

**SOUTH AFRICA DEMOGRAPHIC AND HEALTH SURVEY 2003  
MAN'S QUESTIONNAIRE**

IDENTIFICATION				
PROVINCE* _____	<input style="width:20px; height:20px;" type="text"/>			
DISTRICT _____	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>			
EA NUMBER.....	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>			
EA TYPE (URBAN FORMAL=1; URBAN INFORMAL=2; RURAL FORMAL=3; TRIBAL AREA=4) .....	<input style="width:20px; height:20px;" type="text"/>			
SADHS CLUSTER NUMBER.....	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>			
STAND NUMBER.....	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>			
HOUSEHOLD NUMBER.....	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>			
NAME OF HOUSEHOLD HEAD _____				
NAME AND LINE NUMBER OF MAN _____	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>			
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> MONTH <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> YEAR <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> 2 0 0 INT.CODE <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
INTERVIEWER'S NAME	_____	_____	_____	RESULT <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
RESULT**	_____	_____	_____	
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS <input style="width:20px; height:20px;" type="text"/>
TIME	_____	_____		
<b>** RESULT CODES:</b> 1 COMPLETED                      4 REFUSED 2 NOT AT HOME                      5 PARTLY COMPLETED 3 POSTPONED                         6 INCAPACITATED                      7 OTHER _____ (SPECIFY)				
LANGUAGE				
LANGUAGE OF QUESTIONNAIRE: <b>ENGLISH</b> LANGUAGE OF INTERVIEW *** _____ HOME LANGUAGE OF RESPONDENT*** _____ WAS A TRANSLATOR USED? (YES=1, NO=2).....				<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
<b>*** LANGUAGE CODES:</b> 01 ENGLISH    04 isiZULU    07 SePEDI    10 XITSONGA 02 AFRIKAANS    05 SeSOTHO    08 SiSWATI    11 isiNDEBELE 03 isiXHOSA    06 SeTSWANA    09 TshiVENDA    12 OTHER _____ (SPECIFY)				
SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY	
NAME _____	NAME _____	_____	_____	
DATE _____ <input style="width:20px; height:20px;" type="text"/>	DATE _____ <input style="width:20px; height:20px;" type="text"/>	_____	_____	

\*PROVINCE: WESTERN CAPE=1; EASTERN CAPE=2; NORTHERN CAPE=3; FREE STATE=4; KWAZULU-NATAL=5; NORTHWEST=6; GAUTENG=7; MPUMALANGA=8; LIMPOPO=9

**SECTION 1: RESPONDENT'S BACKGROUND**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR..... <input type="text"/> <input type="text"/> MINUTES ..... <input type="text"/> <input type="text"/>	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a town, on a farm or in rural areas, or an informal settlement?	CITY.....1 TOWN.....2 RURAL/FARM .....3 INFORMAL SETTLEMENT .....4	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?  IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS ..... <input type="text"/> <input type="text"/>  ALWAYS.....95 VISITOR .....96	→105
104	Just before you moved here, did you live in a city, in a town, or in the rural area/farm?	CITY.....1 TOWN.....2 RURAL/FARM .....3	
105	In what month and year were you born?	MONTH..... <input type="text"/> <input type="text"/> DOES NOT KNOW MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DOES NOT KNOW YEAR.....9998	
106	How old were you at your last birthday?  COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
107	Have you ever attended school?	YES.....1 NO .....2	→113
108	What is the highest standard or grade you completed?	LESS THAN 1 YEAR COMPLETED.....00 SUB A/GRADE 1 .....01 SUB B/GRADE 2 .....02 STANDARD 1/GRADE 3 .....03 STANDARD 2/GRADE 4 .....04 STANDARD 3/GRADE 5 .....05 STANDARD 4/GRADE 6 .....06 STANDARD 5/GRADE 7 .....07 STANDARD 6/GRADE 8 .....08 STANDARD 7/GRADE 9 .....09 STANDARD 8/GRADE 10 .....10 STANDARD 9/GRADE 11 .....11 STANDARD 10/GRADE 12 .....12 FURTHER STUDIES INCOMPLETE.....13 DIPLOMA/OTHER POSTSCHL COMPL. 14 FURTHER DEGREE COMPLETE.....15	
109	CHECK 106: AGE 24 OR BELOW <input type="checkbox"/> AGE 25 OR ABOVE <input type="checkbox"/>		→112
110	Are you currently attending school?	YES.....1 NO .....2	→112

