

PARENTAL/GUARDIAN CONSENT (READ TO PARENTS OR GUARDIAN of respondents age 15-17)

In this survey, we are interviewing unmarried women and men between age 15 and 24 individually. We are interested in their knowledge, attitudes, and practice in health care. This information will be useful to the government in developing plans to provide health services tailored specifically to address the needs of young people.

We would very much appreciate your permission to have your child(ren) to participate in this survey. The survey usually takes about 25 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

May we interview (NAME OF CHILDREN) in private? If you decide not to allow your child(ren) to be interviewed, we will respect your decision. What is your decision?

PARENT/GUARDIAN AGREES....1

PARENT/GUARDIAN DOES NOT AGREE....2 ⇔ END



SECTION 1

Signature of interviewer: _____

Date: _____

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO																		
108	Why is it that you are not currently attending school or university?	GRADUATED/HAD ENOUGH SCHOOLING 01 GOT PREGNANT 02 TO CARE FOR CHILDREN 03 FAMILY NEEDED HELP ON FARM OR BUSINESS 04 COULD NOT PAY SCHOOL FEES 05 NEEDED TO EARN MONEY 06 DID NOT LIKE SCHOOL/ DID NOT WANT TO CONTINUE 07 DID NOT PASS EXAMS 08 SCHOOL NOT ACCESSIBLE/ TOO FAR 09 OTHER _____ 96 (SPECIFY)																			
109	CHECK 105: PRIMARY <input type="checkbox"/> JUNIOR HIGH SCHOOL OR HIGHER <input type="checkbox"/>		→ 113																		
110	Now I would like you to read out loud as much of this sentence as you can. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3																			
111	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES 1 NO 2																			
112	CHECK 110: CODE '2' OR '3' CIRCLED <input type="checkbox"/> CODE '1' CIRCLED <input type="checkbox"/>		→ 114																		
113	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4																			
114	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	→ 117																		
115	What kind of programs do you most often listen to? Any other programs? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	NEWS A MUSIC B SPORTS C SERIAL DRAMA D QUIZ/GAME E RELIGIOUS PROGRAM F CULTURAL G HEALTH H OTHER _____ X (SPECIFY)																			
116	In the last 6 months did you hear on the radio: Any program on how to prevent a pregnancy/family planning? A condom advertisement? Any program on postponement of age at marriage? Information on HIV/AIDS? Information on sexually transmitted diseases?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>PREVENT PREGNANCY ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CONDOM ADVERTISEMENT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>POSTPONEMENT OF AGE AT MARRIAGE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HIV/AIDS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>STDs</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	PREVENT PREGNANCY ...	1	2	CONDOM ADVERTISEMENT	1	2	POSTPONEMENT OF AGE AT MARRIAGE	1	2	HIV/AIDS	1	2	STDs	1	2	
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PREVENT PREGNANCY ...	1	2																			
CONDOM ADVERTISEMENT	1	2																			
POSTPONEMENT OF AGE AT MARRIAGE	1	2																			
HIV/AIDS	1	2																			
STDs	1	2																			
117	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	→ 120																		

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO																		
118	What kind of programs do you most often watch? Any other programs? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	NEWS A MUSIC B SPORTS C SERIAL DRAMA D FILM E QUIZ/GAME F RELIGIOUS PROGRAM G HEALTH I CULTURAL H OTHER _____ X (SPECIFY)																			
119	In the last 6 months did you watch on television about: How to prevent a pregnancy/family planning? Condom advertisement? Postponement of age at marriage? HIV/AIDS? Sexually transmitted diseases?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>PREVENT PREGNANCY ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CONDOM ADVERTISEMENT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>POSTPONEMENT OF AGE AT MARRIAGE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HIV/AIDS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>STDs</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	PREVENT PREGNANCY ...	1	2	CONDOM ADVERTISEMENT	1	2	POSTPONEMENT OF AGE AT MARRIAGE	1	2	HIV/AIDS	1	2	STDs	1	2	
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HIV/AIDS	1	2																			
STDs	1	2																			
120	What is your religion?	ISLAM 01 PROTESTANT 02 CATHOLIC 03 HINDU 04 BUDDHIST 05 CONFUCIAN 06 OTHER 96																			
121	Are you currently working?	YES 1 NO 2	→ 124																		
122	As you know, some people take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other work?	YES 1 NO 2	→ 124																		
123	Have you done any work in the last 12 months?	YES 1 NO 2	→ 201																		
124	What is your (most recent) occupation, that is, what kind of work (do/did) you mainly do? DESCRIBE AS COMPLETELY AS POSSIBLE. DO NOT FILL IN BOXES. _____ _____ <input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/> _____	PROFESSIONAL, TECHNICAL 01 MANAGERIAL AND ADMINISTRATION 02 CLERICAL 03 SALES 04 SERVICES 05 AGRICULTURAL WORKER 06 INDUSTRIAL WORKER 07 OTHER _____ 96 (SPECIFY) DON'T KNOW 98																			
125	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	→ 201																		
126	What do you do with your money, do you use some of it, or all of it to help with household expenditure, or do you keep all of it for yourself?	GIVE ALL 1 GIVE SOME 2 KEEP ALL 3	→ 201																		
127	On average, how much of your household's expenditure do your earnings pay for: almost none, less than half, about half, more than half, or all?	NONE, SAVED ALL 1 ALMOST NONE 2 LESS THAN HALF 3 ABOUT HALF 4 MORE THAN HALF 5 ALL 6 DON'T KNOW 8																			

