODE <input type="checkbox"/> "1" OR "2" CIRCLED	→ 220
213	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	→ 216
214	What method would you like to use? POSSIBLE ANSWERS FOR MALE RESPONDENT: 02, 07, 10, 11, 96 OR 98. POSSIBLE ANSWERS FOR FEMALE RESPONDENT: 01, 03, 04, 05, 06, 08, 09, 10, 11, 12, 96, OR 98 DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL 03 IUD 04 INJECTABLES 05 IMPLANTS 06 CONDOM 07 INTRAVAG/DIAPHRAGM 08 LACTATIONAL AMEN. METHOD 09 PERIODIC ABSTINENCE 10 WITHDRAWAL 11 OTHER 96 DON'T KNOW 98	→ 216 → 216
215	Where can you obtain this method? Any other place ? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED. IF SOURCE IS HOSPITAL OR CLINIC, WRITE THE NAME OF PLACE, PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE _____ (NAME OF PLACE) _____ (NAME OF PLACE)	PUBLIC SECTOR HOSPITAL A HEALTH CENTER B CLINIC C FP FIELDWORKER D FP MOBILE UNIT E OTHER F (SPECIFY) PRIVATE MEDICAL SECTOR HOSPITAL G CLINIC H PRIVATE DOCTOR I PRIVATE NURSE/MIDWIFE J VILLAGE MIDWIFE K PHARMACY/DRUG STORE L OTHER M (SPECIFY) OTHER DELIVERY POST N HEALTH POST O FP POST P FRIENDS/ RELATIVES Q SHOP R OTHER S (SPECIFY) DON'T KNOW Z	
216	Do you want your partner to use a contraceptive method to delay or avoid pregnancy?	YES 1 NO 2 DON'T KNOW 8	
220	What service of family planning do you think should be made available to unmarried youth? Information: Information about reproductive health and family planning methods? Counseling: Consultation about how to use family planning methods? Contraceptive methods: Access to family planning methods?	YES NO INFORMATION 1 2 COUNSELLING 1 2 CONTRACEPTIVE METHODS.. 1 2	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
221	<p>I will now read you some statements about condom use. Please tell me if you agree or disagree with each.</p> <p>Condoms can be used to prevent pregnancy.</p> <p>A condom can protect against getting HIV/AIDS and other sexually transmitted diseases</p> <p>A condom can be reused?</p>	<p style="text-align: right;">DIS- DONT AGREE AGREE KNOW</p> <p>PREVENT PREGNANCY . 1 2 8</p> <p>PREVENT HIV/AIDS AND STI 1 2 8</p> <p>CAN BE REUSED. 1 2 8</p>	
222	<p>Now I want to talk about a disease called anemia. Have you ever heard of anemia?</p>	<p>YES 1</p> <p>NO 2</p>	→ 301
223	<p>What is anemia?</p> <p>Anything else?</p> <p>DO NOT READ OUT RESPONSES.</p> <p>CIRCLE ALL MENTIONED.</p>	<p>LOW HEMOGLOBIN (Hb) A</p> <p>IRON DEFICIENCY B</p> <p>DEFICIT IN RED BLOOD CELLS C</p> <p>BLOOD DEFICIT D</p> <p>VITAMIN DEFICIENCY E</p> <p>LOW BLOOD PRESSURE F</p> <p>OTHER X</p> <p style="text-align: center;">(SPECIFY)</p> <p>DON'T KNOW Z</p>	
224	<p>What do you think is the cause of anemia?</p> <p>Anything else?</p> <p>DO NOT READ OUT RESPONSES.</p> <p>CIRCLE ALL MENTIONED.</p>	<p>LACK OF CONSUMPTION OF MEAT, FISH AND LIVER A</p> <p>LACK OF CONSUMPTION OF VEGETABLES AND FRUITS B</p> <p>BLEEDING C</p> <p>MENSTRUATION D</p> <p>MALNUTRITION E</p> <p>INFECTIOUS DISEASE F</p> <p>OTHER X</p> <p style="text-align: center;">(SPECIFY)</p> <p>DON'T KNOW Z</p>	
225	<p>How is anemia treated?</p> <p>Anything else?</p> <p>DO NOT READ OUT RESPONSES.</p> <p>CIRCLE ALL MENTIONED.</p>	<p>TAKE PILL TO INCREASE BLOOD A</p> <p>TAKE IRON TABLET B</p> <p>INCREASE CONSUMPTION OF MEAT, FISH AND LIVER C</p> <p>INCREASE CONSUMPTION OF IRON-RICH VEGETABLES D</p> <p>OTHER X</p> <p style="text-align: center;">(SPECIFY)</p> <p>DON'T KNOW Z</p>	

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	
303A	Do you think a couple who wants to get married needs to have a medical test	YES 1 NO 2 DON'T KNOW 8	→ 304
303B	What kind of medical test ? Anything else? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	PHYSICAL A BLOOD B URINE C OTHER X (SPECIFY) DON'T KNOW Z	
304	Who is going to choose the person you will marry : your parents, yourself, or together ?	PARENT 1 SELF 2 PARENT AND SELF 3	
305	If you could choose exactly the number of children to have in your whole life, how many children would that be?	NUMBER <input type="text"/> <input type="text"/> OTHER 96 (SPECIFY)	→ 307
