

**2002 ALBANIAN REPRODUCTIVE HEALTH SURVEY
HOUSEHOLD QUESTIONNAIRE**

STRATA _____ ID NUMBER _____

PSU _____

STATISTICS CODE (ZR) _____

RRETHI/DISTRICT _____

KOMUNA _____

LOCALITY (QYTETI/FSHATI) _____

STREET ADDRESS _____

BUILDING/HOUSE NUMBER _____

APARTMENT NUMBER _____

VISIT RECORD

Visit number	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
	DAY MONTH	DAY MONTH	DAY MONTH	DAY MONTH
Date of visit	_____	_____	_____	_____
Result*	_____	_____	_____	_____
Interviewer	_____	_____	_____	_____
Supervisor	_____	_____	_____	_____

*** RESULT CODES**

1. COMPLETED INTERVIEW
2. NO ELIGIBLE WOMAN (AGE 15-44) LIVES IN THE HOUSEHOLD
3. NOBODY HOME
4. SELECTED RESPONDENT NOT HOME
5. HOUSEHOLD REFUSAL
6. SELECTED RESPONDENT REFUSAL
7. UNOCCUPIED HOUSE
8. RESPONDENT INCOMPETENT
9. OTHER _____
10. INCOMPLETE INTERVIEW

1. How many families live in this household? _____ families

NOTE: A HOUSEHOLD CONSISTS OF ONE PERSON OR MORE; IF THERE ARE TWO OR MORE PERSONS--WITH OR WITHOUT FAMILY RELATIONS-- WHO SHARE THE DWELLING AND THE HOUSEHOLD EXPENSES, THEY CONSTITUTE ONE HOUSEHOLD WITH ONE OR MORE FAMILIES;

IF THE PERSONS DO NOT SHARE THE DWELLING AND HOUSEHOLD EXPENSES, REGARDLESS OF BEING RELATED, THEY CONSTITUTE TWO OR MORE HOUSEHOLDS

2. How many people normally live in this flat/house? _____ people

3. How many females between the ages of 15 and 44 live in this flat/house? _____ women 15-44

**ELIGIBLE WOMAN (AGE 15-44) LIVES IN THE HOUSEHOLD FINISH THE INTERVIEW (CODE=2)
IF THE HOUSEHOLD CONTAINS AT LEAST ONE ELIGIBLE WOMAN, CONTINUE**

4. For each of these women could you give me the following information (**STARTING WITH THE OLDEST WOMAN TO THE YOUNGEST**):

<u>No.</u>	<u>First Name</u>	<u>Age</u>	<u>Marital Status</u>	<u>Education Level</u>
1	_____	___	—	—
2	_____	___	—	—
3	_____	___	—	—
4	_____	___	—	—
5	_____	___	—	—
6	_____	___	—	—

Marital Status

- 1. Married
- 2. Unregistered Marriage
- 3. Separated
- 4. Divorced
- 5. Widowed
- 6. Never Married
- 8. UNKNOWN

Education:

- 0. No School
- 1. Elementary education (1-4 yrs)
- 2. Postelementary (5-8yrs)
- 3. High School/ Gymnazium (9-12yrs)
- 4. Basic secondary + vocational education
- 5. Complete secondary + technical education
- 6. University/Postgraduate Education
- 8. UNKNOWN

GO TO THE RANDOMIZATION TABLE

SELECTION OF INDIVIDUAL RESPONDENT USING RANDOMIZATION TABLE:

NUMBER OF ELIGIBLE WOMEN LIVING IN THE HOUSEHOLD (SEE # IN Q 3)	LAST DIGIT OF QUESTIONNAIRE NUMBER									
	0	1	2	3	4	5	6	7	8	9
1	1	1	1	1	1	1	1	1	1	1
2	1	2	1	2	1	2	1	2	1	2
3	3	1	2	3	1	2	3	1	2	3
4	3	4	1	2	3	4	1	2	3	4
5	1	2	3	4	5	1	2	3	4	5
6	6	1	2	3	4	5	6	1	2	3

IF ONLY ONE WOMAN AGED 15-44 LIVES IN THIS HOUSEHOLD, WRITE "1" IN Q5

5. RANK ORDER OF THE SELECTED RESPONDENT: _____

IF YOU DO NOT SPEAK WITH THE SELECTED RESPONDENT OR IF SHE IS NOT AVAILABLE FOR AN INTERVIEW AT THAT TIME, WRITE DOWN HER FIRST NAME AND SCHEDULE ANOTHER VISIT (DATE AND TIME)

FIRST NAME _____

DATE OF THE NEXT VISIT: _____ TIME: _____

ALBANIA REPRODUCTIVE HEALTH SURVEY 2002

MALE QUESTIONNAIRE

Hello. I'm _____ from the National Institute of Public Health. We are doing a national survey about the health of men and women in Albania. The purpose of the survey is to collect information that will help us plan reproductive health services in Albania.

I would like to ask you about your health and where you obtain health services. All of the information you give us will be confidential. The interview is completely voluntary and if we should come to any question that you don't want to answer, just let me know and we'll go on to the next question. The interview will take about 30 minutes. I would like to start now, is that OK?

SIGNATURE OF THE INTERVIEWER _____ **DAY** ___ **MONTH** ___

MARK IF THE MAN AGREES TO BE INTERVIEWED **1. YES----> CONTINUE**
2. NO----->END OF INTERVIEW

TIME STARTED: ___ : ___

ID NUMBER ___ - ___ - ___ - ___ - ___

I. BACKGROUND CHARACTERISTICS

100. In what month and year were you born?

MONTH ___ YEAR ___ 98 DON'T KNOW

101. How old are you (at last birthday)? ___ YEARS OLD

98. DON'T KNOW

MAKE SURE THAT AGE AND DATE OF BIRTH CORRESPOND

102. What is the highest level of education you completed, not counting the current grade you are in?

000. NEVER ATTENDED (NO FORMAL EDUCATION)

- | | | |
|---|-----------------|----|
| 1. GENERAL SCHOOL | 1 2 3 4 5 6 7 8 | 88 |
| 2. THEORETICAL HIGH SCHOOL/ GIMNAZIUM | 1 2 3 4 | 88 |
| 3. PROFESSIONAL (VOCATIONAL) SCHOOL | 1 2 3 4 5 | 88 |
| 4. TECHNICAL SCHOOL (POSTSECONDARY) | 1 2 3 4 5 | 88 |
| 5. UNIVERSITY | 1 2 3 4 5+ | 88 |
| 6. POST UNIVERSITY/POSTGRADUATE STUDIES | 1 2 3 4 5+ | 88 |
| 888. DON'T REMEMBER/ DON'T KNOW | | |

IF Q102 = 2 OR 3 CONTINUE; ELSE GO TO Q104

103. Do you have a high school diploma?

1. YES
2. NO

104. Do you currently work outside of the home (at least 20 hours per week)?

1. YES ---> GO TO Q106
3. NO

105. What is the main reason that you are not working at this time?

1. ATTENDING SCHOOL
2. INTERNAL DISPLACEMENT
3. LOOKING FOR WORK
4. LAID OFF
5. DOES NOT NEED/WANT/LIKE TO WORK
6. MEDICAL LEAVE
7. CARING FOR CHILDREN
8. INABILITY TO FIND/AFFORD CHILD CARE
9. HOMEMAKER
10. PERMANENT DISABILITY
11. PARTNER/SPOUSE DOES NOT ALLOW RESPONDENT TO WORK
12. PARENTS DO NOT ALLOW RESPONDENT TO WORK
13. ODD JOBS (<20 HOURS PER WEEK)
14. TEMPORARILY BACK FROM WORK ABROAD
20. OTHER (SPECIFY) _____

106. I would like to ask you about where you have lived. For most of the time until you were 12 years old, did you live in a town, or in a village?

1. TOWN
2. VILLAGE

107. In what month and year did you start to live continuously in _____ (NAME THE PLACE OF RESIDENCE)?

- MONTH ____ YEAR ____
00. ALWAYS, SINCE BIRTH----> **GO TO Q108**
88. DON'T REMEMBER

107A. Just before you moved here (CURRENT PLACE OF RESIDENCE), did you live in a town, a village, or outside Albania ?

1. A town (URBAN AREA),
2. A village (RURAL AREA), or
3. Outside Albania?

108. Are you currently married, not married but living with someone, separated, divorced, widowed, or have you never been married ?

1. MARRIED -----> **GO TO Q111**
2. NOT MARRIED BUT LIVING WITH A PARTNER ---> **GO TO Q111**
3. SEPARATED -----> **GO TO Q111**
4. DIVORCED -----> **GO TO Q111**
5. WIDOWED -----> **GO TO Q111**
6. NEVER MARRIED

109. Have you ever lived with a girlfriend or partner? (**LIVING TOGETHER MEANS HAVING A SEXUAL RELATIONSHIP WHILE SHARING THE SAME USUAL RESIDENCE.**)

1. YES ---> **GO TO Q111**
2. NO

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

- ____ CHILDREN
22. AS MANY AS GOD GIVES
 33. AS MANY AS WIFE WOULD WANT
 88. NOT SURE/DON'T REMEMBER

GO TO Q122

111. How many times have you been married or lived with a woman as husband and wife?

___ TIMES

9. REFUSAL----->GO TO Q118

TIMES	112. In what month and year did you <u>begin living</u> with your... (first, second, third, or fourth) wife / partner?	113. How old was your I, II, III, IV wife / partner when you started to live together?	114. What was the highest level in school that your I,II,III,IV wife / partner attended when you got married / started to live together ?	115. What is your current <u>union relationship</u> with your I, II, III, IV, wife / partner, are you still in the relationship or how did the relationship end?	116. In what month and year did your <u>union</u> with your I,II,III,IV, .wife / partner <u>end</u> ?	117. IF:
I	MTH ___ YR _____ 88. DON'T KNOW/REF.	___ AGE 88. DK	0. NEVER ATTENDED 1. PRIMARY (1-8) 2. SECONDARY (9-12) 3. VOCATIONAL 4. TECHNICAL SCH. 5. UNIVERSITY 8. UNKNOWN	1. Married----->Q117 2. Living with partner->Q117 3. Separated 4. Divorced 5. Widowed	MTH ___ YR _____ 88. DON'T KNOW / REF.	Q111=1 GO TO Q118 ELSE CONTINUE
II	MTH ___ YR _____ 88. DON'T KNOW/REF.	___ AGE 88. DK	0. NEVER ATTENDED 1. PRIMARY (1-8) 2. SECONDARY (9-12) 3. VOCATIONAL 4. TECHNICAL SCH. 5. UNIVERSITY 8. UNKNOWN	1. Married----->Q117 2. Living with partner->Q117 3. Separated 4. Divorced 5. Widowed	MTH ___ YR _____ 88. DON'T KNOW / REF.	Q111=2 GO TO Q118 ELSE CONTINUE
III	MTH ___ YR _____ 88. DON'T KNOW/REF.	___ AGE 88. DK	0. NEVER ATTENDED 1. PRIMARY (1-8) 2. SECONDARY (9-12) 3. VOCATIONAL 4. TECHNICAL SCH. 5. UNIVERSITY 8. UNKNOWN	1. Married----->Q117 2. Living with partner->Q117 3. Separated 4. Divorced 5. Widowed	MTH ___ YR _____ 88. DON'T KNOW / REF.	Q111=3 GO TO Q118 ELSE CONTINUE
IV	MTH ___ YR _____ 88. DON'T KNOW/REF.	___ AGE 88. DK	0. NEVER ATTENDED 1. PRIMARY (1-8) 2. SECONDARY (9-12) 3. VOCATIONAL 4. TECHNICAL SCH. 5. UNIVERSITY 8. UNKNOWN	1. Married----->Q117 2. Living with partner->Q117 3. Separated 4. Divorced 5. Widowed	MTH ___ YR _____ 88. DON'T KNOW / REF.	GO TO Q118

118. When you first got married/started living together as husband and wife did you wish to have any children?

1. YES
2. NO----->GO TO Q120
8. NOT SURE----->GO TO Q120

119. How many children did you wish to have when you first got married?

- _____ CHILDREN
22. AS MANY AS GOD GIVES
 33. AS MANY AS WIFE WANTS
 88. NOT SURE/DON'T REMEMBER

120. How many children did your wife/partner wish to have when you first got married?

- _____ CHILDREN
22. AS MANY AS GOD GIVES
 33. AS MANY AS RESPONDENT WANTS
 77. NEVER DISCUSSED NUMBER OF CHILDREN
 88. NOT SURE/DON'T REMEMBER

IF CURRENTLY SEPARATED, DIVORCED OR WIDOWED (Q115_LAST=3,4,5) GO TO Q122; ELSE CONTINUE

121. Is your wife currently employed?

1. YES
2. NO
8. DON'T KNOW

122. Since 1991, have you worked outside Albania?

1. YES
2. NO -----> GO TO Q124
8. DON'T KNOW--> GO TO Q124

122A. How many times have you worked outside Albania since 1991?