2. KNOWLEDGE ABOUT HUMAN REPRODUCTION

Now I want to ask you about changes from childhood to adolescence, the reproductive system and related issues.

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
201	<p>When a boy begins to change from childhood to adolescence, also known as puberty, he experiences some physical changes. Can you tell me what they are?</p> <p>Any other change?</p> <p>CIRCLE ALL MENTIONED.</p> <p>DO NOT READ OUT RESPONSES.</p>	<p>DEVELOP MUSCLES A</p> <p>CHANGE IN VOICE B</p> <p>GROWTH OF FACIAL HAIR, PUBIC HAIR, UNDERARM HAIR, CHEST, LEGS AND ARMS C</p> <p>INCREASE IN SEXUAL AROUSAL ... D</p> <p>WET DREAMS E</p> <p>GROWTH OF ADAM'S APPLE F</p> <p>HARDENING OF NIPPLES G</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
202	<p>When a girl begins to change from childhood to adolescence, she experiences some physical changes. Can you tell me what they are?</p> <p>Any other change?</p> <p>CIRCLE ALL MENTIONED.</p> <p>DO NOT READ OUT RESPONSES.</p>	<p>GROWTH OF PUBIC AND UNDERARM HAIR A</p> <p>GROWTH IN BREASTS B</p> <p>GROWTH IN HIPS C</p> <p>INCREASE IN SEXUAL AROUSAL ... D</p> <p>MENSTRUATION E</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
203	<p>Where did you get information about the physical change from childhood to adolescence?</p> <p>CIRCLE ALL MENTIONED.</p> <p>DONOT READ OUT RESPONSES.</p>	<p>FRIENDS A</p> <p>MOTHER B</p> <p>FATHER C</p> <p>SIBLINGS D</p> <p>RELATIVES E</p> <p>TEACHER F</p> <p>HEALTH SERVICE PROVIDER G</p> <p>RELIGIOUS LEADER H</p> <p>TELEVISION I</p> <p>RADIO J</p> <p>BOOK/MAGAZINE/NEWSPAPER K</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO ONE Z</p>	
204	<p>RESPONDENT:</p> <p style="text-align: center;">FEMALE <input type="checkbox"/> MALE <input type="checkbox"/></p>		→208A
205	<p>How old were you when you had your first menstruation?</p>	<p>NEVER 00</p> <p>AGE IN YEARS <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p>	→ 209
206	<p>Before you menstruated, did anyone talk to you about menstruation?</p>	<p>YES 1</p> <p>NO..... 2</p>	→ 208
207	<p>Who talked to you about menstruation?</p> <p>Any one else?</p> <p>CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.</p>	<p>FRIENDS A</p> <p>MOTHER B</p> <p>FATHER C</p> <p>SIBLINGS D</p> <p>RELATIVES E</p> <p>TEACHER F</p> <p>HEALTH SERVICE PROVIDER H</p> <p>RELIGIOUS LEADER G</p> <p>OTHER _____ X (SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
208	The first time you menstruated, did you talk to anyone? Who did you talk to? Anybody else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	FRIENDS A MOTHER B FATHER C SIBLINGS D RELATIVES E TEACHER F HEALTH SERVICE PROVIDER G RELIGIOUS LEADER H OTHER _____ X (SPECIFY) NO ONE Z	→ 209
208A	How old were you when you had your first wet dream?	NEVER 00 AGE IN YEAR <input type="text"/> <input type="text"/>	→ 209
208B	Before you had wet dreams, did anyone talk to you about wet dreams?	YES 1 NO 2	→ 209
208C	Who talked to you about wet dreams? Any one else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	FRIENDS A MOTHER B FATHER C SIBLINGS D RELATIVES E TEACHER F HEALTH SERVICE PROVIDER G RELIGIOUS LEADER H OTHER _____ X (SPECIFY)	
209	For women who have menstruated, from one menstrual period to the next, are there certain days when she is more likely to become pregnant if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	→ 211
210	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
211	Can a woman become pregnant by having one sexual intercourse?	YES 1 NO 2 DON'T KNOW 8	

