

TOTAL NUMBER OF HOUSEHOLD MEMBERS

DATE OF INTERVIEW

LOCATION: URBAN 1 RURAL 2
(To be competed by supervisors)

TIME: BEGINNING OF INTERVIEW
END OF INTERVIEW

TAJIKISTAN LIVING STANDARDS SURVEY, 2007 FEMALE QUESTIONNAIRE

Name of enumerator	Code
Name of field supervisor	Code
Name of data entry operator	Code

Hukumat (District)	
Djamoat (municipality)	
Personal Account No.	Name of Household Head
Village Name	

NAME OF THE WOMAN:

ID CODE:

TLSS PSU	HH No.

The information collected will be used only for statistical purposes and is strictly confidential.

QUESTIONNAIRE ___ OF ___

MODULE 16. FEMALE QUESTIONNAIRE

INTERVIEWER:

ALL FEMALE MEMBERS OF THE HOUSEHOLD AGED BETWEEN **15 AND 49** YEARS OLD ARE ASKED TO RESPOND TO THIS SECTION .

WRITE EACH WOMAN'S ID CODE ON THE COVER OF THIS QUESTIONNAIRE (SECTION 16).

IF THE WOMAN WOULD FEEL MORE COMFORTABLE IN RESPONDING TO A FEMALE INTERVIEWER FOR THIS SECTION,
CONTACT YOUR SUPERVISOR.

REMIND HER THAT ALL ANSWERS ARE CONFIDENTIAL.

MODULE 16. FEMALE QUESTIONNAIRE

DEAR RESPONDENT

THIS SECTION IS ABOUT WOMEN'S HEALTH. IT INCLUDES QUESTIONS ABOUT GIVING BIRTH AND FAMILY PLANNING. AS SOME OF THESE QUESTIONS ARE VERY PRIVATE, If YOU WOULD PREFER TO SPEAK WITH A FEMALE INTERVIEWER, THAT CAN BE ARRANGED.

I ASSURE YOU THAT NOBODY OF YOUR FAMILY MEMBERS, NEIGHBOURS WILL KNOW YOUR ANSWERS. THEREFORE BE HONEST WITH YOUR ANSWERS. THE INFORMATION YOU GIVE WILL BE VALUABLE FOR FURTHER DEVELOPMENT OF HEALTH CARE IN OUR REPUBLIC AND ENABLE THE GOVERNMENT AND NGOs TO CARRY OUT NECESSARY PROJECTS IN THE FIELD OF WOMEN AND CHILDRENS HEALTH.

THANK-YOU VERY MUCH FOR YOUR COOPERATION AND HELP IN GIVING ANSWERS TO THESE IMPORTANT QUESTIONS. ONCE MORE I ASSURE YOU THAT THE INFORMATION WILL BE KEPT CONFIDENTIAL - NO ONE WILL DIVULGE YOUR ANSWERS.

THANK-YOU VERY MUCH FOR YOUR PARTICIPATION

PART A: TIME USE

At the beginning, I would like to ask you some questions about the household chores you have done over the last 7 days. We would like to know how many times you did a particular activity and the average time spent doing that activity.

		How many <u>times</u> in the last 7 days did you do this?	How much time do you spend doing this <u>each</u> time?	
			Hours	Minutes
63	Fetching water			
64	Gathering firwood			
65	Animal care/grazing/herding			
66	Milking animals			
67	Tending vegetable plot			
68	Going to market			
69	Cooking/baking/washing dishes			
70	Cleaning the house/laundry/ironing			
71	Stitching/embroidery for household use			
72	Child care and teaching			
73	Caring for elderly or sick relative			

**MODULE 16. FEMALE QUESTIONNAIRE
PART B: FERTILITY**

I would like to ask you some questions about your pregnancies and all the children you have given birth to.

