



SADA

South African Data Archive

**DEMOGRAPHIC AND HEALTH SURVEY
1987**

Human Sciences Research Council

CODEBOOK

SADA 0115

**Demographic and Health Survey
1987**

SADA 0115

Principal Investigator

Human Sciences Research Council

**South African Data Archive
1999**

As agreed upon in the signed 'User Undertaking' that accompanied this data collection:

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Human Sciences Research Council; Demographic and Health Survey, South Africa:
Human Sciences Research Council (HSRC) - producer, 1987; Pretoria: South African
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World Wide Web: <http://www.nrf.ac.za/sada>

STUDY DESCRIPTION

SADA 0115:

TITLE: Demographic and Health Survey, 1987

PRINCIPAL INVESTIGATORS:

Human Sciences Research Council (HSRC)

DEPOSITOR: Human Sciences Research Council (HSRC)

ABSTRACT: The Demographic and Health Survey is mainly concerned with the determination of fertility, infant mortality rates and closely related issues. Questions surrounding respondent's background, reproduction, contraception, health and breastfeeding, marriage, fertility preferences, and husband's background and woman's work were asked. This study consists of two datasets, one household dataset and the other an individual dataset, the respondent being a female of reproductive age that has already given birth or who is married or exposed to pregnancy. Females qualifying for the individual interview schedule were chosen from the responses to household (cover) questionnaire.

GEOGRAPHIC LOCATION: South Africa.

IMPORTANT VARIABLES: Type of dwelling, reproduction, health and breastfeeding, contraception, marriage, fertility preference, husband's background and woman's work amongst others.

DEMOGRAPHIC VARIABLES: Standard, general demographic and biographic information such as place of residence, age, educational qualifications, religion and language amongst others.

UNIVERSE: Females of reproductive age that have already given birth or who are married or exposed to pregnancy.

METHOD OF DATA COLLECTION – SAMPLING. Random samples of clusters of households, representative of the main lifestyles in every participating state or region were selected.

FIELDWORK AGENCY: Human Sciences Research Council conducted the fieldwork as described in the method of data collection above.

TYPE OF INSTRUMENT: Structured interview schedule/questionnaire.

UNITS OF OBSERVATION: One case/unit equals one person/respondent.

WEIGHTING: No weighting

DATE OF DATA COLLECTION: 1987

EXTENT OF DATA COLLECTION: 2 data files in SPSS and hardcopy documentation and questionnaire.

Main Individual Questionnaire Dataset

Number of cases:	21 842
Number of records:	21 842
Number of records per case:	1
Logical Record Length:	80+
Number of Variables:	100
Number of Kilobytes:	19,180KB

Household (Cover) Questionnaire Dataset

Number of cases:	14 048
Number of records:	14 048
Number of records per case:	1
Logical Record Length:	80+
Number of Variables:	+/-65
Number of Kilobytes: SPSS	2,287KB
SPSS Export	3,734KB

HUMAN SCIENCES RESEARCH COUNCIL

Team	Interviewer number	Number of questionnaires	Number

Controllers	Name
1. Interviewer	
2. 2 nd interviewer	
3. Office controller	
4. Field controller	
5. Organizer	
6. Final controller	

For office use only										
Card number									1	
Number of interviewer										2-5
Number of interviews at visiting point									6	
Record number of first interview at visiting point										7-10
Visiting point									11-14	
Category										15-23
Response										24-41
Time										42-50

Population group									51
State									52-53
Magisterial district									54-57
Locality									58-59
Rural (1)/Town (2)/City (3)									60
ESD number									61-64
Project number									24-41