___ ___ TIMES

123. When was the last time you worked outside Albania ? (BEGINNING THE TRIP – MONTH AND YEAR)

___ ___ MONTH ___ ___ ___ ___ YEAR 88. DON'T REMEMBER
99. REFUSAL

123A. In what month and year did you return from the last trip? (END OF TRIP – MONTH AND YEAR)

___ ___ MONTH ___ ___ ___ ___ YEAR 88. DON'T REMEMBER
99. REFUSAL

124. More or less how many hours a day do you listen to the radio?

___ ___ HOURS A DAY 00. NEVER----->GO TO Q128
55. DOES NOT HAVE ACCESS TO RADIO -----> GO TO Q128
77. NOT EVERY DAY
88. DON'T KNOW

125. What stations do you most often listen to? (**PROBE FOR MORE THAN ONE STATION, DO NOT READ LIST**)

	<u>MENTIONED</u>	<u>NOT MENTIONED</u>
A. TOP ALBANIA	1	2
B. RADIO TIRANA	1	2
C. CLUB FM	1	2
D. RASH.....	1	2
E. STINET	1	2
F. GOLD MUSIC.....	1	2
G. EUROPE PLUS	1	2
H. ITALIAN STATIONS	1	2
I. BBC	1	2
J. OTHER.....	1	2

126. What types of programs do you most often listen to? (**PROBE FOR MORE THAN ONE PROGRAM, DO NOT READ LIST**)

	<u>MENTIONED</u>	<u>NOT MENTIONED</u>
A. NEWS	1	2
B. SPORTS.....	1	2
C. MUSIC.....	1	2
D. PLAYS/DRAMAS.....	1	2
E. CHURCH/RELIGIOUS PROGRAMS	1	2
F. WOMEN'S PROGRAMS	1	2
G. HEALTH PROGRAMS.....	1	2
H. POLITICAL EVENTS.....	1	2
I. OTHER.....	1	2

127. What times do you most often listen to the radio? (**PROBE FOR MORE THAN ONE TIME, DO NOT READ LIST**)

	<u>MENTIONED</u>	<u>NOT MENTIONED</u>
A. 6 - 8 AM.....	1	2
B. 8 -10 AM.....	1	2
C. 10AM-NOON	1	2
D. NOON-2 PM	1	2
E. 2 - 4 PM.....	1	2
F. 4 - 6 PM.....	1	2
G. 6 - 8 PM.....	1	2
H. 8 -10 PM	1	2
I. AFTER 10 PM.....	1	2
J. NO REGULAR TIMES.....	1	2

128. More or less how many hours a day do you spend watching television?

- ___ HOURS A DAY 00. NEVER----->GO TO Q132
 55. DOES NOT HAVE ACCESS TO TV----->GO TO Q132
 66. WHEN THE HOUSEHOLD HAS ELECTRICITY
 77. NOT EVERY DAY
 88. DON'T KNOW

129. What channels do you most often watch? (**PROBE FOR MORE THAN ONE CHANNEL, DO NOT READ LIST**)

	<u>MENTIONED</u>	<u>NOT MENTIONED</u>
A. TVSH.....	1	2
B. TVKLAN.....	1	2
C. TVA.....	1	2
D. TVKOHA.....	1	2
E. VISION PLUS.....	1	2
F. SHIJAK TV.....	1	2
G. TELENORBA.....	1	2
H. TVALBA.....	1	2
I. CALVIN.....	1	2
J. FOREIGN CHANNELS (e.g. CNN, BBC, EURONEWS, RAI).....	1	2
K. OTHER.....	1	2

130. What types of programs do you most often watch? (**PROBE FOR MORE THAN ONE PROGRAM, DO NOT READ LIST**)

	<u>MENTIONED</u>	<u>NOT MENTIONED</u>
A. NEWS.....	1	2
B. COMERCIALS.....	1	2
C. ENTERTAINMENT PROGRAMS.....	1	2
D. SERIALS/MOVIES.....	1	2
E. SPORTS.....	1	2
F. MUSIC PROGRAMS, VIDEO CLIPS.....	1	2
G. PLAYS/DRAMAS.....	1	2
H. CHILDREN'S PROGRAMS.....	1	2
I. CHURCH/RELIGIOUS PROGRAMS.....	1	2
J. WOMEN'S PROGRAMS.....	1	2
K. HEALTH PROGRAMS.....	1	2
L. POLITICAL EVENTS.....	1	2
M. OTHER.....	1	2

131. What times do you most often watch television? (**CIRCLE ALL MENTIONED, DO NOT READ LIST**)

	<u>MENTIONED</u>	<u>NOT MENTIONED</u>
A. 6 - 8 AM.....	1	2
B. 8-10 AM.....	1	2
C. 10AM-NOON.....	1	2
D. NOON-2 PM.....	1	2
E. 2 - 4 PM.....	1	2
F. 4 - 6 PM.....	1	2
G. 6 - 8 PM.....	1	2
H. 8-10 PM.....	1	2
I. AFTER 10 PM.....	1	2
J. NO REGULAR TIMES.....	1	2

132. How often do you read a newspaper?

1. DAILY/NEARLY EVERY DAY
2. ABOUT 3-4 TIMES PER WEEK
3. ONCE OR TWICE PER WEEK
4. LESS THAN ONCE PER WEEK
5. NEVER/ALMOST NEVER

II. SEX EDUCATION

The next set of questions is about sex education.

201. Do you think schools should teach courses about human reproduction, contraception, and prevention of sexually transmitted diseases (STDs)?

- 1. YES
- 2. NO --> **GO TO Q203**
- 8. DK
- 9. NR --> **GO TO Q203**

202. At what year of age should schools begin to teach about? (**READ A-C**)

- | | | |
|---|---------|------------------------------------|
| A. Human Reproduction? | ___ ___ | 77. SHOULD NOT BE TAUGHT IN SCHOOL |
| B. Contraception? | ___ ___ | 88. DK |
| C. Sexually Transmitted Diseases (STDs) | ___ ___ | 99. NR |

GO TO BOX 2-I

203. Now I want to read some reasons for which one may oppose sex education in school. Please tell me if you agree or don't agree. (**READ A-D**)

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>	<u>NR</u>
A. Sex education will give adolescents the idea to begin sex earlier1	2	8	9	
B. Sex education should be taught only in the house1	2	8	9	
C. Sex education goes against my religious beliefs.....1	2	8	9	
D. Teachers do not have enough training to teach such courses1	2	8	9	

BOX 2-I

IF RESPONDENT IS 15-24 YEARS OF AGE CONTINUE; IF HE IS 25-49 YEARS GO TO SECTION III

204. Before you were 18 years old, did a parent ever talk to you about.....(**READ B-F**)

	<u>YES</u>	<u>NO</u>	<u>DK/DR</u>	<u>REF</u>
B. How Pregnancy Occurs?.....1	2	8	9	
D. Contraceptive Methods? (How to avoid getting a woman pregnant?).....1	2	8	9	
E. HIV/AIDS?1	2	8	9	
F. Other Sexually Transmitted Diseases?.....1	2	8	9	

READ EACH QUESTION 205-207 FROM THE TABLE FOR EACH TOPIC OF SEX EDUCATION:

TOPIC	205. Before you were 18 years old, have you ever been taught about ____ (READ A-G) while at school?	206. How old were you when you first were taught about ____ (READ A-G) at school?
A. Menstrual Cycle	1 YES -->GO TO Q206 2 NO --> GO TO Q205_B 8 DK --> GO TO Q205_B 9 NR --> GO TO Q205_B	---
B. Female Reproductive System	1 YES --> GO TO Q206 2 NO --> GO TO Q205_C 8 DR --> GO TO Q205_C 9 NR --> GO TO Q205_C	---
C. Male Reproductive System	1 YES --> GO TO Q206 2 NO --> GO TO Q205_D 8 DR --> GO TO Q205_D 9 NR --> GO TO Q205_D	---
D. How Pregnancy Occurs	1 YES --> GO TO Q206 2 NO --> GO TO Q205_E 8 DR --> GO TO Q205_E 9 NR --> GO TO Q205_E	---
E. Contraceptive Methods	1 YES --> GO TO Q206 2 NO --> GO TO Q205_F 8 DR --> GO TO Q205_F 9 NR --> GO TO Q205_F	---
F. HIV/AIDS	1 YES --> GO TO Q206 2 NO --> GO TO Q205_G 8 DR --> GO TO Q205_G 9 NR --> GO TO Q205_G	---
G. Other Sexually Transmitted Diseases	1 YES --> GO TO Q206 2 NO --> GO TO Q208 8 DR --> GO TO Q208 9 NR --> GO TO Q208	---

208. In your opinion, who or what was the most important source of information you have had about topics related to sexual matters?

- | | |
|---------------------|--|
| 1. MOTHER | 10. NURSE, MIDWIFE |
| 2. FATHER | 11. TEACHER |
| 3. RELATIVE | 12. PHARMACIST |
| 4. GIRLFRIEND | 13. BOOKS |
| 5. FRIENDS | 14. NEWSPAPERS, MAGAZINES, BROCHURES, FLYERS |
| 6. CO-WORKER | 15. RADIO |
| 7. COLLEAGUES, PEER | 16. TV |
| 8. PARTNER/WIFE | 20. OTHER (SPECIFY): _____ |
| 9. DOCTOR | 88. DON'T REMEMBER |

III. FERTILITY/PREGNANCY

305. Have you ever made a woman pregnant?
1. YES----->**GO TO Q307**
 2. NO
 3. NOT SURE
 4. NEVER HAD SEX -->**GO TO MODULE IV, PAGE 12**
306. Has a female partner/wife ever had a stillbirth, ectopic pregnancy, miscarriage, or an induced abortion?
1. YES----->**GO TO Q312**
 2. NO----->**GO TO MODULE IV, PAGE 12**
307. Have you ever had any live-born children?
1. YES
 2. NO-----> **GO TO Q312**
308. How many living children do you have, including those who do not live with you?
- _____ CHILDREN
309. Have you ever had a child born alive who later died or died in the first hours or days after birth?
1. YES
 2. NO --> **GO TO Q312**
310. How many children died? _____ CHILDREN
311. So altogether you had a total of _____ (**Q308+Q310**) live births?
1. YES
 2. NO----->**CHECK Q308 AND Q310 AND MAKE CHANGES IF NECESSARY**
312. The next set of questions is about **the first time** you got a woman pregnant. Please think about any possible pregnancy outcome, either birth or abortion. How did that first pregnancy end?
1. LIVE BIRTH (SINGLE OR MULTIPLE)
 4. STILLBIRTH (SINGLE OR MULTIPLE)
 6. SPONTANEOUS ABORTION (MISCARRIAGE)
 7. INDUCED ABORTION
 8. ECTOPIC PREGNANCY
 9. MOLAR PREGNANCY
 10. CURRENTLY PREGNANT (FIRST TIME) ---->**GO TO Q315**
 88. DON'T KNOW
313. In what month and year did that first pregnancy end?
- MONTH ____ YEAR _____ 88. DON'T REMEMBER

IF Q313_Y =8888 (DOESN'T REMEMBER YEAR) CONTINUE; OTHERWISE GO TO Q315

314. How old were you at that time? ___ ___ YEARS 88. DON'T REMEMBER
315. Thinking back to the time when your partner got pregnant, with that first pregnancy, did you want her to get pregnant or not?
1. YES
 2. NO
 8. NOT SURE
316. How old was your partner when she got pregnant with that first pregnancy?
- AGE ___ ___ 88 DON'T KNOW
317. What was your relationship to her when she first got pregnant?
- | | |
|-----------------|---------------------------|
| 1. WIFE/PARTNER | 6. JUST MET |
| 2. FIANCEÉ | 7 CASUAL SEXUAL PARTNER |
| 3. GIRLFRIEND | 8. RELATIVE |
| 4. FRIEND | 11. SHE WAS A PROSTITUTE |
| 5. ACQUAINTANCE | 20. OTHER (SPECIFY) _____ |
| | 88. DON'T REMEMBER |

IF Q312=10 DO NOT ASK Q318 BUT CIRCLE="1"

318. As far as you know, is any woman currently pregnant by you?
1. YES
 2. NO----->**GO TO BOX 3-I**
 3. NOT SURE---> **GO TO BOX 3-I**

319. How many months pregnant is the woman?
- ___ ___ MONTHS 88. DOES NOT KNOW
99. REFUSED / NO RESPONSE

IF Q312=10 DO NOT ASK Q320 BUT WRITE THE ANSWER FROM Q315

320. Thinking back to the time when she got pregnant, did you want her to get pregnant or not?
1. YES
 2. NO
 3. NOT SURE

BOX 3-I

**IF Q311=0 (NEVER HAD A LIVE BIRTHS) GO TO Q327;
OTHERWISE CONTINUE WITH HISTORY OF ALL LIVE BIRTHS**

HISTORY OF ALL LIVE BIRTHS

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

WRITE ## OF LIVE BIRTHS _____ (FROM Q311)