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	What was the main reason you stopped attending school?	GOT MARRIED .....01 CARE FOR YOUNGER CHILDREN.....02 FAMILY NEEDED HELP ON FARM OR IN BUSINESS.....03 COULD NOT PAY SCHOOL FEES .....04 NEEDED TO EARN MONEY.....05 GRADUATED .....06 DID NOT PASS ENTRANCE EXAMS.....07 DID NOT LIKE SCHOOL .....08 SCHOOL NOT ACCESSIBLE/TOO FAR .....09  OTHER _____ 96 (SPECIFY) DO NOT KNOW.....98	
112	CHECK 108: COMPLETED STD 4/ GRADE 6 OR LOWER <input type="checkbox"/> COMPLETED STD 5/ GRADE 7 OR HIGHER <input type="checkbox"/>		→114
113	Now I would like you to read this sentence to me.  SHOW SENTENCES TO RESPONDENT.  IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE:  Can you read any part of the sentence to me?	CANNOT READ AT ALL.....1 CAN ONLY READ PART OF SENTENCE.....2 CAN READ WHOLE SENTENCE .....3 NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY)	
114	Are you currently working?	YES.....1 NO .....2	→116
115	What is your occupation, that is, what kind of work do you <b>mainly</b> do?	_____ <input type="text"/> <input type="text"/> _____ _____	
116	Now I would like to ask about any children you have had. I am interested in the children that are biologically yours as well as the children for whom you take social and financial responsibility even if they are not biologically yours, regardless of whether they are living with you, living somewhere else, or have died.  Have you ever biologically or socially fathered any children?	YES.....1 NO .....2 DON'T KNOW.....8	→118
117	How many children have you fathered according to the definition I provided in the previous question?  How many of these are your biological children?  IF NONE, WRITE '00'.  IF RESPONDENT DOESN'T KNOW, ASK HIM TO ESTIMATE.	TOTAL ..... <input type="text"/> <input type="text"/>  BIOLOGICAL CHILDREN..... <input type="text"/> <input type="text"/>  _____	
118	Which population group do you consider yourself?	BLACK/AFRICAN .....1 COLOURED .....2 WHITE .....3 ASIAN/INDIAN.....4  OTHER _____ 6 (SPECIFY)	

## SENTENCES FOR LITERACY TEST (Q. 113)

### ENGLISH

1. The child is reading a book.
2. The rains came late this year.
3. Parents must care for their children.
4. Farming is hard work.

### AFRIKAANS

1. Die kind lees 'n boek.
2. Die reën het hierdie jaar laat gekom.
3. Ouers moet vir hulle kinders sorg.
4. Boerdery is harde werk

**SECTION 2. CONTRACEPTION**

Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.

CIRCLE CODE 1 IN 201 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 201, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNISED, AND CODE 2 IF NOT RECOGNISED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 201, ASK 202.