<u>Time</u>	<u>Blacks</u>	<u>Response</u>	
Morning till 12h00 = 1	Lebowa	01	Not applicable 00
12h00 - 13h59 = 2	Gazankulu	02	Completed interview 01
14h00 - 14h59 = 3	Kwa-Zulu	03	
15h00 - 15h59 = 4	Kangwane	04	<u>Revisit</u>
16h00 - 16h59 = 5	QwaQwa	05	Appointment made 02
17h00 - 17h59 = 6	Kwa-Ndebele	06	Selected respondent not at home 03
18h00 - 18h59 = 7	Venda	07	No one home 04
19h00 - 19h59 = 8	Transkei	08	
20h00 – 20h59 = 9	Ciskei	09	<u>Not part of sample</u>
	Bophuthatswana	10	Vacant house/flat/stand/not house or flat 05
	Blacks – RSA	11	No person qualifies according to age 06
	Asians	12	Respondent cannot communicate in English
	Coloureds	13	or Afrikaans 07
	Whites	14	Respondent is not physical/mentally fit to be interviewed 08
			<u>Refusals</u>
			Refused screening information 09
			Refused interview by parent of respondent 10
			Refused interview by selected respondent 11
			Objection against subject 12
			Objection Against the HSRC 13

Line number	Ages of all females 12 – 55 years of age this household list from eldest to youngest	Number of currently living children	Number of children deceased	Number of children born during past 5 years (since	Date of birth of last child (also if died)					
	Write down the ages of all females 12-55 years of age who are usually staying with this household even if they are absent temporarily INCLUDE relatives, visitors, lodgers and domestic workers sleeping in	Write down the number of living children for every female in column B INCLUDE children living elsewhere	Write down the number of children deceased for every female listed in column B	Write down the number of children born during the past 5 years since Jan 1982 for every female listed in column B (also if dead)	Write down the date of birth (or age) of last child (whether alive or dead) for every female listed in Column B					
					DATE OF BIRTH F		AGE OF DEATH G			
					Month	Year	Month	Year		
A	B	C	D	E						
					6-13					14-21
					30-37					38-45
					54-61					62-69
									3	1
					14-21					2-5
					38-45					46-53
					62-69					6-13
				4	1					
					2-5					
					22-29					30-37
					46-53					54-61
					6-13					14-21
					30-37					38-45
					54-61					62-69
					14-21					22-29
How many people live in this household? (Men, women and children)										42-43
How many females between 12 and 55 years of age (both ages included) live in this household?										44-45
How many children 5 years and under live in this household?										46-47

Currently pregnant and expected date of birth	Females qualifying for individuals schedule	Females of whom the individual schedule has been completed
If any of these females listed in column B are currently pregnant, write down the expected date of birth.	Circle the line number of every female younger than 50 years complying with the check list for females qualifying for individual interview schedule.	Circle the line number of females for whom the individual schedule has been completed

CHECKLIST FOR FEMALES QUALIFYING FOR INDIVIDUAL INTERVIEW SCHEDULE		
If she is 12-49 (less than 50) years of age and qualifies for ANYONE of these categories please circle her line number in this column.		
She has ... children living with her or elsewhere OR	OR she has had a child that has died OR	OR she is/has been pregnant OR
OR she is/has been married legally or traditionally OR	OR she is/has been living together with a partner OR	OR she is/has been having a steady relationship

Month				I		J		
				0	1	0	1	22-29
				0	2	0	2	46-53
				0	3	0	3	6-13
				0	4	0	4	30-37
				0	5	0	5	54-61
				0	6	0	6	14-21
				0	7	0	7	38-45
				0	8	0	8	62-69
				0	9	0	9	22-29
				1	0	1	0	46-53
				1	1	1	1	6-13
				1	2	1	2	30-37
Total circled								38-39 40-41

5 1
2-5

How many people live in this household (men, women and children)?		
	42-43	
How many females between 12 and 55 years of age (both ages included), live in this household?		
	44-45	
How many children of 5 years and under live in this household?		
	46-47	

THE OSC MAY VERIFY THAT YOU CONDUCTED THIS INTERVIEW. CAN YOU GET THE RESPONDENT'S TELEPHONE NUMBER OR ADDRESS

TELEPHONE CODE:.....

