

# QUESTIONNAIRE

Human Sciences Research Council

Opinion Survey Centre

## DEMOGRAPHIC AND HEALTH SURVEY

The Human Sciences Research Council (HSRC) regularly undertakes research covering a wide range of social issues among all population groups, for example educational matters, sport, unemployment, the problems experienced by the aged and health services.

The only way in which information on the present health status of mothers and children in South Africa can be accurately determined is by questioning a representative sample of mothers and children. The authorities need this information in order to improve the health services in Southern Africa.

Those persons who are asked to participate in this research have been chosen in a random way.

Your opinion is important in this research and you must please answer all questions.

Your name does not appear anywhere on this questionnaire and you do not have to sign the questionnaire or any other documentation. During the computer processing all personal identifying particulars are destroyed. You therefore remain anonymous.

All the information you provide by answering the questions will be treated as confidential and will be used for research purposes only.

It is the HSRC policy to publish all research findings.

CARD NUMBER											1	1-2									
RECORD NUMBER													3-6								
INTERVIEWER NUMBER													7-15								
LINE NUMBER OF WOMAN													16-17								
POPULATION GROUP													18								
NON DOMESTIC SERVANT											1	Domestic servant	2	19							
URBAN											1	Rural	2	20							
ESD NUMBER													21-24								
PROJECT NUMBER											S	D	A	H	0	1	S	2	7	4	69-78
SURVEY NUMBER											Blacks RSA	11	Coloureds	13			79-80				
											Asians	12	Whites	14							

### Section 1: Respondent's background

No	Questions and filters	Coding categories		
100	Give the date on which this interview took place	Month..... Year 19.....		13-14 15-16

**Let us talk about yourself and the other places where you have lived.**

101	Is this your usual place of residence or do you currently stay here for employment or other reasons?	This is my usual dwelling.....1 <b>(Go to Q103)</b> Currently staying here for employment.....2 Visiting here.....3 Other reason.....4	103			17															
102	If this is not her usual residence: How often do you return to your residence?	Not applicable: only visiting here.....1 Mostly once a week.....2 About once a month.....3 About once every 3 months....4 About once every 6 months....5 About once a year.....6				18															
103	In what kind of area is the dwelling situated? (Your usual and current dwelling)  <b>(Leave current blank if not applicable)</b>	<table><thead><tr><th></th><th>Your usual</th><th>The current</th></tr></thead><tbody><tr><td>Rural village/ rural concentration</td><td>1</td><td>1</td></tr><tr><td>Scattered rural</td><td>2</td><td>2</td></tr><tr><td>Urban white area</td><td>3</td><td>3</td></tr><tr><td>Urban non-white area</td><td>4</td><td>4</td></tr></tbody></table>		Your usual	The current	Rural village/ rural concentration	1	1	Scattered rural	2	2	Urban white area	3	3	Urban non-white area	4	4				19-20
	Your usual	The current																			
Rural village/ rural concentration	1	1																			
Scattered rural	2	2																			
Urban white area	3	3																			
Urban non-white area	4	4																			
104	Type of dwelling is a .....	<table><thead><tr><th></th><th>Your usual</th><th>The current</th></tr></thead><tbody><tr><td>Shack</td><td>1</td><td>1</td></tr><tr><td>Traditional dwelling</td><td>2</td><td>2</td></tr><tr><td>Western type dwelling</td><td>3</td><td>3</td></tr></tbody></table>		Your usual	The current	Shack	1	1	Traditional dwelling	2	2	Western type dwelling	3	3				21-22			
	Your usual	The current																			
Shack	1	1																			
Traditional dwelling	2	2																			
Western type dwelling	3	3																			

105	The population group of respondent is.....	Black – Black area.....0 Black – White area.....1 Black – Coloured area.....2 Black – Indian area.....3 Chinese.....4 Coloured – Coloured area.....5 Coloured – White area.....6 Indian.....7 White.....8 Other.....9			23																		
106a		<table border="1"> <thead> <tr> <th colspan="2">Black state</th> <th colspan="3">Rest of RSA</th> <th>Foreign country</th> </tr> <tr> <th>R U R A L</th> <th>T O W N S</th> <th>R U R A L</th> <th>T O W N S</th> <th>C I T Y</th> <th></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> </tbody> </table>	Black state		Rest of RSA			Foreign country	R U R A L	T O W N S	R U R A L	T O W N S	C I T Y		1	2	3	4	5	6			24
Black state		Rest of RSA			Foreign country																		
R U R A L	T O W N S	R U R A L	T O W N S	C I T Y																			
1	2	3	4	5	6																		
	(i) Where were you born?																						
	(ii) Where did you mostly live until you were 12 years old?	1	2	3	4	5																	
	(iii) Where is your usual residence situated?	1	2	3	4	5																	
	(iv) Where is your current residence situated ( <b>Leave blank if current not applicable</b> )	1	2	3	4	5																	
	<b>If usual residence proceed to question 106c</b>																						
106b	(i) If this is not your usual residence, where is it situated?	White area.....00 Venda.....01 Gazankulu.....02 Lebowa.....03 Bophuthatswana.....04 QwaQwa.....05 KwaNdebele.....06 KaNgwane.....07 KwaZulu.....08 Ciskei.....09 Transkei.....10 Lesotho.....11 Botswana.....12 Swaziland.....13 Other.....14			28-29																		
	(ii) Is it in a rural or urban area?	Rural.....1 Urban.....2			30																		
	(iii) What is the name of the (nearest) town/city?	Town/City.....			31-34																		