201	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?	202	Have you ever used (METHOD)?
01	FEMALE STERILISATION/TIE THE TUBES Women can have an operation to avoid having any more children. YES ..... 1 NO ..... 2		
02	MALE STERILISATION Men can have an operation to avoid having any more children. YES ..... 1 NO ..... 2	Have you ever had an operation to avoid having any more children? YES ..... 1 NO ..... 2	
03	PILL Women can take a pill every day to stop them from becoming pregnant. YES ..... 1 NO ..... 2		
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse. YES ..... 1 NO ..... 2		
05	INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months. YES ..... 1 NO ..... 2		
06	IMPLANTS, NORPLANT Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years. YES ..... 1 NO ..... 2		
07	MALE CONDOM Men can put a rubber sheath on their penis before sexual intercourse. YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse. YES ..... 1 NO ..... 2		
09	DIAPHRAGM, FOAM OR JELLY Women can place a sponge, a suppository, a diaphragm, jelly, or cream in their vagina before intercourse. YES ..... 1 NO ..... 2		
10	LACTATIONAL AMENORRHEA METHOD (LAM) Up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned. YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	
11	RHYTHM, CALENDAR METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant. YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
12	WITHDRAWAL Men can be careful and pull out before climax. YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	
13	EMERGENCY CONTRACEPTION Women can take pills up to three days (72 HOURS) after unprotected sexual intercourse to avoid becoming pregnant. YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy? YES ..... 1 _____ (SPECIFY) _____ (SPECIFY) NO ..... 2	YES ..... 1 NO ..... 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
203	Just to double check, have you or any of your partners ever used a method to avoid pregnancy?	YES.....1 NO .....2 DOES NOT KNOW.....8	→206
204	I would like to ask you about the first time that you or your partner did something or used a method to avoid pregnancy.  How many living children did you have at that time, if any?	NUMBER OF CHILDREN..... <input type="text"/> <input type="text"/>  DON'T KNOW.....98	
205	How old were you when you first used something to avoid pregnancy?	AGE AT FIRST USE..... <input type="text"/> <input type="text"/>	
206	I will now read you some statements about female contraception. Please tell me if you agree or disagree with each one.  a) Female contraception is women's business and a man should not have to worry about it.  b) Women who use female contraception may become promiscuous. c) A woman is the one who gets pregnant so she should be the one to get sterilized. d) A woman who uses female contraception risks being sterile	<b><u>AGREE</u></b> <b><u>DISAGREE</u></b> <b><u>DK</u></b>  a)            1            2            8  b)            1            2            8 c)            1            2            8  d)            1            2            8	

**SECTION 3. MARRIAGE, SEXUAL ACTIVITY AND CONTRACEPTIVE USE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	Are you currently married or living with a partner?  NOTE TO INTERVIEWER: 'MARRIED' MEANS HAVING GOTTEN MARRIED THROUGH TRADITIONAL, CIVIL AND/OR RELIGIOUS CEREMONY.	YES, CURRENTLY MARRIED TO A WOMAN .....1 YES, LIVING WITH A WOMAN .....2 YES, MARRIED/LIVING WITH A MAN .....3 NO, NOT IN UNION .....4	→304 →310 →305
302	Do you have one wife or more than one wife? IF ONLY ONE WIFE, ENTER '01'. IF MORE THAN ONE, ASK: How many wives do you currently have?	NUMBER OF WIVES ..... <input type="text"/> <input type="text"/>	
303	Are there any other women with whom you live as if married?	YES ..... 1 NO ..... 2	→308
304	Are you living with one (other) woman or more than one (other) woman as if married? IF ONE LIVE-IN PARTNER, ENTER '01'. IF MORE THAN ONE, ASK: How many women are you living with as if married?	NUMBER OF ..... <input type="text"/> <input type="text"/> LIVE-IN PARTNERS	→308
305	Do you currently have regular, occasional, or no sexual partners?	REGULAR PARTNER(S) ONLY .....1 OCCASIONAL PARTNER(S) ONLY .....2 REGULAR AND OCCASIONAL PARTNERS .....3 NO SEXUAL PARTNER .....4	
306	Have you ever been married or lived with a woman?	YES, FORMERLY MARRIED ONLY .....1 YES, LIVED WITH A WOMAN ONLY .....2 YES, BOTH .....3 NO .....4	→310 →310
307	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED .....1 DIVORCED/SEPARATED .....2 DIVORCED/COHABITING .....3	→310

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
308	<p>WRITE THE LINE NUMBERS FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE/PARTNER REPORTED IN QUESTIONS 302 AND 304 ONLY. IF A WIFE/PARTNER IS NOT LISTED IN THE HOUSEHOLD SCHEDULE, ENTER '00' IN THE LINE NUMBER BOXES. THE NUMBER OF LINES FILLED IN MUST BE EQUAL TO THE NUMBER OF WIVES AND PARTNERS. (IF RESPONDENT HAS MORE THAN TEN WIVES/PARTNERS USE ADDITIONAL QUESTIONNAIRE(S)).</p> <p>CHECK: 302 AND 304</p> <p>SUM OF 302 AND 304 = 01 <input type="checkbox"/></p> <p>SUM OF 302 AND 304 &gt; 01 <input type="checkbox"/></p> <p>Please tell me the name of your wife/partner.</p> <p>Please tell me the name of each wife/partner that you live with, starting with the one you lived with first.</p> <p>WIFE/PARTNER NUMBER</p> <p>1 _____</p> <p>2 _____</p> <p>3 _____</p> <p>4 _____</p> <p>5 _____</p> <p>6 _____</p> <p>7 _____</p> <p>8 _____</p> <p>9 _____</p> <p>10 _____</p>	<p>LINE NUMBER IN HOUSEHOLD QUESTIONNAIRE</p> <p><input type="text"/><input type="text"/></p>	
310	<p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some health issues.</p> <p>How old were you when you first had intercourse?</p>	<p>NEVER.....00</p> <p>AGE IN YEARS ..... <input type="text"/><input type="text"/></p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER ....95</p>	→334
311	<p>CHECK 106:</p> <p>15-24 YEARS OLD <input type="checkbox"/></p> <p>25-49 YEARS OLD <input type="checkbox"/></p>		→314
312	<p>The first time you had sexual intercourse, did you or your partner use any contraception/protection?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/UNSURE ..... 8</p>	→314