#	321	322	323	324	325	326
						IF Q321 < 1997--->GO TO NEXT LIVE-BIRTH
						Just before you got pregnant, did you want to get pregnant then, did you want to get pregnant later, or did you not want to get pregnant then or any time in the future?
<u>1</u> <u>LAST LIVE BIRTH</u>	When was that live birth? (month & year) ____ MTH ____ YR 98. DK/NR	How many weeks or months had your partner been pregnant when she gave birth? 1. ___ WEEKS OR 2. ___ MONTHS 888. DK 999. NR/REF	Was the baby a boy or a girl? 1. BOY 2. GIRL 3. BOTH	Is the child still alive? 1. YES->Q326 2. NO	How old was the child when he/she died? (RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YRS.) 1. ___ DAYS OR 2. ___ MTHS OR 3. ___ YEARS 888. DK 999. NR/REF	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
<u>2</u>	____ MTH ____ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MONTHS 888. DK 999. NR/REF	1. BOY 2. GIRL 3. BOTH	1. YES->Q326 2. NO	1. ___ DAYS OR 2. ___ MTHS OR 3. ___ YEARS 888. DK 999. NR/REF	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
<u>3</u>	____ MTH ____ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MONTHS 888. DK 999. NR/REF	1. BOY 2. GIRL 3. BOTH	1. YES->Q326 2. NO	1. ___ DAYS OR 2. ___ MTHS OR 3. ___ YEARS 888. DK 999. NR/REF	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
<u>4</u>	____ MTH ____ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MONTHS 888. DK 999. NR/REF	1. BOY 2. GIRL 3. BOTH	1. YES->Q326 2. NO	1. ___ DAYS OR 2. ___ MTHS OR 3. ___ YEARS 888. DK 999. NR/REF	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE

#	321	322	323	324	325	326
						IF Q321 < 1997 --->GO TO NEXT LIVE BIRTH
						Just before she got pregnant, did you want to get pregnant then, did you want to get pregnant later, or did you not want to get pregnant then or any time in the future?
<u>5</u>	When was that live birth? (month & year) ____ MTH ____ YR 98. DK/NR	How many weeks or months had your partner been pregnant when she gave birth? 1. ____ WEEKS OR 2. ____ MONTHS 888. DK 999. NR/REF	Was the baby a boy or a girl? 1. BOY 2. GIRL 3. BOTH	Is the child still alive? 1. YES->Q326 2. NO	How old was the child when he/she died? (RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YRS.) 1. ____ DAYS OR 2. ____ MTHS OR 3. ____ YEARS 888. DK 999. NR/REF	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
<u>6</u>	____ MTH ____ YR 98. DK/NR	1. ____ WEEKS OR 2. ____ MONTHS 888. DK 999. NR/REF	1. BOY 2. GIRL 3. BOTH	1. YES->Q326 2. NO	1. ____ DAYS OR 2. ____ MTHS OR 3. ____ YEARS 888. DK 999. NR/REF	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
<u>7</u>	____ MTH ____ YR 98. DK/NR	1. ____ WEEKS OR 2. ____ MONTHS 888. DK 999. NR/REF	1. BOY 2. GIRL 3. BOTH	1. YES->Q326 2. NO	1. ____ DAYS OR 2. ____ MTHS OR 3. ____ YEARS 888. DK 999. NR/REF	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE

**VERIFY THAT SUM OF LIVE BIRTHS = Q311, IF NOT, CORRECT HISTORY OF LIVE BIRTH TABLE
VERIFY THAT THE LAST ROW IN THE TABLE CORRESPONDS TO THE FIRST LIVE BIRTH
ASK: "Was this your first child?"**

327. Has your wife/partner ever had a spontaneous or induced abortion (therapeutic, induced, or planned) in the last five years?

- 1. SPONTANEOUS ABORTION, -----> **CONTINUE WITH Q328**
- 2. INDUCED ABORTION, OR -----> **GO TO Q329**
- 3. BOTH, SPONTANEOUS AND INDUCED ABORTION? -----> **CONTINUE WITH Q328**
- 4. NONE (IN THE LAST 5 YEARS) -----> **GO TO MODULI IV**

328. How many spontaneous abortions in the last five years? ____ SPONTANEOUS ABORTIONS

329. How many induced, therapeutic or planned abortions in the last five years?

____ INDUCED ABORTIONS

MODULE IV: FAMILY PLANNING KNOWLEDGE/ SEXUAL EXPERIENCE

For each of the following methods of preventing pregnancy, please tell me:

METHOD	400. Have you ever heard of it?	401. Do you know how to use it?	402. Have you ever used it?	403. Do you know where to get it?	404. What was the most important source of information about this method (SEE CODES BELOW)
A. The Pill (Oral Contraceptives)	1 YES→Q401 2 NO→B	1 YES→Q402 2 NO→Q402	1 YES→Q403 2 NO→ Q403	1 YES→Q404 2 NO→ Q404	---
B. IUD (<i>Spirali</i>)	1 YES→Q401 2 NO→C	1 YES→Q402 2 NO→Q402	1 YES→Q403 2 NO→ Q403	1 YES→Q404 2 NO→ Q404	---
C. Condoms (<i>Prezervativ</i>)	1 YES-->Q401 2 NO--->D	1 YES-->Q402 2 NO-->Q402	1 YES→Q403 2 NO→ Q403	1 YES→Q404 2 NO→ Q404	---
D. Foam/Jelly/ Cream/Foamy Tablets (Spermicides)	1 YES-->Q401 2 NO--->E	1 YES-->Q402 2 NO-->Q402	1 YES→Q403 2 NO→ Q403	1 YES→Q404 2 NO→ Q404	---
E. Tubal Ligation	1 YES-->Q401 2 NO--->F	1 YES-->Q402 2 NO-->Q402	1 YES→Q403 2 NO→ Q403	1 YES→Q404 2 NO→ Q404	---
F. Vasectomy (Male Sterilization)	1 YES-->Q401 2 NO--->G	1 YES-->Q402 2 NO-->Q402	1 YES→Q403 2 NO→ Q403	1 YES→Q404 2 NO→ Q404	---
G. Injectables (e.g. Depo-Provera)	1 YES-->Q401 2 NO--->H	1 YES-->Q402 2 NO-->Q402	1 YES→Q403 2 NO→ Q403	1 YES→Q404 2 NO→ Q404	---
H. Emergency Hormonal Contraception ("Morning After Pill"; Postinor)	1 YES-->Q401 2 NO--->I	1 YES-->Q402 2 NO-->Q402	1 YES→Q403 2 NO→ Q403	1 YES→Q404 2 NO→ Q404	---
I. Rhythm/Calendar Method	1 YES-->Q401 2 NO--->J	1 YES-->Q402 2 NO-->Q402	1 YES→Q404 2 NO→ Q404		---
J. Withdrawal (Coitus Interruptus)	1 YES-->Q401 2 NO--->K	1 YES-->Q402 2 NO--->Q402	1 YES→Q404 2 NO→ Q404		---
K. Other contraceptive methods (SPECIFY): _____	1 YES-->Q401 2 NO--->Q405	1 YES-->Q402 2 NO--->Q402	1 YES→Q404 2 NO→ Q404		---

CODES FOR Q404 (DO NOT READ)

- | | |
|---|---|
| <ul style="list-style-type: none"> 1. MOTHER 2. FATHER 3. RELATIVE 4. BOYFRIEND 5. FRIENDS 6. CO-WORKER 7. COLLEAGUES, PEER 8. PARTNER/HUSBAND 9. DOCTOR | <ul style="list-style-type: none"> 10. NURSE, MIDWIFE, FELDCHER 11. COMMUNITY HEALTH WORKER 12. TEACHER 13. PHARMACIST 14. BOOKS 15. NEWSPAPERS, MAGAZINES, BROCHURE, FLYERS 16. RADIO 17. TV 20. OTHER (SPECIFY): _____ 88. DON'T REMEMBER |
|---|---|

405. Looking at this CARD, please tell me which do you think is the most effective contraceptive method?
(SHOW CARD A)

1. The Pill
2. IUD
3. Condom
6. Foams/jelly/creams/Foamy Tablets
7. Tubal Ligation
8. Emergency Hormonal Contraception ("Morning After Pill")
9. Injectables (Depo-Provera)
10. Vasectomy (Male Sterilization)
11. Rhythm Method
12. Withdrawal
77. NONE OF THEM
88. DON'T KNOW/NOT SURE

406. How would you rate each of the following methods with regard to effectiveness at preventing pregnancy?
Would you say that _____ is very effective, effective, somewhat effective, not very effective or not at all effective?

(INTERVIEWER: ASK THE QUESTION FOR EACH OF THE METHODS LISTED BELOW, UNLESS RESPONDENT HAS SAID IN Q400 THAT HE NEVER HEARD OF THAT SPECIFIC METHOD; MARK "9" FOR THOSE CASES WITHOUT ASKING)

	<u>Very Effective</u>	<u>Effective</u>	<u>Somewhat Effective</u>	<u>Not Very Effective</u>	<u>Do Not Know</u>	<u>Never Heard</u>
1. The pill	1	2	3	4	8	9
2. IUD	1	2	3	4	8	9
3. Condom	1	2	3	4	8	9
7. Tubal ligation	1	2	3	4	8	9
9. Injectables	1	2	3	4	8	9
11. Calendar	1	2	3	4	8	9
12. Withdrawal	1	2	3	4	8	9

BOX 4-I

IF RESPONDENT IS 15-24 YEARS OF AGE CONTINUE; IF HE IS 25-49 YEARS GO TO Q420, Pg. 15

410. Now I have some questions about your first sexual intercourse. When did you have sexual intercourse for the first time - in what month and year was that? (**PROBE: Can you tell me what year that was?**)

____ MONTH _____ YEAR 00. NEVER HAD INTERCOURSE->GO TO Q601, P26
88. DON'T REMEMBER
99. REFUSE TO ANSWER

411. How old were you at that time? _____ YEARS 88. DON'T REMEMBER

412. At the time you first had sexual intercourse, what was your relationship to that woman?

- | | |
|-----------------------------|--------------------------------|
| 1. WIFE | 8. RELATIVE |
| 2. FIANCEE | 9. RAPE -----> GO TO Q421 |
| 3. GIRLFRIEND | 10. INCEST ---> GO TO Q421 |
| 4. FRIEND | 11. PROSTITUTE ---> GO TO Q415 |
| 5. LOVER | 20. OTHER (SPECIFY) _____ |
| 6. ACQUAINTANCE | 88. DO NOT REMEMBER |
| 7. JUST MET ---> GO TO Q414 | 99. REFUSAL |

413. How long were you and your first partner dating when you first had sexual relations?

1. _____ DAYS OR 2. _____ WEEKS OR 3. _____ MONTHS OR 4. _____ YEARS

000=FIRST TIME WE MET
888=DON'T REMEMBER
999=NO RESPONSE/REFUSAL
777=OTHER _____

414. How old was your first partner? _____ YEARS 88. DK/DR

415. Before you had sex for the first time, did you and your partner ever talk about using contraception?

- 1. YES
- 2. NO
- 8. DON'T REMEMBER

416. At the time you had first sexual intercourse, did you or your partner use any contraceptive method?

- 1. YES
- 2. NO----->**GO TO Q419**
- 8. DK/DO NOT REMEMBER --->**GO TO Q421**
- 9. REF ----->**GO TO Q421**

417. Which contraceptive method did you or your partner use at the first intercourse?

- 1. THE PILL
- 2. IUD
- 3. CONDOM
- 6. FOAM/JELLY/CREAM/VAGINAL FILMS
- 8. EMERGENCY HORMONAL CONTRACEPTION
- 9. INJECTABLES
- 10. OTHER MODERN METHODS_____
- 11. CALENDAR METHOD
- 12. WITHDRAWAL
- 19. DOUCHE
- 20. OTHER: _____
- 88. DON'T KNOW/DON'T REMEMBER

418. Who made the decision to use contraception at that time? (**READ 1-3**)

- 1. You
- 2. Your partner
- 3. Both you and your partner
- 8. DON'T REMEMBER

GO TO Q421

419. What was the main reason for not using a contraceptive method at that time?

- 1. SEX WAS NOT EXPECTED
- 2. THOUGHT IT WAS A SAFE TIME OF THE MONTH
- 3. DID NOT KNOW WHERE TO GET A METHOD//DIFFICULT TO GET/NOT AVAILABLE
- 4. RESPONDENT WAS AGAINST IT
- 5. PARTNER WAS AGAINST IT
- 6. DID NOT KNOW ABOUT CONTRACEPTION
- 7. WANTED TO GET PREGNANT
- 8. THOUGHT THAT CONTRACEPTIVE METHODS ARE HARMFUL
- 9. DID NOT THINK ABOUT USING A METHOD/NEGLIGENCE
- 10. RESPONDENT AFRAID OF PARTNER'S REACTION
- 11. TOO DRUNK (PARTNER OR RESPONDENT)
- 12. RESPONDENT WAS TOO EMBARRASSED TO USE A METHOD
- 20. OTHER (SPECIFY) _____
- 88. DON'T REMEMBER/DON'T KNOW

GO TO Q421

420. How old were you at the time of your first sexual intercourse?

- ___ ___ YEARS
- 00. NEVER HAD INTERCOURSE---->**GO TO Q601, PG26**
- 88. DK/DR

421. During the past 30 days (past month) have you had sexual intercourse?

- 1. YES
- 2. NO ---->**GO TO Q436, PG.17**
- 9. REF --->**GO TO Q436, PG.17**

422. How many times have you had sexual intercourse during the past 30 days (**READ 1-5**)?

1. Every day,
2. 3-5 times per week,
3. 1-2 times per week,
4. 2-3 times per month, or
5. Only once
9. REFUSED

423. At the time of your last sexual intercourse, what was your relationship with that woman?

- | | |
|---------------------------------|---|
| 1. WIFE-----> GO TO Q425 | 7. JUST MET -----> GO TO Q425 |
| 2. FIANCEE | 8. RELATIVE -----> GO TO Q425 |
| 3. GIRLFRIEND | 11. PROSTITUTE -----> GO TO Q425 |
| 4. FRIEND | 20. OTHER (SPECIFY) _____ |
| 5. LOVER | 88. DO NOT REMEMBER _____ |
| 6. ACQUAINTANCE | 99. REFUSAL |