306	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?	BOYS GIRLS EITHER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER 96 (SPECIFY)	
307	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	
308	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																																				
309	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																																					
310	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																																					
311	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, or have an abortion?	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																																					
312	I'm going to read some statements about times when when a woman might consider having an abortion. Please tell me, in your opinion, is it acceptable for a woman to have an abortion if: Her health is endangered by the pregnancy? Her life is endangered by the pregnancy? The fetus has physical deformity? The pregnancy has resulted from rape? She is unmarried? The couple can not afford to have a child? She is attending school?	<table> <tr> <th></th><th>DIS- AGREE</th><th>AGREE</th><th>DON'T KNOW</th></tr> <tr> <td>ENDANGER HER</td><td></td><td></td><td></td></tr> <tr> <td>HEALTH 1</td><td>2</td><td></td><td>8</td></tr> <tr> <td>ENDANGER LIFE ... 1</td><td>2</td><td></td><td>8</td></tr> <tr> <td>FETUS DEFORMED 1</td><td>2</td><td></td><td>8</td></tr> <tr> <td>RAPED 1</td><td>2</td><td></td><td>8</td></tr> <tr> <td>UNMARRIED 1</td><td>2</td><td></td><td>8</td></tr> <tr> <td>CAN NOT AFFORD 1</td><td>2</td><td></td><td>8</td></tr> <tr> <td>ATTENDING SCHOOL 1</td><td>2</td><td></td><td>8</td></tr> </table>		DIS- AGREE	AGREE	DON'T KNOW	ENDANGER HER				HEALTH 1	2		8	ENDANGER LIFE ... 1	2		8	FETUS DEFORMED 1	2		8	RAPED 1	2		8	UNMARRIED 1	2		8	CAN NOT AFFORD 1	2		8	ATTENDING SCHOOL 1	2		8	
	DIS- AGREE	AGREE	DON'T KNOW																																				
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HEALTH 1	2		8																																				
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RAPED 1	2		8																																				
UNMARRIED 1	2		8																																				
CAN NOT AFFORD 1	2		8																																				
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>Friend? Mother? Father? Siblings? Family? Teacher? Health service provider? Religious leader?</p>	<p>YES NO</p> <p>FRIENDS 1 2 MOTHER 1 2 FATHER 1 2 SIBLINGS 1 2 RELATIVES 1 2 TEACHER 1 2 HEALTH SERVICE PROVIDER 1 2 RELIGIOUS LEADER 1 2</p>	
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>FRIENDS A MOTHER B FATHER C SIBLINGS D RELATIVES E TEACHER F HEALTH SERVICE PROVIDER G RELIGIOUS LEADER H OTHER X (SPECIFY) DON'T KNOW Z</p>	
403	<p>CHECK 104 HAVE ATTENDED SCHOOL <input type="checkbox"/> NEVER ATTENDED SCHOOL <input type="checkbox"/></p>		406
	<p>TOPIC</p> <p>404. Have you ever been taught at school about (TOPIC)?</p> <p>405. In what level of schooling were you when you first were taught at school about (TOPIC)?</p>		
A. How the human reproductive system works.	<p>YES 1 → NO 2 DON'T KNOW 8</p>	<p>PRIMARY 1 JUNIOR HIGH SCHOOL 2 SENIOR HIGH SCHOOL 3 ACADEMY 4 UNIVERSITY 5 DON'T KNOW 8</p>	
B. Methods of birth control.	<p>YES 1 → NO 2 DON'T KNOW 8</p>	<p>PRIMARY 1 JUNIOR HIGH SCHOOL 2 SENIOR HIGH SCHOOL 3 ACADEMY 4 UNIVERSITY 5 DON'T KNOW 8</p>	
C. HIV/AIDS.	<p>YES 1 → NO 2 DON'T KNOW 8</p>	<p>PRIMARY 1 JUNIOR HIGH SCHOOL 2 SENIOR HIGH SCHOOL 3 ACADEMY 4 UNIVERSITY 5 DON'T KNOW 8</p>	
D. Other sexually transmitted infections.	<p>YES 1 → NO 2 DON'T KNOW 8</p>	<p>PRIMARY 1 JUNIOR HIGH SCHOOL 2 SENIOR HIGH SCHOOL 3 ACADEMY 4 UNIVERSITY 5 DON'T KNOW 8</p>	
E. NAPZA (narcotics, alcohol, psychotropic drugs and other addictive substances).	<p>YES 1 → NO 2 DON'T KNOW 8</p>	<p>PRIMARY 1 JUNIOR HIGH SCHOOL 2 SENIOR HIGH SCHOOL 3 ACADEMY 4 UNIVERSITY 5 DON'T KNOW 8</p>	

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 SERVICE 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	→ 412