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
317	<p>What is the reason a method was not used?</p> <p>RECORD ALL MENTIONED.</p> <p>UNPROMPTED</p>	<p>CASUAL SEX PARTNER SO DOES NOT CARE ..... A</p> <p>CONTRACEPTION WOMEN'S BUSINESS ..... B</p> <p>FERTILITY-RELATED REASONS</p> <p>WIFE/PARTNER MENOPAUSAL/HAD HYSTERECTOMY ..... C</p> <p>COUPLE SUBFECUND/INFECUND ... D</p> <p>WIFE/PARTNER WAS PREGNANT ... E</p> <p>WIFE/PARTNER WAS POSTPARTUM AMENORRHEIC ..... F</p> <p>WIFE/PARTNER WAS BREASTFEEDING ..... G</p> <p>WANTED (MORE) CHILDREN ..... H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED ..... I</p> <p>WIFE/PARTNER OPPOSED ..... J</p> <p>OTHERS OPPOSED ..... K</p> <p>RELIGIOUS PROHIBITION ..... L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD ..... M</p> <p>KNOWS NO SOURCE ..... N</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS ..... O</p> <p>FEAR OF SIDE EFFECTS ..... P</p> <p>LACK OF ACCESS/TOO FAR ..... Q</p> <p>COST TOO MUCH ..... R</p> <p>INCONVENIENT TO USE ..... S</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES ..... T</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	<p>→320</p>
318	<p>CHECK 316:</p> <p>MALE CONDOM USED <input type="checkbox"/></p> <p>OTHER METHOD USED <input type="checkbox"/> _____</p>		<p>→320</p>
319	<p>What was the main reason you used a condom on that occasion?</p>	<p>WANTED TO PREVENT DISEASE .....1</p> <p>WANTED TO PREVENT PREGNANCY...2</p> <p>WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY .....3</p> <p>DID NOT TRUST PARTNER/THOUGHT SHE HAD OTHER PARTNERS .....4</p> <p>PARTNER REQUESTED/INSISTED .....5</p> <p>OTHER _____ 6 (SPECIFY)</p>	
320	<p>What is your relationship to the person with whom you last had sexual intercourse?</p> <p>IF WOMAN IS "GIRLFRIEND" OR "FIANCÉE", ASK:</p> <p>Was your girlfriend/fiancé living with you when you last had sex with her?</p> <p>IF YES, CIRCLE '01'.</p> <p>IF NO, CIRCLE '02'.</p>	<p>WIFE/COHABITING PARTNER.....01</p> <p>WOMAN IS GIRLFRIEND/FIANCÉE .....02</p> <p>OTHER FRIEND .....03</p> <p>CASUAL ACQUAINTANCE .....04</p> <p>RELATIVE.....05</p> <p>FEMALE COMMERCIAL SEX WORKER .....06</p> <p>MALE COMMERCIAL SEX WORKER ...07</p> <p>OTHER _____ 96 (SPECIFY)</p>	
322	<p>In the last 12 months, have you had sexual intercourse with any other person?</p>	<p>YES .....1</p> <p>NO .....2</p>	<p>→331</p>
323	<p>The last time you had sexual intercourse with this other person (besides the person in Q. 320), did you or your partner use any contraception/ protection?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/UNSURE ..... 8</p>	<p>→325</p> <p>→328</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
324	What method of contraception/ protection was used the last time you had sex?  IF MORE THAN ONE METHOD USED, RECORD THE HIGHEST METHOD ON THE LIST.	FEMALE STERILIZATION ..... 01 MALE STERILIZATION ..... 02 PILL ..... 03 IUD ..... 04 INJECTABLES ..... 05 IMPLANTS ..... 06 MALE CONDOM ..... 07 FEMALE CONDOM ..... 08 DIAPHRAGM/FOAM/JELLY ..... 09 LACTATIONAL AMEN. METHOD ..... 11 RHYTHM, CALENDAR METHOD ..... 12 WITHDRAWAL ..... 13 HERBS/REMEDIES ..... 10  OTHER _____ 96 (SPECIFY) DON'T KNOW ..... 98	→ 326
325	What is the reason a method was not used?  RECORD ALL MENTIONED.	CASUAL SEX PARTNER SO DOES NOT CARE ..... A CONTRACEPTION WOMEN'S BUSINESS ..... B  FERTILITY-RELATED REASONS WIFE/PARTNER MENOPAUSAL/HAD HYSTERECTOMY ..... C COUPLE SUBFECUND/INFECUND ... D WIFE/PARTNER WAS PREGNANT... E WIFE/PARTNER WAS POSTPARTUM AMENORRHEIC ..... F WIFE/PARTNER WAS BREASTFEEDING ..... G WANTED (MORE) CHILDREN ..... H  OPPOSITION TO USE RESPONDENT OPPOSED ..... I WIFE/PARTNER OPPOSED ..... J OTHERS OPPOSED ..... K RELIGIOUS PROHIBITION ..... L  LACK OF KNOWLEDGE KNOWS NO METHOD ..... M KNOWS NO SOURCE ..... N  METHOD-RELATED REASONS HEALTH CONCERNS ..... O FEAR OF SIDE EFFECTS ..... P LACK OF ACCESS/TOO FAR ..... Q COST TOO MUCH ..... R INCONVENIENT TO USE ..... S INTERFERES WITH BODY'S NORMAL PROCESSES ..... T  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	→ 328