106c	Can you give me the name of (if rural: a big town close to) the place where you lived mostly until your 12 <sup>th</sup> year? .....	Town..... Country/State..... <b>Use codes in 106b(i)</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	35-38 39-40
107	In what month and year were you born?	Month..... (Don't know = 98    Year 19...) (Don't know    Year = 98)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	41-42 43-44
108	How old were you at your last birthday? <b>(Compare and correct 107 and/or 108 if inconsistent)</b>	Age in completed years .....	<input type="text"/> <input type="text"/>	45-46
109	Have you ever attended school?	Yes.....1 No.....2 <b>(Go to Q112)</b>	<input type="text"/> <input type="text"/>	47
110	What was the highest school standard you completed?	No std ..00 Std 1.....01 Std 2.....02 <b>(Go to Q112)</b> Std 3.....03 Std 4.....04 Std 5.....05 Std 6.....06 Std 7.....07 Std 8.....08 <b>(Go to Q111)</b> Std 9.....09 Std 10...10	<input type="text"/> <input type="text"/>	48-49 50
111	(i) Do you have a post-school qualification? ..... ..... (ii) Normal duration of course in full years..... ..... <b>(Go to Q113)</b>	Yes.....1 No.....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	51-52
112	Can you read a letter or newspaper easily, with difficulty or not at all?	Easily.....1 With difficulty.....2 Not at all.....3	<input type="text"/> <input type="text"/>	53
<b>INTERVIEWER: QUESTIONS 113 TO 116 MUST BE ASKED IN RESPECT OF THE RESPONDENTS USUAL RESIDENCE</b>				
113	What is the major source of water at your usual residence?	Piped into residence.....01 Piped into yard/plot.....02 Public tap.....03 Borehole with handpump.....04 Well with handpump.....05 Well without handpump.....06 Spring/Stream/River.....07 Dam/Lake/Pond.....08 Tanker truck or other vendor....09 Rainwater.....10	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	54-55

114	Do you have your own toilet in the house or yard of your USUAL RESIDENCE, or do you share a toilet with others outside your yard, or is there no toilet? IF MORE THAN ONE, MARK THE MOST APPROPRIATE FACILITY.	Toilet in house.....1 Own toilet in yard.....2 Toilet outside yard.....3 Toilet outside yard shared with others.....4 No toilet.....5			56															
115	What kind of toilet facility does your USUAL RESIDENCE have? IF MORE THAN ONE, MARK THE MOST APPROPRIATE FACILITY.	No toilet.....1 Flush toilet.....2 Bucket toilet.....3 Pit toilet.....4			57															
116	Does your USUAL RESIDENCE have.....	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Electricity?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A refrigerator?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A radio?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A television?</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Electricity?	1	2	A refrigerator?	1	2	A radio?	1	2	A television?	1	2			58 59 60 61
	Yes	No																		
Electricity?	1	2																		
A refrigerator?	1	2																		
A radio?	1	2																		
A television?	1	2																		
117	What is your religion, if any?	Christian Protestant.....1 Catholic.....2 ZCC.....3 Other.....4 Traditional tribal.....5 Hinduism.....6 Islam.....7 Other.....8 None.....9			62															
118	What is your home language, the one you speak most of the time at home?	Afrikaans.....01 English.....02 Other European languages.....03 Eastern languages.....04 Sotho: Southern Sotho.....05 Western Sotho (Tswana).....06 Northern Sotho (Pedi).....07 Nguni: Swazi.....08 Ndebele.....09 Xhosa.....10 Zulu.....11 Shangana-Tsonga.....12 Venda.....13 Other (specify)..... .....			63-64															

## Section 2: Reproduction

Now I would like to ask about all the live births you have had during your life.

201	Have you ever given birth?	Yes.....1 No.....2 ( <b>Go to Q206</b> )	<input type="text"/>	<input type="text"/>	65
202	Do you have any <u>son or daughter</u> you have given birth to who is now living with you at your <u>usual</u> or <u>current</u> place of residence?	Yes.....1 No.....2 ( <b>Go to Q204</b> )	<input type="text"/>	<input type="text"/>	66
203	(i) How <u>many sons</u> live with you at your <u>usual</u> or <u>current</u> place of residence?	Sons..... (If none enter 0)	<input type="text"/>	<input type="text"/>	67
	(ii) And how <u>many daughters</u> ?	Daughters..... (If none enter 0)	<input type="text"/>	<input type="text"/>	68