424. How long were you and your last partner dating when you last had sexual relations?

1. _____ DAYS OR 2. _____ WEEKS OR 3. _____ MONTHS OR 4. _____ YEARS

000=FIRST TIME WE MET
888=DON'T REMEMBER
999=NO RESPONSE
777=OTHER _____

425. At the time of your last sexual intercourse, did you or your partner use any contraceptive method?

1. YES
2. NO ----->**GO TO Q428**
9. DR/ REF--->**GO TO Q428**

426. Which method did you use?

1. THE PILL
2. IUD
3. CONDOM ----->**GO TO Q431**
4. SPERMICIDE (FOAM/JELLY/CR1EAM/VAGINAL FILMS)
5. CONDOM+SPERMICIDE ----->**GO TO Q431**
6. CONDOM +CALENDAR / WITHDRAWAL ----->**GO TO Q431**
7. TUBAL LIGATION
8. EMERGENCY HORMONAL CONTRACEPTION / MORNING AFTER PILL
9. INJECTABLES (EXAMPLE: DEPO-PROVERA)
10. OTHER MODERN METHOD (SPECIFY) _____
11. CALENDAR METHOD
12. WITHDRAWAL ----->**GO TO Q427A**
13. WITHDRAWAL+CALENDAR ----->**GO TO Q427A**
20. OTHER NATURAL METHOD (SPECIFY) _____
88. DON'T KNOW/DON'T REMEMBER

427. At the time of your last sexual intercourse, did you or your partner use a condom in addition to your current method?

1. YES ----->**GO TO BOX 4-1**
2. NO
9. DON'T REMEMBER / REFUSE

427A. During the last 30 days did you use a condom?

1. YES
2. NO
9. DOES NOT REMEMBER / REFUSAL

BOX 4-1

IF Q426=1, 2, 7, 9, 10, 11 GO TO Q432

427B. During the last 30 days did you or your partner use that current method: **(READ 1-4)**

1. At every sexual intercourse,
2. At almost all acts of sexual intercourse,
3. From time to time, or
4. Only once?
9. REFUSAL

GO TO Q432

428. In the last 30 days, did you or your partner use any contraceptive method to avoid pregnancy?

1. YES
2. NO ----->**GO TO Q445, PAGE 18**

429. Which contraceptive method did you use?

1. THE PILL
2. IUD
3. CONDOM ----->**GO TO Q431**
4. SPERMICIDE (FOAM/JELLY/CREAM/VAGINAL FILMS)
5. CONDOM+SPERMICIDE ----->**GO TO Q431**
6. CONDOM +CALENDAR / WITHDRAWAL ----->**GO TO Q431**
7. TUBAL LIGATION
8. EMERGENCY HORMONAL CONTRACEPTION / MORNING AFTER PILL
9. INJECTABLES (EXAMPLE: DEPO-PROVERA)
10. OTHER MODERN METHOD (SPECIFY) _____
11. CALENDAR METHOD
12. WITHDRAWAL
13. WITHDRAWAL+CALENDAR
20. OTHER NATURAL METHOD (SPECIFY) _____
88. DON'T KNOW

430. In the last 30 days, did you or your partner use a condom?

1. YES
2. NO
9. REFUSAL

IF Q429=1, 2, 7, 9, 10, 11, GO TO Q432

431. During the last 30 days did you or your partner use that current method: **(READ OPTIONS 1-4)**

1. At every sexual intercourse?
2. At almost all acts of sexual intercourse, or
3. From time to time, or
4. Only once?
9. REFUSAL

432. Why did you choose that current method? **(REFERS TO METHOD CITED IN Q426 OR Q429)**

1. DOCTOR RECOMMENDED
2. COST
3. VERY EFFECTIVE
4. NO SIDED EFFECTS (FEW SIDE EFFECTS)
5. SAW ADS (TV, RADIO, PRESS, BROCHURES)
6. EASY TO USE
7. PARTNER PREFERS IT
8. KNOWS SOMEBODY WHO USES IT
9. CURIOSITY / WANTED TO TRY IT
10. ALLOWS SPONTANEITY DURING INTERCOURSE
11. TRADITIONAL METHOD / CULTURALLY ACCEPTABLE
20. OTHER _____
88. DON'T KNOW

433. The next questions concern **the last contraceptive method** you or your partner used. Where did you or your partner get the method of contraception you used the last time you had sex?

- | | |
|--------------------------------|--|
| 1. HEALTH POST | 9. OPEN MARKET |
| 2. HEALTH CENTER | 10. STORE/ KIOSK |
| 3. POLICLINIC | 11. PARTNER/WIFE |
| 4. FAMILY PLANNING CLINIC | 12. FRIEND |
| 5. GOV HOSPITAL-MATERNITY WARD | 13. RELATIVE |
| 6. PRIVATE CLINIC OR OFFICE | 20. OTHER (SPECIFY): _____ |
| 7. NGO | 77. NATURAL METHOD----->GO TO Q445 |
| 8. PHARMACY | 88. DON'T KNOW |

434. Do (Did) you pay for this method?

1. YES
2. NO----->**GO TO Q445**
3. PARTNER GETS THE METHOD----->**GO TO Q445**

435. On average, how much did you pay for the contraceptive method, per month? ____ ____

- ____ HUNDRED LEKI
- | |
|-----------------------------|
| 85. 85 HUNDRED LEKI OR MORE |
| 88. NOT SURE/DON'T KNOW |

GO TO Q445

436. During the past 3 months, have you had sexual intercourse?

1. YES
2. NO ---->**GO TO Q453, PAGE 19**
9. REF --->**GO TO Q453, PAGE 19**

437. At the time of your last sexual intercourse, what was the relationship of your partner to you?

- | | |
|---------------------------------|---------------------------|
| 1. WIFE-----> GO TO Q439 | 7. JUST MET |
| 2. FIANCEE | 8. RELATIVE |
| 3. GIRLFRIEND | 11. PROSTITUTE |
| 4. FRIEND | 20. OTHER (SPECIFY) _____ |
| 5. LOVER | 88. DO NOT REMEMBER _____ |
| 6. ACQUAINTANCE | 99. REFUSAL |

438. How long were you and your last partner dating when you last had sexual relations?

1. _____ DAYS OR 2. _____ WEEKS OR 3. _____ MONTHS OR 4. _____ YEARS

000=FIRST TIME WE MET
888=DON'T REMEMBER
999=NO RESPONSE
777=OTHER _____

439. At your last sexual intercourse, did you or your partner use any contraceptive method to avoid pregnancy?

1. YES
2. NO ----->**GO TO Q445**
8. DON'T REMEMBER ----->**GO TO Q445**
9. REFUSED ----->**GO TO Q445**

440. Which contraceptive method did you use?

1. THE PILL
2. IUD
3. CONDOM ----->**GO TO Q441A**
4. SPERMICIDE (FOAM/JELLY/CR1EAM/VAGINAL FILMS)
5. CONDOM+SPERMICIDE ----->**GO TO Q441A**
6. CONDOM +CALENDAR / WITHDRAWAL ----->**GO TO Q441A**
7. TUBAL LIGATION
8. EMERGENCY HORMONAL CONTRACEPTION / MORNING AFTER PILL
9. INJECTABLES (EXAMPLE: DEPO-PROVERA)
10. OTHER MODERN METHOD (SPECIFY) _____
11. CALENDAR METHOD
12. WITHDRAWAL ----->**GO TO Q445**
13. WITHDRAWAL+CALENDAR ----->**GO TO Q445**
20. OTHER NATURAL METHOD (SPECIFY) _____
88. DON'T KNOW

441. At your last sexual intercourse, did you or your partner use a condom in addition to your current method?
1. YES
 2. NO ----->GO TO Q442
 8. DON'T REMEMBER ----->GO TO Q442
 9. REFUSED ----->GO TO Q442

441A. During the last 3 months how often did you use a condom when you had sexual relations with that woman?
Did you use a condom: **(READ OPTIONS 1-3)**

1. At every sexual intercourse?
2. At almost all acts of sexual intercourse, or
3. From time to time?
8. DON'T KNOW
9. REFUSAL

442. Where did you or your partner get the method of contraception you used the last time you had sex?

- | | |
|--------------------------------|------------------------------------|
| 1. HEALTH POST | 9. OPEN MARKET |
| 2. HEALTH CENTER | 10. STORE/ KIOSK |
| 3. POLICLINIC | 11. PARTNER/WIFE |
| 4. FAMILY PLANNING CLINIC | 12. FRIEND |
| 5. GOV HOSPITAL-MATERNITY WARD | 13. RELATIVE |
| 6. PRIVATE CLINIC OR OFFICE | 20. OTHER (SPECIFY):_____ |
| 7. NGO | 77. NATURAL METHOD----->GO TO Q445 |
| 8. PHARMACY | 88. DON'T KNOW |

443. Do (Did) you pay for this method?

- 1 YES
- 2 NO----->GO TO Q445
- 3 PARTNER GETS THE METHOD----->GO TO Q445

444. On average, how much did you pay for the contraceptive method, per month? ____

- | | |
|-------------------|-----------------------------|
| ____ HUNDRED LEKI | 85. 85 HUNDRED LEKI OR MORE |
| | 88. NOT SURE/DON'T KNOW |

445. During the past 3 months, with how many different women have you had intercourse?

- | | |
|---------------|---------------------------|
| ____ PARTNERS | 85. 85+ WOMEN |
| | 88. DON'T KNOW / NOT SURE |
| | 99. NO RESPONSE |

IF Q445>1 CONTINUE; IF Q445=1, 88 OR 99 GO TO Q460, PAGE 20

446. You told me that in the last 3 months you had sexual relations with more than 1 woman. What was the relationship with the next-to-last woman when you last had sexual intercourse with her?

- | | |
|-------------------------|----------------------------|
| 1. WIFE----->GO TO Q449 | 7. JUST MET → GO TO Q449 |
| 2. FIANCEE | 8. RELATIVE → GO TO Q449 |
| 3. GIRLFRIEND | 11. PROSTITUTE→ GO TO Q449 |
| 4. FRIEND | 20. OTHER (SPECIFY)_____ |
| 5. LOVER | 88. DO NOT REMEMBER _____ |
| 6. ACQUAINTANCE | 99. REFUSAL |

447. How long had you and that partner been together when you last had sexual relations?

1. _____ DAYS OR 2. _____ WEEKS OR 3. _____ MONTHS OR 4. _____ YEARS

000=FIRST TIME WE MET
888=DON'T REMEMBER
999=NO RESPONSE
777=OTHER

456. Which contraceptive method did you or your partner use at the last intercourse?
1. THE PILL
 2. IUD
 3. CONDOM
 6. FOAM/JELLY/CREAM/VAGINAL FILMS
 7. TUBAL LIGATION
 8. EMERGENCY HORMONAL CONTRACEPTION
 9. INJECTABLES
 10. OTHER MODERN METHOD (SPECIFY) _____
 11. CALENDAR METHOD ----->GO TO Q460
 12. WITHDRAWAL ("MAN FINISHES OUTSIDE") ----->GO TO Q460
 19. DOUCHE (AFTER SEXUAL RELATIONS) ----->GO TO Q460
 20. OTHER TRADITIONAL METHOD: _____
 88. DON'T KNOW / DON'T REMEMBER
457. Where did you or your partner get the method of contraception you used the last time?
- | | |
|--------------------------------|------------------------------------|
| 1. HEALTH POST | 9. OPEN MARKET |
| 2. HEALTH CENTER | 10. STORE/ KIOSK |
| 3. POLICLINIC | 11. PARTNER/WIFE |
| 4. FAMILY PLANNING CLINIC | 12. FRIEND |
| 5. GOV HOSPITAL-MATERNITY WARD | 13. RELATIVE |
| 6. PRIVATE CLINIC OR OFFICE | 20. OTHER (SPECIFY): _____ |
| 7. NGO | 77. NATURAL METHOD----->GO TO Q460 |
| 8. PHARMACY | 88. DON'T KNOW |
458. Do (Did) you pay for this method?
- 1 YES
 - 2 NO----->GO TO Q460
 - 3 PARTNER GETS THE METHOD----->GO TO Q460
459. On average, how much did you pay for the contraceptive method, per month? ____ _
- | | |
|--------------------|-----------------------------|
| _____ HUNDRED LEKI | 85. 85 HUNDRED LEKI OR MORE |
| | 88. NOT SURE/DON'T KNOW |
460. How many women have you had sexual intercourse with in the last 12 months? (even those you had intercourse with only once).
- | | |
|-------------|---------------------------------|
| _____ WOMEN | 85. 85 OR MORE |
| | 88. DON'T KNOW / DON'T REMEMBER |
| | 99. NO RESPONSE |
- 460A. Counting all the women you had sexual intercourse with, even those you had intercourse with only once, how many women have you had sexual intercourse with in your life?
- | | |
|-------------|---------------------------------|
| _____ WOMEN | 85. 85 OR MORE |
| | 88. DON'T KNOW / DON'T REMEMBER |
| | 99. NO RESPONSE |
461. Have you ever had sexual relations with a prostitute?
1. YES
 2. NO----->GO TO MODULE V
 2. DON'T REMEMBER / REFUSE----->GO TO MODULE V
462. When was the last time you had sexual relations with a prostitute? Did you have relations: **(READ 1-4)**
1. In the last month?
 2. 2-3 months ago
 3. In the last year, but not in the last month, or
 4. More than a year ago
 9. DON'T REMEMBER / REFUSE
463. Did you use a condom the last time you had sexual relations with a prostitute?
1. YES
 2. NO
 - 9 DON'T REMEMBER / REFUSE

V. CURRENT AND PAST CONTRACEPTIVE USE

503A. VERIFY WHETHER RESPONDENT REPORTED CURRENTLY (LAST 30 DAYS) USING ANY METHOD (SEE Q425 AND Q428: PAGE 15 AND 16). CIRCLE “1” OR “2”.