408A	What places have you heard about? _____ (TULISKAN) Anywhere else? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	PIK-KRR A PKRR/PIKER B YOUTH CENTER C OTHER X DON'T REMEMBER/DON'T KNOW Z	
409	Do you know where this place is (any of these places are)?	YES 1 NO 2	→ 412
410	Have you ever visited this place (any of these places)?	YES 1 NO 2	→ 412
411	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 KNOW Z	
411A	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 KNOW Z	
412	Do you read a newspaper or magazine almost every day, at least once a week, seldom, or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE PER WEEK 2 SELDOM 3 NOT AT ALL 4	→ 414
413	In the last 6 months did you read an article in a newspaper or magazine: About postponement of age at marriage? About HIV/AIDS? About sexually transmitted infections? About the condom/condom advertisement? About drugs? About alcoholic beverages? About how to prevent pregnancy or family planning?	YES NO POSTPONE MARRIAGE 1 2 HIV/AIDS 1 2 STI 1 2 CONDOM 1 2 DRUGS 1 2 ALCOHOL 1 2 FAMILY PLANNING 1 2	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
414	Do you listen to the radio almost every day, at least once per week, seldom, or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE PER WEEK 2 SELDOM 3 NOT AT ALL 4	→ 416
415	In the last 6 months did you hear on the radio: About postponement of age of marriage? About HIV/AIDS? About sexually transmitted infections? About the condom/condom advertisement? About drugs? About alcoholic beverages? About how to prevent pregnancy or family planning?	YES NO POSTPONE MARRIAGE 1 2 HIV/AIDS 1 2 STI 1 2 CONDOM 1 2 DRUGS 1 2 ALCOHOL 1 2 FAMILY PLANNING 1 2	
416	Do you watch television almost every day, at least once per week, seldom, or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE PER WEEK 2 SELDOM 3 NOT AT ALL 4	→ 501
417	In the last 6 months did you watch on television: About postponement of age of marriage? About HIV/AIDS? About sexually transmitted infections? About the condom/condom advertisement? About drugs? About alcoholic beverages? About how to prevent pregnancy or family planning?	YES NO POSTPONE MARRIAGE 1 2 HIV/AIDS 1 2 STI 1 2 CONDOM 1 2 DRUGS 1 2 ALCOHOL 1 2 FAMILY PLANNING 1 2	

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 ever tried to smoke a cigarette?	YES 1 NO 2	→ 505A
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"/> NEVER SMOKED REGULARLY ... 95 DON'T KNOW 98	
504	Do you currently smoke cigarettes?	YES 1 NO 2	→ 505A
505	In the last 24 hours, how many cigarettes did you smoke? IF NOT CURRENTLY SMOKING, RECORD '00'	CIGARETTES <input type="text"/> <input type="text"/>	
505A	Have you ever asked/influenced a friend/someone to smoke?	YES 1 NO 2	
505B	Have you ever asked/influenced a friend/someone not to smoke?	YES 1 NO 2	
506	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	→ 509A
507	How old were you when you had your first drink of alcohol?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	
508	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	
509	Have you ever gotten "drunk" from drinking an alcohol-containing beverage?	YES 1 NO 2	
509A	Have you ever asked/influenced a friend/someone to drink an alcohol-containing beverage?	YES 1 NO 2	
509B	Have you ever asked/influenced a friend/someone not to drink an alcohol-containing beverage?	YES 1 NO 2	
510	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	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
511	Have you yourself ever tried to use drugs (LOCAL TERM)?	YES 1 NO 2	→ 519
512	How did you use the drug? Any other way? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	SMOKED A INHALED B INJECTED C DRUNK/SWALLOWED D OTHER X (SPECIFY)	
513	CHECK 512 : CODE 'C' NOT CIRCLED <input type="checkbox"/> CODE 'C' CIRCLED <input type="checkbox"/>		→ 515
514	Have you ever injected drugs which can make you LOCAL TERMS: fly, high, intoxicated, etc. ?	YES 1 NO 2	→ 519
515	How old were you when you first injected drugs?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T REMEMBER 98	