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 212 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN THE COLUMN, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED.

212	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?		
	01. Female sterilization Women can have an operation to avoid having any more children.	YES 1 NO 2	
	02. Male sterilization Men can have an operation to avoid having any more children.	YES 1 NO 2	
	03. Pill Women can take a pill every day to avoid 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. Injectables Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
	06. Implants. 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. Condom. Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO. 2	
	08. Inravag/diaphragm. Women can place a thin flexible disk in their vagina before intercourse.	YES 1 NO. 2	
	09. 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	
	10. Rhythm or periodic abstinence. 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	
	11. Withdrawal. Men can be careful and pull out before climax.	YES 1 NO. 2	
	12. Other methods. Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 _____ (SPECIFY) _____ (SPECIFY) NO. 2	
212A	CHECK 212: AT LEAST ONE "YES" <input type="checkbox"/> "YES" <input type="checkbox"/>		→ 221
213	Now I want to talk about the future in family planning use. Do you think you will use a family planning method some time in the future?	YES 1 NO. 2 DON'T KNOW 8	→ 216
214	What method would you like to use?	FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL 03 IUD 04 INJECTABLES 05 IMPLANTS 06 CONDOM 07 INTRAVAG/DIAPHRAGM 08 LACTATIONAL AMEN. METHOD 09 PERIODIC ABSTINENCE 10 WITHDRAWAL 11 OTHER 96 DON'T KNOW 98	→ 216

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
215	<p>Where can you obtain this method?</p> <p>IF SOURCE IS HOSPITAL OR CLINIC, WRITE THE NAME OF PLACE, PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL 11</p> <p>HEALTH CENTER 12</p> <p>CLINIC 13</p> <p>FP FIELDWORKER 14</p> <p>FP MOBILE UNIT 15</p> <p>OTHER _____ 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>HOSPITAL 21</p> <p>CLINIC 22</p> <p>DOCTOR 23</p> <p>MIDWIFE 24</p> <p>VILLAGE MIDWIFE 25</p> <p>PHARMACY/DRUG STORE 26</p> <p>OTHER _____ 27</p> <p>(SPECIFY)</p> <p>OTHER</p> <p>DELIVERY POST 31</p> <p>HEALTH POST 32</p> <p>FP POST 33</p> <p>FRIENDS/RELATIVES 34</p> <p>SHOP 35</p> <p>OTHER _____ 36</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	
216	<p>Do you want your partner to use a contraceptive method to delay or avoid pregnancy?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>↳ 219</p>
217	<p>What method of contraception would you like your partner to use?</p>	<p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTABLES 05</p> <p>IMPLANTS 06</p> <p>CONDOM 07</p> <p>INTRAVAG/DIAPHRAGM 08</p> <p>LACTATIONAL AMEN. METHOD 09</p> <p>PERIODIC ABSTINENCE 10</p> <p>WITHDRAWAL 11</p> <p>OTHER 96</p> <p>DON'T KNOW 98</p>	<p>↳ 219</p>
218	<p>Where can you obtain this method?</p> <p>IF SOURCE IS HOSPITAL OR CLINIC, WRITE THE NAME OF PLACE, PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL 11</p> <p>HEALTH CENTER 12</p> <p>CLINIC 13</p> <p>FP FIELDWORKER 14</p> <p>FP MOBILE UNIT 15</p> <p>OTHER _____ 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>HOSPITAL 21</p> <p>CLINIC 22</p> <p>DOCTOR 23</p> <p>MIDWIFE 24</p> <p>VILLAGE MIDWIFE 25</p> <p>PHARMACY/DRUG STORE 26</p> <p>OTHER _____ 27</p> <p>(SPECIFY)</p> <p>OTHER</p> <p>DELIVERY POST 31</p> <p>HEALTH POST 32</p> <p>FP POST 33</p> <p>FRIENDS/RELATIVES 34</p> <p>SHOP 35</p> <p>OTHER _____ 36</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	
219	<p>Do you think that family planning services should be offered to unmarried youth?</p>	<p>YES 1</p> <p>NO 2</p>	<p>↳ 221</p>