1. DID NOT USE A METHOD IN THE PAST 30 DAYS (Q425=2 AND Q428=2 OR BLANK) CONTINUE
2. USED A METHOD IN THE LAST 30 DAYS (Q425=1 OR Q428=1)---->GO TO BOX 5-I

503. So, you said that you or any of your partners are not currently (in the last 30 days) using any method to prevent pregnancy?

1. CURRENTLY USING -----> **CORRECT Q425 OR Q428, AND THEN CONTINUE**
2. NOT CURRENTLY USING-----> **GO TO Q515**

BOX 5-I

IF CURRENTLY USES TRADITIONAL METHOD (SEE Q426 AND Q429) CONTINUE, ELSE GO TO Q510

508. Please tell me whether each of the following reasons was very important, somewhat important, or not important at all in your decision to use _____ (WRITE NAME OF TRADITIONAL METHOD) instead of a modern method:

	<u>VERY IMPORTANT</u>	<u>SOMEWHAT IMPORTANT</u>	<u>NOT IMPORTANT</u>	<u>DON'T KNOW</u>
A. Difficult to get a modern method	1	2	3	8
B. Cost of these modern methods	1	2	3	8
C. Little knowledge of modern methods	1	2	3	8
D. Fear of or experience with side effects	1	2	3	8
E. Husband/Partner choice	1	2	3	8
F. Religious beliefs	1	2	3	8
G. Doctor's recommendation	1	2	3	8
H. Another person's advice	1	2	3	8

509. How effective at preventing pregnancy do you think (TRADITIONAL METHOD NAMED) is compared to modern methods, like the pill or the IUD? (READ 1-3)

1. Current method more effective
2. About equally effective
3. Current method less effective
8. DON'T KNOW/NOT SURE

510. Do you have any problems or concerns with using your current method?

1. YES
2. NO--->**GO TO Q512**

511. What is the most important problem?

1. SIDE EFFECTS
2. HEALTH CONCERNS
3. ACCESS/AVAILABILITY
4. COST
5. SOMETIMES FORGET TO USE
6. SOMETIMES DIFFICULT/INCONVENIENT TO USE
7. WIFE / PARTNER DISAPPROVES
8. LESS EFFECTIVE METHOD/GOT PREGNANT WHILE USING IT
9. DEEPLY UNSATISFIED WITH THE METHOD
10. OTHER _____

512. Would you prefer to use a different method of family planning from the one you are currently using?

1. YES
2. NO--->**GO TO Q521**

513. What method would you prefer to use (**OTHER THAN THE METHOD ALREADY SPECIFIED**)?

1. THE PILL
2. IUD
3. CONDOM
4. CONDOM +SPERMICIDE
5. CONDOM +WITHDRAWAL/CALENDAR-
6. FOAM/JELLY/CREAMS/C-FILMS
7. FEMALE STERILIZATION
8. EMERGENCY HORMONAL CONTRACEPTION
9. INJECTABLES (DEPO PROVERA)
10. OTHER MODERN METHODS _____
11. CALENDAR
12. WITHDRAWAL
13. WITHDRAWAL AND CALENDAR
20. OTHER NATURAL METHODS _____
88. DO NOT KNOW/NOT SURE

514. What is the most important reason that you do not use that method?

1. DOCTOR WILL NOT PRESCRIBE IT
2. COST
3. NOT AVAILABLE/UNRELIABLE SUPPLIES/DIFFICULT TO OBTAIN
4. TOO FAR AWAY
5. DO NOT KNOW HOW/WHERE TO OBTAIN IT
6. WIFE/PARTNER OBJECTS TO IT
7. RELIGIOUS REASONS
8. FEAR OF SIDE EFFECTS
9. HAS NOT YET MADE UP HIS/THEIR MIND
10. DIFFICULT TO USE
11. FEAR OF SURGICAL PROCEDURE (IUD, TL, NORPLANT)
20. OTHER _____
88. DON'T KNOW

BOX 5-II

GO TO Q 521

515. What is the main reason that you or your partner are not currently using a contraceptive method?

1. DOES NOT CURRENTLY HAVE A PARTNER/ NOT SEXUALLY ACTIVE IN THE LAST MONTH
2. TRYING TO GET PREGNANT
3. PARTNER/WIFE POSTPARTUM/ BREASTFEEDING
4. PARTNER/WIFE CURRENTLY PREGNANT
5. PARTNER/WIFE HYSTERECTOMY/MENOPAUSE-----> **GO TO Q523**
6. DOCTOR SAID HE OR HIS WIFE/PARTNER CANNOT HAVE CHILDREN-----> **GO TO Q523**
7. COUPLE TRIED TO GET PREGNANT FOR AT LEAST 2 YEARS AND DIDN'T SUCCEED ----> **GO TO Q523**
8. FEAR OF SIDE EFFECTS
9. LOVEMAKING WOULD BE INTERRUPTED
10. RESPONDENT DID NOT THINK ABOUT USING CONTRACEPTION
11. COST, CANNOT AFFORD BIRTH CONTROL
12. BIRTH CONTROL IS THE PARTNER'S RESPONSIBILITY
13. BIRTH CONTROL IS NOT (VERY) EFFECTIVE
14. RESPONDENT DOES NOT WANT TO USE A METHOD
15. PARTNER OBJECTS TO USING METHOD
16. OBJECTS DUE TO RELIGIOUS REASONS
17. DOES NOT KNOW WHERE TO GET METHOD
18. RESPONDENT DOES NOT KNOW HOW TO USE BIRTH CONTROL METHODS
19. RESPONDENT DOES NOT THINK THAT HE AND PARTNER CAN GET PREGNANT
20. RESPONDENT HAS NO TIME TO GO TO A FP CLINIC/ OR BUY CONDOMS
21. RESPONDENT'S PARTNER USES DOUCHING
77. OTHER (SPECIFY) _____
88. DON'T KNOW

516. Do you think that you will use a contraceptive method during the next 12 months (ADD:OTHER THAN DOUCHING IF Q515=21)? (YOU OR YOUR PARTNER)
1. YES -----> **GO TO Q518**
 2. NO
 8. NOT SURE
517. Do you think that you will use a contraceptive method any time in the future?
1. YES
 2. NO -----> **GO TO Q521**
 8. NOT SURE -----> **GO TO Q521**
518. What method would you want to use most?
1. THE PILL
 2. IUD
 3. CONDOM
 4. CONDOM +SPERMICIDE
 5. CONDOM +WITHDRAWAL/CALENDAR-
 6. FOAM/JELLY/CREAMS/C-FILMS
 7. FEMALE STERILIZATION
 8. EMERGENCY HORMONAL CONTRACEPTION
 9. INJECTABLES(DEPO PROVERA)
 10. OTHER MODERN METHODS _____
 11. CALENDAR -----> **GO TO Q521**
 12. WITHDRAWAL -----> **GO TO Q521**
 13. WITHDRAWAL + CALENDAR ---->**GO TO Q521**
 20. OTHER -----> **GO TO Q521**
 88. NOT SURE -----> **GO TO Q521**
519. On average, how much are you willing to pay for contraception, per month? (YOU OR YOUR PARTNER)
- | | |
|-------------------|-----------------------------|
| ____ HUNDRED LEKI | 85. 85 HUNDRED LEKI OR MORE |
| | 88. NOT SURE/DON'T KNOW |
520. Where would you want to get your contraceptive method? (YOU OR YOUR PARTNER)
- | | |
|---|---|
| 1. HEALTH POST
2. HEALTH CENTER
3. POLICLINIC
4. FAMILY PLANNING CLINIC
5. GOV HOSPITAL-MATERNITY WARD
6. PRIVATE CLINIC OR OFFICE
7. NGO | 8. PHARMACY
9. OPEN MARKET
10. STORE/ KIOSK
11. PARTNER/WIFE
12. FRIEND
13. RELATIVE
20. OTHER (SPECIFY): _____
88. DON'T KNOW |
|---|---|
521. During the last year, how often did you talk about contraception with your wife / partner?
1. NEVER----->**GO TO Q523**
 2. ONE OR TWO TIMES
 3. THREE TIMES OR MORE
 4. RESPONDENT HAD NO PARTNER DURING THE LAST YEAR ---->**GO TO Q523**
522. Generally, does your wife / partner agree or disagree with the use of contraceptive methods?
1. AGREES
 2. DISAGREES
 3. NEITHER AGREES NOR DISAGREES
 8. NOT SURE/DON'T KNOW

523. Some people use condoms for reasons other than birth control, for instance because they are concerned about getting diseases that can result from sexual intercourse. Have you ever used condoms for: **(READ 1-4)**

1. Birth Control Only----->**GO TO BOX 5-III**
2. Disease Prevention Only----->**GO TO BOX 5-III**
3. Both, or----->**GO TO BOX 5-III**
4. You Never Used a Condom?
5. USED CONDOM OUT OF CURIOSITY
8. NOT SURE/ DO NOT REMEMBER

524. Why have you and your partner(s) never used condoms?

1. PREVENTING PREGNANCY IS WOMAN'S RESPONSIBILITY
2. PARTNER(S) OBJECTED TO USE CONDOMS
3. HAVE ONLY ONE PARTNER
4. THEY ARE ONLY FOR USE WITH PROSTITUTES
5. THEY ARE ONLY FOR EXTRAMARITAL RELATIONS
6. CONDOMS DIMINISH PLEASURE/SPONTANEITY
7. CONDOMS ARE LESS EFFECTIVE IN PREVENTING PREGNANCY
8. CONDOMS ARE TOO DIFFICULT TO USE
9. LOVEMAKING WOULD BE INTERRUPTED
10. CONDOM USE IS TOO MESSY
11. COST
12. HE HAS NEVER THOUGHT ABOUT IT
13. IT IS EMBARRASSING TO BUY CONDOMS
14. PREFERS OTHER CONTRACEPTIVE METHODS
20. OTHER _____
88. DON'T KNOW

BOX 5-III

VERIFY Q425 AND 428 (PAGES 15 & 16); IF RESPONDENT CURRENTLY USING A METHOD GO TO Q553

551. Do you think that you can get your partner pregnant now?

1. YES --->**GO TO Q553**
2. NO
3. NOT SURE
4. PARTNER IS PREGNANT NOW --->**GO TO Q553**

552. What is the reason why you think you cannot get your partner pregnant now?

1. DOES NOT CURRENTLY HAVE A PARTNER / NOT SEXUALLY ACTIVE
2. PARTNER IS POSTPARTUM / BREASTFEEDING
3. GENITAL INFECTION (ANEXITA, ENDOMETRITIS)
4. SYSTEMATIC OR ENDOCRINAL DISEASE
5. HYSTERECTOMY (OPERATION TO REMOVE THE UTERUS)-----> **GO TO MODULE VI**
6. MENOPAUSAL -----> **GO TO MODULE VI**
7. OVARIAN CYST OR DYSFUNCTION-----> **GO TO MODULE VI**
8. OBSTRUCTED OR MISSING FALLOPIAN TUBES -----> **GO TO MODULE VI**
9. NO PREGNANCY FOR 2 YEARS DESPITE NO CONTRACEPTION-> **GO TO MODULE VI**
10. RESPONDENT HAD OPERATION SO CANNOT HAVE KIDS-----> **GO TO MODULE VI**
11. RESPONDENT STERILE-----> **GO TO MODULE VI**
12. USING A CONTRACEPTIVE METHOD-> **VERIFY Q425 & Q428 (P. 15-16), CORRECT IF NECESSARY**
20. OTHER (SPECIFY) _____
88. DON'T KNOW

553. Looking to the future, do you yourself intend to have (a/another) baby at some time (**IF CURRENTLY PREGNANT ADD** "...after this pregnancy"?)