516	Did you inject drugs in the last 12 months?	YES 1 NO 2	→ 518
517	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)	
518	Have you ever shared needles?	YES 1 NO 2	
519	Have you ever asked/influenced a friend/someone to use drugs?	YES 1 NO 2	
520	Have you ever asked/influenced a friend/someone not to use drugs?	YES 1 NO 2	

6. HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
601	Now I want to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 615
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 (SPECIFY)	
605A	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8	
605B	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
605C	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
605D	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
605E	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES 1 NO 2 DON'T KNOW 8	
605F	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8	
605G	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
607	Can the virus that causes HIV/AIDS be transmitted from a mother to a child?	YES 1 NO 2 DON'T KNOW 8	→ 609
608	Can the virus that causes HIV/AIDS be transmitted from a mother to a child: During pregnancy? During delivery? By breastfeeding?	YES NO DK PREGNANCY 1 2 8 DELIVERY 1 2 8 BREASTFEEDING ... 1 2 8	
609	How can you tell if a person is infected with the AIDS virus? Any thing else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES	PHYSICAL APPEARANCE A CHANGES IN BEHAVIOR..... B BY BLOOD TEST/VCT (VOLUNTARY COUNSELLING AND TESTING) ... C OTHER X (SPECIFY) DON'T KNOW Z	
610	Do you know about voluntary HIV test preceded by counselling (VCT: Voluntary Counselling and Testing)?	YES 1 NO 2	→ 612
611	Do you know where you can get consultation and HIV/AIDS test or VCT? Any other place? MAKE SOME PROBING TO GET THE PLACE NAME IF UNABLE TO DETERMINE WHETHER A HOSPITAL OR CLINIC IS PUBLIC OR PRIVATE WRITE THE NAME OF PLACE	PUBLIC SECTOR HOSPITAL A HEALTH CENTER B PUBLIC CLINIC C SPECIFIC CLINIC VCT D OTHER E (SPECIFY) PRIVATE MEDICAL SECTOR: HOSPITAL F PUBLIC CLINIC G SPECIFIC VCT CLINIC H PRIVATE DOCTOR I PRIVATE NURSE/MIDWIFE J OTHER K (SPECIFY) OTHER X (SPECIFY)	
612	Do you know personally someone who has the virus that causes AIDS or someone who died of HIV/AIDS?	YES 1 NO 2	
612A	Would you buy fresh vegetables from someone who sell it or a farmer if you know he/she was infected by HIV/AIDS?	YES 1 NO 2 DON'T KNOW 8	
613	If a member of your family got infected with the virus that causes HIV/AIDS, would you want it to remain a secret or not?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
614	If a relative of yours became sick with the virus that causes 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	
614A	In your opinion, if female teacher had AIDS, should she be allowed to continue teaching in the school?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
615	Apart from HIV/AIDS, have you heard other infections that can be transmitted through sexual contact?	YES 1 NO 2	→ 619

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
616	<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 GONORRHEA B GENITAL WARTS/CONDYLOMATA C CHANROID D CLAMYDIA E CANDIDA F GENITAL HERPES G OTHER X (SPECIFY) </p>	
617	<p>From which sources of information have you learned about sexually transmitted diseases (STDs)?</p> <p>Anywhere else?</p> <p>DO NOT READ OUT RESPONSES.</p> <p>CIRCLE ALL MENTIONED.</p>	<p> 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 (SPECIFY) </p>	
618	<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 GENITAL DISCHARGE/DRIPPING B FOUL SMELLING DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMMATION IN GENITAL AREA E SWELLING IN GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H GENITAL ITCHING I BLOOD IN URINE J LOSS OF WEIGHT K IMPOTENCE L OTHER X (SPECIFY) NO SYMPTOMS Y DON'T KNOW Z </p>	
