

ZIMBABWE DEMOGRAPHIC AND HEALTH SURVEY
MALE QUESTIONNAIRE

| IDENTIFICATION | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| WARD/VILLAGE _____ | <table border="1" style="border-collapse: collapse; width: 100%; height: 100%;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> | | | | | | | | | | | | | | | | | | | | | |
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| NAME OF HOUSEHOLD HEAD _____ | | | | | | | | | | | | | | | | | | | | | | |
| CLUSTER NUMBER..... | | | | | | | | | | | | | | | | | | | | | | |
| HOUSEHOLD NUMBER..... | | | | | | | | | | | | | | | | | | | | | | |
| PROVINCE..... | | | | | | | | | | | | | | | | | | | | | | |
| URBAN/RURAL (urban=1, rural=2)..... | | | | | | | | | | | | | | | | | | | | | | |
| MAIN TOWN/OTHER URBAN/RURAL..... (main town=1, other urban=2, rural=3) | | | | | | | | | | | | | | | | | | | | | | |
| NAME AND LINE NUMBER OF MAN _____ | | | | | | | | | | | | | | | | | | | | | | |

| INTERVIEWER VISITS | | | | |
|---|---|---|---|--|
| | 1 | 2 | 3 | FINAL VISIT |
| DATE | | | | DAY <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> |
| INTERVIEWER'S NAME | | | | MONTH <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> |
| RESULT*** | | | | YEAR <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> |
| | | | | NAME <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> |
| | | | | RESULT <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> |
| NEXT VISIT: DATE | | | | TOTAL NUMBER |
| TIME | | | | OF VISITS <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> |
| ***RESULT CODES: 1 COMPLETED 4 REFUSED 7 OTHER _____ 2 NOT AT HOME 5 PARTLY COMPLETED 3 POSTPONED 6 INCAPACITATED <div style="text-align: right;">(specify)</div> | | | | |

| | |
|---|---|
| LANGUAGE OF QUESTIONNAIRE: ENGLISH | 3 |
|---|---|

| LANG. INTERV: | TEAM LEADER | FIELD EDITOR | OFFICE EDITOR | KEYED BY |
|---------------|-------------|--------------|---|---|
| SHONA.....1 | NAME _____ | NAME _____ | <table border="1" style="width: 30px; height: 20px;"></table> | <table border="1" style="width: 30px; height: 20px;"></table> |
| NDEBELE.....2 | DATE _____ | DATE _____ | <table border="1" style="width: 30px; height: 20px;"></table> | <table border="1" style="width: 30px; height: 20px;"></table> |
| ENGLISH.....3 | | | | |
| OTHER.....6 | | | | |

M1

SECTION 1. RESPONDENT'S BACKGROUND

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|------|
| 101 | RECORD THE TIME. | HOUR..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/> | |
| 102 | First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a town or in a rural area? IF TOWN: Which town? | MAIN TOWN.....1 OTHER URBAN.....2 RURAL.....3 | |
| 105 | In what month and year were you born? | MONTH..... <input type="text"/> <input type="text"/> DK MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DK YEAR.....98 | |
| 106 | How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT. | AGE IN COMPLETED YEARS..... <input type="text"/> <input type="text"/> | |
| 107 | Have you ever attended school? | YES.....1 NO.....2 | →114 |
| 108 | What is the highest level of school you attended: primary, secondary, or higher? | PRIMARY.....1 SECONDARY.....2 HIGHER.....3 | |
| 109 | What is the highest (grade/form/year) you completed at that level? | YEARS..... <input type="text"/> <input type="text"/> | |
| 110 | CHECK 106: AGE 24 OR BELOW <input type="checkbox"/> AGE 25 OR ABOVE <input type="checkbox"/> | | →113 |
| 111 | Are you currently attending school? | YES.....1 NO.....2 | →113 |
| 112 | What was the main reason you stopped attending school? | GOT MARRIED.....01 HAD TO CARE FOR YOUNGER CHILDREN..02 FAMILY NEEDED HELP ON FARM OR IN BUSINESS.....03 COULD NOT PAY SCHOOL FEES.....04 NEEDED TO EARN MONEY.....05 GRADUATED/HAD ENOUGH SCHOOLING...06 BAD GRADES.....07 DID NOT LIKE SCHOOL.....08 SCHOOL NOT ACCESSIBLE/TOO FAR....09 OTHER _____ 96 (SPECIFY) DK.....98 | |
| 113 | CHECK 108: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/> | | →115 |