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	03	1-2
		3-12

204	Do you have any <u>son or daughter</u> you have given birth to, who is alive but not <u>living</u> with you or at your <u>usual</u> or <u>current</u> place of residence?	Yes.....1 No.....2 ( <b>Go to Q206</b> )	<input type="text"/>	<input type="text"/>	13
205	(i) How many <u>sons</u> are <u>alive</u> but <u>do not live</u> with you or at your usual or current place of residence?	Sons..... (If none enter 0)	<input type="text"/>	<input type="text"/>	14
		Daughters..... (If none enter 0)	<input type="text"/>	<input type="text"/>	15
206	Have you ever <u>given birth</u> to a <u>boy</u> or <u>girl</u> who was <u>born alive</u> but only survived a few hours or days, or died later?	Yes.....1 No.....2 ( <b>Go to Q208</b> )	<input type="text"/>	<input type="text"/>	16
207	How many boys have died?	Boys died..... (If none enter 0)	<input type="text"/>	<input type="text"/>	17
	And how many girls have died?	Girls died..... (If none enter 0)	<input type="text"/>	<input type="text"/>	18
208	Add answers to 203, 205 and 207 and enter total number of live births. If no live births = 00	Total.....	<input type="text"/>	<input type="text"/>	19-20
209	Just to make sure that I have this right, you have had in total.....live births during your life. Is that correct? Yes.....No..... <b>(Probe and correct 201 to 208 as necessary)</b>				

210	You now have .....children.	(i) Number	<input type="text"/>	<input type="text"/>	21-22
	If not pregnant:	OR			
	How <u>many more</u> do you want?	(ii) Range:			23-26
	If pregnant:	Between.....and.....	<input type="text"/>	<input type="text"/>	
	How many more do you want after this pregnancy?	OR			
	Give only one answer (i) or (ii) or (iii)	(iii) Leave it to God/fate.....			27
		Undecided/Don't know	<input type="text"/>	<input type="text"/>	

One or more births  
No births

**Proceed to Q211**  
**Proceed to Q219**

3,4,5,  
6,7,8 & 9

Now I would like to talk to you about your births, whether still alive or not, starting

211	What name was given to your (first, next) baby? (Record twins on separate lines and mark bracket	212	Is (Name) a boy or a girl?	213	Is (Name) still alive	214	If dead: How old was he/she died? (Record days if less than one month, months if between one and 23 months, or years when 2 or more years.	215	In what month and year was he/she born? (Probe: What is his/her birthday OR in what season)?	216	IF alive – How old is he/she? (Record age in completed years)	217	If alive – Is he/she living with its mother or with grandparents/relatives or elsewhere
04													
05													
06													
07													
08													

06														69-80 1-2 2-12
Name of child		Boy	Girl	Yes	No	Days	Months	Years	Month	Year	Age in years	Mother	Grand- Parents Relatives	Else- where
09		1	2	1	2							1	2	3
10		1	2	1	2							1	2	3
11		1	2	1	2							1	2	3
07														69-80 1-2 2-12
Name of child		Boy	Girl	Yes	No	Days	Months	Years	Month	Year	Age in years	Mother	Grand- Parents Relatives	Else- where
12		1	2	1	2							1	2	3
13		1	2	1	2							1	2	3
14		1	2	1	2							1	2	3
08														69-80 1-2 2-12
Name of child		Boy	Girl	Yes	No	Days	Months	Years	Month	Year	Age in years	Mother	Grand- Parents Relatives	Else- where
15		1	2	1	2							1	2	3
16		1	2	1	2							1	2	3
17		1	2	1	2							1	2	3
09														69-80 1-2 2-12
Name of child		Boy	Girl	Yes	No	Days	Months	Years	Month	Year	Age in years	Mother	Grand- Parents Relatives	Else- where
18		1	2	1	2							1	2	3
19		1	2	1	2							1	2	3
20		1	2	1	2							1	2	3

13-27  
28-42  
43-68

13-27  
28-42  
43-68

13-27  
28-42  
43-68

218	Compare 208 with number of births in Question 211. Numbers are the same..... Numbers are different..... <b>Probe and reconcile</b>	
	<b>In order to determine whether there is a lack in the provision or usage of health services for women and children, I would now like to ask about pregnancies, breastfeeding and illnesses of your children.</b>	
219	Are you pregnant now?	Yes.....1 No.....2 (Go to Q223) Unsure.....3 (Go to Q223) 13
220	For how many months have you been pregnant?	Months..... 14
221	Have you seen anyone for a check-up on this pregnancy?	Yes.....1 No.....2 (Go to Q 223) 15
222	Whom did you see about this pregnancy?  <b>Probe for type of person and record most qualified</b>	Doctor.....1 Trained nurse/ midwife.....2 Traditional birth attendant.....3 Other.....4 No one.....5 16
223	<b>If never pregnant previously (Go to Q301a)</b> Thinking back to the <u>first time</u> you were <u>pregnant</u> , would you now say that <u>this pregnancy</u> occurred at the <u>right stage</u> in you life, or that it should have happened <u>sooner</u> or at a <u>later</u> stage of your life, or <u>not at all</u> ?	Right stage.....1 Later in life.....2 Sooner in life.....3 Not at all.....4 17
If only one pregnancy, <b>proceed to 301a</b>		
224	<b>If more than one pregnancy:</b> Thinking back about the <u>spacing</u> (time between) of <u>all your pregnancies</u> , would you now say that they were <u>spaced correctly</u> , too far apart or <u>too close</u> to each other?	All spaced correctly.....1 All to far apart.....2 Some to far apart.....3 All too close together.....4 Some too close together.....5 18