326	CHECK 324:  MALE CONDOM USED <input type="checkbox"/> OTHER METHOD USED <input type="checkbox"/> _____		→ 328
327	What was the main reason you used a condom on that occasion?	WANTED TO PREVENT DISEASE ..... 1 WANTED TO PREVENT PREGNANCY... 2 WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY ..... 3 DID NOT TRUST PARTNER/THOUGHT SHE HAD OTHER PARTNERS ..... 4 PARTNER REQUESTED/INSISTED ..... 5  OTHER _____ 6 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																								
328	<p>What is your relationship to the person with whom you last had sexual intercourse?</p> <p>IF WOMAN IS "GIRLFRIEND" OR "FIANCÉE", ASK:</p> <p>Was your girlfriend/fiancé living with you when you last had sex with her?</p> <p>IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.</p>	<p>WIFE/COHABITING PARTNER.....01 WOMAN IS GIRLFRIEND/FIANCÉE .....02 OTHER FRIEND .....03 CASUAL ACQUAINTANCE .....04 RELATIVE .....05 FEMALE COMMERCIAL SEX WORKER .....06 MALE COMMERCIAL SEX WORKER ...07 OTHER _____ 96 (SPECIFY)</p>																																									
329	<p>Other than these two people, have you had sex with any other person in the last 12 months?</p>	<p>YES .....1 NO .....2</p>	→331																																								
330	<p>In total, with how many different people have you had sexual intercourse in the last 12 months?</p> <p>ANSWER SHOULD BE '03' OR MORE.</p>	<p>NUMBER OF PARTNERS..... <input type="text"/> <input type="text"/></p>																																									
331	<p>If you needed or wanted to use a male condom, would it be easy, somewhat difficult, or very difficult/impossible for you to get one?</p>	<p>EASY ..... 1 SOMEWHAT DIFFICULT..... 2 VERY DIFFICULT/IMPOSSIBLE ..... 3 DON'T KNOW/UNSURE..... 8</p>																																									
332	<p>CHECK 202(07), 313, 316, 324: EVER USED A MALE CONDOM?</p> <p>HAS USED CONDOM <input type="checkbox"/> NEVER USED A CONDOM <input type="checkbox"/></p>		→334																																								
333	<p>How old were you when you used a male condom for the first time?</p>	<p>AGE AT FIRST USE ..... <input type="text"/> <input type="text"/> DON'T REMEMBER .....98</p>																																									
334	<p>I will now read you some statements about male condom use. Please tell me if you agree or disagree with each.</p> <p>a) Male condoms diminish a man's sexual pleasure. b) A male condom is very inconvenient to use. c) It's okay to re-use a male condom if you wash it. d) Male Condoms protect against disease. e) Buying male condoms is embarrassing. f) A woman has no right to tell a man to use a male condom. g) Male condoms contain HIV. h) Male condoms are a good way to protect against unwanted pregnancy i) People who use male condoms are not trustworthy in that they may have HIV or some other sexually transmitted infection.</p>	<table border="0"> <thead> <tr> <th></th> <th><u>AGREE</u></th> <th><u>DISAGREE</u></th> <th><u>DK</u></th> </tr> </thead> <tbody> <tr><td>a)</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>b)</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>c)</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>d)</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>e)</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>f)</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>g)</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>h)</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>i)</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>	a)	1	2	8	b)	1	2	8	c)	1	2	8	d)	1	2	8	e)	1	2	8	f)	1	2	8	g)	1	2	8	h)	1	2	8	i)	1	2	8	
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g)	1	2	8																																								
h)	1	2	8																																								
i)	1	2	8																																								