SECTION 2. MARRIAGE AND REPRODUCTION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|---|------|
| 201 | Are you currently married? | YES, CURRENTLY MARRIED.....1 NO, NOT CURRENTLY MARRIED.....2 | →204 |
| 202 | How many wives do you have? | NUMBER OF WIVES..... <input type="text"/> <input type="text"/> | |
| 203 | Does (Do) your wife (wives) live in this household? IF YES, What is (are) her name(s)? RECORD: LINE NUMBER(S) OF THE WIFE (WIVES) IN HOUSEHOLD QUESTIONNAIRE | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | →206 |
| 204 | Have you ever been married or lived with a woman? | YES.....1 NO.....2 | →209 |
| 205 | What is your marital status now: are you widowed or divorced? | WIDOWED.....1 DIVORCED.....2 | |
| 206 | In what month and year did you start living with your (first) wife? | MONTH..... <input type="text"/> <input type="text"/> DK MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DK YEAR.....98 | →208 |
| 207 | How old were you when you started living with her? | AGE..... <input type="text"/> <input type="text"/> | |
| 208 | CHECK 201: NOT CURRENTLY MARRIED <input type="checkbox"/> CURRENTLY MARRIED <input type="checkbox"/> | | →210 |
| 209 | Do you currently have a regular partner, or occasional partner(s) or no partner at all? | REGULAR PARTNER.....1 OCCASIONAL PARTNER(S).....2 NO PARTNER AT ALL.....3 | |
| 210 | Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family planning issues. When was the last time you had sexual intercourse with anyone? | NEVER.....000 DAYS AGO.....1 <input type="text"/> <input type="text"/> WEEKS AGO.....2 <input type="text"/> <input type="text"/> MONTHS AGO.....3 <input type="text"/> <input type="text"/> YEARS AGO.....4 <input type="text"/> <input type="text"/> | →301 |
| 211 | How old were you when you first had sexual intercourse? | AGE..... <input type="text"/> <input type="text"/> WHEN FIRST MARRIED96 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | |
|-----|---|---|---|--|--|--|--|
| 212 | Now I would like to ask about all the children you have had during your life. Do you have children? | YES.....1 NO.....2 | →217 | | | | |
| 213 | Do you have any sons or daughters who are now living with you? | YES.....1 NO.....2 | →215 | | | | |
| 214 | How many sons live with you? And how many daughters live with you? IF NONE RECORD '00'. | SONS AT HOME..... DAUGHTERS AT HOME..... | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> | | | | |
| | | | | | | | |
| | | | | | | | |
| 215 | Do you have any sons or daughters who are alive but do not live with you? | YES.....1 NO.....2 | →217 | | | | |
| 216 | How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE RECORD '00'. | SONS ELSEWHERE..... DAUGHTERS ELSEWHERE..... | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> | | | | |
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| | | | | | | | |
| 217 | Have you ever had a son or a daughter who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but survived only a few hours or days? | YES.....1 NO.....2 | →219 | | | | |
| 218 | How many boys have died? And how many girls have died? IF NONE RECORD '00'. | BOYS DEAD..... GIRLS DEAD..... | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> | | | | |
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| | | | | | | | |
| 219 | SUM ANSWERS TO 214, 216, AND 218, AND ENTER TOTAL. IF NONE RECORD '00'. | TOTAL..... | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> | | | | |
| | | | | | | | |
| 220 | CHECK 219: Just to make sure that I have this right: you have had in TOTAL ____ children during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> PROBE AND CORRECT 212-219 AS NECESSARY | | | | | | |
| 221 | CHECK 219: HAS HAD CHILDREN <input type="checkbox"/> HAS HAD NO CHILDREN <input type="checkbox"/> | | →301 | | | | |
| 222 | In what month and year was your last child born? | MONTH..... DK MONTH.....98 YEAR..... | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> | | | | |
| | | | | | | | |
| | | | | | | | |
| 223 | Is your last child still alive? | YES.....1 NO.....2 | | | | | |
| 224 | When your wife became pregnant with this last child, did you want her to become pregnant then, did you want her to wait until later, or did you not want her to become pregnant at all? | THEN.....1 LATER.....2 NOT AT ALL.....3 | | | | | |