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
220	<p>What service or method of family planning do you think should be made available to unmarried youth?</p> <p>Anything else?</p> <p>CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.</p>	<p>INFORMATION A PILL B IUD C INJECTABLES D CONDOM E DIAPHRAGM F OTHER _____ X (SPECIFY)</p>	
221	<p>I will now read you some statements about condom use that other men have made. Please tell me if you agree or disagree with each.</p> <p>Condoms diminish a man's sexual pleasure.</p> <p>A condom is very inconvenient to use.</p> <p>A condom can be reused.</p> <p>A condom protects against disease.</p> <p>A woman has no right to tell a man to use a condom.</p>	<p>DIS AGREE AGREE DK</p> <p>SEXUAL PLEASURE ... 1 2 8 INCONVENIENT 1 2 8 CAN BE REUSED 1 2 8 PROTECT AGAINST DISEASE 1 2 8 WOMAN'S RIGHT 1 2 8</p>	
222	<p>Have you ever heard of anemia?</p>	<p>YES 1 NO..... 2</p>	→ 301
223	<p>What is anemia?</p> <p>Anything else?</p> <p>CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.</p>	<p>DEFICIT IN RED BLOOD CELLS A BLOOD DEFICIT B IRON DEFICIENCY C LOW BLOOD PRESSURE D VITAMIN DEFICIENCY E OTHER _____ X (SPECIFY) DON'T KNOW Z</p>	
224	<p>What do you think is the cause of anemia?</p> <p>Anything else?</p> <p>CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.</p>	<p>LACK OF CONSUMPTION OF MEAT, FISH AND LIVER A LACK OF CONSUMPTION OF VEGETABLES AND FRUITS B BLEEDING C MENSTRUATION D MALNUTRITION E INFECTIOUS DISEASE F OTHER _____ X (SPECIFY) DON'T KNOW Z</p>	
225	<p>How is anemia treated?</p> <p>Anything else?</p> <p>CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.</p>	<p>TAKE PILL TO INCREASE BLOOD ... A TAKE IRON TABLET B INCREASE CONSUMPTION OF MEAT, FISH AND LIVER C INCREASE CONSUMPTION OF IRON-RICH VEGETABLES AND FRUITS D OTHER _____ X (SPECIFY) DON'T KNOW Z</p>	

SECTION 3. MARRIAGE AND CHILDREN

Let us now talk about marriage and having children.

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
301	At what age would you like to be married?	AGE IN YEARS <input type="text"/> <input type="text"/> NEVER 95 DON'T KNOW 98	
302	In your opinion, what is the best age for a woman to get married?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	
303	In your opinion, what is the best age for a man to get married?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	
303A	Do you think a couple who wants to get married needs to have a medical test?	YES 1 NO 2 DON'T KNOW 8	→304
303B	What kind of medical test? Anything else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	PHYSICAL A BLOOD B URINE C OTHER _____ X (SPECIFY) DON'T KNOW Z	
304	Who is going to choose the person you will marry, your parents, yourself or together?	PARENTS 1 SELF 2 PARENTS AND SELF 3	
305	If you could choose exactly the number of children to have in your whole life, how many children would that be?	NUMBER <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY)	→307
306	How many of these children would you like to be boys, how many would you like to be girls and for how many would sex not matter?	BOYS GIRLS EITHER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER _____ 999996 (SPECIFY)	
307	Who do you think should decide on how many children a couple should have, the wife, the husband or both?	WIFE 1 HUSBAND 2 BOTH 3 DON'T KNOW 8	
308	In your opinion, what is the best age for a woman to have the first baby?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	
309	In your opinion, what is the best age for a man to have the first baby?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	

SECTION 4. ROLE OF FAMILY, SCHOOL AND COMMUNITY

Now I'd like to ask you about the role of family, school and community as sources of information on reproductive health.