1. Have you ever had your period?

YES 1
NO2

>> IF NO, PLEASE CLOSE THE QUESTIONNAIRE
AND RETURN IT TO THE INTERVIEWER

2. How old were you when you had your first period?

_____ years old

3. How old were you when you first married?

_____ years old

IF NEVER MARRIED, WRITE 99

4. Have you ever been pregnant, even if you had a pregnancy that lasted only a few weeks?

YES 1
NO2

>> IF NO, PLEASE GO TO QUESTION 39

5. How many children have you given birth to. Please include births where the child only lived a few short hours or died later?

NUMBER _____

>> IF NONE, PLEASE WRITE ZERO AND GO TO
QUESTION 31

6. Some times it happens that children die. It may be painful to think about such memories and I am sorry to ask you about them. However it is important to get the right information.

In all, how many of your children have not survived?

NUMBER _____

PART B: FERTILITY

PLEASE MAKE A COMPLETE LIST, STARTING WITH THE FIRST, OF ALL THE CHILDREN YOU HAVE GIVEN BIRTH TO DURING YOUR LIFE AND FILL OUT THE OTHER QUESTIONS IN THE TABLE

PLEASE LIST ALL CHILDREN, EVEN THOSE WHO ONLY LIVED FOR A SHORT TIME

L I N E N U M B E R	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
	Please list the names of all your children	Was [NAME] born single or as twin, triplet, etc.	What is the birthdate of [NAME]?	Is the child registered (at ZAGS)?	Why the child is not registered?	What sex is [NAME] as [NAME]?	Is [NAME] still alive?	How many months or years did [NAME] live?	Does [NAME] currently live in your household?	What year did [NAME] leave your household?	Where does [NAME] live?	THIS COLUMN IS FOR THE INTERVIEWER IF CHILD IS STILL IN THE HOUSEHOLD WRITE [NAME'S] ID CODE FROM HOUSEHOLD ROSTER.
						MALE 1 FEMALE 2	YES 1 (>>15) NO 2		YES 1 (>> NEXT CHILD) NO 2			
NAME	SINGLE 1 MULTI 2	IF DAY OR MONTH OF BIRTH NOT KNOWN, PUT "0" IN THAT COLUMN.	YES 1 >>12 NO 2	REGISTRATION COSTLY 1 TOO FAR (REMOTE) 2 THE CHILD DIDN'T SURVIVE 3 OTHER 4		RECORD DAYS IF LESS THAN 1 MONTH, RECORD MONTHS AND YEARS IF LESS THAN TWO YEARS, OTHERWISE YEARS ONLY. PUT "0" IN THE DATE COLUMNS NOT FILLED. (->NEXT CHILD)		YES 1 (>> NEXT CHILD) NO 2	YEAR	TAJIKISTAN 1 RUSSIA 2 KAZAKHSTAN 3 KYRGYZSTAN 4 UZBEKISTAN 5 OTHER CIS 6 OTHER EUROPE 7 OTHER 8	ID CODE	
	DAY MONTH YEAR					DAYS MONTHS YEARS						
01												
02												
03												
04												
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PART C. INFORMATION ON THE LAST CHILD BORN

NOW I WANT TO ASK YOU ABOUT THE BIRTH OF YOUR LAST CHILD

(19) While you were pregnant with [NAME] did you go for medical consultations for your pregnancy at a maternity home, women's consultation, or other health service facility?

YES 1 > QUESTION 21

NO 2

(20) If no, Why did you not go for medical consultations for your pregnancy at a maternity home, women's consultation, or other health service facility?

DID NOT KNOW ABOUT SUCH SERVICES 1

TOO FAR 2

NOT AVAILABLE 3

COULD NOT AFFORD 4

ASHAMED 5

NOW GO TO QUESTION 22

(21) How many consultations did you have in connection with your pregnancy?

No. OF VISITS

(22) Who assisted you at the birth of [NAME]?

DOCTOR 1

NURSE 2

MIDWIFE WITH DIPLOMA 3

MIDWIFE 4

FELDSHER 5

OTHER 6

(23) Where did you give birth to [NAME]?

CITY HOSPITAL 1

SUB 2

SVA 3

MATERNITY HOME 4

AT HOME 5

IN THE HOME OF A MIDWIFE 6

OTHER (SPECIFY) 7

(24) Did you ever breastfeed [NAME]?