M5

SECTION 3: CONTRACEPTION

301 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. Which ways or methods have you heard about?

CIRCLE CODE 1 IN 302 FOR EACH METHOD MENTIONED SPONTANEOUSLY THEN PROCEED DOWN THE COLUMN, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED. THEN CHECK IN 303 IF HE HAS EVER HAD SEX. IF NO, GO TO 401. IF YES, GO ON WITH 304. THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 302, ASK 304 BEFORE PROCEEDING TO THE NEXT METHOD.

302 Have you ever heard of (METHOD)?
READ DESCRIPTION OF EACH METHOD.

303 CHECK 210 :
HAS HAD SEX HAS NEVER HAD SEX → 401

304 Have you ever used (METHOD) with anyone?

| | | |
|--|---|---|
| 01] PILL Women can take a pill every day. | YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3 | YES.....1 NO.....2 |
| 02] IUD Women can have a loop or coil placed inside them by a doctor or a nurse. | YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3 | YES.....1 NO.....2 |
| 03] INJECTIONS Women can have an injection by a doctor or a nurse which stops them from becoming pregnant for months. | YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3 | YES.....1 NO.....2 |
| 04] IMPLANTS Women can have 5 small rods placed in the arm by a doctor which can prevent pregnancy for several years. | YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3 | YES.....1 NO.....2 |
| 05] DIAPHRAGM, FOAMING TABLETS. Woman can place a diaphragm, foaming tablet, sponge, jelly, or cream inside themselves before sexual intercourse. | YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3 | YES.....1 NO.....2 |
| 06] CONDOM Men can use a rubber sheath during sexual intercourse. | YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3 | YES.....1 NO.....2 |
| 07] FEMALE STERILIZATION Women can have an operation to avoid having any more children. | YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3 | Has your wife ever had this operation? YES.....1 NO.....2 |
| 08] MALE STERILIZATION Men can have an operation to avoid having any more children. | YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3 | Have you ever had this operation? YES.....1 NO.....2 |
| 09] SAFE PERIOD, RHYTHM Every month that a woman is sexually active the couple can avoid having sex on the days of the month she is more likely to get pregnant. | YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3 | YES.....1 NO.....2 |
| 10] WITHDRAWAL Men can be careful and pull out before climax. | YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3 | YES.....1 NO.....2 |
| 11] Have you heard of any other ways or methods that women or men can use to avoid pregnancy? | YES/SPONTANEOUS.....1 NO.....3 | |
| 1) _____ (SPECIFY) |  | YES.....1 NO.....2 |
| 2) _____ (SPECIFY) | | YES.....1 NO.....2 |

305 CHECK 304:

NOT A SINGLE "YES"
(NEVER USED)