**SECTION 4. FERTILITY PREFERENCES**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	CHECK 301:  CURRENTLY MARRIED OR LIVING TOGETHER <input type="checkbox"/> NOT MARRIED/NOT IN UNION <input type="checkbox"/>		→404
402	Is your wife/partner currently pregnant? IF MORE THAN ONE WIFE/PARTNER, ASK: Are any of your wives/partners currently pregnant?	YES.....1 NO .....2 NOT SURE .....3	
403	CHECK 402:  WIFE/PARTNER(S) NOT PREGNANT/NOT SURE (CODE '2' OR '3') <input type="checkbox"/> YES, WIFE/PARTNER(S) PREGNANT (CODE '1') <input type="checkbox"/>  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?  Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD .....1 NO MORE/NONE .....2 WIFE/WIVES CANNOT GET PREGNANT/STERILIZED .....3 UNDECIDED/DON'T KNOW .....8	
404	CHECK 117:  HAS HAD CHILDREN <input type="checkbox"/> HAS NEVER HAD ANY CHILDREN <input type="checkbox"/>  If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?  If you could choose exactly the number of children to have in your whole life, how many would that be?  <u>PROBE FOR A NUMERIC RESPONSE.</u>	NONE .....00  NUMBER ..... <input type="text"/> <input type="text"/>  OTHER _____ 96 (SPECIFY)	
405	If you could choose the sex of your children, would you prefer to have more girl children or boy children or would sex not matter (CODE AS "EITHER")?	MORE BOYS .....1 MORE GIRLS .....2 EITHER (SEX DOES NOT MATTER).....3	
406	Do you approve, disapprove of or feel neutral about couples using a method to avoid getting pregnant?	APPROVE .....1 DISAPPROVE .....2 NEUTRAL .....3 DON'T KNOW/UNSURE .....8	
407	CHECK 301:  CURRENTLY MARRIED OR LIVING TOGETHER (CODE 1 OR 2) <input type="checkbox"/> NOT MARRIED/NOT IN UNION (CODE 3 OR 4) <input type="checkbox"/>		→501
408	Do you think your wife/partner wants the same number of children that you want, or does she want more or fewer than you want?	SAME NUMBER .....1 MORE CHILDREN .....2 FEWER CHILDREN .....3 DON'T KNOW .....8	
409	In your relationship, would you say that using family planning methods is mainly your decision, mainly your wife's/partner's decision or do you both decide together?	MAINLY RESPONDENT.....1 MAINLY WIFE/PARTNER .....2 JOINT DECISION .....3 NEITHER PARTNER DECIDES/NOT DISCUSSED/NOT USING .....4  OTHER _____ 6 (SPECIFY)	