YES 1 > QUESTION 26

NO 2

(25) If you did NOT breastfeed, why not?

BAD MILK 1

NO MILK./COULD NOT 2

CHILD DID NOT LIKE IT 3

I WAS ILL 4

I DID NOT WANT TO 5

NOW GO TO QUESTION 31

(26) Are you still breastfeeding [NAME] today?

YES 1

NO 2 > QUESTION 28

(27) Since this time yesterday did [NAME] receive any liquids in addition to breast-milk (water, tea milk)?

YES 1

NO 2

(28) When did you start breastfeeding [NAME]?

THE FIRST 24 HOURS AFTER DELIVERY 1

SECOND DAY OR LATER 2

(29) How old was [NAME] when you first gave him/her water, tea or juice in addition to breastmilk?

DAYS WEEKS MONTHS

(30) How many months altogether did you breast-feed [NAME]? That is, how old was he/she when completely weaned?

NUMBER OF MONTHS

(31) Have you had any miscarriages, even though the pregnancy lasted only a few weeks or months, or have you had a stillborn child?

YES 1

NO 2 > QUESTION 33

(32) How many miscarriages and stillbirths have you had in your life?

NUMBER

PART D: CONTRACEPTION

NOW I WOULD LIKE TO ASK YOU ABOUT FAMILY PLANNING - THE VARIOUS WAYS OR METHODS THAT A COUPLE CAN USE TO AVOID PREGNANCY

(33) Have you had any induced abortions in the course of your life?

YES	1	
NO	2 > QUESTION 35	

(34) How many induced abortions have you had in your life?

NUMBER

(35) Are you pregnant now?

YES	1	
NO	2 > QUESTION 39	

(36) How many weeks are you into your pregnancy?

NUMBER OF WEEKS

(37) Have you seen a doctor or health worker regarding this current pregnancy?

YES	1 > QUESTION 42	
NO	2	

(38) IF NO, why not?

DID NOT KNOW ABOUT SUCH SERVICES	1	
TOO FAR	2	
NOT AVAILABLE	3	
COULD NOT AFFORD	4	
ASHAMED	5	

(39) Some couples use various ways or methods to delay or avoid pregnancy. Are you currently doing something or using any method to delay or avoid getting pregnant?

YES	1 > QUESTION 41	
NO	2	

(40) Which of the following reasons best describes why you do not use any birth control method? **(GO TO QUESTION 42 AFTER RESPONDING)**

WANT TO HAVE A CHILD	1
TOO EXPENSIVE	2
HUSBAND OR PARTNER DOES NOT WANT	3
DO NOT KNOW HOW TO USE	4
DO NOT KNOW WHERE TO BUY	5
RELIGIOUS REASONS	6
HEALTH PROBLEMS	7
NOT IN A RELATIONSHIP	8
ABSENCE OF HUSBAND OR PARTNER	9
OTHER	10

(41) What birth control method are you currently using?

ABSTINENCE	1
OBSERVING THE CYCLE	2
INTERRUPTION OF THE ACT	3
DOUCHE WITH WATER	4
CONDOM	5
CAP	6
PILLS	7
SPIRAL (IUD)	8
INJECTIONS	9
STERILIZATION	10
FOAM/JELLY/CREAM	11
OTHER	12

(42) Do you have to pay for the method of birth control that you are using?

YES	1	
NO	2 > QUESTION 44	

(43) How much did you (or your husband) pay for this method?

SOMONI

PART D: CONTRACEPTION

(44)	In your opinion, who (or what) was the most important source of information you have had about topics related to sexual matters?		
	Mother	1	
	Father	2	
	Other relative	3	
	Husband/partner	4	
	Boyfriend	5	
	Friend	6	
	Co-worker	7	
	Colleague, peers	8	
	Doctor	9	
	Nurse, midwife	10	
	Teacher	11	
	Pharmacist	12	
	Books	13	
	Newspaper, magazines, brochures	14	
	Radio	15	
	TV	16	<input type="text"/>
	Other	17	
	Don't remember	99	