--	--	--	--	--	--	--

48-54

TELEPHONE NUMBER:

--	--	--	--	--	--	--

55-61

ADDRESS NUMBER

--	--

 62-63
SUBSTITUTE ADDRESS NUMBER

--	--

 64-65

<u>ADDRESS:</u>	<u>SUBSTITUTE ADDRESS:</u>
---	--

<u>INTERVIEWER COMMENTS/CORRECTIONS:</u>
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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 (Go to Q103) 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) (Leave current blank if not applicable)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Your usual</th> <th style="text-align: center;">The current</th> </tr> </thead> <tbody> <tr> <td>Rural village/ rural concentration</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Scattered rural</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Urban white area</td> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> </tr> <tr> <td>Urban non-white area</td> <td style="text-align: center;">4</td> <td style="text-align: center;">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			
	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																
104	Type of dwelling is a	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Your usual</th> <th style="text-align: center;">The current</th> </tr> </thead> <tbody> <tr> <td>Shack</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Traditional dwelling</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Western type dwelling</td> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> </tr> </tbody> </table>		Your usual	The current	Shack	1	1	Traditional dwelling	2	2	Western type dwelling	3	3						
	Your usual	The current																		
Shack	1	1																		
Traditional dwelling	2	2																		
Western type dwelling	3	3																		
				21-22																

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	(i) Where were you born? (ii) Where did you mostly live until you were 12 years old? (iii) Where is your usual residence situated? (iv) Where is your current residence situated (Leave blank if current not applicable)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">Black state</th> <th colspan="3" style="text-align: center;">Rest of RSA</th> <th style="text-align: center;">Foreign country</th> </tr> <tr> <th style="text-align: center;">R</th> <th style="text-align: center;">T</th> <th style="text-align: center;">R</th> <th style="text-align: center;">T</th> <th style="text-align: center;">C</th> <th></th> </tr> <tr> <th style="text-align: center;">U</th> <th style="text-align: center;">O</th> <th style="text-align: center;">U</th> <th style="text-align: center;">O</th> <th style="text-align: center;">I</th> <th></th> </tr> <tr> <th style="text-align: center;">R</th> <th style="text-align: center;">W</th> <th style="text-align: center;">R</th> <th style="text-align: center;">W</th> <th style="text-align: center;">T</th> <th></th> </tr> <tr> <th style="text-align: center;">A</th> <th style="text-align: center;">N</th> <th style="text-align: center;">A</th> <th style="text-align: center;">N</th> <th style="text-align: center;">Y</th> <th></th> </tr> <tr> <th style="text-align: center;">L</th> <th></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> <td style="text-align: center;">6</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> <td style="text-align: center;">6</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> <td style="text-align: center;">6</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> <td style="text-align: center;">6</td> </tr> </tbody> </table>	Black state		Rest of RSA			Foreign country	R	T	R	T	C		U	O	U	O	I		R	W	R	W	T		A	N	A	N	Y		L	L	L	L	L		1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	24 25 26 27
Black state		Rest of RSA			Foreign country																																																										
R	T	R	T	C																																																											
U	O	U	O	I																																																											
R	W	R	W	T																																																											
A	N	A	N	Y																																																											
L	L	L	L	L																																																											
1	2	3	4	5	6																																																										
1	2	3	4	5	6																																																										
1	2	3	4	5	6																																																										
1	2	3	4	5	6																																																										
If usual residence proceed to question 106c																																																															
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 th year?	Town..... Country/State..... Use codes in 106b(i)	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>					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)	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>					41-42 43-44
108	How old were you at your last birthday? (Compare and correct 107 and/or 108 if inconsistent)	Age in completed years	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>			45-46		
109	Have you ever attended school?	Yes.....1 No.....2 (Go to Q112)	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>			47		
110	What was the highest school standard you completed?	No std ..00 Std 1.....01 Std 2.....02 (Go to Q112) Std 3.....03 Std 4.....04 Std 5.....05 Std 6.....06 Std 7.....07 Std 8.....08 (Go to Q111) Std 9.....09 Std 10...10	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>			48-49		
111	(i) Do you have a post-school qualification? Name of qualification..... (ii) Normal duration of course in full years..... (Go to Q113)	Yes.....1 No.....2	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>			50		
112	Can you read a letter or newspaper easily, with difficulty or not at all?	Easily.....1 With difficulty.....2 Not at all.....3	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>			51-52 53		
INTERVIEWER: QUESTIONS 113 TO 116 MUST BE ASKED IN RESPECT OF THE RESPONDENTS USUAL RESIDENCE								
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	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>			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	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> </tr> </table> 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	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> </tr> </table> 57																	
116	Does your USUAL RESIDENCE have.....	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 15%; text-align: center;">Yes</th> <th style="width: 15%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Electricity?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A refrigerator?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A radio?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A television?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Electricity?	1	2	A refrigerator?	1	2	A radio?	1	2	A television?	1	2	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> </tr> </table> 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	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> </tr> </table> 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).....	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> </tr> </table> 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 (Go to Q206)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" 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 (Go to Q204)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" 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? (ii) And how <u>many daughters</u> ?	Sons..... (If none enter 0)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	67
		Daughters..... (If none enter 0)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	68

