REPUBLIC OF BOTSWANA
FAMILY HEALTH SURVEY II (1988)
CONTINUOUS HOUSEHOLD INTEGRATED PROGRAMME OF SURVEYS (CHIPS)

FEMALE QUESTIONNAIRE

REPUBLIC OF BOTSWANA

IDENTIFICATION

LOCALITY NAME/CODE _____ ☐☐ ☐

DISTRICT NAME _____

STRATUM... ☐

PSU NUMBER.. ☐☐

DWELLING NO... ☐☐☐

HOUSEHOLD NUMBER...................................... ☐☐

LINE NUMBER OF WOMAN.................................. ☐☐

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	___	___	___	MONTH ☐☐ YEAR ☐☐
INTERVIEWER'S NAME	___	___	___	☐☐
RESULT*	___	___	___	☐
NEXT VISIT: DATE TIME	___ ___	___ ___		TOTAL NUMBER OF VISITS ☐

*RESULT CODES:
1 COMPLETED
2 NOT AT HOME
3 POSTPONED
4 REFUSED
5 PARTLY COMPLETED
6 OTHER _____
            (SPECIFY)

NAME DATE	FIELD EDITED BY	OFFICE EDITED BY	KEYED BY	KEYED BY
	___	___	___	☐☐

1.1

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
103	RECORD THE TIME.	HOUR...................... ☐☐ MINUTES................... ☐☐	
104	In what month and year were you born? (IF NECESSARY, REFER TO EVENTS CALENDAR.)	MONTH...................... ☐ DK MONTH......................98 YEAR...................... ☐☐ DK YEAR......................98	
105	How old were you at your last birthday? COMPARE AND CORRECT 104 AND/OR 105 IF INCONSISTENT.	AGE IN COMPLETED YEARS..... ☐☐	
106	Have you ever attended school?	YES.............................1 NO.............................2——>109	
107	What was the highest grade at school you have completed?	CURRENTLY IN STANDARD 1........10 GRADE STANDARD...................1 ☐ FORM.......................2 ☐ UNIVERSITY OR OTHER........3 ☐ POST-SECONDARY INST.	
108	LOOK AT 107: GRADES ☐ GRADES ☐ 10 - 17 21 - 39		——>110
109	Can you read a letter or newspaper?	YES.............................1 NO.............................2——>111	
109A	Can you read the letter or newspaper easily or with difficulty?	EASILY...........................1 WITH DIFFICULTY..................2	
110	Which languages can you read? CIRCLE ALL MENTIONED.	ENGLISH..........................1 SETSWANA.........................1 OTHER._____...1 (Specify)	
111	What is your religious affiliation?	SPIRITUAL/AFRICAN...............1 PROTESTANT......................2 CATHOLIC........................3 OTHER CHURCH/RELIGION _____..4 (SPECIFY) NONE............................5	

1.2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
112	Do you usually listen to a radio at least once a week?	YES.............................1 NO..............................2———>114	———>114
113	Do you usually listen to RADIO BOTSWANA at least once a week?	YES.............................1 NO..............................2	
114	What is the major source of drinking water for members of your household during the dry season?	PIPE INDOORS.....................1 STANDPIPE WITHIN PLOT/LOLWAPA...2 STANDPIPE OUTSIDE PLOT/LOLWAPA..3 BOREHOLE/WELL....................4 FLOWING RIVER....................5 SAND RIVER (RIVERBED)...........6 DAM/LAKE/PAN.....................7 OTHER _____..8 (SPECIFY)	
115	What is the major source of drinking water for members of your household during the rainy season?	PIPE INDOORS.....................1 STANDPIPE WITHIN PLOT/LOLWAPA...2 STANDPIPE OUTSIDE PLOT/LOLWAPA..3 BOREHOLE/WELL....................4 FLOWING RIVER....................5 SAND RIVER (RIVERBED)...........6 DAM/LAKE/PAN.....................7 OTHER _____..8 (SPECIFY)	
116	What kind of toilet facility does your household use?	OWN FLUSH TOILET...............01 OWN PIT LATERINE...............02 NEIGHBOR'S FLUSH TOILET........03 NEIGHBOR'S PIT LATRINE.........04 COMMUNAL FLUSH TOILET..........05 COMMUNAL PIT LATRINE...........06 PAIL/BUCKET....................07 BUSH...........................08———>118 OTHER _____.09 (SPECIFY)	———>118
117	At what age do children in your household use the same toilet facility as adults?	YEARS.................... ☐☐ NO CHILDREN....................96	
118	Do you usually use soap when washing your hands?	YES.............................1 NO..............................2	
119	Does your house have: Electricity? A radio? A television? A refrigerator?	YES NO ELECTRICITY.................1 2 RADIO.......................1 2 TELEVISION..................1 2 REFRIGERATOR................1 2	
120	Does any member of your household own: A bicycle? A motorcycle? A car? A tractor? Cattle?	YES NO BICYCLE.....................1 2 MOTORCYCLE..................1 2 CAR.........................1 2 TRACTOR.....................1 2 CATTLE......................1 2	

1.3

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
121	MAIN MATERIAL OF THE FLOOR. FOR USUAL RESIDENTS, RECORD OBSERVATION. FOR VISITORS, ASK: What is the main material of the floor in your house?	STONE/TILES/CEMENT MATERIAL......1 WOOD.............................2 MUD..............................3 OTHER _____..4 (SPECIFY) NONE.............................5	
122	What fuel is mainly used for cooking by your household?	ELECTRICITY.....................1 GAS.............................2 PARAFFIN........................3 WOOD/CHARCOAL...................4 COAL............................5 OTHER _____..6 (SPECIFY)	
123	Are you a Botswana citizen?	YES.............................1 OTHER _____.2 (SPECIFY)	

1.4

SECTION 2. FERTILITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth to a live child?	YES.............................1 NO..............................2	>206
202	Do you have any sons or daughters you have given birth to who are now living with you?	YES.............................1 NO..............................2	>204
203	How many sons of your own live with you now? And how many daughters of your own live with you now? IF NONE ENTER '00'.	SONS AT HOME...............⊞ DAUGHTERS AT HOME..........⊞	
204	Do you have any sons or daughters you have given birth to who are alive but do not live with you now?	YES.............................1 NO..............................2	>206
205	How many sons are alive but do not live with you now? And how many daughters are alive but do not live with you now? IF NONE ENTER '00'.	SONS ELSEWHERE.............⊞ DAUGHTERS ELSEWHERE........⊞	
206	Have you ever given birth to a boy or a girl who was born alive but later died? IF NO, PROBE: Any (other) boy or girl who cried or showed any sign of life but only survived a few hours or days?	YES.............................1 NO..............................2	>208
207	How many boys that you have given birth to have died? And how many girls that you have given birth to have died? IF NONE ENTER '00'.	BOYS DEAD..................⊞ GIRLS DEAD.................⊞	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE ENTER '00'.	TOTAL.....................⊞	
209	LOOK AT 208: Just to make sure that I have this right: During your life, how many live births in total have you had? NUMBERS ARE THE SAME YES ☐ NO ☐→ PROBE AND CORRECT 201-209 AS NECESSARY	TOTAL_____	
210	LOOK AT 208: ONE OR MORE ☐ NO BIRTHS ☐ BIRTHS		>220

2.1

130

211 Now I would like to talk to you about all of your births, whether still alive or not, starting with the first one you had.

(RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS ON SEPARATE LINES AND MARK WITH A BRACKET. BEFORE ASKING QUESTIONS 213-218, CHECK THAT THE TOTAL NUMBER OF CHILDREN FOR WHOM NAMES ARE RECORDED ARE EQUAL TO THE TOTAL IN Q208).

212 What name was given to your (first, next) baby?	213 Is (NAME) a boy or a girl?	214 In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season?	215 Is (NAME) still alive?	216 IF DEAD: How old was (NAME) when he/she died? RECORD DAYS IF LESS THAN ONE MONTH, MONTHS IF LESS THAN TWO YEARS, OR YEARS.	217 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	218 IF ALIVE: Is he/she living with you?
01 ⌐ (NAME)	BOY GIRL 1 2	MONTH... ☐☐ YEAR.... ☐☐	YES NO 1 2—> v (GO TO 217)	DAYS.....1 ☐☐ MONTHS...2 ☐☐ YEARS....3 ☐☐ (GO TO NEXT BIRTH)	AGE IN YEARS.. ☐☐	YES NO 1 2
02 ⌐ (NAME)	BOY GIRL 1 2	MONTH... ☐☐ YEAR.... ☐☐	YES NO 1 2—> v (GO TO 217)	DAYS.....1 ☐☐ MONTHS...2 ☐☐ YEARS....3 ☐☐ (GO TO NEXT BIRTH)	AGE IN YEARS.. ☐☐	YES NO 1 2
03 ⌐ (NAME)	BOY GIRL 1 2	MONTH... ☐☐ YEAR.... ☐☐	YES NO 1 2—> v (GO TO 217)	DAYS.....1 ☐☐ MONTHS...2 ☐☐ YEARS....3 ☐☐ (GO TO NEXT BIRTH)	AGE IN YEARS.. ☐☐	YES NO 1 2
04 ⌐ (NAME)	BOY GIRL 1 2	MONTH... ☐☐ YEAR.... ☐☐	YES NO 1 2—> v (GO TO 217)	DAYS.....1 ☐☐ MONTHS...2 ☐☐ YEARS....3 ☐☐ (GO TO NEXT BIRTH)	AGE IN YEARS.. ☐☐	YES NO 1 2
05 ⌐ (NAME)	BOY GIRL 1 2	MONTH... ☐☐ YEAR.... ☐☐	YES NO 1 2—> v (GO TO 217)	DAYS.....1 ☐☐ MONTHS...2 ☐☐ YEARS....3 ☐☐ (GO TO NEXT BIRTH)	AGE IN YEARS.. ☐☐	YES NO 1 2
06 ⌐ (NAME)	BOY GIRL 1 2	MONTH... ☐☐ YEAR.... ☐☐	YES NO 1 2—> v (GO TO 217)	DAYS.....1 ☐☐ MONTHS...2 ☐☐ YEARS....3 ☐☐ (GO TO NEXT BIRTH)	AGE IN YEARS.. ☐☐	YES NO 1 2
07 ⌐ (NAME)	BOY GIRL 1 2	MONTH... ☐☐ YEAR.... ☐☐	YES NO 1 2—> v (GO TO 217)	DAYS.....1 ☐☐ MONTHS...2 ☐☐ YEARS....3 ☐☐ (GO TO NEXT BIRTH)	AGE IN YEARS.. ☐☐	YES NO 1 2