AT LEAST ONE "YES" (EVER USED) → 308

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | |
|------|--|--|---|--|--|--|--|
| 306 | Have you ever used anything or tried anything in any way to delay or avoid having a child? | YES.....1 NO.....2 | →316 | | | | |
| 307 | What have you used or done? CORRECT 304-305 (AND 302 IF NECESSARY) | | | | | | |
| 308 | CHECK 303: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>MAN NOT STERILIZED</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>MAN STERILIZED</p> <input type="checkbox"/> </div> </div> | | →310A | | | | |
| 309 | Are you currently doing something or using any method to delay or avoid having a child? | YES.....1 NO.....2 | →316 | | | | |
| 310 | Which method are you using? | PILL.....01 IUD.....02 INJECTIONS.....03 IMPLANTS.....04 DIAPHRAGM/FOAMING TABLET/SPONGE...05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 SAFE PERIOD/RHYTHM.....09 WITHDRAWAL.....10 OTHER _____ 96 (SPECIFY) | →315 | | | | |
| 310A | (NOTE: DO NOT ASK Q.310A IF THE MAN IS NOT STERILIZED) You have said that you had an operation that keeps you from getting a woman pregnant. Is that correct? IF RESPONDENT SAYS "NO", CORRECT 303-304 (AND 302 IF NECESSARY). IF RESPONDENT CONFIRMS WITH A "YES", CIRCLE '08' FOR MALE STERILIZATION. | | →316 | | | | |
| 311 | Where did the sterilisation take place? IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) | PUBLIC SECTOR CENTRAL HOSPITAL.....11 PROVINCIAL HOSPITAL.....12 DISTRICT/RURAL HOSPITAL.....13 OTHER PUBLIC _____ 16 (SPECIFY) MISSION FACILITY.....19 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....21 PRIVATE DOCTOR.....23 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER _____ 96 (SPECIFY) DK.....98 | | | | | |
| 312 | Do you regret that (you/your wife) had the operation not to have any (more) children? | YES.....1 NO.....2 | →314 | | | | |
| 313 | Why do you regret the operation? | RESPONDENT WANTS ANOTHER CHILD...01 WIFE WANTS ANOTHER CHILD.....02 SIDE EFFECTS.....03 CHILD DIED.....04 OTHER _____ 96 (SPECIFY) | | | | | |
| 314 | In what month and year was the sterilization performed? | MONTH..... YEAR..... | <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> →316 | | | | |
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| 315 | <p>Where did you obtain (METHOD) the last time?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(NAME OF PLACE)</p> | <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL/CLINIC.....11</p> <p>RURAL/MUNICIPAL CLINIC.....12</p> <p>RURAL HEALTH CENTRE.....13</p> <p>ZNFPC MOBILE CLINIC.....14</p> <p>MOH MOBILE CLINIC.....15</p> <p>ZNFPC CBD.....16</p> <p>MOH CBD.....17</p> <p>OTHER PUBLIC _____ 18</p> <p style="text-align: right;">(SPECIFY)</p> <p>MISSION FACILITY.....19</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC.....21</p> <p>PHARMACY.....22</p> <p>PRIVATE DOCTOR.....23</p> <p>CBD.....25</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ 26</p> <p style="text-align: right;">(SPECIFY)</p> <p>OTHER PRIVATE SECTOR</p> <p>SHOP.....31</p> <p>CHURCH.....32</p> <p>FRIENDS/RELATIVES.....33</p> <p>OTHER _____ 96</p> <p style="text-align: right;">(SPECIFY)</p> | |
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| 316 | <p>CHECK 201 AND 209:</p> <p>CURRENTLY MARRIED OR HAVING A REGULAR PARTNER <input type="checkbox"/></p> | <p>NOT CURRENTLY MARRIED AND NOT HAVING A REGULAR PARTNER <input type="checkbox"/></p> | 319 |
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| 317 | <p>Is your wife (or one of your wives)/regular partner pregnant now?</p> | <p>YES.....1</p> <p>NO.....2</p> <p>UNSURE.....8</p> | 319 |
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| 318 | <p>When she became pregnant, did you want her to become pregnant then, did you want her to wait until later, or did you not want this pregnancy at all?</p> | <p>THEN.....1</p> <p>LATER.....2</p> <p>NOT AT ALL.....3</p> | |
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| 319 | <p>CHECK 210: HAS HAD SEX <input type="checkbox"/></p> | <p>NEVER HAD SEX <input type="checkbox"/></p> | 401 |