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO																								
401	<p>We would like to know about the people with whom you have talked about or asked questions about sexual matters. Have you talked about these things with:</p> <p>Friends? Your parents? Siblings? Relatives? Teacher? Health service provider? Religious leader?</p>	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>FRIENDS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>PARENTS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SIBLINGS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RELATIVES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TEACHER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HEALTH SERVICE PROVIDER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RELIGIOUS LEADER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	FRIENDS	1	2	PARENTS	1	2	SIBLINGS	1	2	RELATIVES	1	2	TEACHER	1	2	HEALTH SERVICE PROVIDER	1	2	RELIGIOUS LEADER	1	2	
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HEALTH SERVICE PROVIDER	1	2																									
RELIGIOUS LEADER	1	2																									
402	<p>If you want to ask more questions on these issues, who would you like to ask?</p> <p>Anyone else?</p> <p>CIRCLE ALL MENTIONED.</p> <p>DO NOT READ OUT RESPONSES.</p>	<table style="width: 100%; border: none;"> <tr> <td>FRIENDS</td> <td style="text-align: center;">A</td> </tr> <tr> <td>FATHER</td> <td style="text-align: center;">B</td> </tr> <tr> <td>MOTHER</td> <td style="text-align: center;">C</td> </tr> <tr> <td>SIBLING</td> <td style="text-align: center;">D</td> </tr> <tr> <td>RELATIVES</td> <td style="text-align: center;">E</td> </tr> <tr> <td>TEACHER</td> <td style="text-align: center;">F</td> </tr> <tr> <td>HEALTH SERVICE PROVIDER</td> <td style="text-align: center;">G</td> </tr> <tr> <td>RELIGIOUS LEADER</td> <td style="text-align: center;">H</td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: center;">X</td> </tr> <tr> <td></td> <td style="text-align: center;">(SPECIFY)</td> </tr> <tr> <td>NO ONE</td> <td style="text-align: center;">Z</td> </tr> </table>	FRIENDS	A	FATHER	B	MOTHER	C	SIBLING	D	RELATIVES	E	TEACHER	F	HEALTH SERVICE PROVIDER	G	RELIGIOUS LEADER	H	OTHER _____	X		(SPECIFY)	NO ONE	Z			
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SIBLING	D																										
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TEACHER	F																										
HEALTH SERVICE PROVIDER	G																										
RELIGIOUS LEADER	H																										
OTHER _____	X																										
	(SPECIFY)																										
NO ONE	Z																										
403	<p>CHECK104: HAVE ATTENDED SCHOOL <input type="checkbox"/> NEVER ATTENDED SCHOOL <input type="checkbox"/> → 406</p>																										
	TOPIC	404. Have you ever been taught at school about (TOPIC)?	405. In what level of schooling were you when you first were taught at school about (TOPIC)?																								
	A. How the reproductive system works	<table style="width: 100%; border: none;"> <tr> <td>YES</td> <td style="text-align: center;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DON'T KNOW</td> <td style="text-align: center;">8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8	<table style="width: 100%; border: none;"> <tr> <td>PRIMARY</td> <td style="text-align: center;">1</td> </tr> <tr> <td>JUNIOR HIGH SCHOOL</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SENIOR HIGH SCHOOL</td> <td style="text-align: center;">3</td> </tr> <tr> <td>ACADEMY</td> <td style="text-align: center;">4</td> </tr> <tr> <td>UNIVERSITY</td> <td style="text-align: center;">5</td> </tr> <tr> <td>DON'T KNOW</td> <td style="text-align: center;">8</td> </tr> </table>	PRIMARY	1	JUNIOR HIGH SCHOOL	2	SENIOR HIGH SCHOOL	3	ACADEMY	4	UNIVERSITY	5	DON'T KNOW	8						
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	B. Methods of birth control	<table style="width: 100%; border: none;"> <tr> <td>YES</td> <td style="text-align: center;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DON'T KNOW</td> <td style="text-align: center;">8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8	<table style="width: 100%; border: none;"> <tr> <td>PRIMARY</td> <td style="text-align: center;">1</td> </tr> <tr> <td>JUNIOR HIGH SCHOOL</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SENIOR HIGH SCHOOL</td> <td style="text-align: center;">3</td> </tr> <tr> <td>ACADEMY</td> <td style="text-align: center;">4</td> </tr> <tr> <td>UNIVERSITY</td> <td style="text-align: center;">5</td> </tr> <tr> <td>DON'T KNOW</td> <td style="text-align: center;">8</td> </tr> </table>	PRIMARY	1	JUNIOR HIGH SCHOOL	2	SENIOR HIGH SCHOOL	3	ACADEMY	4	UNIVERSITY	5	DON'T KNOW	8						
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	C. HIV/AIDS.	<table style="width: 100%; border: none;"> <tr> <td>YES</td> <td style="text-align: center;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DON'T KNOW</td> <td style="text-align: center;">8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8	<table style="width: 100%; border: none;"> <tr> <td>PRIMARY</td> <td style="text-align: center;">1</td> </tr> <tr> <td>JUNIOR HIGH SCHOOL</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SENIOR HIGH SCHOOL</td> <td style="text-align: center;">3</td> </tr> <tr> <td>ACADEMY</td> <td style="text-align: center;">4</td> </tr> <tr> <td>UNIVERSITY</td> <td style="text-align: center;">5</td> </tr> <tr> <td>DON'T KNOW</td> <td style="text-align: center;">8</td> </tr> </table>	PRIMARY	1	JUNIOR HIGH SCHOOL	2	SENIOR HIGH SCHOOL	3	ACADEMY	4	UNIVERSITY	5	DON'T KNOW	8						
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	D. Other sexually transmitted diseases.	<table style="width: 100%; border: none;"> <tr> <td>YES</td> <td style="text-align: center;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DON'T KNOW</td> <td style="text-align: center;">8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8	<table style="width: 100%; border: none;"> <tr> <td>PRIMARY</td> <td style="text-align: center;">1</td> </tr> <tr> <td>JUNIOR HIGH SCHOOL</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SENIOR HIGH SCHOOL</td> <td style="text-align: center;">3</td> </tr> <tr> <td>ACADEMY</td> <td style="text-align: center;">4</td> </tr> <tr> <td>UNIVERSITY</td> <td style="text-align: center;">5</td> </tr> <tr> <td>DON'T KNOW</td> <td style="text-align: center;">8</td> </tr> </table>	PRIMARY	1	JUNIOR HIGH SCHOOL	2	SENIOR HIGH SCHOOL	3	ACADEMY	4	UNIVERSITY	5	DON'T KNOW	8						
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406	<p>Have you ever attended a community-sponsored meeting about reproductive health, such as use of contraception, preparedness for delivery and prevention of sexual diseases?</p>	<table style="width: 100%; border: none;"> <tr> <td>YES</td> <td style="text-align: center;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: center;">2</td> </tr> </table>	YES	1	NO	2																					
YES	1																										
NO	2																										