Project number	SDAH01S274	69-78
Survey number		79-80
	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 (Go to Q206)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" 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 style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	14
		Daughters..... (If none enter 0)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" 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 (Go to Q208)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	16
207	How many boys have died? And how many girls have died?	Boys died..... (If none enter 0)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	17
		Girls died..... (If none enter 0)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" 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 style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" 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..... (Probe and correct 201 to 208 as necessary)			

210	You now havechildren. If not pregnant: How <u>many more</u> do you want? If pregnant: How many more do you want after this pregnancy? Give only one answer (i) or (ii) or (iii)	(i) Number 21-22 <div style="text-align: right; margin-right: 20px;"> <input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/> </div> OR (ii) Range: 23-26 Between.....and..... <div style="text-align: right; margin-right: 20px;"> <input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/> </div> OR (iii) Leave it to God/fate..... 27 Undecided/Don't know <div style="text-align: right; margin-right: 20px;"> <input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/> </div>
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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 (Name) when he/she died? (Record <u>days</u> if less than one month, <u>months</u> if between one and 23 months, or <u>years</u> when 2 or more years.				215 In what month and year was (Name) 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			
Name of child		Boy	Girl	Yes	No	Days		Months	Years	Month	Year	Age in years		Mother	Grand-Parents Relatives	Else-where	
01		1	2	1	2									1	2	3	28-42
02		1	2	1	2									1	2	3	43-68
04																69-80	
04																1-2	
04																3-12	
Name of child		Boy	Girl	Yes	No	Days		Months	Years	Month	Year	Age in years		Mother	Grand-Parents Relatives	Else-where	
03		1	2	1	2									1	2	3	13-27
04		1	2	1	2									1	2	3	28-42
05		1	2	1	2									1	2	3	43-68
05																69-80	
05																1-2	
05																3-12	
Name of child		Boy	Girl	Yes	No	Days		Months	Years	Month	Year	Age in years		Mother	Grand-Parents Relatives	Else-where	
06		1	2	1	2									1	2	3	13-27
07		1	2	1	2									1	2	3	28-42
08		1	2	1	2									1	2	3	43-68

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	13-27		
10		1	2	1	2									1	2	3	28-42		
11		1	2	1	2									1	2	3	43-68		
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	13-27		
13		1	2	1	2									1	2	3	28-42		
14		1	2	1	2									1	2	3	43-68		
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	13-27		
16		1	2	1	2									1	2	3	28-42		
17		1	2	1	2									1	2	3	43-68		
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	13-27		
19		1	2	1	2									1	2	3	28-42		
20		1	2	1	2									1	2	3	43-68		

218	Compare 208 with number of births in Question 211. Numbers are the same..... Numbers are different..... Probe and reconcile	
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.		
219	Are you pregnant now?	Yes.....1 No.....2 (Go to Q223) Unsure.....3 (Go to Q223)
220	For how many months have you been pregnant?	Months.....
221	Have you seen anyone for a check-up on this pregnancy?	Yes.....1 No.....2 (Go to Q 223)
222	Whom did you see about this pregnancy? Probe for type of person and record most qualified	Doctor.....1 Trained nurse/ midwife.....2 Traditional birth attendant.....3 Other.....4 No one.....5
223	If never pregnant previously (Go to Q301a) 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 your life, or that it should have happened <u>sooner</u> or at a <u>later stage</u> of your life, or <u>not at all</u> ?	Right stage.....1 Later in life.....2 Sooner in life.....3 Not at all.....4
If only one pregnancy, proceed to 301a		
224	If more than one pregnancy: 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 too far apart.....2 Some too far apart.....3 All too close together.....4 Some too close together.....5