### Section 3: Health and breastfeeding

301a	<b>Check 215 and 219</b> One or more live births since January 1982.....( <b>Proceed to 301b</b> ) Last live birth before January 1982.....( <b>Proceed to Q323</b> ) If no live birth ever but pregnant.....( <b>Proceed to Q324</b> ) No live births ever.....( <b>Proceed to Q401</b> )				
	*For fieldwork beginning in	1987	1988	and	1989
	*This date should be	1982	1983	and	1984
301b	<b>Enter name and survival status of the last two live births since January 1982.*</b> <b>Begin with the last birth.</b>				
301c	<u>Name and survival status</u>	<u>Last birth</u>	<u>Birth before last birth</u>		
		Name..... Alive.....1 Dead.....2	Name..... Alive.....1 Dead.....2		
302	When you were pregnant, did you see anyone for a check-up on this pregnancy? If yes: <b>(Probe for type of person and record most qualified.)</b>	Doctor.....1 Trained nurse/midwife.....2 Traditional birth attendant...3 Other.....4	Doctor.....1 Trained nurse/midwife.....2 Traditional birth attendant...3 Other.....4		

19-20

21-22

	<u>Name and survival status</u>	<u>Last birth</u> Name..... Alive.....Dead.....	<u>Birth before last birth</u> Name..... Alive.....Dead.....		
303a	Who assisted with these births? <b>(Probe for type of person and record most qualified)</b>	Doctor.....1 Trained nurse/midwife.....2 Traditional birth attendant...3 Other.....4	Doctor.....1 Trained nurse/midwife.....2 Traditional birth attendant...3 Other.....4		23-24
303b	Was (Name) born in a.....	Hospital.....1 Clinic.....2 At home.....3	Hospital.....1 Clinic.....2 At home.....3		25-26
303c	Was the birth of (Name) registered?	Yes.....1 No.....2 Don't know.....3	Yes.....1 No.....2 Don't know.....3		27-28
303d	If (Name died: Was his/her birth registered?	Yes.....1 No.....2 Don't know.....3	Yes.....1 No.....2 Don't know.....3		29-30
304	Was (Name) born by operation (caesarean section)?	Yes.....1 No.....2	Yes.....1 No.....2		31-32
305	Did you ever breastfeed (Name)?	Yes.....1 No.....2 <b>(If "no" go to Q308)</b>	Yes.....1 No.....2 <b>(If "no" go to Q308)</b>		33-34
306	Are you still breastfeeding (Name)?	Yes.....1 No.....2 Child died.....3			35
307	For how many months did you breast feed (Name)?	Months ..... Till baby died = 97	Months .....		36-39

	<b>Name and survival status</b>	<b>Last birth.....</b> <b>Alive.....Dead.....</b>			<b>Birth before last birth.....</b> <b>Alive.....Dead.....</b>				
308	Has (Name) any of the following clinic cards?	Growth chart/ Road to health card	Yes 1	No 2	Growth chart/ Road to health card	Yes 1	No 2		40-41
		Vaccination card	1	2	Other record of vaccination	1	2		42-43
		Other record of vaccination	1	2	Other record of vaccination	1	2		44-45
		<b>If no card at all go to Q310</b>							
309a	If yes at 308 ask: May I see the card please?	Yes, seen No, not seen	1 2		Yes, seen No, not seen	1 2			46-47
		<b>If no cards seen at all go to Q310</b>							
309b	Complete according to card seen	How many times was (Name) weighted?			How many times was (Name) weighted?				48-49
		How many vaccinations for TB/BCG?.....			How many vaccinations for TB/BCG?.....				50-51
		DWT?.....			DWT?.....				52-53
		Measles?.....			Measles?.....				54-55
		Polio?.....			Polio?.....				56-57
		<b>If 309b has been completed go to Q311</b>							
310	Has (Name) ever had a vaccination/injection to prevent him/her from getting diseases?	Yes.....1 No.....2 Don't know.....3			Yes.....1 No.....2 Don't know.....3				58-59

	<b>Name and survival status</b>	<b>Last birth..... Alive.....Dead.....</b>	<b>Birth before last birth..... Alive.....Dead.....</b>		
311	Has (Name) ever had diarrhoea/ runny tummy in the last 24 hours (or preceding death)?	Yes.....1 No.....2 Don't know.....3	Yes.....1 No.....2 Don't know.....3		60-61
312	Has (Name) had diarrhoea/ runny tummy in the last 2 weeks (or 2 weeks preceding death)?	Yes.....1 No.....2 Don't know.....3	Yes.....1 No.....2 <b>(Go to Q316a)</b> Don't know.....3 <b>(Go to Q316a)</b>		62-63
313	Did you take (Name) to a private doctor, or to a hospital or to a clinic to treat the diarrhoea/runny tummy (the last time (Name) was ill)?	Yes.....1 No.....2 Don't know.....3	Yes.....1 No.....2 Don't know.....3		64-65
314	Was (Name) given a rehydration powder or water solution to drink to treat the diarrhoea/ runny tummy at home (the last time)?	Yes.....1 No.....2 Don't know.....3	Yes.....1 No.....2 Don't know.....3		66-67