**SECTION 5. HIV/AIDS AND OTHER SEXUALLY-TRANSMITTED INFECTIONS**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Now I would like to talk about some important health issues. Have you ever heard of an illness called AIDS?	YES..... 1 NO..... 2	→515
502	Is there anything a person can do to avoid getting HIV/AIDS?	YES..... 1 NO..... 2 DON'T KNOW..... 8	↳504
503	What can a person do?  Anything else?  RECORD ALL MENTIONED.  UNPROMPTED RESPONSE	ABSTAIN FROM SEX..... A USE CONDOMS..... B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER..... C LIMIT NUMBER OF SEXUAL PARTNERS ..... D AVOID SEX WITH PROSTITUTES ..... E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS ..... F AVOID SEX WITH HOMOSEXUALS..... G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY ... H AVOID BLOOD TRANSFUSIONS ..... I AVOID INJECTIONS ..... J AVOID SHARING RAZORS/BLADES .... K AVOID KISSING ..... L AVOID MOSQUITO BITES..... M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER ..... N  OTHER _____ W (SPECIFY)  OTHER _____ X (SPECIFY) DON'T KNOW..... Z	
504	Please tell me all the ways that you think HIV/AIDS can be transmitted.  Any other way?  RECORD ALL MENTIONED.  UNPROMPTED RESPONSE	UNPROTECTED SEX ..... A UNPROTECTED SEX WITH A PERSON WHO HAS HIV/AIDS ..... B MOSQUITO/ OTHER INSECT BITES ..... C SHARING CUPS/SPOONS/OTHER UTENSILS WITH AN HIV POSITIVE PERSON ..... D FROM MOTHER TO CHILD DURING PREGNANCY ..... E FROM MOTHER TO CHILD DURING DELIVERY ..... F FROM MOTHER TO CHILD DURING BREASTFEEDING ..... G CONTACT WITH BLOOD OR OTHER BODILY FLUIDS ..... H  OTHER _____ X (SPECIFY) DON'T KNOW..... Z	
505A	Can people reduce their chances of getting HIV/AIDS by using a condom every time they have sex?	YES..... 1 NO..... 2 DON'T KNOW..... 8	↳505C
505B	Can a person get HIV/AIDS from mosquito bites?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
505C	Do you think using a condom occasionally during sex is as effective, more effective or less effective in reducing the chances for getting HIV/AIDS than using a condom every time during sex?	AS EFFECTIVE ..... 1 LESS EFFECTIVE ..... 2 MORE EFFECTIVE ..... 3 DON'T KNOW..... 8	
505D	Can people reduce their chances of getting HIV/AIDS by not having sex at all?	YES..... 1 NO..... 2 DON'T KNOW..... 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
505E	Can people get HIV by sharing food with a person who has HIV/AIDS?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
505F	Can people reduce their chances of getting HIV/AIDS by having just one sex partner who is not infected and who has no other partners?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
506	Is it possible for a healthy-looking person to have HIV/AIDS?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
507	Do you know someone personally who has the virus that causes AIDS or someone who died from AIDS?	YES..... 1 NO..... 2	
508	At this point in time, do you think AIDS can be cured or do you think it cannot be cured?	YES, CAN BE CURED..... 1 NO, CANNOT BE CURED..... 2 DON'T KNOW/NOT SURE..... 8	
509	Can HIV/AIDS be transmitted from a mother to her child:  During pregnancy? During delivery? By breastfeeding?	<b>YES NO DK</b> DURING PREGNANCY..... 1 2 8 DURING DELIVERY..... 1 2 8 BY BREASTFEEDING..... 1 2 8	
510	Are there any special drugs that a pregnant woman infected with the HIV/ AIDS can take to reduce the risk of transmission to the baby?	YES..... 1 NO..... 2 DOES NOT KNOW..... 8	
511	Have you heard of services offered in government antenatal clinics for preventing mother-to-child HIV/AIDS transmission?	YES..... 1 NO..... 2 DOES NOT KNOW..... 8	
512	I do not want to know the results, but have you ever been tested to see if you have HIV/AIDS?	YES..... 1 NO..... 2	→514
513	I do not want to know the results, but did you get the results of the test?	YES..... 1 NO..... 2	→515
514	Would you want to be tested for HIV/AIDS?	YES..... 1 NO..... 2 DK/NOT SURE/DEPENDS..... 8	
515	(Apart from AIDS), have you heard about (other) infections that can be transmitted through sexual contact?	YES..... 1 NO..... 2	→518
516	If a man has a sexually transmitted disease (STD), what symptoms might he have?  Any others?  CIRCLE ALL MENTIONED.	ABDOMINAL PAIN..... A GENITAL DISCHARGE/DRIPPING..... B FOUL SMELLING DISCHARGE..... C BURNING PAIN ON URINATION..... D REDNESS/INFLAMMATION IN GENITAL AREA..... E SWELLING IN GENITAL AREA..... F GENITAL SORES/ULCERS..... G GENITAL WARTS..... H GENITAL ITCHING..... I BLOOD IN URINE..... J LOSS OF WEIGHT..... K IMPOTENCE/NO ERECTION..... L  OTHER _____ W (SPECIFY)  OTHER _____ X (SPECIFY) NO SYMPTOMS..... Y DON'T KNOW..... Z	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
528	What did you do to avoid infecting your partner(s)? Did you.... Use medicine? Stop having sex? Use a condom when having sex? Go together with your partner to clinic to seek advice? Ask your partner to go to the clinic to seek advice/treatment?	<b>YES</b> USED MEDICINE ..... 1 STOPPED SEX ..... 1 USED CONDOMS ..... 1 WENT TO CLINIC..... 1 ASK PARTNER TO GO .... 1	<b>NO</b> 2 2 2 2 2	
529	Some men in South Africa have been circumcised. Have you been circumcised?	YES.....1 NO.....2		