2.2

131

212 What name was given to your next baby?	213 Is (NAME) a boy or a girl?	214 In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season?	215 Is (NAME) still alive?	216 IF DEAD: How old was (NAME) when he/she died? RECORD DAYS IF LESS THAN ONE MONTH, MONTHS IF LESS THAN TWO YEARS, OR YEARS.	217 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	218 IF ALIVE: Is he/she living with you?
08 ___ (NAME)	BOY 1 GIRL 2	MONTH... ☐☐ YEAR.... ☐☐	YES 1 NO 2→ ↓ (GO TO 217)	DAYS.....1 ☐☐ MONTHS...2 ☐☐ YEARS....3 ☐☐ (GO TO NEXT BIRTH)	AGE IN YEARS.. ☐☐	YES 1 NO 2
09 ___ (NAME)	BOY 1 GIRL 2	MONTH... ☐☐ YEAR.... ☐☐	YES 1 NO 2→ ↓ (GO TO 217)	DAYS.....1 ☐☐ MONTHS...2 ☐☐ YEARS....3 ☐☐ (GO TO NEXT BIRTH)	AGE IN YEARS.. ☐☐	YES 1 NO 2
10 ___ (NAME)	BOY 1 GIRL 2	MONTH... ☐☐ YEAR.... ☐☐	YES 1 NO 2→ ↓ (GO TO 217)	DAYS.....1 ☐☐ MONTHS...2 ☐☐ YEARS....3 ☐☐ (GO TO NEXT BIRTH)	AGE IN YEARS.. ☐☐	YES 1 NO 2
11 ___ (NAME)	BOY 1 GIRL 2	MONTH... ☐☐ YEAR.... ☐☐	YES 1 NO 2→ ↓ (GO TO 217)	DAYS.....1 ☐☐ MONTHS...2 ☐☐ YEARS....3 ☐☐ (GO TO NEXT BIRTH)	AGE IN YEARS.. ☐☐	YES 1 NO 2
12 ___ (NAME)	BOY 1 GIRL 2	MONTH... ☐☐ YEAR.... ☐☐	YES 1 NO 2→ ↓ (GO TO 217)	DAYS.....1 ☐☐ MONTHS...2 ☐☐ YEARS....3 ☐☐ (GO TO NEXT BIRTH)	AGE IN YEARS.. ☐☐	YES 1 NO 2
13 ___ (NAME)	BOY 1 GIRL 2	MONTH... ☐☐ YEAR.... ☐☐	YES 1 NO 2→ ↓ (GO TO 217)	DAYS.....1 ☐☐ MONTHS...2 ☐☐ YEARS....3 ☐☐ (GO TO 219)	AGE IN YEARS.. ☐☐	YES 1 NO 2
14 ___ (NAME)	BOY 1 GIRL 2	MONTH... ☐☐ YEAR.... ☐☐	YES 1 NO 2→ ↓ (GO TO 217)	DAYS.....1 ☐☐ MONTHS...2 ☐☐ YEARS....3 ☐☐ (GO TO 219)	AGE IN YEARS.. ☐☐	YES 1 NO 2

219   COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:

NUMBERS ARE SAME ☐ ↓   NUMBERS ARE DIFFERENT ☐ → (PROBE AND RECONCILE)   NUMBERS RECONCILED ☐ ←

INTERVIEWER: FOR EACH LIVE BIRTH: YEAR OF BIRTH IS RECORDED ☐
FOR EACH LIVE CHILD: CURRENT AGE IS RECORDED ☐
FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
220	Are you pregnant now?	YES...............................1 NO................................2 UNSURE............................8	→227
221	For how many months have you been pregnant?	MONTHS..................... ☐☐	
222	Since you have been pregnant, have you been given any injection to prevent the baby from getting tetanus, that is, convulsions after birth?	YES...............................1 NO................................2 DK................................8	→225
223	How many injections did you receive?	NUMBER........................ ☐ DK................................8	

224	Where did you go to get the (last) injection?	GOVERNMENT HEALTH POST..........1
		GOVERNMENT CLINIC...............2
		GOVERNMENT HOSPITAL/
		          HEALTH CENTRE.........3
		PRIVATE DOCTOR/CLINIC...........4
		OTHER_____..5
		      (SPECIFY)	

225	Did you consult anyone for a prenatal checkup?	YES...............................1 NO................................2	→228
226	Whom did you consult the first time? PROBE FOR TYPE OF PERSON AND RECORD MOST QUALIFIED.	DOCTOR............................1 TRAINED NURSE/MIDWIFE...........2 TRADITIONAL DOCTOR..............2 TRADITIONAL BIRTH ATTENDANT.....3 OTHER _____.4 (SPECIFY)	→228
227	How long ago did your last menstrual period start?	DAYS AGO.................1 ☐☐ WEEKS AGO.................2 ☐☐ MONTHS AGO...............3 ☐☐ YEARS AGO................4 ☐☐ BEFORE LAST BIRTH.............995 NEVER MENSTRUATED.............996	→229
228	How old were you when you had your first menstrual period?	AGE .... ☐☐ DK 98	
229	When during her menstrual cycle do you think a woman has the greatest chance of becoming pregnant? PROBE: What are the days during the month when a woman has to be careful to avoid becoming pregnant?	DURING HER PERIOD...............1 RIGHT AFTER HER PERIOD HAS ENDED......................2 IN THE MIDDLE OF THE CYCLE......3 JUST BEFORE HER PERIOD BEGINS...4 AT ANY TIME.....................5 OTHER _____.6 (SPECIFY) DK................................8	

2.4

| 230 | LOOK AT 106: EVER ATTENDED SCHOOL?

YES ☐   NO ☐ | | →234 |

| 231 | Have you ever left formal school because you became pregnant? | YES...............................1

NO................................2 | →234 |

| 232 | What grade were you in when you left school because of the pregnancy? | GRADE

STANDARD...................1 ☐

FORM.......................2 ☐

UNIVERSITY OR OTHER........3 ☐
POST-SECONDARY INST. | |

| 233 | Did you return to school after the birth? | YES...............................1

NO................................2 | |

| 234 | LOOK AT 208:

ONE OR ☐   NO BIRTHS ☐
MORE BIRTHS | | →249 |

| 235 | Were you married at the time you gave birth to your first child? | YES...............................1

NO................................2 | →247 |

| 236 | At the time you first started to sleep with your boyfriend, were you using a method to avoid pregnancy? | YES...............................1

NO................................2 | →239 |

| 237 | What was the main reason that you were not using a method to avoid pregnancy? | LACK OF KNOWLEDGE..............01
OPPOSED TO FAMILY PLANNING.....02
BOYFRIEND DISAPPROVED..........03
OTHERS DISAPPROVED.............04
HEALTH CONCERNS................05
DIFFICULT TO GET...............06
COSTS TOO MUCH.................07
INCONVENIENT TO USE............08
NOT EFFECTIVE..................09
INFREQUENT SEX.................10
FATALISTIC.....................11
RELIGION.......................12
MENOPAUSAL/SUBFECUND...........13
OTHER _____.14
          (SPECIFY)
DK.............................98 | |

| 239 | Were you living with either of your parents or guardians in the same yard when you became pregnant with your first child? | YES...............................1

NO................................2 | |

2.5

134

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
240	What was their reaction to your pregnancy?	PLEASED...........................1 ANGRY.............................2 INDIFFERENT.......................3 OTHER_____.4 (SPECIFY) DK................................8	
241	Did they claim compensation from the father's parents?	YES...............................1 NO................................2	
242	Before you became pregnant, did your parents or guardians ever discuss pregnancy or family planning with you?	YES...............................1 NO................................2	
243	Before you became pregnant, did you think your boyfriend would marry you if you had a child?	YES...............................1 NO................................2	
244	After the first birth, did you discuss marriage with the child's father?	YES...............................1 NO................................2	
245	After the first birth, for how long did you continue the relationship with the child's father?	DURATION MONTHS.................... YEARS.................... STILL CONTINUING................91 GOT MARRIED....................92	→247
246	Does the father ever visit the child or ask to visit him?	YES...............................1 NO................................2 CHILD LIVES WITH FATHER..........3	
247	I now have a few questions about your last birth. Where did you deliver your last birth?	HOME..............................1 HOSPITAL..........................2 HEALTH CLINIC.....................3 OTHER _____.4 (SPECIFY)	
248	Why did you choose to deliver your baby there?	BETTER HELP AVAILABLE............1 MORE HYGIENIC.....................2 HEALTH CONCERNS...................3 NO HELP AVAILABLE................4 NO TRANSPORTATION AVAILABLE......5 TRADITION/CUSTOM.................6 SUPERSTITIOUS.....................7 OTHER _____8 (SPECIFY)	
249	PRESENCE OF OTHERS AT THIS POINT.	YES NO CHILDREN UNDER 10..........1 2 HUSBAND....................1 2 OTHER MALES................1 2 OTHER FEMALES..............1 2	

2.6

135

301 Now I would like to talk about a different topic. There are various ways or methods that a woman or man can use to delay or avoid a pregnancy. Which of these ways or methods have you heard about?

CIRCLE CODE 1 IN 302 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN THE COLUMN, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 302, ASK 303-305 BEFORE PROCEEDING TO THE NEXT METHOD.