1. WANTS A BABY
2. DOES NOT WANT A BABY --->**GO TO Q555**
3. RESPONDENT WANTS A BABY BUT PARTNER DISAGREES
4. RESPONDENT DOES NOT WANT A BABY BUT PARTNER WANTS ---> **GO TO Q555**
8. DK ---->**GO TO Q555**

554. When do you, yourself, actually want to get your wife/partner pregnant (again)...(**READ 1-4**)

1. Right away, (**DO NOT READ IF THE HIS WIFE / PARTNER IS ALREADY PREGNANT**)
2. Within the next 12 months,
3. Within 1-2 years,
4. or after 2 years?
6. AFTER HE MARRIES
7. WHEN GOD WANTS
8. DON'T KNOW

555. **IF Q553 =1, 3, OR 8 BEGIN WITH:** "After having all the children you want,...")

Do you think you would be interested in your partner having an operation (tubal ligation) to prevent having any more children?

1. YES----->**GO TO MODULI VI**
2. NO
3. WIFE / PARTNER IS ALREADY STERILIZED----->**GO TO MODULI VI**
4. HE HAS HAD A VASECTOMY -----> **GO TO MODULI VI**
8. NOT SURE

556. What is the most important reason you wouldn't be interested in her having such a procedure?

1. HEALTH RISKS/FEAR OF SIDE EFFECTS
2. FEAR OF OPERATION
3. DOESN'T KNOW ENOUGH ABOUT /NEVER HEARD OF STERILIZATION
4. MIGHT WANT ANOTHER CHILD
5. COST
6. DOES NOT HAVE A PARTNER/NOT SEXUALLY ACTIVE
7. AGE TOO YOUNG OR TOO OLD (APPROACHING MENOPAUSE)
8. HAVEN'T THOUGHT ABOUT IT
9. NOT CULTURALLY ACCEPTABLE
10. RELIGIOUS REASONS
11. PREFERS (OR USES) OTHER CONTRACEPTIVE METHODS
12. CANNOT GET PREGNANT (INFERTILITY, MEDICAL REASONS)
20. OTHER_____
88. DON'T KNOW

VI. MEN'S HEALTH

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

601. In the past 12 months, have you visited any health facility for care for yourself, including obtaining preventive services, such as family planning counseling or health check-ups?

- 1. YES
- 2. NO----->GO TO Q604
- 8. DK/DO NOT REMEMBER----->GO TO Q604

603. During your visit in the past 12 months at the health facility, did a doctor or medical provider talk to you about

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u> <u>DON'T REMEMBER</u>
A. Condoms	1	2	8
B. STDs (Sexually Transmitted Diseases)	1	2	8
C. Control for pregnancy	1	2	8

604. Many different factors can prevent us from getting medical advice or treatment. When you want to get medical advice or treatment, are any of the following major problems or not (**READ A -G**)?

	<u>BIG PROBLEM</u>	<u>NOT A BIG PROBLEM</u>
A. Knowing where to go	1	2
C. Getting money needed for treatment	1	2
D. The distance to the health facility.....	1	2
E. Having to take transport.....	1	2
G. Concern that there may not be a male health provider	1	2

614. Have you ever tried cigarette smoking, even one or two puffs?

- 1. YES
- 2. NO-----> GO TO 621

615. How old were you when you smoked a cigarette for the first time?

___ YEARS 88. DK
 99.NR

616. Have you smoked at least 100 cigarettes in your entire life? (**PROBE:** 100 cigarettes is about 5 packs)

- 1. YES
- 2. NO-----> GO TO 621
- 8. DK-----> GO TO 621
- 9. REFUSAL ---->GO TO 621

617. How old were you when you first started smoking fairly regularly?

___ YEARS 00. NEVER SMOKED REGULARLY
 88. DO NOT REMEMBER
 99. REFUSE

618. During the last 30 days, did you smoke cigarettes: (**READ 1-4**)

- 1. Every Day
- 2. Almost Every Day
- 3. Some Days
- 4. Not at All in the last 30 days-->GO TO Q620
- 9. REFUSAL----->GO TO Q620

629. Who treated you?

- | | |
|---------------------------------------|----------------------|
| 1. OB/GYN | 7. PARTNER |
| 2. FAMILY DOCTOR/GENERAL PRACTITIONER | 8. FRIEND/RELATIVE |
| 3. DERMATOLOGIST | 9. SELF-TREATMENT |
| 4. INFECTIOUS DISEASES DOCTOR | 20. OTHER: _____ |
| 5. NURSE/MIDWIFE | 99. REFUSE TO ANSWER |
| 6. PHARMACIST | |

GO TO Q631

630. What was the main reason you did not seek treatment?

1. SERVICES TOO FAR AWAY / INACCESSIBLE
2. DON'T KNOW WHERE TO GO FOR SERVICES
3. CANNOT AFFORD SERVICES OR TREATMENT
4. AFRAID OF KNOWING THE RESULTS
5. IT IS EMBARRASSING
6. DID NOT THINK WAS A STD
7. SYMPTOM(S) DISAPPEARED
8. OTHER (SPECIFY) _____
9. REFUSE

631. In the past 3 months, have you had a drink containing alcohol, that is raki, beer, wine, a cocktail, shot of liqueur, vodka, or whiskey?

1. YES
2. NO-----> **GO TO MODULE VII**
8. NOT SURE/DO NOT REMEMBER ---> **GO TO MODULE VII**
9. REFUSE -----> **GO TO MODULE VII**

632. In the past 3 months, on the days that you drank alcohol, how many drinks did you usually have?

- | | |
|-------------------|---|
| _____ # OF DRINKS | 00. NO DRINKS/ONLY FEW SIPS-----> GO TO MODULE VII |
| | 88. NOT SURE/DO NOT REMEMBER ---> GO TO MODULE VII |
| | 99..REFUSE -----> GO TO MODULE VII |

633. In the past 3 months, how often did you drink that amount (PROBE: per day, week, or month)?

1. EVERYDAY
2. ALMOST EVERY DAY
3. 1-2 TIMES A WEEK
4. 2-3 TIMES A MONTH
5. ONCE A MONTH
6. 1-2 TIMES IN THREE MONTHS

634. In the past 3 months, have there been days when you had more than usual (# **FROM Q632**) drinks?

1. YES
2. NO -----> **GO TO MODULE VII**
8. NOT SURE/DO NOT REMEMBER ---> **GO TO MODULE VII**
9. REFUSE -----> **GO TO MODULE VII**

635. In the past 3 months, how many times did you drink 5 drinks in a row?

- | | |
|------------------|---|
| _____ # OF TIMES | 88. NOT SURE/DO NOT REMEMBER ---> GO TO MODULE VII |
| | 99. REFUSE -----> GO TO MODULE VII |

VII REPRODUCTIVE HEALTH KNOWLEDGE/ATTITUDES

700. What do you think is the ideal number of children for a young family in Albania?

- 0. 0 CHILDREN
- 1. 1 CHILD
- 2. 1-2 CHILDREN
- 3. 2 CHILDREN
- 4. 2-3 CHILDREN
- 5. 3 CHILDREN
- 6. 3-4 CHILDREN
- 7. 4 CHILDREN
- 8. 5 OR MORE
- 9. AS MANY AS GOD GIVES
- 77. AS MANY AS POSSIBLE
- 88. DON'T KNOW

701. During a woman’s menstrual cycle, are there certain days when she is more likely to become pregnant if she has sexual relations?

- 1. YES
- 2. NO----->GO TO 702
- 8. DO NOT KNOW-->GO TO 702

701A. When is it most likely for a woman to become pregnant, just before her period begins, during her period, right after her period has ended, or halfway between two periods?

- 1 Just before her period starts,
- 2 During her period,
- 3 Right after period ends,
- 4 Halfway between her periods,
- 8 DON'T KNOW

702. Do you think that breastfeeding increases, decreases or has no effect on a woman’s chance to get pregnant?

- 1. INCREASES THE CHANCE
- 2. DECREASES THE CHANCE
- 3. HAS NO EFFECT
- 8. DO NOT KNOW

703. Do you think that a woman always has the right to decide about her pregnancy, including whether or not to have an abortion?

- 1. YES--->GO TO Q705
- 2. NO

704. Under which of the following conditions is it all right for a woman to have an abortion (**READ A-F**)?

	<u>YES</u>	<u>NO</u>	<u>DEPENDS</u>	<u>DK</u>
A. Her life is endangered by the pregnancy	1	2	3	8
B. The fetus has a physical deformity	1	2	3	8
C. The pregnancy was the result of rape	1	2	3	8
D. Her health is endangered by the pregnancy	1	2	3	8
E. She is unmarried	1	2	3	8
F. The couple cannot afford to have a(nother) child	1	2	3	8

705. If a woman had an unwanted pregnancy what should she do? (**READ 1-3**):

- 1. Have the baby and keep it
- 2. Have the baby and give it up for adoption
- 3. Have an abortion
- 8. DON'T KNOW

706. I would like to know if you are in agreement with the following statements (**READ A-I**):

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>
A. A woman can become pregnant the first time she has sexual intercourse.....	1	2	8
B. All people should get married	1	2	8
C. A woman should be a virgin when she marries	1	2	8
D. The main job for a woman is to take care of the home and cook for her family .	1	2	8
E. A married woman needs her husband's permission to work outside the home ..	1	2	8
F. If a woman works, she should give her money to her husband.....	1	2	8
G. If a woman works, her husband should help her with the household chores.....	1	2	8
H. The men in the family should have the final say in all family matters.....	1	2	8
I. Child care is a woman's job	1	2	8

707. Who do you think should decide how many children a couple should have (**READ 1-5**)?

1. The woman,
2. The man,
3. Both
4. Mother in law, or
5. God?
8. DON'T KNOW

708. How would you rank each of the following birth control methods (**SHOW CARD C**) with regard to their risk of developing health problems; please tell me if the risk is low, medium, or high:

	<u>LOW RISK</u>	<u>MEDIUM RISK</u>	<u>HIGH RISK</u>	<u>DK</u>
A. Pill	1	2	3	8
B. IUD	1	2	3	8
C. Condom	1	2	3	8
D. Tubal Ligation	1	2	3	8
E. Injectable (Depo-Provera).....	1	2	3	8
F. Abortion on Request	1	2	3	8

712. Do you want to have more information about contraceptive methods?

1. YES
2. NO -----> **GO TO Q714**
8. DON'T KNOW ---> **GO TO Q714**

713. Who do you think would be the best source of information about contraceptive methods?

- | | |
|------------------------------------|--------------------------------------|
| 1. MOTHER | 10. NURSE, MIDWIFE |
| 2. OTHER RELATIVE | 11. TEACHER |
| 3. GIRLFRIEND | 12. PHARMACIST |
| 4. WIFE, PARTNER | 13. BOOKS |
| 5. SOMEBODY WHO USES CONTRACEPTION | 14. NEWSPAPERS, MAGAZINES, BROCHURES |
| 6. CO-WORKER | 15. RADIO-----> GO TO Q715 |
| 7. FRIEND, COLLEAGUE, PEER | 16. TV-----> GO TO Q715 |
| 8. GYNECOLOGIST | 20. OTHER (SPECIFY): _____ |
| 9. GENERAL PRACTITIONER | 88. DON'T REMEMBER |

714. Do you think that information about contraception should be broadcast on radio or television?

1. YES
2. NO
8. DO NOT KNOW

715. Some people use condoms to keep from getting sexual transmitted diseases. How effective do you think a properly used condom is for this purpose? **(READ 1-4)**

- 1. Very Effective,
- 2. Somewhat effective,
- 3. Not effective?
- 8. DON'T KNOW

716. In the last 12 months have you tried to obtain condoms?

- 1. YES
- 2. NO----->**GO TO Q718**
- 3. NEVER HAD SEXUAL PARTNER -----> **GO TO Q721**
- 4. DON'T KNOW WHERE TO GET THEM---->**GO TO Q718**

716A. In the last 12 months have you succeeded in obtaining condoms?

- 1. YES
- 2. NO----->**GO TO Q718**

717. In the past 12 months, how often did you have condoms in your possession?

- 1. ALL THE TIME
- 2. ALMOST ALL THE TIME
- 3. SOME OF THE TIME
- 4. NEVER
- 8. DON'T REMEMBER

717A. In the last 12 months which brand of condoms did you use most frequently?

- | | |
|---------------|---------------------|
| 1. DUREX | 10. SILCO |
| 2. KAMASUTRA | 11. PROTEX |
| 3. ROMED | 12. AROMA |
| 4. UNIDUS | 13. MASCULAN |
| 5. LOVEPLUS | 14. TAHITI |
| 6. LIFESTYLES | 15. "FOR YOU" |
| 7. MANIX | 16. "FOR YOUR MORE" |
| 8. TENTATION | 20. OTHER _____ |
| 9. PLAYBOY | 88. DON'T KNOW |

GO TO Q718

717B. Why couldn't you succeed in obtaining condoms?