69-78

79=80

	<b>Name and survival status</b>	<b>Last birth..... Alive.....Dead.....</b>			<b>Birth before last birth..... Alive.....Dead.....</b>				
315	Was there anything else you or somebody did to treat the diarrhoea/runny tummy?	Yes.....1 No.....2 Don't know.....3			Yes.....1 No.....2 <b>(Go to Q316a)</b> Don't know.....3 <b>(Go to Q316a)</b>				13-14
	If <u>yes</u> mark code 1 If <u>no</u> mark code 2		Yes	No		Yes	No		
		Injections, tablets, syrup.....	1	2	Injections, tablets, syrup.....	1	2		15-16
		Increase fluids.....	1	2	Increase fluids.....	1	2		17-18
		Decrease fluids....	1	2	Decrease fluids....	1	2		19-20
		Increase foods.....	1	2	Increase foods.....	1	2		21-22
		Decrease foods	1	2	Decrease foods	1	2		23-24
		Stopped breastfeeding.....	1	2	Stopped breastfeeding.....	1	2		25-26
		Traditional healer..	1	2	Traditional healer..	1	2		27-28
		Other.....	1	2	Other.....	1	2		29-30
	<b>CHECK 314.</b> Oral rehydration mentioned for any child <b>(Proceed to 316b).</b> Not mentioned <b>(Proceed to 316a).</b>								
316a	Have you ever heard of a <u>special sugar</u> and <u>salt powder</u> or <u>solution</u> that you can make or get for the <u>treatment</u> of infants with <u>diarrhoea</u> at home?	Yes.....1 No.....2							31
316b	Have you ever been in a group of women where a nurse told the women about.....	Care of pregnant women.....	Yes 1	No 2				32	
		Spacing/prevention of pregnancy.....	1	2			33		
		Health care of children.....	1	2			34		
		Healthy food.....	1	2			35		

	<b>Name and survival status</b>	<b>Last birth..... Alive.....Dead.....</b>	<b>Birth before last birth... Alive.....Dead.....</b>		
317	Has (Name) had fever during the last weeks (or four weeks preceding death)?	Yes.....1 No.....2 Don't know.....3	Yes.....1 No.....2 <b>(Go to Q320)</b> Don't know.....3 <b>(Go to Q320)</b>		36-37
318	Did you take (Name) to a doctor, hospital or clinic to treat the fever?	Yes.....1 No.....2 Don't know.....3	Yes.....1 No.....2 Don't know.....3		38-39
319	Was there <u>anything</u> else you or somebody <u>did to treat the fever</u> ?	Yes.....1 No.....2 Don't know.....3	Yes.....1 No.....2 <b>(Go to Q320)</b> Don't know.....3 <b>(Go to Q320)</b>		40-41
	If yes:				
	<u>What was done?</u>				
	If <u>yes</u> mark code 1. If <u>no</u> mark code 2.				
		Yes	No	Yes	No
		Anti-malarial treatment.....	1 2	Anti-malarial treatment.....	1 2
		Antibiotics....	1 2	Antibiotics....	1 2
		Liquid/syrup..	1 2	Liquid/syrup..	1 2
		Aspirin.....	1 2	Aspirin.....	1 2
		Injection.....	1 2	Injection.....	1 2
		Traditional healer.....	1 2	Traditional healer.....	1 2
		Other.....	1 2	Other.....	1 2
320	Did (Name) suffer from a <u>severe cough</u> or difficult and rapid breathing during the <u>last four weeks</u> of live?	Yes.....1 No.....2 Don't know.....3	Yes.....1 No.....2 <b>(Go to Q323)</b> Don't know.....3 <b>(Go to Q323)</b>		42-43 44-45 46-47 48-49 50-51 52-53 54-55 56-57

	Name and survival status	Last birth.....Alive.....Dead.....	Birth before last birth... Alive.....Dead.....		
321	Did you take (Name) to a doctor, hospital or clinic to treat the problem?	Yes.....1 No.....2 Don't know.....3	Yes.....1 No.....2 Don't know.....3		

58-59

69-78

79-80

12	1-2 3-12
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322	Was there anything else you or somebody did to treat the problem?	Yes.....1 No.....2 Don't know.....3	Yes.....1 No.....2 (Go to Q323) Don't know.....3 (Go to Q323)			13-14
	<b>If yes:</b> <b>What was done?</b> <b>If yes, mark code 1</b> <b>If no, mark code 2</b>	Yes No	Yes No			
		Antibiotics.... 1 2	Antibiotics.... 1 2			15-16
		Cough syrup.. 1 2	Cough syrup.. 1 2			17-18
		Pills..... 1 2	Pills..... 1 2			19-20
		Injection..... 1 2	Injection..... 1 2			21-22
		Traditional healer..... 1 2	Traditional healer..... 1 2			23-24
		Other..... 1 2	Other..... 1 2			25-26
323	A custom exists among some couples not to resume sexual relations while the mother is still breastfeeding.	Did you practice this custom after the birth of (Name)? Yes.....1 No.....2	Did you practice this custom after the birth of (Name)? Yes.....1 No.....2			27-28
324	At the time you <u>became pregnant</u> with (Name of youngest living child), or <u>current pregnancy</u> , did you want (more) children?		Yes, more.....1 No.....2 (Go to Q401) Indifferent.....3			29
325	Did you want your last (current) <u>pregnancy</u> then (now), did you want it at a <u>later stage</u> , or did you want it <u>sooner</u> or <u>not at all</u> ?		Then (Now).....1 Later.....2 Sooner.....3 Not at all.....4			30