	302 Have you ever heard of (METHOD)? READ DESCRIPTION.	303 Have you ever used (METHOD)?	304 Where would you go to obtain (METHOD) if you wanted to use it? (CODES BELOW)	305 In your opinion, what is the main problem, if any, with using (METHOD)? (CODES BELOW)
01 PILL Women can take a pill every day.	YES/SPONT........1 YES/PROBED.......2 NO..............3	YES.....1 NO......2	OTHER _____ ☐	OTHER_____ ☐☐
02 IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES/SPONT........1 YES/PROBED.......2 NO..............3	YES.....1 NO......2	OTHER _____ ☐	OTHER_____ ☐☐
03 INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	YES/SPONT........1 YES/PROBED.......2 NO..............3	YES.....1 NO......2	OTHER _____ ☐	OTHER_____ ☐☐
04 DIAPHRAGM/FOAM/JELLY Women can place a sponge, suppository, diaphragm, jelly or cream inside them before intercourse.	YES/SPONT........1 YES/PROBED.......2 NO..............3	YES.....1 NO......2	OTHER _____ ☐	OTHER_____ ☐☐
05 CONDOM Men can use a rubber sheath during sexual intercourse.	YES/SPONT........1 YES/PROBED.......2 NO..............3	YES.....1 NO......2	OTHER _____ ☐	OTHER_____ ☐☐
06 FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES/SPONT........1 YES/PROBED.......2 NO..............3	YES.....1 NO......2	OTHER _____ ☐	OTHER_____ ☐☐
07 MALE STERILIZATION Men can have an operation to avoid having any more children.	YES/SPONT........1 YES/PROBED.......2 NO..............3	YES.....1 NO......2	OTHER _____ ☐	OTHER_____ ☐☐
08 PERIODIC ABSTINENCE A woman or man can deliberately avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant.	YES/SPONT........1 YES/PROBED.......2 NO..............3	YES.....1 NO......2	Where would you go to obtain advice on periodic abstinence? ☐ OTHER _____	OTHER_____ ☐☐
09 WITHDRAWAL Men can be careful and pull out before climax.	YES/SPONT........1 YES/PROBED.......2 NO..............3	YES.....1 NO......2	————————————>	OTHER _____ ☐☐
10 PROLONGED ABSTINENCE A woman and a man can deliberately abstain from sexual intercourse for several months or more in order to avoid having a child.	YES/SPONT........1 YES/PROBED.......2 NO..............3	YES.....1 NO......2	————————————> OTHER _____	☐☐
11 ANY OTHER METHODS? Have you heard of any other ways or methods that women or men can use to avoid pregnancy? _____ (SPECIFY)	YES/SPONT........1 YES/PROBED.......2 NO..............3	YES.....1 NO......2	CODES FOR 304 1 GOVERNMENT HEALTH POST 2 GOVERNMENT CLINIC 3 GOVERNMENT HOSPITAL/ HEALTH CENTRE 4 PRIVATE DOCTOR/CLINIC 5 PHARMACY 6 OTHER (SPECIFY) 7 NOWHERE 8 DK	CODES FOR 305 02 NOT EFFECTIVE 03 HUSBAND DISAPPROVES 04 HEALTH CONCERNS 05 DIFFICULT TO OBTAIN 06 COSTS TOO MUCH 07 INCONVENIENT TO USE 09 METHOD PERMANENT 11 OTHER (SPECIFY) 12 NONE 98 DK

306   LOOK AT 303:   NOT A SINGLE "YES" ☐   AT LEAST ONE "YES" ☐—> SKIP TO 309
                       (NEVER USED)   (EVER USED)

3.1

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
307	Have you ever used/done anything to delay or avoid getting pregnant? MARK THE APPROPRIATE RESPONSE.	YES...........................☐ NO............................☐ →333	
308	What have you used or done? CORRECT 302-303 AND OBTAIN INFORMATION FOR 304 TO 306 AS NECESSARY.		
309	How many living children, if any, did you have when you first did something or used a method to avoid getting pregnant? IF NONE ENTER '00'.	NUMBER OF CHILDREN.........☐☐	
310	LOOK AT 220: NOT PREGNANT ☐ CURRENTLY ☐ OR NOT SURE PREGNANT	→327	
311	Are you currently doing something or using any method to avoid getting pregnant?	YES................................1 NO................................2 →327	
312	Which method are you using?	PILL............................01 IUD.............................02 INJECTIONS......................03 →316 DIAPHRAGM/FOAM/JELLY............04 CONDOM..........................05 →314 FEMALE STERILIZATION...........06 MALE STERILIZATION.............07 →315 PERIODIC ABSTINENCE............08 WITHDRAWAL......................09 PROLONGED ABSTINENCE...........10 →319 OTHER _____.11 (SPECIFY)	
313	Please show me the package of pills you are now using. (RECORD NAME OF BRAND.)	BRAND NAME ☐☐ _____ NOT ABLE TO SHOW...............96	
313A	At any time in the past month, have you interrupted use of the pill for any of the following: Experienced side effects or illness? Had spotting or bleeding more than once? Period did not come when expected? Ran out of pills? Forgot to take pill or misplace package? Not having sexual relations or husband away? Any other reason? _____ (SPECIFY)	YES NO SIDE EFFECTS/ILLNESS.......1 2 SPOTTING/BLEEDING..........1 2 PERIOD DID NOT COME........1 2 RAN OUT OF PILLS...........1 2 FORGOT TO TAKE/MISPLACED...1 2 NOT SEXUALLY ACTIVE........1 2 OTHER......................1 2	
313B	Just about everyone misses taking the pill sometime. What did you do the last time that you forgot to take one pill?	NEVER FORGOT.....................1 TOOK ONE PILL THE NEXT DAY.......2 TOOK TWO PILLS THE NEXT DAY.....3 OTHER_____.4 (SPECIFY) NOT SURE.........................8	

3.2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
314	How many (CYCLES OF THE PILL or CONDOMS) did you get the last time that you obtained the method?	NUMBER OF CYCLES OR CONDOMS ☐☐ DK.............................98	→316
315	In what month and year did you (he) have the operation?	DATE MONTH......................☐☐ YEAR.......................☐☐ DK............................98	→316A

316
 	
316A
	Where did you visit to obtain (CURRENT METHOD)?
	
	Where did the sterilization take place?
	ASK Q316A ONLY IF Q312 IS STERILIZATION.
		GOVERNMENT HEALTH POST..........1
		GOVERNMENT CLINIC...............2
		GOVERNMENT HOSPITAL/
		         HEALTH CENTRE.........3
		PRIVATE DOCTOR/CLINIC...........4
		PHARMACY.......................5
		OTHER _____.6
		       (SPECIFY)
		DK.............................8
			→318

317	Was there anything you particularly disliked about the services you received there? IF YES: What?	WAIT TOO LONG...................1 STAFF DISCOURTEOUS..............1 SERVICES EXPENSIVE..............1 DESIRED METHOD UNAVAILABLE......1 HUSBAND/PARTNER OBTAINED METHOD.1 OTHER _____.1 (SPECIFY) NO COMPLAINTS...................1	
318	LOOK AT 312: HE/SHE STERILIZED ☐ CURRENTLY USING ANOTHER METHOD ☐		→322
319	For how long have you been using (CURRENT METHOD) continuously?	DURATION MONTHS....................☐☐ YEARS.....................☐☐	
320	Have you experienced any problems from using (CURRENT METHOD)?	YES.............................1 NO..............................2	→321
320A	What is the main problem you experienced?	METHOD FAILED..................02 HUSBAND DISAPPROVED............03 HEALTH CONCERNS................04 ACCESS/AVAILABILITY............05 COST TOO MUCH..................06 INCONVENIENT TO USE............07 OTHER _____.11 (SPECIFY) DK.............................98	

3.3

138

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
321	At any time during the same month, do you regularly use any method other than (CURRENT METHOD)?	YES.............................1 NO..............................2——>322	
321A	Which method is that?	PILL............................01 IUD.............................02 INJECTIONS......................03 DIAPHRAGM/FOAM/JELLY...........04 CONDOM..........................05 MALE STERILIZATION.............07 PERIODIC ABSTINENCE............08 WITHDRAWAL......................09 PROLONGED ABSTINENCE...........10 OTHER _____.11 (SPECIFY)	
322	Have you ever used any other method or done anything else (since your last birth) before (CURRENT METHOD) to avoid getting pregnant?	YES.............................1 NO..............................2——>336	
323	Which method did you use before (CURRENT METHOD)?	PILL............................01 IUD.............................02 INJECTIONS......................03 DIAPHRAGM/FOAM/JELLY...........04 CONDOM..........................05 MALE STERILIZATION.............07 PERIODIC ABSTINENCE............08 WITHDRAWAL......................09 PROLONGED ABSTINENCE...........10 OTHER _____.11 (SPECIFY)	
324	In what month and year did you start using (METHOD BEFORE CURRENT) (the last time)?	DATE MONTH.....................⬚⬚ YEAR......................⬚⬚	
325	For how long had you been using (METHOD BEFORE CURRENT) before you stopped using it (last time)?	DURATION MONTHS....................⬚⬚ YEARS.....................⬚⬚	
326	What was the main reason you stopped using (METHOD BEFORE CURRENT) then?	METHOD FAILED...................02 HUSBAND DISAPPROVED.............03 HEALTH CONCERNS................04 ACCESS/AVAILABILITY............05 COST TOO MUCH..................06 INCONVENIENT TO USE...........07 INFREQUENT SEX................08 TO USE PERMANENT METHOD.......09 FATALISTIC....................10 OTHER _____.11 (SPECIFY) DK.............................98	>336

3.4

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
327	LOOK AT 208: ANY BIRTHS? YES ☐ NO ☐		—————>333
328	Since your last birth have you done anything or used any method to avoid getting pregnant?	YES.............................1 NO..............................2——>333	
329	Which was the last method you used?	PILL............................01 IUD.............................02 INJECTIONS......................03 DIAPHRAGM/FOAM/JELLY...........04 CONDOM..........................05 MALE STERILIZATION.............07 PERIODIC ABSTINENCE............08 WITHDRAWAL......................09 PROLONGED ABSTINENCE...........10 OTHER _____.11 (SPECIFY)	
330	In what month and year did you start using that method (last time)?	DATE MONTH..................... ☐☐ YEAR..................... ☐☐	
331	For how long had you been using (LAST METHOD) before you stopped using it (last time)?	DURATION MONTHS.................... ☐☐ YEARS.................... ☐☐	
332	What was the main reason you stopped using (LAST METHOD) then?	TO BECOME PREGNANT............01 METHOD FAILED...................02 HUSBAND DISAPPROVED...........03 HEALTH CONCERNS................04 ACCESS/AVAILABILITY...........05 COST TOO MUCH..................06 INCONVENIENT TO USE...........07 INFREQUENT SEX.................08 FATALISTIC......................10 OTHER _____.11 (SPECIFY) DK..............................98	
333	Do you intend to use a method at any time in the future to avoid pregnancy?	YES.............................1 NO..............................2— DK..............................8—┘>336	

3.5

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
334	Which method would you prefer to use?	PILL............................01 IUD.............................02 INJECTIONS......................03 DIAPHRAGM/FOAM/JELLY............04 CONDOM..........................05 FEMALE STERILIZATION...........06 MALE STERILIZATION............07 PERIODIC ABSTINENCE...........08 WITHDRAWAL.....................09 PROLONGED ABSTINENCE..........10 OTHER_____.11 (SPECIFY) UNSURE.........................98	
335	Do you intend to use (PREFERRED METHOD) in the next 12 months?	YES.............................1 NO..............................2 DK..............................8	
336	Is it acceptable or not acceptable to you for family planning information to be provided on: radio/television? at kgotla? at school?	YES NO RADIO/TELEVISION....... 1 2 AT KGOTLA.............. 1 2 AT SCHOOL.............. 1 2	
337	LOOK AT 220: NOT PREGNANT ☐ CURRENTLY OR UNSURE PREGNANT ☐		→339
338	LOOK AT 214: HAD BIRTH SINCE ☐ NO BIRTH SINCE ☐ JAN. 1983 JAN. 1983		→442

3.6

141

339 Now I would like to get some more information about (your pregnancy and) the children you had in the last 5 years.

LOOK AT Q.220 AND CHECK WHETHER PREGNANT. THEN RECORD NAMES AND LINE NUMBERS FOR BIRTHS SINCE JANUARY 1983 (IF ANY).
LOOK AT Q.306 AND ENTER EVER USE OF CONTRACEPTION IN Q.340. ASK QUESTIONS AS APPROPRIATE FOR CURRENT PREGNANCY AND BIRTHS.