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| 320 | <p>CHECK 302:</p> <p>KNOWS CONDOM <input type="checkbox"/></p> <p>Now I need to ask you some more questions about sexual activity. The last time you had sex, was a condom used?</p> | <p>DOES NOT KNOW CONDOM <input type="checkbox"/></p> <p>Now I need to ask you some more questions about sexual activity. Some men use a condom, which means that they put a rubber sheath on their penis during sexual intercourse. The last time you had sex, was a condom used?</p> | <p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p> |
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| 321 | <p>Do you know where you can get condoms?</p> | <p>YES.....1</p> <p>NO.....2</p> | 323 |
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| 322 | <p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE 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>GOVERNMENT HOSPITAL/CLINIC.....10</p> <p>RURAL/MUNICIPAL CLINIC.....11</p> <p>ZNFPC CLINIC.....12</p> <p>RURAL HEALTH CENTRE.....13</p> <p>ZNFPC MOBILE CLINIC.....14</p> <p>MOH MOBILE CLINIC.....15</p> <p>ZNFPC CBD.....16</p> <p>MOH CBD.....17</p> <p>OTHER PUBLIC _____ 18</p> <p style="text-align: center;">(SPECIFY)</p> <p>MISSION FACILITY.....19</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC.....21</p> <p>PHARMACY.....22</p> <p>PRIVATE DOCTOR.....23</p> <p>CBD.....25</p> <p>OTHER PRIVATE</p> <p style="padding-left: 20px;">MEDICAL _____ 26</p> <p style="text-align: center;">(SPECIFY)</p> <p>OTHER PRIVATE SECTOR</p> <p>SHOP.....31</p> <p>CHURCH.....32</p> <p>FRIENDS/RELATIVES.....33</p> <p>OTHER _____ 96</p> <p style="text-align: center;">(SPECIFY)</p> | |
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| 323 | <p>CHECK 201:</p> <p>CURRENTLY MARRIED <input type="checkbox"/></p> <p style="text-align: center;">↓</p> | <p>NOT CURRENTLY MARRIED <input type="checkbox"/></p> <p style="text-align: right;">→ 332</p> | |
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| 324 | <p>Who did you have sex with the last time you had sexual intercourse? Was it with your wife or was it with someone else?</p> | <p>WIFE.....1</p> <p>SOMEONE ELSE.....2</p> | |
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| 325 | <p>Have you had sex with your wife in the last four weeks?</p> | <p>YES.....1</p> <p>NO.....2 → 328</p> | |
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| 326 | <p>How many times?</p> | <p>NUMBER OF TIMES..... <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/></p> <p>DK.....98</p> | |
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| 327 | <p>Was a condom used on any of these occasions?</p> <p>IF YES: Was it each time or sometimes?</p> | <p>YES, EACH TIME.....1</p> <p>YES, SOMETIMES.....2</p> <p>NEVER.....3</p> | |
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| 328 | <p>Have you had sex with anyone other than your wife in the last four weeks?</p> | <p>YES.....1</p> <p>NO.....2 → 401</p> | |
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| 329 | <p>With how many persons other than your wife have you had sex with in the last 4 weeks?</p> | <p>NUMBER OF PERSONS..... <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/></p> <p>DK.....98</p> | |
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| 330 | <p>How many times have you had sex with someone apart from your wife in the last 4 weeks?</p> | <p>NUMBER OF TIMES..... <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/></p> <p>DK.....98</p> | |
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| 331 | <p>Was a condom used on any of these occasions?</p> <p>IF YES: Was it each time or sometimes?</p> | <p>YES, EACH TIME.....1</p> <p>YES, SOMETIMES.....2</p> <p>NEVER.....3</p> <p style="text-align: right;">→ 401</p> | |
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| 332 | <p>Have you had sex with anyone in the last four weeks?</p> | <p>YES.....1</p> <p>NO.....2 → 401</p> | |
|-----|---|--|--|