13

14

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Section 3: Health and breastfeeding

301a	<p>Check 215 and 219 One or more live births since January 1982.....(Proceed to 301b) Last live birth before January 1982.....(Proceed to Q323) If no live birth ever but pregnant.....(Proceed to Q324) No live births ever.....(Proceed to Q401)</p>				
	*For fieldwork beginning in	1987	1988	and	1989
	*This date should be	1982	1983	and	1984
301b	<p>Enter name and survival status of the last two live births since January 1982.* Begin with the last birth.</p>				
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: (Probe for type of person and record most qualified.)	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? (Probe for type of person and record most qualified)	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 (If "no" go to Q308)	Yes.....1 No.....2 (If "no" go to Q308)		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	Months		36-39

Till baby died = 97

	Name and survival status	Last birth.....			Birth before last birth.....				
		Alive.....	Dead.....		Alive.....	Dead.....			
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
If no card at all go to Q310									
309a	If yes at 308 ask: May I see the card please?	Yes, seen	1		Yes, seen	1			46-47
		No, not seen	2		No, not seen	2			
If no cards seen at all go to Q310									
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
		If 309b has been completed go to Q311							
310	Has (Name) ever had a vaccination/injection to prevent him/her from getting diseases?	Yes.....	1		Yes.....	1			58-59
		No.....	2		No.....	2			
		Don't know.....	3		Don't know.....	3			

	Name and survival status	Last birth..... Alive.....Dead.....	Birth before last birth..... Alive.....Dead.....		
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 (Go to Q316a) Don't know.....3 (Go to Q316a)		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

	Name and survival status	Last birth..... Alive.....Dead.....	Birth before last birth..... Alive.....Dead.....			
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 (Go to Q316a) Don't know.....3 (Go to Q316a)		13-14	
	If <u>yes</u> mark code 1 If <u>no</u> mark code 2			Yes No	Yes No	
		Injections, tablets, syrup.....	Injections, tablets, syrup.....	1 2	1 2	15-16
		Increase fluids.....	Increase fluids.....	1 2	1 2	17-18
		Decrease fluids....	Decrease fluids....	1 2	1 2	19-20
		Increase foods.....	Increase foods.....	1 2	1 2	21-22
		Decrease foods	Decrease foods	1 2	1 2	23-24
		Stopped breastfeeding.....	Stopped breastfeeding.....	1 2	1 2	25-26
		Traditional healer..	Traditional healer..	1 2	1 2	27-28
		Other.....	Other.....	1 2	1 2	29-30
	CHECK 314. Oral rehydration mentioned for any child (Proceed to 316b). Not mentioned (Proceed to 316a).					
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

	Name and survival status	Last birth.....Alive.....Dead.....	Birth before last birth... Alive.....Dead.....						
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 (Go to Q320) Don't know.....3 (Go to Q320)		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 (Go to Q320) Don't know.....3 (Go to Q320)		40-41				
	If yes:			Yes	No				
	<u>What was done?</u>	Anti-malarial treatment.....	1	2	Anti-malarial treatment.....	1	2		42-43
	If <u>yes</u> mark code 1. If <u>no</u> mark code 2.	Antibiotics....	1	2	Antibiotics....	1	2		44-45
		Liquid/syrup..	1	2	Liquid/syrup..	1	2		46-47
		Aspirin.....	1	2	Aspirin.....	1	2		48-49
		Injection.....	1	2	Injection.....	1	2		50-51
		Traditional healer.....	1	2	Traditional healer.....	1	2		52-53
		Other.....	1	2	Other.....	1	2		54-55
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 (Go to Q323) Don't know.....3 (Go to Q323)						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 Don't know.....3 (Go to Q323) Don't know.....3 (Go to Q323)		13-14
	If yes: What was done? If yes, mark code 1 If no, mark code 2			Yes No Yes No	
		Antibiotics....	Antibiotics....	1 2 1 2	15-16
		Cough syrup..	Cough syrup..	1 2 1 2	17-18
		Pills.....	Pills.....	1 2 1 2	19-20
		Injection.....	Injection.....	1 2 1 2	21-22
		Traditional healer.....	Traditional healer.....	1 2 1 2	23-24
		Other.....	Other.....	1 2 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 <u>want (more) children</u> ?		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	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?			
		Yes	No	
	Pill “Women can take a pill every day”	1	2	31
	IUD “Women can have a loop or IUD placed inside them by a doctor/nurse”	1	2	32
	Injections “Women can be given an injection by a doctor or nurse which stops them from becoming pregnant for several months.	1	2	33
	Diaphragm, foam jelly “Women can place a suppository or diaphragm, jelly of cream inside themselves before intercourse.”	1	2	34
	Condom “Men can use a rubber sheath during sexual intercourse”	1	2	35
	Female sterilization “Women can have an operation to avoid having any more children”	1	2	36
	Male sterilization “Men can have an operation to avoid having any more children”	1	2	37
	Rhythm/periodic abstinence “Couples can avoid having sexual intercourse on particular days of the month when the woman is more likely to become pregnant”	1	2	38
	Withdrawal “Men can be careful and pull out before climax”	1	2	39
	Any other methods? “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
	If husband or wife had a sterilization or other operation (Go to Q404) All others (Go to Q402)			41-42