LINE
NO.
Q.212 ☐☐   ☐☐   ☐☐   ☐☐

	CURRENTLY PREGNANT	LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	SECOND-FROM-LAST NAME_____	THIRD-FROM-LAST NAME_____
	YES ☐ NO ☐	ALIVE ☐ DEAD ☐	ALIVE ☐ DEAD ☐	ALIVE ☐ DEAD ☐	ALIVE ☐ DEAD ☐

340 LOOK AT 306: EVER USED A METHOD ☐ (ASK 341-347 FOR EACH COLUMN)

NEVER USED A METHOD ☐ (ASK 346 FOR EACH COLUMN)

	CURRENTLY PREGNANT	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST	THIRD-FROM-LAST
341 Before you became pregnant (with NAME) (but after PRECEDING BIRTH) (IF ANY), had you done anything or used any method, even for a short time, to avoid getting pregnant?	YES...............1 NO................2⌐ (SKIP TO 346)<⌐	YES............1 NO.............2⌐ (SKIP TO 346)<⌐	YES............1 NO.............2⌐ (SKIP TO 346)<⌐	YES............1 NO.............2⌐ (SKIP TO 346)<⌐	YES............1 NO.............2⌐ (SKIP TO 346)<⌐
342 What was the last method you used then?	PILL.............01 IUD..............02 INJECTIONS........03 DIAPH/FOAM/JELLY..04 CONDOM...........05 MALE STER........07 PERIODIC ABST.....08 WITHDRAWAL........09 PROLONGED ABST....10 OTHER _____.11 (SPECIFY)	PILL.........01 IUD..........02 INJECTIONS....03 DPHM/FOAM/JLY.04 CONDOM.......05 MALE STER....07 PERIODIC ABST.08 WITHDRAWAL....09 PROLONGD ABST.10 OTHER _____11 (SPECIFY)	PILL.........01 IUD..........02 INJECTIONS....03 DPHM/FOAM/JLY.04 CONDOM.......05 MALE STER....07 PERIODIC ABST.08 WITHDRAWAL....09 PROLONGD ABST.10 OTHER _____11 (SPECIFY)	PILL.........01 IUD..........02 INJECTIONS....03 DPHM/FOAM/JLY.04 CONDOM.......05 MALE STER....07 PERIODIC ABST.08 WITHDRAWAL....09 PROLONGD ABST.10 OTHER _____11 (SPECIFY)	PILL.........01 IUD..........02 INJECTIONS....03 DPHM/FOAM/JLY.04 CONDOM.......05 MALE STER....07 PERIODIC ABST.08 WITHDRAWAL....09 PROLONGD ABST.10 OTHER _____11 (SPECIFY)
343 For how long had you used (LAST METHOD) then?	DURATION ☐☐ MONTHS........ YEARS......... ☐☐	DURATION ☐☐ MONTHS.... YEARS..... ☐☐	DURATION ☐☐ MONTHS.... YEARS..... ☐☐	DURATION ☐☐ MONTHS.... YEARS..... ☐☐	DURATION ☐☐ MONTHS.... YEARS..... ☐☐
344 Did you become pregnant while you were using (LAST METHOD)?	YES..............1⌐ (SKIP TO 347)<⌐ NO................2	YES...........1⌐ (SKIP TO 347)<⌐ NO............2	YES...........1⌐ (SKIP TO 347)<⌐ NO............2	YES...........1⌐ (SKIP TO 347)<⌐ NO............2	YES...........1⌐ (SKIP TO 347)<⌐ NO............2
345 What was the main reason you stopped using (LAST METHOD)?	TO GET PREGNANT...01⌐ (GO TO NEXT COLUMN)<⌐ METHOD FAILED.....02 HUSB DISAPPROVED..03 HEALTH CONCERNS...04 ACCESS/AVAIL......05 COST TOO MUCH.....06 INCONVEN TO USE...07 INFREQUENT SEX....08 FATALISTIC........10 OTHER _____.11 (SPECIFY) DK...............98	TO GET PREG...01⌐ (GO TO NEXT COL)<⌐ METH FAILED...02 HUSB DISAPRVD.03 HLTH CONCERNS.04 ACCESS/AVAIL..05 COST TOO MUCH.06 INCONVENIENT..07 INFREQ SEX....08 FATALISTIC....10 OTHER _____.11 (SPECIFY) DK...........98	TO GET PREG...01⌐ (GO TO NEXT COL)<⌐ METH FAILED...02 HUSB DISAPRVD.03 HLTH CONCERNS.04 ACCESS/AVAIL..05 COST TOO MUCH.06 INCONVENIENT..07 INFREQ SEX....08 FATALISTIC....10 OTHER _____.11 (SPECIFY) DK...........98	TO GET PREG...01⌐ (GO TO NEXT COL)<⌐ METH FAILED...02 HUSB DISAPRVD.03 HLTH CONCERNS.04 ACCESS/AVAIL..05 COST TOO MUCH.06 INCONVENIENT..07 INFREQ SEX....08 FATALISTIC....10 OTHER _____.11 (SPECIFY) DK...........98	TO GET PREG...01⌐ (GO TO 401)<⌐ METH FAILED...02 HUSB DISAPRVD.03 HLTH CONCERNS.04 ACCESS/AVAIL..05 COST TOO MUCH.06 INCONVENIENT..07 INFREQ SEX....08 FATALISTIC....10 OTHER _____.11 (SPECIFY) DK...........98
346 At the time you became pregnant (with NAME), did you want to have that child then, did you want to wait until later, or did you want no (more) children at all?	THEN..............1 LATER.............2 NO MORE...........3 (ALL GO TO NEXT COL)	THEN..........1 LATER.........2 NO MORE.......3 (ALL TO NEXT COL)	THEN..........1 LATER.........2 NO MORE.......3 (ALL TO NEXT COL)	THEN..........1 LATER.........2 NO MORE.......3 (ALL TO NEXT COL)	THEN..........1 LATER.........2 NO MORE.......3 (ALL GO TO 401)
347 Did you want to have that child but at a later time, or not have another child at all?	HAVE CHILD LATER...1 NOT HAVE CHILD.....2 (ALL GO TO NEXT COL)	HAVE LATER.....1 NOT HAVE CHILD.2 (ALL TO NEXT COL)	HAVE LATER.....1 NOT HAVE CHILD.2 (ALL TO NEXT COL)	HAVE LATER.....1 NOT HAVE CHILD.2 (ALL TO NEXT COL)	HAVE LATER.....1 NOT HAVE CHILD.2 (ALL GO TO 401)

3.7

401 LOOK AT 214:

ONE OR MORE LIVE BIRTHS SINCE JAN. 1983 ☐   NO LIVE BIRTHS SINCE JAN. 1983 ☐──> (SKIP TO 442)

402 ENTER THE NAME, LINE NUMBER, AND SURVIVAL STATUS OF EACH BIRTH SINCE JAN. 1983 IN THE TABLE. BEGIN WITH THE LAST BIRTH. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS.

LINE NUMBER FROM Q. 212	☐☐	☐☐	☐☐	☐☐
	LAST BIRTH NAME _____ ALIVE ☐ DEAD ☐	NEXT-TO-LAST BIRTH NAME _____ ALIVE ☐ DEAD ☐	SECOND-FROM-LAST NAME _____ ALIVE ☐ DEAD ☐	THIRD-FROM-LAST NAME _____ ALIVE ☐ DEAD ☐
403 When you were pregnant with (NAME) were you given any injection to prevent the baby from getting tetanus, that is, convulsions after birth?	YES...............1 NO................2 DK................8	YES...............1 NO................2 DK................8	YES...............1 NO................2 DK................8	YES...............1 NO................2 DK................8

404 When you were pregnant with (NAME), did you see anyone for a check on this pregnancy? IF YES: Whom did you see?
 	
PROBE FOR THE TYPE OF PERSON AND RECORD THE MOST QUALIFIED.
	MEDICAL DOCTOR....1
	TRAINED NURSE/
	  MIDWIFE.........2
	TRADITIONAL
	  DOCTOR..........3
	TRADITIONAL BIRTH
	  ATTENDANT.......4
	OTHER _____.5
	    (SPECIFY)
	NO ONE 6
		MEDICAL DOCTOR....1
		TRAINED NURSE/
		  MIDWIFE.........2
		TRADITIONAL
		  DOCTOR..........3
		TRADITIONAL BIRTH
		  ATTENDANT.......4
		OTHER _____.5
		    (SPECIFY)
		NO ONE 6
			MEDICAL DOCTOR....1
			TRAINED NURSE/
			  MIDWIFE.........2
			TRADITIONAL
			  DOCTOR..........3
			TRADITIONAL BIRTH
			  ATTENDANT.......4
			OTHER _____.5
			    (SPECIFY)
			NO ONE 6
				MEDICAL DOCTOR....1
				TRAINED NURSE/
				  MIDWIFE.........2
				TRADITIONAL
				  DOCTOR..........3
				TRADITIONAL BIRTH
				  ATTENDANT.......4
				OTHER _____.5
				    (SPECIFY)
				NO ONE 6

405 Who assisted with the delivery of (NAME)?
 	
PROBE FOR THE TYPE OF PERSON AND RECORD THE MOST QUALIFIED.
	MEDICAL DOCTOR....1
	TRAINED NURSE/
	  MIDWIFE.........2
	TRADITIONAL
	  DOCTOR..........3
	TRADITIONAL BIRTH
	  ATTENDANT.......4
	RELATIVE/FRIEND...5
	OTHER _____.6
	    (SPECIFY)
	NO ONE...........7
		MEDICAL DOCTOR....1
		TRAINED NURSE/
		  MIDWIFE.........2
		TRADITIONAL
		  DOCTOR..........3
		TRADITIONAL BIRTH
		  ATTENDANT.......4
		RELATIVE/FRIEND...5
		OTHER _____.6
		    (SPECIFY)
		NO ONE...........7
			MEDICAL DOCTOR....1
			TRAINED NURSE/
			  MIDWIFE.........2
			TRADITIONAL
			  DOCTOR..........3
			TRADITIONAL BIRTH
			  ATTENDANT.......4
			RELATIVE/FRIEND...5
			OTHER _____.6
			    (SPECIFY)
			NO ONE...........7
				MEDICAL DOCTOR....1
				TRAINED NURSE/
				  MIDWIFE.........2
				TRADITIONAL
				  DOCTOR..........3
				TRADITIONAL BIRTH
				  ATTENDANT.......4
				RELATIVE/FRIEND...5
				OTHER _____.6
				    (SPECIFY)
				NO ONE...........7

406 After the birth of (NAME), did you see anyone for a checkup?
 	
IF YES: Whom did you see?
 	