SECTION 6. ATTITUDES TOWARDS GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
601	<p>In a couple, who do you think should have the greater say in each of the following decisions: the husband, the wife, or both equally:</p> <p>a) Making large household purchases?</p> <p>b) Making small daily household purchases?</p> <p>c) Deciding when to visit family, friends or relatives?</p> <p>d) Deciding what to do with the money she earns for her work?</p> <p>e) Deciding how many children to have and when to have them?</p> <p>f) Deciding on family planning?</p>	<b>HUSB- AND</b>	<b>WIFE</b>	<b>BOTH EQUALLY</b>	<b>DK/ DEPENDS</b>	
		a) 1	2	3	8	
		b) 1	2	3	8	
		c) 1	2	3	8	
		d) 1	2	3	8	
		e) 1	2	3	8	
		f) 1	2	3	8	
602	<p>Sometimes a man is annoyed or angered by things that his wife/partner does. In your opinion, is a husband justified (is it O.K.) to hit, kick, beat or push his partner in the following situations...</p> <p>a) If she goes out without telling him?</p> <p>b) If she neglects the children?</p> <p>c) If she argues with him?</p> <p>d) If she refuses to have sex with him?</p> <p>e) If she burns the food?</p> <p>f) If she is sexually unfaithful/has other sex partners?</p>	<b>YES</b>	<b>NO</b>		<b>DK/ DEPENDS</b>	
		a) 1	2		8	
		b) 1	2		8	
		c) 1	2		8	
		d) 1	2		8	
		e) 1	2		8	
		f) 1	2		8	
603	<p>When a woman knows her partner has a sexually transmitted disease, is she justified in asking that they use a condom?</p>	YES .....	NO .....	DOES NOT KNOW .....	1	
					2	
					8	
604	<p>Men and women do not always agree on everything. Please tell me if you think a woman is justified in refusing to have sex with her partner if...</p> <p>a) She is tired and not in the mood?</p> <p>b) She has recently given birth?</p> <p>c) She knows her partner has sex with other women?</p> <p>d) She knows her partner has a sexually transmitted disease?</p>	<b>YES</b>	<b>NO</b>		<b>DK/ DEPENDS</b>	
		a) 1	2		8	
		b) 1	2		8	
		c) 1	2		8	
		d) 1	2		8	
605	<p>Do you think that if a woman refuses to have sex with her partner when he wants her to, he has the right to...</p> <p>a) Get angry and reprimand her?</p> <p>b) Refuse to give her money or other means of financial support?</p> <p>c) Use force and have sex with her even if she does not want to?</p> <p>d) Have sex with another woman?</p>	<b>YES</b>	<b>NO</b>		<b>DK/ DEPENDS</b>	
		a) 1	2		8	
		b) 1	2		8	
		c) 1	2		8	
		d) 1	2		8	
606	<p>RECORD THE TIME.</p>	<p>HOURS ..... <input type="text"/> <input type="text"/></p> <p>MINUTES ..... <input type="text"/> <input type="text"/></p>				