618A	<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 GENITAL DISCHARGE/DRIPPING B FOUL SMELLING DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMMATION IN GENITAL AREA E SWELLING IN GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H GENITAL ITCHING I BLOOD IN URINE J LOSS OF WEIGHT K IMPOTENCE L OTHER X (SPECIFY) NO SYMPTOMS Y DON'T KNOW Z </p>	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
619	<p>In the past 12 months, have you experienced any of the following:</p> <p>FOUL SMELLING DISCHARGE?</p> <p>GENITAL SORES/ULCERS</p>	<p>YES NO DK</p> <p>FOUL SMELLING DISCHARGE 1 2 8</p> <p>SORES/ULCERS 1 2 8</p>	
619A	<p>CHECK 619:</p> <p>AT LEAST ONE CODE '1' CIRCLED <input type="checkbox"/></p> <p>NO CODE '1' CIRCLED <input type="checkbox"/></p>		<p>701</p>
620	<p>Where did you get advice or treatment?</p> <p>Any other else?</p> <p>DO NOT READ OUT RESPONSES.</p> <p>CIRCLE ALL MENTIONED.</p>	<p>NO MEDICAL TREATMENT A</p> <p>SELF TREATMENT B</p> <p>PIK-KRR C</p> <p>DRUG STORE D</p> <p>HOSPITAL/CLINIC E</p> <p>TRADITIONAL PRACTITIONER F</p> <p>FRIEDNS/RELATIVES G</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	

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	Did you ever have a boy/girlfriend one word?	YES 1 NO 2	→ 705
702	How old were you when you first had a boy/girlfriend one word?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	
703	Do you currently have a boy/girlfriend one word?	YES 1 NO 2	
704	When you are alone with your (current/last) boy/girlfriend, one word, to show your love or just because you are curious, have you ever done any of the following: Held hands? Kissed lips? Touched (or being touched) or aroused (being aroused) on your sensitive body parts such as genitals, breast, thigh, etc.?	YES NO HOLDING HANDS 1 2 LIP KISSING 1 2 PETTING 1 2	
	IF THE RESPONDENT IS UNCOMFORTABLE WITH THE QUESTIONS, TELL HIM/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 your reason for having sexual intercourse the first time? IF THERE ARE MORE THAN ONE REASONS, CIRCLE CODE FOR THE MAIN REASON.	JUST HAPPENED 01 CURIOUS/ANXIOUS TO KNOW 02 FORCED BY PARTNER 03 NEED MONEY FOR LIFE/SCHOOL 04 WISH TO MARRY 05 INFLUENCED BY FRIENDS 06 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 <input type="text"/> <input type="text"/> DON'T KNOW 98	
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 SIBLING 03 RELATIVE 04 FATHER 05 MOTHER 06 PROSTITUTE 07 OTHER 96 (SPECIFY)	
710	The first time you had sexual intercourse, did you or your partner use any thing to prevent a pregnancy?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8	→ 715

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO																																
711	What did you or your partner use? Any other method? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	CONDOM A PILL B DIAPHRAGM/INTRAVAG C WITHDRAWAL D 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 any thing to prevent a pregnancy?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8	→ 715																																
714	What did you or your partner use? Any other method? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES	CONDOM A PILL B DIAPHRAGM/INTRAVAG C WITHDRAWAL D PERIODIC ABSTINENCE E OTHER _____ X (SPECIFY)	→ 717																																
715	Do you have any friends who have had sex before marriage?	YES 1 NO 2 DON'T KNOW 8	→ 717																																
716	Because your friends have had sex, are you motivated to have sexual intercourse?	YES 1 NO 2 DON'T KNOW 8																																	
717	Do you approve or disapprove if:	<table border="0" style="width: 100%;"> <tr> <td></td><td style="text-align: center;">YES</td><td style="text-align: center;">NO</td><td style="text-align: center;">DE- PENDS</td></tr> <tr> <td>- If a man has many partners/girlfriends at the same time?</td><td></td><td></td><td></td></tr> <tr> <td>- If a woman has many partners/boy at the same time?</td><td></td><td></td><td></td></tr> </table> A BOY HAS MANY GIRLFRIENDS .. 1 2 8 A GIRL HAS MANY BOYFRIENDS 1 2 8		YES	NO	DE- PENDS	- If a man has many partners/girlfriends at the same time?				- If a woman has many partners/boy at the same time?																								