## Section 4: Contraception

401	<b>To achieve a desired time/space between births or to avoid having too many children, couples use various ways and methods to delay or avoid pregnancy. Have you ever used any of these methods?</b>			
		Yes	No	
	<b>Pill</b> “Women can take a pill every day”	1	2	31
	<b>IUD</b> “Women can have a loop or IUD placed inside them by a doctor/nurse”	1	2	32
	<b>Injections</b> “Women can be given an injection by a doctor or nurse which stops them from becoming pregnant for several months.”	1	2	33
	<b>Diaphragm, foam jelly</b> “Women can place a suppository or diaphragm, jelly of cream inside themselves before intercourse.”	1	2	34
	<b>Condom</b> “Men can use a rubber sheath during sexual intercourse”	1	2	35
	<b>Female sterilization</b> “Women can have an operation to avoid having any more children”	1	2	36
	<b>Male sterilization</b> “Men can have an operation to avoid having any more children”	1	2	37
	<b>Rhythm/periodic abstinence</b> “Couples can avoid having sexual intercourse on particular days of the month when the woman is more likely to become pregnant”	1	2	38
	<b>Withdrawal</b> “Men can be careful and pull out before climax”	1	2	39
	<b>Any other methods?</b> “Have you heard of any other ways or methods including traditional ones that women or men can use to avoid pregnancy?” If yes, specify)..... .....			40
	<b>If husband or wife had a sterilization or other operation (Go to Q404)</b>			
	<b>All others (Go to Q402)</b>			41-42

402	Are you currently <u>doing something</u> or using any method to <u>avoid getting pregnant</u> ?		Not sexually active.....1 <b>(Go to Q411)</b> Yes.....2 No, not using.....3	43
403	As far as you know, is it <u>possible</u> for you to <u>have a child</u> , supposing you wanted one?		Yes (currently pregnant).....1 <b>(Go to Q411)</b> No, due to operation.....2 <b>(Go to Q404)</b> No, due to other reasons or don't know.....3 <b>(Go to Q411)</b>	44
404	What kind of operation(s) make you or your husband/partner unable to have (more) children? 1. Only female sterilization <b>(Go to Q407)</b> .....1 2. Only hysterectomy (removal of uterus or womb) <b>(Go to Q408)</b> .....2 3. First female sterilization, then hysterectomy afterwards <b>(Go to Q407)</b> .....3 4. Only female sterilization <b>(Go to Q 405)</b> .....4 5. First male sterilization, then <u>hysterectomy</u> <b>(Go to Q405)</b> .....5 6. Other female operation <b>(Go to Q406)</b> .....6 7. Other male operation <b>(Go to Q406)</b> .....7 8. Other combinations <b>(Go to Q405)</b> ..... .....			45-46
405	Husband had a sterilization operation	Date of operation Month..... Year.....		47-48
		Your age at time of this operation? .....		49-50
		Number of your living children at that time .....		51-52
		If only male sterilization <b>(Go to Q410)</b> If male sterilization and hysterectomy <b>(Go to Q408)</b>		53-54
406	Other operation, wife or husband	Your age at time of this operation? .....		55-56
		Number of your living children at that time..... <b>(Proceed to 409)</b>		57-58

407	Female sterilization (tieing or cutting of the tubes to prevent pregnancy)	Date of operation	Month..... Year.....	59-62
		Your age at time of this operation?	.....	63-64
		Number of your living children at that time	.....	65-66
		If only male sterilization ( <b>Go to Q410</b> ) If male sterilization and hysterectomy ( <b>Go to Q408</b> )		67
		13		55-56 79-80 1-2 3-12
		How many months/years passed between birth of last child and sterilization? Months..... (Code months/years between Years..... first marriage and sterilization if no children.) If postpartum operation immediately after birth code 00 If only female sterilization and no other operation ( <b>Go to Q410</b> )		13-14 15-16
408	Hysterectomy (removal of uterus of womb)	Date of operation	Month..... Year.....	17-20
		Your age at time of this operation?	.....	21-22
		Number of living children?.....		57-58
409	If wife or husband sterilized ( <b>See Q405 or Q407</b> ) If not sterilized ( <b>See Q411</b> ) (Sterilization not because of hysterectomy)			
410	Have you ever regretted that you (your husband) have been sterilized which has caused you not to have more children?	Yes, should have had no operation at all....1 No, but operation should have been earlier.....2 No, but should have had it later.....3 No.....4		25
411	If ever used a method or sterilized .....	If husband or wife not sterilized or never used any method.....( <b>Go to Q420</b> )		
412	How many living children, if any did you have when you first did something or used a method to avoid getting pregnant?	Number of children..... <b>If none enter 00</b>		26-27
	<b>If sterilized or other operation (refer to Q404.)</b>			