PROBE FOR THE TYPE OF PERSON AND RECORD THE MOST QUALIFIED.
	MEDICAL DOCTOR....1
	TRAINED NURSE/
	  MIDWIFE.........2
	TRADITIONAL
	  DOCTOR..........3
	TRADITIONAL BIRTH
	  ATTENDANT.......4
	OTHER _____.5
	    (SPECIFY)
	NO ONE 6
		MEDICAL DOCTOR....1
		TRAINED NURSE/
		  MIDWIFE.........2
		TRADITIONAL
		  DOCTOR..........3
		TRADITIONAL BIRTH
		  ATTENDANT.......4
		OTHER _____.5
		    (SPECIFY)
		NO ONE 6
			MEDICAL DOCTOR....1
			TRAINED NURSE/
			  MIDWIFE.........2
			NO ONE...........6
			TRADITIONAL BIRTH
			  ATTENDANT.......3
			OTHER _____.4
			    (SPECIFY)
			NO ONE...........5
				MEDICAL DOCTOR....1
				TRAINED NURSE/
				  MIDWIFE.........2
				TRADITIONAL
				  DOCTOR..........3
				TRADITIONAL BIRTH
				  ATTENDANT.......4
				OTHER _____.5
				    (SPECIFY)
				NO ONE 6

407 In the first week after the birth, were you visited, in your home, by a health worker?	YES...............1 NO................2 DK................8	YES...............1 NO................2 DK................8	YES...............1 NO................2 DK................8	YES...............1 NO................2 DK................8
408 Did you ever feed (NAME) at the breast?	YES...............1 (SKIP TO 410)<─┘ NO................2	YES...............1 (SKIP TO 411)<─┘ NO................2	YES...............1 (SKIP TO 411)<─┘ NO................2	YES...............1 (SKIP TO 411)<─┘ NO................2

409 Why did you never feed (NAME) at the breast?	INCONVENIENT.....01
	HAD TO WORK......02
	INSUFFICNT MILK..03
	BABY REFUSED.....04
	CHILD DIED.......05
	CHILD SICK.......06
	MOTHER SICK......07
	OTHER_____08
	  (SPECIFY)
	(ALL SKIP TO 413)<─┘
		INCONVENIENT.....01
		HAD TO WORK......02
		INSUFFICNT MILK..03
		BABY REFUSED.....04
		CHILD DIED.......05
		CHILD SICK.......06
		MOTHER SICK......07
		OTHER_____08
		  (SPECIFY)
		(ALL SKIP TO 413)<─┘
			INCONVENIENT.....01
			HAD TO WORK......02
			INSUFFICNT MILK..03
			BABY REFUSED.....04
			CHILD DIED.......05
			CHILD SICK.......06
			MOTHER SICK......07
			OTHER_____08
			  (SPECIFY)
			(ALL SKIP TO 413)<─┘
				INCONVENIENT.....01
				HAD TO WORK......02
				INSUFFICNT MILK..03
				BABY REFUSED.....04
				CHILD DIED.......05
				CHILD SICK.......06
				MOTHER SICK......07
				OTHER_____08
				  (SPECIFY)
				(ALL SKIP TO 413)<─┘

410 Are you still breastfeeding (NAME)? (IF DEAD, CIRCLE '2')	YES...............1 (SKIP TO 413)<─┘ NO (OR DEAD)......2			

4.1

LINE NUMBER FROM Q. 212	☐☐	☐☐	☐☐	☐☐
	LAST BIRTH NAME _____ ALIVE ☐ DEAD ☐	**NEXT-TO-LAST BIRTH** NAME _____ ALIVE ☐ DEAD ☐	**SECOND-FROM-LAST** NAME _____ ALIVE ☐ DEAD ☐	**THIRD-FROM-LAST** NAME _____ ALIVE ☐ DEAD ☐
411 How many months did you breastfeed (NAME)?	MONTHS......☐☐ UNTIL DEATH......96 (SKIP TO 413)<	MONTHS......☐☐ UNTIL DEATH......96 (SKIP TO 413)<	MONTHS......☐☐ UNTIL DEATH......96 (SKIP TO 413)<	MONTHS......☐☐ UNTIL DEATH......96 (SKIP TO 413)<
412 Why did you stop breastfeeding (NAME)?	INCONVENIENT.....01 HAD TO WORK......02 INSUFFICNT MILK..03 BABY REFUSED.....04 CHILD DIED.......05 CHILD SICK.......06 CH HAD DIARRHEA..07 CH WEANING AGE...08 BECAME PREGNANT..09 MOTHER SICK......10 OTHER_____.11 (SPECIFY)	INCONVENIENT.....01 HAD TO WORK......02 INSUFFICNT MILK..03 BABY REFUSED.....04 CHILD DIED.......05 CHILD SICK.......06 CH HAD DIARRHEA..07 CH WEANING AGE...08 BECAME PREGNANT..09 MOTHER SICK......10 OTHER_____.11 (SPECIFY)	INCONVENIENT.....01 HAD TO WORK......02 INSUFFICNT MILK..03 BABY REFUSED.....04 CHILD DIED.......05 CHILD SICK.......06 CH HAD DIARRHEA..07 CH WEANING AGE...08 BECAME PREGNANT..09 MOTHER SICK......10 OTHER_____.11 (SPECIFY)	INCONVENIENT.....01 HAD TO WORK......02 INSUFFICNT MILK..03 BABY REFUSED.....04 CHILD DIED.......05 CHILD SICK.......06 CH HAD DIARRHEA..07 CH WEANING AGE...08 BECAME PREGNANT..09 MOTHER SICK......10 OTHER_____.11 (SPECIFY)
413 How many months after the birth of (NAME) did your period return?	MONTHS......☐☐ NOT RETURNED.....96	MONTHS......☐☐ NEVER RETURNED...96	MONTHS......☐☐ NEVER RETURNED...96	MONTHS......☐☐ NEVER RETURNED...96
414 Have you resumed sexual relations since the birth of (NAME)?	YES (OR PREGN.)...1 NO................2 (GO TO NEXT COL)<			
415 How many months after the birth of (NAME) did you resume sexual relations?	MONTHS......☐☐ (GO TO NEXT COLUMN)	MONTHS......☐☐ (GO TO NEXT COLUMN)	MONTHS......☐☐ (GO TO NEXT COLUMN)	MONTHS......☐☐ (GO TO 416)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
416	LOOK AT 410 FOR LAST BIRTH: LAST CHILD STILL BREASTFED ☐ ALL OTHERS ☐		>422
417	How many times did you breastfeed last night between sundown and sunrise?	NUMBER OF TIMES...........☐☐ CHILD SLEEPS AT BREAST.........96	
418	How many times did you breastfeed yesterday during the daylight hours?	NUMBER OF TIMES...........☐☐	
419	At any time yesterday or last night, was (NAME OF LAST CHILD) given any of the following: Plain water? Juice? Powdered milk? Cow's or goat's milk? Any other liquid? Any solid or mushy food?	YES NO PLAIN WATER................1 2 JUICE.....................1 2 POWDERED MILK.............1 2 COW'S OR GOAT'S MILK......1 2 ANY OTHER LIQUID (SPECIFY)_____.1 2 ANY SOLID OR MUSHY FOOD....1 2	
420	LOOK AT 419: WAS GIVEN FOOD OR LIQUID ☐ NO FOOD OR LIQUID GIVEN ☐		>422
421	Were any of these given in a bottle with a nipple?	YES.............................1 NO..............................2	

422 ENTER THE NAME, LINE NUMBER, AND SURVIVAL STATUS OF EACH BIRTH SINCE JAN. 1983 BELOW. BEGIN WITH THE LAST BIRTH.
THE HEADINGS IN THE TABLE SHOULD BE EXACTLY THE SAME AS THOSE AFTER Q. 402.
ASK THE QUESTIONS ONLY FOR LIVING CHILDREN.

LINE NUMBER FROM Q. 212	☐☐	☐☐	☐☐	☐☐
	LAST BIRTH NAME_____ ALIVE ☐ DEAD ☐→	**NEXT-TO-LAST BIRTH** NAME_____ ALIVE ☐ DEAD ☐→	**SECOND-FROM-LAST** NAME_____ ALIVE ☐ DEAD ☐→	**THIRD-FROM-LAST** NAME_____ (GO TO 440) ALIVE ☐ DEAD ☐→
423 LOOK AT Q218	LIVING WITH MOTHER ☐ LIVING ELSE-WHERE ☐ (SKIP TO 425)	LIVING WITH MOTHER ☐ LIVING ELSE-WHERE ☐ (SKIP TO 425)	LIVING WITH MOTHER ☐ LIVING ELSE-WHERE ☐ (SKIP TO 425)	LIVING WITH MOTHER ☐ LIVING ELSE-WHERE ☐ (SKIP TO 425)
424 With whom is your child currently living?	FATHER..............1 MOTHER'S PARENTS....2 FATHER'S PARENTS....3 OTHER RELATIVES.....4 OTHER_____.5 (SPECIFY) DK..................8	FATHER..............1 MOTHER'S PARENTS....2 FATHER'S PARENTS....3 OTHER RELATIVES.....4 OTHER_____.5 (SPECIFY) DK..................8	FATHER..............1 MOTHER'S PARENTS....2 FATHER'S PARENTS....3 OTHER RELATIVES.....4 OTHER_____.5 (SPECIFY) DK..................8	FATHER..............1 MOTHER'S PARENTS....2 FATHER'S PARENTS....3 OTHER RELATIVES.....4 OTHER_____.5 (SPECIFY) DK..................8
425 Do you have a health card for (NAME)? IF YES: May I see it, please?	YES, SEEN...........1 YES, NOT SEEN.......2 (SKIP TO 427)< NO CARD.............3	YES, SEEN...........1 YES, NOT SEEN.......2 (SKIP TO 427)< NO CARD.............3	YES, SEEN...........1 YES, NOT SEEN.......2 (SKIP TO 427)< NO CARD.............3	YES, SEEN...........1 YES, NOT SEEN.......2 (SKIP TO 427)< NO CARD.............3
426 RECORD DATES OF IMMUNIZATIONS FROM HEALTH CARD.	NOT RECORDED	DA	MO	YR	NOT RECORDED	DA	MO	YR	NOT RECORDED	DA	MO	YR	NOT RECORDED	DA	MO	YR
BCG 1	1	1	1	1
BCG 2	1	1	1	1
DPT 1	1	1	1	1
DPT 2	1	1	1	1
DPT 3	1	1	1	1
DPT BSTR	1	1	1	1
DPT BSTR	1	1	1	1
POLIO 1	1	1	1	1
POLIO 2	1	1	1	1
POLIO 3	1	1	1	1
POLIO BSTR	1	1	1	1
POLIO BSTR	1	1	1	1
MEASLES	1	1	1	1
	(SKIP TO 428)	(SKIP TO 428)	(SKIP TO 428)	(SKIP TO 428)
427 Has (NAME) ever had a vaccination to prevent him/her from getting diseases?	YES.................1 NO..................2 DK..................8	YES.................1 NO..................2 DK..................8	YES.................1 NO..................2 DK..................8	YES.................1 NO..................2 DK..................8
428 Has (NAME) had diarrhea in the last 24 hours?	YES.................1 (SKIP TO 430) < NO..................2 DK..................8	YES.................1 (SKIP TO 430) < NO..................2 DK..................8	YES.................1 (SKIP TO 430) < NO..................2 DK..................8	YES.................1 (SKIP TO 430) < NO..................2 DK..................8
429 Has (NAME) had diarrhea in the last two weeks?	YES.................1 (SKIP TO 430) < NO..................2 DK..................8 (GO TO NEXT COL)<	YES.................1 (SKIP TO 430) < NO..................2 DK..................8 (GO TO NEXT COL)<	YES.................1 (SKIP TO 430) < NO..................2 DK..................8 (GO TO NEXT COL)<	YES.................1 (SKIP TO 430) < NO..................2 DK..................8 (SKIP TO 440) <