5. SMOKING, DRINKING, AND DRUGS

Now I'd like to ask you some questions about the use of tobacco, alcohol and drugs. As we discussed earlier, you can choose not to answer any individual question or all of the questions. However, I hope you will answer these questions because your views are important. The information you give will be confidential and will only be used for a scientific study.

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
501	Have you ever tried cigarette smoking?	YES 1 NO..... 2	→ 506
502	How old were you when you smoked a cigarette for the first time?	AGE IN YEARS <input style="width: 40px; height: 20px;" type="text"/>	
503	How old were you when you started smoking fairly regularly?	AGE IN YEARS <input style="width: 40px; height: 20px;" type="text"/> NEVER SMOKED REGULARLY 95 DON'T KNOW 98	
504	Do you currently smoke cigarettes?	YES 1 NO..... 2	→ 506
505	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES <input style="width: 40px; height: 20px;" type="text"/>	
506	Now I have some questions about drinking alcohol such as arak, tuak, beer, and others. Have you ever drunk an alcohol-containing beverage?	YES 1 NO..... 2	→ 510
507	How old were you when you had your first drink of alcohol?	AGE IN YEARS <input style="width: 40px; height: 20px;" type="text"/> NEVER MORE THAN A FEW SIPS 95	
508	In the last 3 months, on how many days did you drink an alcohol-containing beverage? IF EVERY DAY: RECORD '90'.	NUMBER OF DAYS <input style="width: 40px; height: 20px;" type="text"/> NONE 95	
509	Have you ever gotten "drunk" from drinking an alcohol-containing beverage?	YES 1 NO..... 2	
510	There are drugs such as ganja, putau, shabu-shabu, ice and other drugs which can be used for fun or to get high (LOCAL TERMS: fly, boat, fantasize, etc.) Do you know someone who takes drugs?	YES 1 NO..... 2	
511	Have you yourself ever tried to use drugs (LOCAL TERM)?	YES 1 NO..... 2	→ 601
512	How did you use the drug? Any other way? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	SMOKED A INHALED B INJECTED C DRUNK/SWALLOWED D OTHER _____ X (SPECIFY)	
513	CHECK 512: CODE 'C' NOT CIRCLED <input style="width: 30px; height: 20px;" type="text"/> CODE 'C' CIRCLED <input style="width: 30px; height: 20px;" type="text"/>		→ 515
514	Have you ever injected drugs which can make you (LOCAL TERMS: fly, high, intoxicated, etc.)?	YES 1 NO..... 2	→ 601