407	Female sterilization (tying 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 (Go to Q410) If male sterilization and hysterectomy (Go to Q408)			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 (Go to Q410)		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 (See Q405 or Q407) If not sterilized (See Q411) (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.....(Go to Q420)			
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..... If none enter 00		26-27	
	If sterilized or other operation (refer to Q404.)				

413	Are you currently doing something or using any method to avoid getting pregnant?	Not sexually active.....1 (Go to Q501) No, not using or pregnant.....2 (Go to Q420) 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 (Go to Q424)		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 All answers here proceed to Question 425.	40
420	Do you intend to use a method to avoid pregnancy at any time in the future?	Yes,1 No.....2 (Go to Q423) Don't know.....3 (Go to Q424)	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 Rhythm08 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 (Go to Q424) No.....2 Don't know/Unsure.....3	44
423	What is the main 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
	If pregnant (Go to Q501) Others.....		
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 (Go to Q508) Married.....1 Living together.....2 Widowed.....3 (Go to Q505) Divorced.....4 (Go to Q505) Not living together anymore.....5 (Go to Q505)	49
	Ask Q502 – Q504 (only in communities where applicable) Where not applicable (Go to Q505)		
502	Does your husband/partner have any other wives besides yourself?	Yes.....1 No.....2 (Go to Q505)	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. Proceed to Q151.	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. (Go to Q513) Other (Some have died) (Go to Q511)				
511	Was (mention parents not alive now) alive at the time you began living together with your (first) husband or partner?		Alive	Not alive	65 66 67 68
		Woman's mother	1	2	
		Woman's father	1	2	
		First husband's mother	1	2	
				14	69-78 79-80 1-2 3-12
512	Check 511. No parents alive at marriage (Go to Q601) Some parents alive at marriage (Go to Q513)				
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 (Go to Q515)			13
514	For about how long did you live together with a parent at that time?	Months..... Years..... (Up to present = 97) (Go to Q516)			14-15 16-17
515	Are you now living with any parents (at the place where you usually live)?	Yes, with parents.....1 (Go to Q601) 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.....(Go to Q602) Sterilized.....(Go to Q604) All others.....(Go to Q606)		
I now have some questions about the future.			
602	How long would you like to wait before the birth of your (first/next) child?	No more children.....97 (Go to Q604) Months..... Don't know.....98 (Go to Q604)	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 (Go to Q605) Approves of use.....2 (Go to Q605) Indifferent.....3 (Go to Q605) 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 (Go to Q704)	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 (All go to Q704) Std 6.....06 Std 7.....07 Std 8.....08 Std 9.....09 Std 10.....10 (All go to Q703)	35-36
703	(i) Does he have a post-school qualification? Name the qualification(s) (ii) Normal duration of course in full years..... (Go to Q705)	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? (Describe in detail.) Where does (did) he work? If unemployed or pensioner: What did he usually do? If not married or living together: (Go to Q707)	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 (Go to Q709)	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 (Go to Q711)	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 (Go to Q714) No never worked.....3 If code 3, end interview here	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? (Describe in detail.) Where do (did) you work?	52-54 69-78 79-80