4.3

LINE NUMBER FROM Q. 212	LAST BIRTH NAME_____ ALIVE ☐ DEAD ☐	NEXT-TO-LAST BIRTH NAME_____ →ALIVE ☐ DEAD ☐	SECOND-FROM-LAST NAME_____ →ALIVE ☐ DEAD ☐	THIRD-FROM-LAST NAME_____ →ALIVE ☐ DEAD ☐
430 Now I have some questions about (NAME's) last episode of diarrhea. How many days ago did the diarrhea start?	DAYS.......... ☐☐ DK.................98	DAYS.......... ☐☐ DK.................98 (SKIP TO 433)	DAYS.......... ☐☐ DK.................98 (SKIP TO 433)	DAYS.......... ☐☐ DK.................98 (SKIP TO 433)
431 LOOK AT 410: LAST CHILD STILL BREASTFED?	YES ☐ NO ☐ v (SKIP TO 433)			
432 Did you breastfeed (NAME) when he/she had diarrhea then?	YES.................1 NO..................2			
433 When (NAME) had diarrhea then, was he/she given more, less, or the same amount to drink as before the diarrhea?	MORE................1 LESS................2 SAME................3 DK..................8	MORE................1 LESS................2 SAME................3 DK..................8	MORE................1 LESS................2 SAME................3 DK..................8	MORE................1 LESS................2 SAME................3 DK..................8
434 Was (NAME) given more, less, or the same amount of solid food as was given before he/she had diarrhea?	MORE................1 LESS................2 SAME................3 SOLID FOODS NOT YET GIVEN.............4 DK..................8	MORE................1 LESS................2 SAME................3 DK..................8	MORE................1 LESS................2 SAME................3 DK..................8	MORE................1 LESS................2 SAME................3 DK..................8
435 Was (NAME) given either a home solution of sugar, salt, and water to drink, or a solution made from a special packet? IF YES: Which?	HOME SOLUTION OF SALT, SUGAR, WATER.1 ORS PACKET SOLUTION.2 BOTH GIVEN..........3 NEITHER GIVEN.......4 (SKIP TO 438) <—	HOME SOLUTION OF SALT, SUGAR, WATER.1 ORS PACKET SOLUTION.2 BOTH GIVEN..........3 NEITHER GIVEN.......4 (SKIP TO 438) <—	HOME SOLUTION OF SALT, SUGAR, WATER.1 ORS PACKET SOLUTION.2 BOTH GIVEN..........3 NEITHER GIVEN.......4 (SKIP TO 438) <—	HOME SOLUTION OF SALT, SUGAR, WATER.1 ORS PACKET SOLUTION.2 BOTH GIVEN..........3 NEITHER GIVEN.......4 (SKIP TO 438) <—
436 How much of the (home solution/special packet) was (NAME) given every 24 hours?	1\2 LITER...........1 1 LITER.............2 1 1\2 LITERS........3 2 LITERS............4 OTHER_____.5 (SPECIFY) DK..................8	1\2 LITER...........1 1 LITER.............2 1 1\2 LITERS........3 2 LITERS............4 OTHER_____.5 (SPECIFY) DK..................8	1\2 LITER...........1 1 LITER.............2 1 1\2 LITERS........3 2 LITERS............4 OTHER_____.5 (SPECIFY) DK..................8	1\2 LITER...........1 1 LITER.............2 1 1\2 LITERS........3 2 LITERS............4 OTHER_____.5 (SPECIFY) DK..................8
437 For how many days was (NAME) given (home solution/ special packet)?	DAYS.......... ☐☐ DK.................98	DAYS.......... ☐☐ DK.................98	DAYS.......... ☐☐ DK.................98	DAYS.......... ☐☐ DK.................98
438 Was (NAME) treated anywhere during the last episode of diarrhea? IF YES: Where was he/she taken (the last time)?	GOV'T HEALTH POST...1 GOV'T CLINIC........2 GOV'T HOSPITAL/ HEALTH CENTRE..3 PRIVATE DOCTOR/ CLINIC...4 TRADITIONAL DOCTOR..5 OTHER_____.6 (SPECIFY) CHILD NOT TAKEN.....7 DK..................8	GOV'T HEALTH POST...1 GOV'T CLINIC........2 GOV'T HOSPITAL/ HEALTH CENTRE..3 PRIVATE DOCTOR/ CLINIC...4 TRADITIONAL DOCTOR..5 OTHER_____.6 (SPECIFY) CHILD NOT TAKEN.....7 DK..................8	GOV'T HEALTH POST...1 GOV'T CLINIC........2 GOV'T HOSPITAL/ HEALTH CENTRE..3 PRIVATE DOCTOR/ CLINIC...4 TRADITIONAL DOCTOR..5 OTHER_____.6 (SPECIFY) CHILD NOT TAKEN.....7 DK..................8	GOV'T HEALTH POST...1 GOV'T CLINIC........2 GOV'T HOSPITAL/ HEALTH CENTRE..3 PRIVATE DOCTOR/ CLINIC...4 TRADITIONAL DOCTOR..5 OTHER_____.6 (SPECIFY) CHILD NOT TAKEN.....7 DK..................8
439 Was there anything (else) you or someone did to treat the diarrhea (the last (time) CIRCLE ALL TREATMENTS MENTIONED.	INJECTION...........1 IV (INTRAVENOUS)....1 TABLETS OR PILLS....1 SYRUPS..............1 ORS.................1 OTHER_____.1 (SPECIFY) NOTHING GIVEN.......1 (ALL GO TO NEXT COL)<	INJECTION...........1 IV (INTRAVENOUS)....1 TABLETS OR PILLS....1 SYRUPS..............1 ORS.................1 OTHER_____.1 (SPECIFY) NOTHING GIVEN.......1 (ALL GO TO NEXT COL)<	INJECTION...........1 IV (INTRAVENOUS)....1 TABLETS OR PILLS....1 SYRUPS..............1 ORS.................1 OTHER_____.1 (SPECIFY) NOTHING GIVEN.......1 (ALL GO TO NEXT COL)<	INJECTION...........1 IV (INTRAVENOUS)....1 TABLETS OR PILLS....1 SYRUPS..............1 ORS.................1 OTHER_____.1 (SPECIFY) NOTHING GIVEN.......1 (ALL GO TO 440)<

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO

440 — LOOK AT 435:   IF ANY 1 OR 3 IS CIRCLED ☐   ALL OTHERS ☐ ————————————>441A

441 — Where did you learn how to prepare the sugar, salt and water solution given to (NAME)?

GOVERNMENT HEALTH POST..........1
GOVERNMENT CLINIC...............2
GOV'T HOSPITAL/HEALTH CENTRE....3
PRIVATE DOCTOR/CLINIC...........4
OTHER_____..5
(SPECIFY)
DK..............................8

441A — LOOK AT 435:   ALL OTHERS ☐   IF ANY 2 OR 3 IS CIRCLED ☐ ————————————>444

442 — Have you ever heard of a special product called (LOCAL NAME) you can get for the treatment of diarrhea?

YES.............................1

NO..............................2 ——>452

443 — Have you ever prepared one of these (LOCAL NAME) packets for yourself or someone else?

YES.............................1

NO..............................2 ——>452

444 — Did you use one whole packet when you prepared the solution the last time? IF NO: How much did you use?

LESS THAN ONE PACKET...........1
MORE THAN ONE PACKET...........2
ONE PACKET.....................3
OTHER_____.4
(SPECIFY)
DK.............................8

445 — How much water did you use to prepare the solution (the last time)?

1\2 LITER......................1
1 LITER........................2
1 1\2 LITERS...................3
2 LITERS.......................4
OTHER_____.5
(SPECIFY)
DK.............................8

446 — Did you use boiled water or other water to prepare the packet (the last time)?

BOILED WATER...................1
OTHER_____.2
(SPECIFY)
DK.............................8

447 — In what kind of container did you prepare the mixture of the packet and the water?

COOKING POT....................1
EARTHEN JAR....................2
EMPTY BOTTLE...................3
BASIN..........................4
OTHER_____.5
(SPECIFY)

448 — Did you prepare a new mixture every day or did you use the same mixture for more than one day?

NEW MIXTURE EACH DAY...........1
USE SAME FOR MORE THAN 1 DAY....2
OTHER_____.3
(SPECIFY)

449 — Where can you get these packets?

PROBE: Anywhere else?

CIRCLE ALL PLACES MENTIONED.

GOVERNMENT HEALTH POST..........1
GOVERNMENT CLINIC...............1
GOV'T HOSPITAL/HEALTH CENTRE....1
PRIVATE DOCTOR/CLINIC...........1
PHARMACY.......................1
OTHER_____.1
(SPECIFY)
DK............................ 1

450 — Do you have one of these packets in your house now?

YES.............................1
NO..............................2 ——>452

451 — May I see the packet?