	YES	NO	DE- PENDS																																
- If a man has many partners/girlfriends at the same time?																																			
- If a woman has many partners/boy at the same time?																																			
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:	<table border="0" style="width: 100%;"> <tr> <td></td><td style="text-align: center;">DIS- APPROVE</td><td style="text-align: center;">APPROVE</td></tr> <tr> <td>They both like to have sex.</td><td></td><td></td></tr> <tr> <td>They love each other.</td><td></td><td></td></tr> <tr> <td>They plan to get married</td><td></td><td></td></tr> <tr> <td>The women is an adult and knows the consequences</td><td></td><td></td></tr> <tr> <td>They want to show their love</td><td></td><td></td></tr> </table> LIKE SEX 1 2 LOVE EACH OTHER ... 1 2 PLAN TO MARRY 1 2 WOMEN KNOWS CONSEQUENCES ... 1 2 SHOW LOVE 1 2		DIS- APPROVE	APPROVE	They both like to have sex.			They love each other.			They plan to get married			The women is an adult and knows the consequences			They want to show their love																	
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721	Do you agree very much, agree or disagree of the opinion that women should maintain virginity before marriage?	AGREE VERY MUCH 1 AGREE 2 DISAGREE 8																																	
722	Do you think men still value their partner's virginity generally?	YES 1 NO 2 DON'T KNOW 8																																	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
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 soon?	YES 1 NO 2 DEPENDS 8	
725	Have you ever advised/influenced a friend/someone to have sexual intercourse?	YES 1 NO 2	
726	Have you ever advised/influenced a friend/someone not to have sexual intercourse?	YES 1 NO 2 DEPENDS 8	
727	CHECK 705: YES <input type="checkbox"/> NO/ <input type="checkbox"/> DON'T KNOW		734
728	Sometimes a woman becomes pregnant when she doesn't want to be. RESPONDENT IS FEMALE: In the past, have you ever become pregnant when you did not want to be? RESPONDENT IS MALE : In the past, have you ever had a sex partner who become pregnant when you did not want her to be?	YES 1 NO 2	734
729	How many times did you/your partner become pregnant when you did not want to be?	ONCE 1 SEVERAL TIMES 2	
730	CHECK 729: <input type="checkbox"/> ONCE <input type="checkbox"/> SEVERAL TIMES When you had the unwanted pregnancy, what did you do? When you had an unwanted pregnancy, what did you do about it?	CONTINUED THE PREGNANCY 1 ATTEMPTED TO STOP THE PREGNANCY BUT FAILED 2 ABORTED THE PREGNANCY 3 HAD A MISCARRIAGE 4 OTHER 6 (SPECIFY) DON'T KNOW 8	732A 734
732	What did you do with the baby?	KEEP THE BABY 1 BABY CARED BY OTHER PEOPLE ... 2 OTHER 6 (SPECIFY) DON'T KNOW 8	
732A	CHECK 730: CODE '2' <input type="checkbox"/> 733A CODE '3' <input type="checkbox"/> 733 OTHER CODES <input type="checkbox"/>		734
733	Who helped you in stopping/aborting the pregnancy? Any other person? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	DOCTOR A MIDWIFE/NURSE B TRADITIONAL BIRTH ATTENDANT ... C PHARMACIST D FRIEND/RELATIVES E NO ONE F OTHER X (SPECIFY) DON'T KNOW Z	733A
733A	Who helped you when you attempted to stop the pregnancy? Any other person? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	DOCTOR A MIDWIFE/NURSE B TRADITIONAL BIRTH ATTENDANT ... C PHARMACIST D FRIEND/RELATIVES E NO ONE F OTHER X (SPECIFY) DON'T KNOW Z	
734	Has any young unmarried adult you personally know ever aborted a pregnancy?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO								
735	Have you ever advised/influenced a friend/someone to abort a pregnancy?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8									
736	Have you ever advised/influenced a friend/someone not to abort a pregnancy?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8									
737	RECORD THE TIME	HOUR <table border="1" data-bbox="1166 401 1255 449"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> MINUTE <table border="1" data-bbox="1166 449 1255 491"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>									

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: _____