413	Are you currently doing something or using any method to avoid getting pregnant?	Not sexually active.....1 <b>(Go to Q501)</b> No, not using or pregnant.....2 <b>(Go to Q420)</b> Yes, using.....3	28
414	Which method are you using?	Pill.....01 IUD.....02 Injections.....03 Vaginal methods.....04 Condom.....05 Rhythm/Periodic abstinence.....06 Abstinence.....08 Withdrawal.....09 Rhythm and withdrawal.....10 Rhythm and condom.....11 Condom and withdrawal.....12 Other (specify)..... .....	29-30
415	Where do you usually obtain the method?	Doctor's room.....01 Hospital.....02 Health clinic.....03 Mobile health clinic.....04 Mobile F.P. clinic.....05 F.P. clinic.....06 Chemist or shop.....07 At work.....08 Fieldworker.....09 Church/Club.....10 Other (specify)..... .....	31-32
416	How long have you been using (current method) continuously?	Months..... Years..... (Since last birth = 97)	33-34 35-36
417	Have you experienced any problems using (current method)?	Yes.....1 No.....2 <b>(Go to Q424)</b>	37
418	What is the main problem you have experienced?	Husband disapproves.....01 Health problems.....02 Access/Availability.....03 Costs too much.....04 Inconvenient to use.....05 Other (specify)..... ..... Don't know.....98	38-39

419	Do you or your husband intend having a sterilization operation (after you have had all your children)?	Yes, wife.....1 Yes, husband.....2 No.....3 Unsure.....4 <b>All answers here proceed to Question 425.</b>	40
420	Do you intend to use a method to avoid pregnancy at any time in the future?	Yes, .....1 No.....2 <b>(Go to Q423)</b> Don't know.....3 <b>(Go to Q424)</b>	41
421	Which method would you prefer to use?	Pill.....01 IUD.....02 Injections.....03 Vaginal methods.....04 Condom.....05 Female sterilization.....06 Male sterilization.....07 Rhythm .....08 Withdrawal.....09 Other (specify)..... ..... Unsure.....98	42-43
422	Do you intend to use (preferred method mentioned in 421) in the next 12 months?	Yes, wife.....1 <b>(Go to Q424)</b> No.....2 Don't know/Unsure.....3	44
423	What is the <b>main</b> reason you do not intend using a method to avoid pregnancy in the next 12 months? (Give main and most specific answer).	Wants a pregnancy.....00 Lack of knowledge of methods/source.....01 Infrequent sex.....02 Postpartum/Breastfeeding.....03 Menopause/Subfecund.....04 Health concerns.....05 Access/Availability.....06 Costs too much.....07 Fatalistic.....08 Religion.....09 Inconvenient to use.....10 Husband/Partner absent.....11 Opposed to family planning.....12 Husband/Partner disapprove.....13 Other people disapprove.....14 Other (specify)..... ..... Don't know.....98	45-46

424	Do you or your husband intend having a sterilization operation (after you have had all your children)?	Yes, wife.....1 Yes, husband.....2 No.....3	47
	<b>If pregnant (Go to Q501)</b> <b>Others.....</b>		
425	If you become pregnant in the next few weeks, would you feel happy, unhappy or would it not matter very much?	Happy.....1 Unhappy.....2 Would not matter.....3	48

### Section 5: Marriage

501	Are you <u>now married</u> , or <u>living with a man</u> , or are you widowed, <u>divorced</u> or not <u>living together</u> ? If husband currently living somewhere else mark 1 or 2.	No, never married or never lived together.....0 <b>(Go to Q508)</b> Married.....1 Living together.....2 Widowed.....3 <b>(Go to Q505)</b> Divorced.....4 <b>(Go to Q505)</b> Not living together anymore.....5 <b>(Go to Q505)</b>	49
	<b>Ask Q502 – Q504 (only in communities where applicable)</b> <b>Where not applicable (Go to Q505)</b>		
502	Does your husband/partner have any other wives besides yourself?	Yes.....1 No.....2 <b>(Go to Q505)</b>	50
503	How many other wives does he have?	Number..... Don't know.....98	51-52
504	Are you the first, second, .....wife?	Rank .....	53
505	Have you been married or lived with a man only once, or more than once?	Once.....1 More than once.....2	54
506	In what month and year did you start living with your (first) husband or partner?	Month..... (Don't know. Month = 98) Year..... (Don't know. Year = 98)	55-56 57-58
507	How old were you when you started living with him?	Age.....	59-60