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
515	How old were you when you first injected drugs?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	
516	Did you inject drugs in the last 12 months?	YES 1 NO..... 2	→ 601
517	How often did you inject the drugs?	EVERYDAY 01 A FEW TIMES A WEEK 02 EVERY WEEK 03 LESS THAN ONCE A WEEK 04 ONCE A MONTH 05 LESS THAN ONCE A MONTH 06 OTHER _____ 96 (SPECIFY)	
518	Have you ever shared needles?	YES 1 NO..... 2	

6. AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTER	CODE	SKIP TO
601	Now I want to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO..... 2	→ 618
602	From which sources of information have you learned about AIDS? Any thing else? CIRCLED ALL MENTIONED. DO NOT READ OUT RESPONSES.	RADIO A TELEVISION B NEWS PAPER/MAGAZINE C POSTER D HEALTH PROFESSIONAL E RELIGIOUS INSTITUTION F SCHOOL/TEACHER G COMMUNITY MEETING H FRIENDS/RELATIVES I WORK PLACE J OTHER _____ X (SPECIFY)	
603	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES 1 NO..... 2 DON'T KNOW 8	↙→ 611
604	What can a person do? Anything else? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	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 BITE M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER ... N OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW Z	
605	Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and who has no other partners?	YES 1 NO..... 2 DON'T KNOW 8	
606	Can a person get the AIDS virus from mosquito bites?	YES 1 NO..... 2 DON'T KNOW 8	
607	Can people REDUCE their chances of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO..... 2 DON'T KNOW 8	
608	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO..... 2 DON'T KNOW 8	
609	Can people reduce the chance of getting the AIDS virus by taking herbal medicine or antibiotic before they have sexual intercourse?	YES 1 NO..... 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTER	CODE	SKIP TO																
610	Can you tell from looking at a person if she or he has the AIDS virus?	YES 1 NO..... 2 DON'T KNOW 8																	
611	Do you know someone personally who has the virus that causes AIDS or someone who died of HIV/AIDS?	YES 1 NO..... 2																	
612	Can the virus that causes AIDS be transmitted from a mother to a child?	YES 1 NO..... 2 DON'T KNOW 8	→ 614																
613	Can the virus that causes AIDS be transmitted from a mother to a child: During pregnancy? During delivery? By breastfeeding?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>PREGNANCY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>DELIVERY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>BREASTFEEDING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	PREGNANCY	1	2	8	DELIVERY	1	2	8	BREASTFEEDING	1	2	8	
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614	If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret or not?	YES 1 NO..... 2 DON'T KNOW/UNSURE 8																	
615	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES 1 NO..... 2 DON'T KNOW/UNSURE 8																	
616	Do you know that there is a test to see if you have the AIDS virus?	YES 1 NO..... 2	→ 618																
617	Do you know a place where one can go to have the test?	YES 1 NO..... 2																	
618	Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?	YES 1 NO..... 2	→ 701																
618A	What other infections have you heard? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	SYPHILIS A GONORRHEA B GENITAL WARTS/CONDYLOMATA . C CHANCROID D CHLAMIDIA E CANDIDA F GENITAL HERPES G OTHER _____ X (SPECIFY)																	
619	From which sources of information have you learned about sexually transmitted diseases (STDs)? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	RADIO A TELEVISION B NEWS PAPER/MAGAZINE C POSTER D HEALTH PROFESSIONAL E RELIGIOUS INSTITUTION F SCHOOL/TEACHER G COMMUNITY MEETING H FRIENDS/RELATIVES I WORK PLACE J OTHER _____ X (SPECIFY)																	