- 1. COULD NOT FIND THEM
- 2. FOUND THEM, BUT THEY WERE OF BAD QUALITY
- 3. COST
- 4. NO TIME TO LOOK FOR THEM
- 5. IT IS EMBARRASSING TO BUY THEM IN A PHARMACY, CLINIC OR STORE
- 7. OTHER (SPECIFY)_____
- 8. DON'T REMEMBER

718. Have you ever talked with a partner about you using a condom?

- 1. YES
- 2. NO
- 3. NEVER HAD A SEXUAL PARTNER-----> **GO TO Q721**
- 8. DON'T REMEMBER
- 9. REFUSE

719. Have you ever suggested to any partner that you use a condom?

- 1. YES
- 2. NO -----> **GO TO Q721**
- 8. DON'T REMEMBER -----> **GO TO Q721**
- 9. REFUSE-----> **GO TO Q721**

720. Has any of the following **ever** happened because you did not want to use a condom.....(**READ A-F**)
(ANY OF THESE INCIDENTS COULD HAVE HAPPENED MORE THAN ONCE, WITH THE SAME PARTNER OR DIFFERENT PARTNERS)

	<u>YES</u>	<u>NO</u>	<u>DK</u>	<u>REF</u>
A. You refused to use a condom?..... 1	2	8	9	
B. You refused to have sexual intercourse with her?..... 1	2	8	9	
C. You threaten to break up with her?..... 1	2	8	9	
D. You shouted at and threatened her? 1	2	8	9	
E. You made her have sex anyway without a condom?..... 1	2	8	9	
F. You hit her? 1	2	8	9	

721. If your partner/wife wanted you to use a condom when having sex with her, would you feel: (**READ A-G**)

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>	<u>REF</u>
A. Angry or insulted?..... 1	2	8	9	
B. Safe from getting pregnant? 1	2	8	9	
C. Like you had done something wrong?..... 1	2	8	9	
D. Safe from getting STDs / AIDS?..... 1	2	8	9	
E. Suspicious that she might be sleeping around / promiscuous? 1	2	8	9	

722. Please indicate whether you agree or disagree with the following statements about condoms (**READ A-H**):

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>	<u>REF</u>
A. Using condoms with a new partner is a smart idea 1	2	8	9	
B. Using condoms is not necessary if you know your partner 1	2	8	9	
C. Women should ask their partners to use condoms 1	2	8	9	
D. It is easy to discuss using a condom with a prospective partner..... 1	2	8	9	
E. Condoms diminish sexual enjoyment 1	2	8	9	
F. Same condoms can be used more than once 1	2	8	9	
G. People who use condoms sleep around a lot / promiscuous 1	2	8	9	
H. It is embarrassing to ask for condoms in FP clinics or pharmacies .. 1	2	8	9	

723. As far as you know, do any of your friends use condoms?

- 1. YES
- 2. NO
- 8. DON'T KNOW

724. What are your friends' opinions about condoms?

- 1. GOOD OPINION, FAVOR USE
- 2. BAD OPINION, DISLIKE
- 3. OPINIONS VARY - MIXED
- 8. DON'T KNOW

VIII. SOCIOECONOMIC CHARACTERISTICS

800. Please tell me whether this household or any member of it has the following items: **(READ A-I):**

	<u>YES</u>	<u>NO</u>
A. Flush Toilet	1	2
B. Heating System	1	2
C. Refrigerator	1	2
D. TV	1	2
E. Working Automobile	1	2
F. VCR	1	2
G. Household Phone	1	2
H. Cellular Phone	1	2
I. Vacation home(villa)	1	2
J. Air Conditioner	1	2
K. Gas or Electric Stove	1	2
L. Personal Computer <u>with Internet Access</u>	1	2
M. Satellite Antenna	1	2

801. Does your family have a garden where you grow your own vegetables?

1. YES
2. NO

802. What is the main source of drinking water for members of your household?

1. PIPED WATER (PIPED INTO RESIDENCE OR YARD)---->**GO TO Q804**
2. PIPED WATER (PUBLIC TAP)
3. WELL WATER (RESIDENCE OR YARD) ----->**GO TO Q804**
4. PUBLIC WELL
5. SURFACE WATER (SPRING, RIVER, POND, LAKE)
6. RAIN WATER----->**GO TO Q804**
7. BOTTLED WATER----->**GO TO Q804**

803. How long does it take to go to the water source, get water and come back, in minutes? ___ __ MINUTES

804. Which of the following describes your living arrangements. Do you live: **(READ 1-5)**

1. In your privately owned flat or house,
2. In rented space (room, flat or house),
3. With your immediate family (NO RENT),
4. With other relatives (NO RENT), or
5. With friends (NO RENT)?
7. OTHER (SPECIFY): _____

805. How many rooms are occupied by you and your family (excl. bathrooms and kitchen): ___ __ ROOMS

806. How many hours per day do you have electricity? ___ __ HOURS

807. What is your ethnic background?

- | | |
|-----------------|------------------------------------|
| 1. ALBANIAN | 5. ALBANIAN FROM KOSOVO |
| 2. GREEK | 6. MIXED ETHNICITY (SPECIFY) _____ |
| 3. GYPSY (ROMA) | 7. OTHER (SPECIFY): _____ |
| 4. MAKEDONIAN | 9. REFUSED/NOT STATED |

808. What is your religion?

1. MUSLIM
2. ORTHODOX
3. CATHOLIC
4. PROTESTANT (BAPTIST, LUTHERAN, PENTECOSTAL, ETC)
7. OTHER (SPECIFY): _____
8. NO RELIGION ----->**GO TO Q900**
9. UNDECLARED----->**GO TO Q900**

809. About how often do you usually attend religious services? **(READ 1-5)**

1. At least once a week
2. At least once a month, but less than once a week
3. Less than once a month
4. Only on religious holidays or special events, or
5. Never

IX-A. AIDS/STDs

The next set of questions are about sexually transmitted infections Including HIV/ AIDS. For each of the following conditions please tell me if:

CONDITION	900. Have you ever heard of it?	901. Have you ever been tested for...?	902. Have you ever been told that you have...?	903. Did you take any treatment for...?	904. Who treated you for ...? (SEE CODES BELOW)
A. Syphilis	1. YES 2. NO-->B	1. YES 2. NO-->B 8. DK-->B	1. YES 2. NO----->B 8. DK/DR-->B	1. YES 2. NO----->B 8. DK/DR-->B	___ ___
B. Gonorrhea	1. YES 2. NO-->C	1. YES 2. NO-->C 8. DK-->C	1. YES 2. NO----->C 8. DK/DR-->C	1. YES 2. NO----->C 8. DK/DR-->C	___ ___
C. Chlamydia	1. YES 2. NO-->D	1. YES 2. NO-->D 8. DK-->D	1. YES 2. NO----->D 8. DK/DR-->D	1. YES 2. NO----->D 8. DK/DR-->D	___ ___
D. Yeast Infection	1. YES 2. NO-->E	1. YES 2. NO-->E 8. DK-->E	1. YES 2. NO----->E 8. DK/DR-->E	1. YES 2. NO----->E 8. DK/DR-->E	___ ___
E. Genital Herpes	1. YES 2. NO-->F	1. YES 2. NO-->F 8. DK-->F	1. YES 2. NO----->F 8. DK/DR-->F	1. YES 2. NO----->F 8. DK/DR-->F	___ ___
F. Genital Warts	1. YES 2. NO-->G	1. YES 2. NO-->G 8. DK-->G	1. YES 2. NO----->G 8. DK/DR-->G	1. YES 2. NO----->G 8. DK/DR-->G	___ ___
G. Trichomoniasis	1. YES 2. NO-->H	1. YES 2. NO-->H 8. DK-->H	1. YES 2. NO----->H 8. DK/DR-->H	1. YES 2. NO----->H 8. DK/DR-->H	___ ___
H. HIV / AIDS	1. YES 2. NO->Q905	1. YES->Q905 2. NO->Q905 8. DK->Q905			

CODES FOR Q904:

- | | |
|-------------------------------|----------------------|
| 1. OB/GYN | 7. PARTNER |
| 2. FAMILY DOCTOR/GP | 8. FRIEND/RELATIVE |
| 3. DERMATOLOG | 9. SELF-TREATMENT |
| 4. INFECTIOUS DISEASES DOCTOR | 20. OTHER:_____ |
| 5. NURSE/MIDWIFE | 99. REFUSE TO ANSWER |
| 6. PHARMACIST | |

905. If a man has a sexually transmitted disease, what symptoms might he have?
(RECORD ALL MENTIONED, DO NOT READ LIST)

	<u>MENTIONED</u>	<u>NOT MENTIONED</u>
A. ABDOMINAL PAIN	1	2
B. DISCHARGE FROM PENIS	1	2
C. FOUL SMELLING DISCHARGE.....	1	2
D. BURNING PAIN ON URINATION.....	1	2
E. REDNESS/INFLAMMATION IN GENITAL AREA	1	2
F. SWELLING IN GENITAL AREA	1	2
G. GENITAL SORES/ULCERS OR WARTS	1	2
H. GENITAL ITCHING	1	2
I. WEIGHT LOSS	1	2
J. HARD TO GET PREGNANT/HAVE A CHILD	1	2

906. Do you know a place where you could get an HIV/AIDS test?

1. YES
2. NO

907. In general, what has been your most important source of information about STDs including AIDS? (Where or from whom have you learned the most about STDs?)

- | | |
|--------------------------------|--|
| 1. MOTHER | 11. FAMILY DOCTOR, GP |
| 2. FATHER | 12. NURSE, MIDWIFE, FELDCHER |
| 3. OTHER RELATIVE | 13. TEACHER |
| 4. GIRLFRIEND | 14. PHARMACIST |
| 5. WIFE, PARTNER | 15. SPECIALITY BOOKS |
| 6. SOMEBODY WHO HAD STDs | 16. NEWSPAPERS, MAGAZINES, BROCHURES |
| 7. FRIENDS COLLEAGUES, PEERS | 17. RADIO |
| 8. OB/GYN DOCTOR | 18. TV |
| 9. DERMATOLOGIST | 20. OTHER (SPECIFY): _____ |
| 10. INFECTIOUS DISEASES DOCTOR | 77. NEVER HEARD OF ANY STDs (Q900_A – H = 2) |
| | 99. DR/REF. |

908. In the past 6 months, have you seen or heard any public announcements or ads on television or radio about: **(READ A-D, PROBE FOR BOTH)**

	<u>YES, RADIO</u>	<u>YES, TV</u>	<u>YES, BOTH</u>	<u>NO</u>	<u>DO NOT REMEMBER</u>
A. AIDS	1	2	3	4	8
B. Other STDs.....	1	2	3	4	8
C. Condoms	1	2	3	4	8
D. Modern contraceptive methods	1	2	3	4	8

IF Q900_H =2 (NEVER HEARD OF HIV/AIDS) GO TO Q914; ELSE CONTINUE

909. Do you think that a person can be infected with the HIV virus but have no symptoms of disease?

1. YES
2. NO
8. DK

910. Please tell me whether you think that the AIDS virus can be transmitted in the following ways? **(READ A-N)**

	<u>YES</u>	<u>NO</u>	<u>DK</u>
A. Through blood transfusion	1	2	8
B. Using public toilets	1	2	8
C. Through kissing	1	2	8
D. Through unprotected sexual intercourse between a man and a woman.....	1	2	8
E. Through unprotected sexual intercourse between men.....	1	2	8
F. By shaking hands	1	2	8
G. Using non-sterile syringes or needles.....	1	2	8
H. Through mosquito bites.....	1	2	8
I. Sharing plates, forks, or glasses with someone who has HIV/AIDS	1	2	8
J. From a woman who has the AIDS virus to her baby during pregnancy/delivery	1	2	8
K. From a mother to her child through breast milk	1	2	8
L. Getting a manicure, pedicure or haircut.....	1	2	8
M. Having dental or surgical treatment.....	1	2	8

911. What can a person do to reduce the risk of getting AIDS?

	<u>SPONTANEOUS</u>	<u>PROBED</u>		<u>DK</u>
	<u>YES</u>	<u>YES</u>	<u>NO</u>	
A. USE CONDOMS	1	3	4	8
B. ABSTAIN FROM SEX	1	3	4	8
C. HAVE ONLY ONE PARTNE/STAY FAITHFUL TO ONE PARTNER ..	1	3	4	8
D. LIMIT NUMBER OF SEXUAL PARTNERS	1	3	4	8
E. AVOID SEX WITH PROSTITUTES	1	3	4	8
F. AVOID SEX WITH BISEXUALS	1	3	4	8
G. DO NOT DONATE BLOOD	1	3	4	8
H. AVOID TRANSFUSIONS	1	3	4	8
I. ASK PARTNER TO GET BLOOD TESTED FOR AIDS	1	3	4	8
J. STERILIZE NEEDLES AND SYRINGES	1	3	4	8
K. DO NOT SHARE RAZORS/BLADES, NEEDLES OR SYRINGES	1	3	4	8
L. OTHER (SPECIFY) _____	1	3	4	8

912. How much of a risk do you think you personally have of getting HIV/AIDS? Would you say you are at **(READ 1-4):**

1. Great risk,
2. Moderate Risk,
3. Little risk, or
4. No risk at all ----->**GO TO Q913A**
8. DON'T KNOW----->**GO TO Q913B**

913. Why do you think you have any risk of getting AIDS?

1. RECEIVED BLOOD TRANSFUSIONS/BLOOD PRODUCTS
2. HAD MANY SEXUAL PARTNERS/ TRADED SEX FOR MONEY
3. HAD UNPROTECTED INTERCOURSE WITH CASUAL PARTNER(S)
4. USED IV DRUGS/SHARED NEEDLES
5. PARTNER HAD/HAS SEX WITH OTHER WOMEN
6. HE MAY GET INFECTED WHILE RECEIVING MEDICAL OR DENTAL TREATMENT
7. HE MAY GET INFECTED GETTING A HAIRCUT
8. OTHER (SPECIFY) _____
9. DK/REF

GO TO Q913B

913A. Why do you think you have no risk of getting AIDS?