508	Is your father or mother still alive? All never married or never lived together. <b>Proceed to Q151.</b>	Woman's mother Woman's father	Yes 1 1	No 2 2		61 62
509	Is your (first) husband's/partner's father and mother still alive?	First husband's mother alive First husband's father alive Don't know = 98	Yes 1 1	No 2 2		63 64
510	Check 508 and 509. All alive. <b>(Go to Q513)</b> Other (Some have died) <b>(Go to Q511)</b>					
511	Was (mention parents not alive now) alive at the time you began living together with your (first) husband or partner?		Alive	Not alive		
		Woman's mother	1	2		65
		Woman's father	1	2		66
		First husband's mother	1	2		67
		First husband's father	1	2		68
					14	69-78 79-80 1-2 3-12
512	Check 511. No parents alive at marriage <b>(Go to Q601)</b> Some parents alive at marriage <b>(Go to Q513)</b>					
513	At the time you began living together, did you and your (first) husband or partner live with any of these parents?	Yes.....1 No.....2 <b>(Go to Q515)</b>				13
514	For about how long did you live together with a parent at that time?	Months..... Years..... (Up to present = 97) <b>(Go to Q516)</b>				14-15 16-17
515	Are you now living with any parents (at the place where you usually live)?	Yes, with parents.....1 <b>(Go to Q601)</b> No.....2				18
516	Are you now living with other relatives (at the place where you usually live)?	Yes, other relatives.....1 No.....2				19

### Section 6: Fertility preference

601	Check 501. Currently married or living together.....( <b>Go to Q602</b> ) Sterilized.....( <b>Go to Q604</b> ) All others.....( <b>Go to Q606</b> )		
	<b>I now have some questions about the future.</b>		
602	How long would you like to wait before the birth of your (first/next) child?	No more children.....97 ( <b>Go to Q604</b> ) Months..... Don't know.....98 ( <b>Go to Q604</b> )	21-21
603	How old would your youngest child be then?	<u>Age of youngest:</u> Years..... No children at present.....97 Don't know.....98	22-23
604a	Do you think that your husband or partner approves or disapproves of couples using a method to avoid pregnancy?	Insists on use.....1 ( <b>Go to Q605</b> ) Approves of use.....2 ( <b>Go to Q605</b> ) Indifferent.....3 ( <b>Go to Q605</b> ) Slightly opposed.....4 Strongly opposed.....5	24
604b	If he opposed, state main reason.	Want children.....1 Health reasons.....2 Against traditions.....3 Political reasons.....4 Religion.....5 Other (specify)..... .....	25
605	In general, do you approve or disapprove of couples using a method to avoid pregnancy?	Approve.....1 Disapprove.....2	26
606	If you could choose exactly the number of children to have in your whole life, how many would that be?  Write down single number, range or other answer. Give only one answer.	(i) Number..... OR (ii) Range: Between.....and..... OR (iii) Leave it to God/fate.....1 Undecided/Don't know.....2	27-28  29-32 33

### Section 7: Husband's background and woman's work

**If never married or no partner: proceed to Q711**

Now I have some questions about your (most recent) husband/partner and about your work.

701	Did your husband/partner ever attend school?	Yes.....1 No.....2 <b>(Go to Q704)</b>	34
702	What was the highest school standard he completed?	Don't know.....98 No std.....00 Std 1.....01 Std 2.....02 Std 3.....03 Std 4.....04 Std 5.....05 <b>(All go to Q704)</b> Std 6.....06 Std 7.....07 Std 8.....08 Std 9.....09 Std 10.....10 <b>(All go to Q703)</b>	35-36
703	(i) Does he have a post-school qualification?  Name the qualification(s) ..... ..... ..... (ii) Normal duration of course in full years..... ..... <b>(Go to Q705)</b>	Yes.....1 No.....2	37       38-39
704	Can (could) he read a letter or newspaper easily, with difficulty or not at all?	Easily.....1 With difficulty.....2 Not at all.....3	40
705	What kind of work does (did) your husband/partner mainly do? <b>(Describe in detail.)</b> Where does (did) he work? <b>If unemployed or pensioner:</b> What did he usually do? If not married or living together: <b>(Go to Q707)</b>	..... ..... ..... ..... .....	41-43

706	Does his work allow him to come home (here) every night, weekends, once a month, or less often?	Every night.....1 Weekends.....2 Once a month.....3 Less often.....4	44
707	Before you married your (first) husband, did you ever work regularly to earn money?	Yes.....1 No.....2 <b>(Go to Q709)</b>	45
708	Did you then work on your family farm or work in a business run by your family?	Yes, family farm or business.....1 No, other employment.....2	46
709	Since you were first married, have you worked regularly to earn money?	Yes.....1 No.....2 <b>(Go to Q711)</b>	47
710	Did you then work on your family farm or in a business run by your family?	Yes, family farm or business.....1 No, other employment.....2	48
711	Are you now working to earn money?	Yes.....1 No not working now.....2 <b>(Go to Q714)</b> No never worked.....3 <b>If code 3, end interview here</b>	49
712	Do you now work on your family farm or in a business run by your family?	Yes, family farm or business.....1 No, other employment.....2	50
713	Does your work allow you to come here every night, weekends, once a month, or less often?	Every night.....1 Weekends.....2 Once a month.....3 Less often.....4	51
714	What kind of work are you now doing, or did you mainly do when you were employed? <b>(Describe in detail.)</b> Where do (did) you work?	..... ..... ..... ..... .....	52-54

69-78

79-80