SHOWS PACKET...................1
DOES NOT SHOW PACKET...........2

452 ENTER THE NAME, LINE NUMBER, AND SURVIVAL STATUS OF EACH BIRTH SINCE JAN. 1983 BELOW. BEGIN WITH THE LAST BIRTH.
THE HEADINGS IN THE TABLE SHOULD BE EXACTLY THE SAME AS THOSE AFTER Q. 423.
ASK THE QUESTIONS ONLY FOR LIVING CHILDREN. IF NO CHILDREN SINCE JAN. 1983, SKIP TO 501.

LINE NUMBER FROM Q. 212	☐☐	☐☐	☐☐	☐☐
	LAST BIRTH NAME_____ ALIVE ☐ DEAD ☐	NEXT-TO-LAST BIRTH NAME_____ →ALIVE ☐ DEAD ☐	SECOND-FROM-LAST NAME_____ →ALIVE ☐ DEAD ☐	THIRD-FROM-LAST NAME_____ →ALIVE ☐ DEAD ☐ (GO TO 501)
453 Has (NAME) suffered from severe cough or difficult or rapid breathing in the last four weeks?	YES.................1 NO.................2⌐ (GO TO 456) <┘ DK.................8	YES.................1 NO.................2⌐ (GO TO 456) <┘ DK.................8	YES.................1 NO.................2⌐ (GO TO 456) <┘ DK.................8	YES.................1 NO.................2⌐ (GO TO 456) <┘ DK.................8
454 Was (NAME) taken anywhere to treat the problem? IF YES: Where was he/she taken?	GOV'T HEALTH POST...1 GOV'T CLINIC........2 GOV'T HOSPITAL/ HEALTH CLINIC..3 PRIVATE DOCTOR/ CLINIC....4 TRADITIONAL DOCTOR..5 CHILD NOT TAKEN.....6 OTHER_____7 (SPECIFY) DK.................8	GOV'T HEALTH POST...1 GOV'T CLINIC........2 GOV'T HOSPITAL/ HEALTH CLINIC..3 PRIVATE DOCTOR/ CLINIC....4 TRADITIONAL DOCTOR..5 CHILD NOT TAKEN.....6 OTHER_____7 (SPECIFY) DK.................8	GOV'T HEALTH POST...1 GOV'T CLINIC........2 GOV'T HOSPITAL/ HEALTH CLINIC..3 PRIVATE DOCTOR/ CLINIC....4 TRADITIONAL DOCTOR..5 CHILD NOT TAKEN.....6 OTHER_____7 (SPECIFY) DK.................8	GOV'T HEALTH POST...1 GOV'T CLINIC........2 GOV'T HOSPITAL/ HEALTH CLINIC..3 PRIVATE DOCTOR/ CLINIC....4 TRADITIONAL DOCTOR..5 CHILD NOT TAKEN.....6 OTHER_____7 (SPECIFY) DK.................8
455 Was there anything (else) you or somebody did to treat the problem? IF YES: What was done? CIRCLE CODE 1 FOR ALL MENTIONED.	ANTIBIOTICS.........1 LIQUID OR SYRUP.....1 ASPIRIN.............1 INJECTION...........1 OTHER_____.1 (SPECIFY) NOTHING.............1	ANTIBIOTICS.........1 LIQUID OR SYRUP.....1 ASPIRIN.............1 INJECTION...........1 OTHER_____.1 (SPECIFY) NOTHING.............1	ANTIBIOTICS.........1 LIQUID OR SYRUP.....1 ASPIRIN.............1 INJECTION...........1 OTHER_____.1 (SPECIFY) NOTHING.............1	ANTIBIOTICS.........1 LIQUID OR SYRUP.....1 ASPIRIN.............1 INJECTION...........1 OTHER_____.1 (SPECIFY) NOTHING.............1
456 Has (NAME) had fever in the last four weeks?	YES.................1 NO.................2⌐ (GO TO NEXT COL) <┘ DK.................8	YES.................1 NO.................2⌐ (GO TO NEXT COL) <┘ DK.................8	YES.................1 NO.................2⌐ (GO TO NEXT COL) <┘ DK.................8	YES.................1 NO.................2⌐ (SKIP TO 501) <┘ DK.................8
457 Was (NAME) taken anywhere to treat the fever? IF YES: Where was he/she taken?	GOV'T HEALTH POST...1 GOV'T CLINIC........2 GOV'T HOSPITAL/ HEALTH CLINIC..3 PRIVATE DOCTOR/ CLINIC....4 TRADITIONAL DOCTOR..5 CHILD NOT TAKEN.....6 OTHER_____7 (SPECIFY) DK.................8	GOV'T HEALTH POST...1 GOV'T CLINIC........2 GOV'T HOSPITAL/ HEALTH CLINIC..3 PRIVATE DOCTOR/ CLINIC....4 TRADITIONAL DOCTOR..5 CHILD NOT TAKEN.....6 OTHER_____7 (SPECIFY) DK.................8	GOV'T HEALTH POST...1 GOV'T CLINIC........2 GOV'T HOSPITAL/ HEALTH CLINIC..3 PRIVATE DOCTOR/ CLINIC....4 TRADITIONAL DOCTOR..5 CHILD NOT TAKEN.....6 OTHER_____7 (SPECIFY) DK.................8	GOV'T HEALTH POST...1 GOV'T CLINIC........2 GOV'T HOSPITAL/ HEALTH CLINIC..3 PRIVATE DOCTOR/ CLINIC....4 TRADITIONAL DOCTOR..5 CHILD NOT TAKEN.....6 OTHER_____7 (SPECIFY) DK.................8
458 Was there anything (else) you or somebody did to treat the problem? IF YES: What was done? CIRCLE CODE 1 FOR ALL MENTIONED.	ANTIBIOTICS.........1 LIQUID OR SYRUP.....1 ASPIRIN.............1 INJECTION...........1 OTHER_____.1 (SPECIFY) NOTHING.............1 (ALL GO TO NEXT COL)	ANTIBIOTICS.........1 LIQUID OR SYRUP.....1 ASPIRIN.............1 INJECTION...........1 OTHER_____.1 (SPECIFY) NOTHING.............1 (ALL GO TO NEXT COL)	ANTIBIOTICS.........1 LIQUID OR SYRUP.....1 ASPIRIN.............1 INJECTION...........1 OTHER_____.1 (SPECIFY) NOTHING.............1 (ALL GO TO NEXT COL)	ANTIBIOTICS.........1 LIQUID OR SYRUP.....1 ASPIRIN.............1 INJECTION...........1 OTHER_____.1 (SPECIFY) NOTHING.............1 (ALL GO 501)

4.6

148

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
501	Have you ever been married or lived with a man?	YES...............................1 NO................................2———>508	
502	Are you now married or living with a man, or are you widowed, divorced or not now living together?	MARRIED...........................1 LIVING TOGETHER...................2 WIDOWED...........................3 DIVORCED..........................4 NOT NOW LIVING TOGETHER.........5	}>505
503	Does your husband/partner live with you or is he now living elsewhere?	LIVING WITH HER...................1———>505 LIVING ELSEWHERE..................2	
504	How long has he been away? ENTER BOTH MONTHS AND YEARS.	DURATION MONTHS.....................☐☐ YEARS......................☐☐	
505	Have you been married or lived with a man only once, or more than once?	ONCE..............................1 MORE THAN ONCE....................2	
506	In what month and year did you start living with your (first) husband or partner?	DATE MONTH......................☐☐ DK...............................98 YEAR.......................☐☐———>509 DK YEAR..........................98	
507	How old were you when you started living with him?	AGE........................☐☐———>509	
508	Now we need some details about your sexual activity in order to get a better understanding of contraception and fertility. Have you ever had sexual intercourse?	YES...............................1 NO................................2———>515	
509	How old were you when you first had sexual intercourse?	AGE........................☐☐	
510	When was the last time you had sexual intercourse?	DAYS AGO..................1 ☐☐ WEEKS AGO.................2 MONTHS AGO...............3 YEARS AGO................4 BEFORE LAST BIRTH............996———>515	

5.1

149

511 LOOK AT 220:

NOT PREGNANT ☐   CURRENTLY ☐ ————————————————————————————>515
OR NOT SURE   PREGNANT

512 LOOK AT 311 AND 312:

NOT USING ☐   USING ☐ ————————————————————————————>515
CONTRACEPTION   CONTRACEPTION

513 If you were to become pregnant in the next few weeks, would you feel happy, unhappy, or would it not matter at all?

HAPPY...........................1 ——>515
UNHAPPY.........................2
NOT MATTER AT ALL...............3

514 What is the main reason that you are not using a method to avoid pregnancy?

LACK OF KNOWLEDGE..............01
OPPOSED TO FAMILY PLANNING.....02
HUSBAND DISAPPROVES............03
OTHERS DISAPPROVE..............04
HEALTH CONCERNS................05
DIFFICULT TO GET...............06
COSTS TOO MUCH.................07
INCONVENIENT TO USE............08
NOT EFFECTIVE..................09
INFREQUENT SEX.................10
FATALISTIC.....................11
RELIGION.......................12
POSTPARTUM/BREASTFEEDING.......13
MENOPAUSAL/SUBFECUND..........14
OTHER _____.15
(SPECIFY)
DK.............................98

515 Now I have a few questions about a very different topic. Have you ever heard of an illness called AIDS?

YES.............................1

NO..............................2 ——>527

516 Please tell me all the ways that a person can get AIDS.

PROBE: Any other ways?

CIRCLE ALL WAYS MENTIONED.

[UNPROTECTED] SEX WITH PWA......1
HAVING SEX WITH A PROSTITUTE....1
HAVING MANY SEX PARTNERS........1
HOMOSEXUAL INTERCOURSE..........1
TOUCHING/CLOSE CONTACT WITH PWA.1
SHARING UTENSILS WITH PWA.......1
BLOOD TRANSFUSION...............1
DONATING BLOOD..................1
BEING BORN TO WOMAN WITH AIDS...1
INJECTION FROM DIRTY NEEDLE.....1
SHARE TOILET WITH PWA...........1
OTHER _____.1
(SPECIFY)
DK..............................1

517 How can you tell that someone has AIDS?

PROBE: Any other ways?

CIRCLE ALL SYMPTOMS MENTIONED.

CHILLS AND FEVER................1
DIARRHEA........................1
SUDDEN WEIGHT LOSS..............1
SWOLLEN LYMPH GLANDS............1
SKIN RASH.......................1
LINGERING COUGH.................1
BLOOD TEST......................1
OTHER _____.1
(SPECIFY)
DK..............................1

518 Do you personally know someone who has AIDS or who has died of AIDS?

YES.............................1

NO..............................2

5.2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
519	Have you heard of any ways to avoid AIDS?	YES..............................1 NO...............................2	→521

520 — What are all the ways that you have heard of?