1. ONLY ONE PARTNER
2. NO SEXUAL RELATIONS
3. USES CONDOMS
4. CONFIDENCE IN PARTNER
5. DOES NOT GET/NEED TRANSFUSIONS
6. DOES NOT SHARE NEEDLES
7. OTHER (SPECIFY) _____
9. DK/REF

913B How much of a risk do you think you personally have of getting other STD? Would you say you are at **(READ 1-4):**

1. Great risk,
2. Moderate Risk,
3. Little risk, or
4. No risk at all
8. DON'T KNOW

913C. In your opinion, it is common for unmarried man to have multiple sexual partners?

1. YES - COMMON
2. NO – NOT COMMON
8. DR/REF

913D. In your opinion, it is common for married man to have multiple sexual partners?

1. YES - COMMON
2. NO – NOT COMMON
8. DR/REF

913E. In your opinion, it is common for unmarried man to have sexual relations with prostitutes?

1. YES - COMMON
2. NO – NOT COMMON
8. DR/REF

913F. In your opinion, it is common for married man to have sexual relations with prostitutes?

1. YES - COMMON
2. NO – NOT COMMON
8. DR/REF

913G. As far as you know, is there any cure for AIDS?

1. YES
2. NO
8. DR/REF

IX-B VIOLENCE

914. Thinking back to your childhood and adolescence, did you ever see or hear your parents or step-parents physically abuse each other?
1. YES
 2. NO
 3. DID NOT LIVE WITH BOTH PARENTS----->GO TO Q916
 8. DR/REF

915. As a child, have you ever being beaten or physically mistreated in any way by anyone in your family?
1. YES
 2. NO
 8. DR/REF

916. THE INTERVIEWER SHOULD GO BACK TO PAGE 3 AND RECORD HOW MANY TIMES THIS MAN HAS EVER LIVED WITH A WOMAN AS HUSBAND AND WIFE (SEE Q111):

 TIMES -----> IF "0" GO TO Q936 ; ELSE > 0 CONTINUE

The next set of questions is about violence and physical abuse that may have happened between you and a partner or ex-partner. When we say a partner we mean a wife, ex-wife, as well as any other woman you have lived with as husband and wife.

918. Please tell me if you have ever (READ A-H):		919. When was the last time you (READ A-H) your partner?	920. During the last year, how many times did you (A-H) your partner?
A. Insulted or swore at partner?	1. YES--> Q919 2. NO----> Q918_B 8. DK----> Q918_B 9. REF--> Q918_B	1. WITHIN THE LAST YEAR--> Q920 2. 1-3 YEARS AGO-----> Q918_B 3. 4-5 YEARS AGO-----> Q918_B 4. 5 YEARS AGO OR MORE--> Q918_B	66. ALMOST DAILY 77. WEEKLY 88. DON'T REMEMBER 99. REFUSES -- __ TIMES
B. Threatened to hurt her or anyone she cares about?	1. YES--> Q919 2. NO----> Q918_C 8. DK----> Q918_C 9. REF--> Q918_C	1. WITHIN THE LAST YEAR--> Q920 2. 1-3 YEARS AGO-----> Q918_C 3. 4-5 YEARS AGO-----> Q918_C 4. 5 YEARS AGO OR MORE--> Q918_C	66. ALMOST DAILY 77. WEEKLY 88. DON'T REMEMBER 99. REFUSES -- __ TIMES
C. Pushed, shook, shoved her, or threw something at your partner?	1. YES--> Q919 2. NO----> Q918_D 8. DK----> Q918_D 9. REF--> Q918_D	1. WITHIN THE LAST YEAR--> Q920 2. 1-3 YEARS AGO-----> Q918_D 3. 4-5 YEARS AGO-----> Q918_D 4. 5 YEARS AGO OR MORE--> Q918_D	66. ALMOST DAILY 77. WEEKLY 88. DON'T REMEMBER 99. REFUSES -- __ TIMES
D. Slapped or twisted your partner's arm?	1. YES--> Q919 2. NO----> Q918_E 8. DK----> Q918_E 9. REF--> Q918_E	1. WITHIN THE LAST YEAR--> Q920 2. 1-3 YEARS AGO-----> Q918_E 3. 4-5 YEARS AGO-----> Q918_E 4. 5 YEARS AGO OR MORE--> Q918_E	66. ALMOST DAILY 77. WEEKLY 88. DON'T REMEMBER 99. REFUSES -- __ TIMES
E. Hit her with your fist or with something else?	1. YES--> Q919 2. NO----> Q918_F 8. DK----> Q918_F 9. REF--> Q918_F	1. WITHIN THE LAST YEAR--> Q920 2. 1-3 YEARS AGO-----> Q918_F 3. 4-5 YEARS AGO-----> Q918_F 4. 5 YEARS AGO OR MORE--> Q918_F	66. ALMOST DAILY 77. WEEKLY 88. DON'T REMEMBER 99. REFUSES -- __ TIMES
F. Threatened her with a knife or other weapon?	1. YES--> Q919 2. NO----> Q918_G 8. DK----> Q918_G 9. REF--> Q918_G	1. WITHIN THE LAST YEAR--> Q920 2. 1-3 YEARS AGO-----> Q918_G 3. 4-5 YEARS AGO-----> Q918_G 4. 5 YEARS AGO OR MORE--> Q918_G	66. ALMOST DAILY 77. WEEKLY 88. DON'T REMEMBER 99. REFUSES -- __ TIMES
G. Kicked, choked or beaten your partner?	1. YES--> Q919 2. NO----> Q918_H 8. DK----> Q918_H 9. REF--> Q918_H	1. WITHIN THE LAST YEAR--> Q920 2. 1-3 YEARS AGO-----> Q918_H 3. 4-5 YEARS AGO-----> Q918_H 4. 5 YEARS AGO OR MORE--> Q918_H	66. ALMOST DAILY 77. WEEKLY 88. DON'T REMEMBER 99. REFUSES -- __ TIMES
H. Physically forced her to have sexual relations even though she did not want to?	1. YES--> Q919 2. NO----> BOX 9-I 8. DK----> BOX 9-I 9. REF--> BOX 9-I	1. WITHIN THE LAST YEAR--> Q920 2. 1-3 YEARS AGO-----> BOX 9-I 3. 4-5 YEARS AGO-----> BOX 9-I 4. 5 YEARS AGO OR MORE--> BOX 9-I	66. ALMOST DAILY 77. WEEKLY 88. DON'T REMEMBER 99. REFUSES -- __ TIMES

BOX 9-I

IF ALL Q918 (A-H) >1 (NEVER CAUSED ANY TYPE OF ABUSE) GO TO Q936; ELSE CONTINUE

921. You told me before that you lived with ____ partners (**RECORD THE NUMBER OF PARTNERS FROM Q916**). Which of these partners has physically you abused as you have just mentioned? **MARK THE PARTNER(S) NUMBER FROM THE UNION TABLE AT PAGE 3 (ALLOW FOR MULTIPLE RESPONSES):**
- I. ____
 II. ____
 III. ____
 IV. ____

BOX 9-II

**IF ANY PHYSICAL VIOLENCE TOOK PLACE DURING THE LAST YEAR (ANY Q919_C - H = 1) CONTINUE;
 IF ANY PHYSICAL VIOLENCE TOOK PLACE MORE THAN ONE YEAR AGO (ANY Q919_C - H > 1) GO TO Q925;
 IF RESPONDENT INFLICTED ONLY VERBAL VIOLENCE (Q918_C - H > 1) THEN GO TO Q936**

922. In the past 12 months, did you cause your partner any swelling, bruises, cuts, or other physical injuries as a result of this/these incident(s)?
1. YES
 2. NO----->**GO TO Q925**
 8. DON'T REMEMBER ---->**GO TO Q925**
923. In the past 12 months, did your partner see a doctor, or other medical care provider for medical treatment of these injuries?
1. YES
 2. NO----->**GO TO Q925**
 8. DO NOT REMEMBER ---->**GO TO Q925**
924. Did this(these) injury(ies) require hospitalization?
1. YES
 2. NO
 8. DO NOT REMEMBER
925. During or after a violent incident, did you want to have sexual relations with your partner sometimes, always, or never?
1. YES, SOMETIMES
 2. YES, ALWAYS
 3. NO, NEVER
 8. DO NOT REMEMBER/REFUSE
926. Do you believe that violence incidents affected her health?
1. YES
 2. NO
 8. DO NOT KNOW

IF RESPONDENT HAS NEVER HAD CHILD(REN), GO TO 930; OTHERWISE CONTINUE

928. Would you say that this violence has affected your child(ren)?
1. YES
 2. NO----->**GO TO Q930**
 8. NOT SURE----->**GO TO Q930**

929. Please tell me if your child(ren) were affected in the following ways (**READ A—F**):

	<u>YES</u>	<u>NO</u>
A. Witnessed violence.....	1	2
B. Children living in fear.....	1	2
C. Children injured too.....	1	2
D. Children left home, live with relative.....	1	2
E. Decreased Learning abilities.....	1	2
F. Other (specify)_____	1	2

930. Did she talk to anyone about this(these) incidents of violence?

1. YES
2. NO----->**GO TO Q932**

931. Who did she talk with? (**MARK ALL MENTIONED AND PROBE FOR ANYONE ELSE**)?

	<u>MENTIONED</u>	<u>NOT MENTIONED</u>
A. HER MOTHER	1	2
B. OTHER RELATIVE.....	1	2
C. YOUR (RESPONENT'S) FAMILY	1	2
D. CHILDREN	1	2
E. FRIEND	1	2
F. NEIGHBOR	1	2
G. DOCTOR/HEALTH PROVIDER/SOCIAL WORKER.....	1	2
H. POLICE	1	2
I. LEGAL ADVISER	1	2

IF Q931_G , H, I = 2; ELSE CONTINUE; ELSE GO TO Q933

932. What is the main reason your partner have never sought any medical or legal help?

1. DID NOT KNOW WHERE TO SEEK HELP
2. NO USE/WOULD NOT DO ANY GOOD
3. EMBARRASSED
4. AFRAID OF MORE BEATINGS/BEING PUNISHED
5. AFRAID OF DIVORCE/END OF RELATIONSHIP
6. AFRAID OF LOOSING THE CHILDREN
7. THOUGHT WOULD NOT BE TAKEN SERIOUSLY/NOT BELIEVED/LAUGHED AT
8. VIOLENCE IS NORMAL/NO NEED TO COMPLAIN
9. THOUGHT SHE WOULD BE BLAMED
10. BRING BAD NAME TO FAMILY
20. OTHER _____
88. DK/REF

933. Did anyone intervene or try to stop the violence? (**MARK ALL MENTIONED AND PROBE FOR ANYONE ELSE**)?

	<u>MENTIONED</u>	<u>NOT MENTIONED</u>
A. YOUR MOTHER	1	2
B. OTHER RELATIVE.....	1	2
C. WIFE'S (PARTNER'S) FAMILY	1	2
D. CHILDREN	1	2
E. FRIEND	1	2
F. NEIGHBOR	1	2
G. DOCTOR/HEALTH PROVIDER/SOCIAL WORKER.....	1	2
H. POLICE	1	2
I. LEGAL ADVISER	1	2

934. Could you tell me a little more about what usually happens when you are/were violent. Are there any particular situations that make you violent? (**CIRCLE ALL THAT APPLY PROBING “ANY OTHER...”**)

	<u>MENTIONED</u>	<u>NOT MENTIONED</u>
A. WHEN DRUNK	1	2
B. WHEN SHE DOES NOT LOOK AFTER CHILDREN	1	2
C. WHEN THE FAMILY HAS MONEY TROUBLES	1	2
D. WHEN YOU ARE UNEMPLOYED	1	2
E. WHEN SHE IS UNEMPLOYED/HAS NO INCOME.....	1	2
F. WHEN THERE ARE FAMILY PROBLEMS/MOTHER-IN-LAW PROBLEMS	1	2
G. WHEN YOU ARE JEALOUS.....	1	2
H. WHEN SHE IS PREGNANT.....	1	2
I. WHEN HE CANNOT GET ALCOHOL/DRUGS	1	2
J. WHEN HE DOES NOT HAVE FOOD AT HOME (DINNER NOT READY)	1	2
K. WHEN HE ACTS ACCORDING TO THE “KANUN”	1	2
L. OTHER.....	1	2

936. Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations (**READ A—H**):

	<u>YES</u>	<u>NO</u>	<u>DK</u>
A. If she goes out without telling him?	1	2	8
B. If she neglects the children?.....	1	2	8
C. If she argues with him?.....	1	2	8
D. If she refuses to have sex with him?.....	1	2	8
E. If he is not happy with her household work or food provisions?	1	2	8
F. If she asks him whether he has other girlfriends?	1	2	8
G. If he finds out that she has been unfaithful?	1	2	8
H. If she dresses too sexy or spends too much on her “look”?	1	2	8

940. **THANK THE MAN FOR GIVING HIS TIME AND RECORD THE TIME THE INTERVIEW**

ENDED :

TIME INTERVIEW ENDED _____ : _____