NO.	QUESTIONS AND FILTER	CODE	SKIP TO
620	<p>If a man has a sexually transmitted disease, what symptoms might he have?</p> <p>Any others?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p> <p>DO NOT READ OUT RESPONSES.</p>	<p>ABDOMINAL PAIN A</p> <p>GENITAL DISCHARGE/DRIPPING . . B</p> <p>FOUL SMELLING DISCHARGE C</p> <p>BURNING PAIN ON URINATION D</p> <p>REDNESS/INFLAMMATION IN GENITAL AREA E</p> <p>SWELLING IN GENITAL AREA F</p> <p>GENITAL SORES/ULCERS G</p> <p>GENITAL WARTS H</p> <p>GENITAL ITCHING I</p> <p>BLOOD IN URINE J</p> <p>LOSS OF WEIGHT K</p> <p>IMPOTENCE L</p> <p>OTHER _____ W (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO SYMPTOMS Y</p> <p>DON'T KNOW Z</p>	
621	<p>If woman has a sexually transmitted disease, what symptoms might she have?</p> <p>Any other?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p> <p>DO NOT READ OUT RESPONSES.</p>	<p>ABDOMINAL PAIN A</p> <p>GENITAL DISCHARGE/DRIPPING . . B</p> <p>FOUL SMELLING DISCHARGE C</p> <p>BURNING PAIN ON URINATION D</p> <p>REDNESS/INFLAMMATION IN GENITAL AREA E</p> <p>SWELLING IN GENITAL AREA F</p> <p>GENITAL SORES/ULCERS G</p> <p>GENITAL WARTS H</p> <p>GENITAL ITCHING I</p> <p>BLOOD IN URINE J</p> <p>LOSS OF WEIGHT K</p> <p>HARD TO GET PREGNANT/HAVE A CHILD L</p> <p>OTHER _____ W (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO SYMPTOMS Y</p> <p>DON'T KNOW Z</p>	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
710	How old were you when you first had sexual intercourse?	AGE IN YEARS <input type="text"/> DON'T KNOW 98	
710A	What made you have sexual intercourse the first time? Anything else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	LIKED EACH OTHER A CURIOUS B PEER PRESSURE TO BE ACCEPTED C FORCED D INFLUENCE OF ALCOHOL OR DRUG E OTHER X (SPECIFY)	
710B	What is your relationship to the person you had sex with the first time?	FRIEND A BOY/GIRLFRIEND B SIBLING C RELATIVE D FATHER E MOTHER D PROSTITUTE E OTHER X (SPECIFY)	
711	The first time you had sexual intercourse, did you or your partner use any thing to prevent a pregnancy?	YES 1 NO 2 DON'T REMEMBER 8	→ 714
712	What did you or your partner use? Anything else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	CONDOM A PILL B DIAPHRAGM C WITHDRAWAL D PERIODIC ABSTINENCE E OTHER X (SPECIFY)	
714	Sometimes a woman becomes pregnant when she doesn't want to be. RESPONDENT IS FEMALE: In the past, have you ever become pregnant when you did not want to be? RESPONDENT IS FEMALE: In the past, have you ever had a sex partner who became pregnant when you did not want her to be?	YES 1 NO 2	→ 718
715	In this situation, what did you do about it?	CONTINUE THE PREGNANCY 1 STOPPED THE PREGNANCY 2 ATTEMPTED TO STOP THE PREGNANCY BUT FAILED 3 HAD A MISCARRIAGE 4 OTHER 6 (SPECIFY) DON'T KNOW 8	→ 717 → 718
716	What did you do with the baby?	KEEP THE BABY 1 BABY CARED BY OTHER PEOPLE .. 2 OTHER 6 (SPECIFY) DON'T KNOW 8	→ 718
717	Who helped you in delivering the baby (in stopping the pregnancy/attempting to stop the pregnancy)? Anything else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	DOCTOR A MIDWIFE/NURSE B TRADITIONAL BIRTH ATTENDANT . C PHARMACIST D FRIENDS/RELATIVES E NO ONE F OTHER X (SPECIFY) DON'T KNOW Z	
718	RECORD THE TIME	HOUR <input type="text"/> MINUTE <input type="text"/>	

**PARENTS LOVE
THEIR CHILDREN**

**FARMING IS HARD
WORK**

**BOYS AND GIRLS
ARE THE SAME**

**LEARN FROM OTHER'S
MISTAKES**

**THAT CHILD IS READING
A BOOK**

**ALL CHILDREN HAVE TO
GO TO SCHOOL**