CIRCLE `1` FOR SPONTANEOUS RESPONSES. READ OUT ALL THE
WAYS NOT MENTIONED, AND CIRCLE `2` IF YES AND `8` IF NO.

	YES SPONT	YES PRBD	NO
Limit sex partners, or be monogamous. — LIMIT NO. OF PARTNERS	1	2	8
Use condoms. — USE CONDOMS	1	2	8
Avoid shared or dirty needles. — AVOID NEEDLES	1	2	8
Avoid receiving blood transfusions. — AVOID BLOOD TRANS	1	2	8
Avoid prostitutes. — AVOID PROSTITUTES	1	2	8
Any other ways? — OTHER_____ (SPECIFY)	1	2	8

521 — Have you heard, seen, or read about AIDS on the

	YES	NO
Radio? — RADIO	1	2
Television? — TELEVISION	1	2
In the newspaper? — NEWSPAPER	1	2
On a pamphlet or poster? — PAMPHLET/POSTER	1	2
Any other ways? — OTHER_____ (SPECIFY)	1	2

522 — Which persons are at high risk of getting AIDS?

	YES	NO	DK
Woman with many sexual partners? — WOMAN	1	2	8
Someone who gives blood? — BLOOD DONOR	1	2	8
Classmates of a child with AIDS? — CLASSMATE	1	2	8
Man with many sexual partners? — MAN	1	2	8
Baby whose mother has AIDS? — BABY	1	2	8
Person who shares food with a person with AIDS? — SHARES FOOD	1	2	8
Prostitutes? — PROSTITUTES	1	2	8
Homosexuals? — HOMOSEXUALS	1	2	8
You, yourself? — RESPONDENT	1	2	8

524 — What should a person with AIDS do for treatment?

CIRCLE ALL THINGS MENTIONED

PROBE: Anything else?

GO TO HOSPITAL...................1
 DO NOTHING......................1
 OTHER_____.1
 DK..............................1

525	Is there a cure for AIDS?	YES..............................1 NO...............................2 DK...............................8

526 — If a person has AIDS should they:

	YES	NO
Continue to go to school? — GO TO SCHOOL	1	2
Be permitted in public places? — BE IN PUBLIC	1	2
Donate blood? — DONATE BLOOD	1	2
Be quaranteened (isolated)? — BE QUARANTEENED	1	2

527 — PRESENCE OF OTHERS AT THIS POINT.

	YES	NO
CHILDREN UNDER 10	1	2
HUSBAND	1	2
OTHER MALES	1	2
OTHER FEMALES	1	2

5.3

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
601	LOOK AT 502: CURRENTLY MARRIED OR LIVING TOGETHER ☐ ALL OTHERS ☐		→610
602	LOOK AT 220: NOT PREGNANT OR NOT SURE ☐ CURRENTLY PREGNANT ☐		→604
603	Now I have some questions about the future. Would you like to have a (another) child or would you prefer not to have any (more) children?	HAVE ANOTHER....................1——→605 NO MORE.........................2— SAYS SHE CAN'T GET PREGNANT.....3 →606 UNDECIDED OR DK.................8——	
604	Now I have some questions about the future. After the child you are expecting, would you like to have another child or would you prefer not to have any (more) children?	HAVE ANOTHER....................1 NO MORE.........................2— SAYS SHE CAN'T GET PREGNANT.....3 →606 UNDECIDED OR DK.................8—	
605	How long would you like to wait from now before the birth of a (another) child? INSTRUCTION: FOR THOSE CURRENTLY PREGNANT ASK: After the birth of the child you are now expecting, how long would you like to wait before the birth of another child?	DURATION MONTHS...................1 YEARS....................2 DK...........................998	
606	For how long should a couple wait before starting sexual intercourse after the birth of a baby?	DURATION MONTHS...................1 YEARS....................2 OTHER_____.996 (SPECIFY)	
607	Should a mother wait until she has completely stopped breastfeeding before starting to have sexual relations again, or doesn't it matter?	WAIT............................1 DOESN'T MATTER..................2	
608	Does your husband/partner approve or disapprove of couples using a method to avoid pregnancy?	APPROVES........................1 DISAPPROVES.....................2 NOT SURE........................8	
609	How often have you talked to your husband/partner about this subject in the past year?	NEVER...........................1 ONCE OR TWICE...................2 MORE OFTEN......................3	
610	Do you approve or disapprove of couples using a method to avoid pregnancy?	APPROVES........................1 DISAPPROVES.....................2 NOT SURE........................8	

6.1

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
611	Do you approve or disapprove of premarital sexual involvement?	APPROVES.........................1 DISAPPROVES......................2 NOT SURE.........................8	
612	Do you approve or disapprove of the idea of providing unmarried, sexually active teenagers with contraceptive methods if they want them?	APPROVES.........................1 DISAPPROVES......................2 NOT SURE.........................8	
613	LOOK AT 202 AND 204: NO LIVING ☐ HAS ☐ CHILDREN LIVING CHILDREN		──>615
614	If you could choose exactly the number of children to have in your whole life, how many would that be? RECORD SINGLE NUMBER OR OTHER ANSWER.	NUMBER................... ☐☐ OTHER ANSWER _____ 96 (SPECIFY)	─>701
615	If you could go back to the time before you had any children and could choose exactly the number of children to have in your whole life, how many would that be? RECORD SINGLE NUMBER OR OTHER ANSWER.	NUMBER................... ☐☐ OTHER ANSWER _____ 96 (SPECIFY)	

6.2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
701	LOOK AT 501: EVER MARRIED OR LIVED WITH A MAN ☐ ALL OTHERS ☐ ASK QUESTIONS ABOUT CURRENT OR MOST RECENT HUSBAND/PARTNER.		──>714
702	Now I have some questions about your (most recent) husband/partner. Did your husband/partner ever attend school?	YES..............................1 NO...............................2	──>705
703	What was the highest grade at school he completed?	CURRENTLY IN STANDARD 1........10 GRADE STANDARD...................1 ☐ FORM.......................2 ☐ UNIVERSITY OR OTHER........3 ☐ POST-SECONDARY INST. DK.............................98	──>705
704	LOOK AT 703: GRADES ☐ GRADES ☐ 10 - 17 21 - 39		──>706
705	Can (could) he read a letter or newspaper?	YES..............................1 NO...............................2	──>706
705A	Can (could) he read a letter or newspaper easily or with difficulty?	EASILY...........................1 WITH DIFFICULTY..................2	
706	What kind of work does (did) your husband/partner mainly do?	─────────── ☐☐	
707	LOOK AT 706: DOES (DID) NOT WORK IN AGRI- ☐ WORKS (WORKED) ☐ CULTURE IN AGRICULTURE		──>709
708	Does (did) he earn a regular wage or salary?	YES..............................1 NO...............................2 DK...............................8	>711
709	Does (did) your husband/partner work mainly on his or family land, or on someone else's land?	HIS/FAMILY LAND.................1 SOMEONE ELSE'S LAND............2	──>711
710	Does (did) he work mainly for money or does (did) he work for a share of the crops?	MONEY............................1 A SHARE OF CROPS................2	

7.1

154

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
711	Before you married /lived with your (first) husband /partner, did you yourself ever have a business of your own or did you ever work for someone else for a regular wage or payment in kind?	YES.............................1 NO..............................2	→713
712	When you were earning money then, did you turn most of it over to your family or did you keep most of it yourself?	FAMILY..........................1 SELF............................2	
713	Since you were first married /lived with your partner, have you ever owned a business or worked for someone else for a regular wage or payment in kind?	YES.............................1 NO..............................2	→715 →720
714	Have you ever owned a business or worked for someone else for a regular wage or payment in kind?	YES.............................1 NO..............................2	720→
715	During the time when you have earned money or payment in kind, did you turn most of it over to your family or did you keep most of it yourself?	FAMILY..........................1 SELF............................2	
716	Do you now own a business or work for someone else for a regular wage or payment in kind?	YES.............................1 NO..............................2	→720
717	What kind of work do you mainly do?	_____ ▢▢ _____	
718	LOOK AT 217: HAS LIVING CHILDREN UNDER 15 YEARS ▢ NO LIVING CHILDREN UNDER 15 YEARS ▢		→720
719	Who usually cares for your child(ren) while you are working?	HUSBAND........................01 WOMAN'S PARENTS................02 HUSBAND'S PARENTS.............03 OLDER CHILDREN................04 OTHER RELATIVES...............05 FRIENDS.......................06 SERVANTS......................07 NO ONE........................08 OTHER_____...09 (SPECIFY) CHILD(REN) LIVE ELSEWHERE.....10	
720	Do you approve or disapprove of mothers with young children working outside the home?	APPROVES........................1 DISAPPROVES.....................2 NOT SURE........................8	

7.2

155

721 LOOK AT 502:

NOT CURRENTLY ☐   CURRENTLY ☐
MARRIED OR   MARRIED OR ────────────────────────────────→725
LIVING TOGETHER   LIVING TOGETHER

722 LOOK AT 217:

HAS LIVING ☐   NO LIVING ☐
CHILDREN   CHILDREN ────────────────────────────────→725
UNDER 15   UNDER 15
YEARS   YEARS

723 Do you receive any support for your child(ren) from:

		YES	NO
the father of the child(ren)?	FATHER	1	2
your father?	RESPONDENT'S FATHER	1	2
your mother?	RESPONDENT'S MOTHER	1	2
other of your relatives?	OTH RELATIVE OF RESPONDENT	1	2
parents of your child(ren)'s father?	PATERNAL GRANDPARENTS	1	2
other relatives of your child(ren)'s father?	OTHER PATERNAL RELATIVES	1	2
other _____ ?	OTHER	1	2
(Specify)			

724 Do you presently receive child support through the Affiliation Act?

YES............................1

NO.............................2

725 PRESENCE OF OTHERS AT THIS POINT.

	YES	NO
CHILDREN UNDER 10	1	2
HUSBAND	1	2
OTHER MALES	1	2
OTHER FEMALES	1	2

726 RECORD THE TIME.

HOUR...................... ☐☐

MINUTES................... ☐☐

7.3

<u>INTERVIEWER'S OBSERVATIONS</u>
(To be filled in after completing interview.)

Person Interviewed: _____

_____

_____

Specific Questions: _____

_____

_____

Other Aspects: _____

_____

Name of Interviewer: _____ Date: _____

<u>SUPERVISOR'S OBSERVATIONS</u>

_____

_____

_____

_____

Name of Supervisor: _____ Date: _____

<u>EDITOR'S OBSERVATIONS</u>

_____

_____

_____

_____

Name of Field Editor: _____ Date: _____

Name of Keyer: _____ Date: _____

8.1