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|---|------|
| 333 | With how many persons have you had sex in the last 4 weeks? | NUMBER OF PERSONS..... <input type="text"/> <input type="text"/> DK.....98 | |
| 334 | How many times have you had sex with someone in the last 4 weeks? | NUMBER OF TIMES..... <input type="text"/> <input type="text"/> DK.....98 | |
| 335 | Was a condom used on any of these occasions? IF YES: Was it each time or sometimes? | YES, EACH TIME.....1 YES, SOMETIMES.....2 NEVER.....3 | |

M10

SECTION 4. FERTILITY PREFERENCES

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|---|------------|
| 401 | <p>CHECK 210:</p> <p>EVER HAD SEX <input type="checkbox"/> NEVER HAD SEX <input type="checkbox"/></p> | | 413 |
| 402 | <p>CHECK 317 AND 201:</p> <p>WIFE (WIVES) NOT PREGNANT OR UNSURE OR MAN NOT CURRENTLY MARRIED <input type="checkbox"/> WIFE PREGNANT <input type="checkbox"/></p> <p>Now I have some questions about the future. Would you like to have (a/another) child or would you prefer not to have any (more) children?</p> <p>Now I have some questions about the future. After the child your wife is expecting, would you like to have another child or would you prefer not to have any more children?</p> | <p>HAVE (A/ANOTHER) CHILD.....1</p> <p>NO MORE/NONE.....2</p> <p>SAYS WIFE CAN'T GET PREGNANT.....3</p> <p>UNDECIDED/DK.....8</p> | 406 404 |
| 403 | <p>CHECK 317 AND 201:</p> <p>WIFE (WIVES) NOT PREGNANT OR UNSURE OR MAN NOT CURRENTLY MARRIED <input type="checkbox"/> WIFE PREGNANT <input type="checkbox"/></p> <p>How long would you like to wait from now before the birth of (a/another) child?</p> <p>How long would you like to wait after the birth of the child your wife is expecting before the birth of another child?</p> | <p>MONTHS.....1</p> <p>YEARS.....2</p> <p>SOON/NOW.....993</p> <p>SAYS WIFE CAN'T GET PREGNANT.....994</p> <p>AFTER MARRIAGE.....995</p> <p>OTHER _____ 996</p> <p>(SPECIFY)</p> <p>DK.....998</p> | 406 |
| 404 | <p>CHECK 317 AND 201:</p> <p>WIFE NOT PREGNANT OR UNSURE <input type="checkbox"/> WIFE PREGNANT OR MAN NOT CURRENTLY MARRIED <input type="checkbox"/></p> | | 406 |
| 405 | <p>If your wife became pregnant in the next few weeks, would you be <u>happy</u>, <u>unhappy</u>, or would it <u>not matter</u> very much?</p> | <p>HAPPY.....1</p> <p>UNHAPPY.....2</p> <p>WOULD NOT MATTER.....3</p> | |
| 406 | <p>CHECK 309: USING A METHOD?</p> <p>NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/></p> | | 413 |
| 407 | <p>Do you intend to use a method to delay or avoid pregnancy within the next 12 months?</p> | <p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p> | 409 |
| 408 | <p>Do you intend to use a method at any time in the future?</p> | <p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p> | 410 |
| 409 | <p>Which method would you prefer to use?</p> | <p>PILL.....01</p> <p>IUD.....02</p> <p>INJECTIONS.....03</p> <p>IMPLANTS.....04</p> <p>DIAPHRAGM/FOAM/JELLY.....05</p> <p>CONDOM.....06</p> <p>FEMALE STERILIZATION.....07</p> <p>MALE STERILIZATION.....08</p> <p>SAFE PERIOD.....09</p> <p>WITHDRAWAL.....10</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>UNSURE.....98</p> | 413 |

| | | |
|-----|---|--|
| 410 | What is the main reason you never intend to use a method? | NOT MARRIED.....11 FERTILITY-RELATED REASONS INFREQUENT SEX.....22 WIFE MENOPAUSAL/HYSTERECTOMY.....23 SUBFECUND/INFECUND.....24 WANTS MORE CHILDREN.....26 OPPOSITION TO USE RESPONDENT OPPOSED.....31 WIFE OPPOSED.....32 OTHERS OPPOSED.....33 RELIGIOUS PROHIBITION.....34 LACK OF KNOWLEDGE KNOWS NO METHOD.....41 KNOWS NO SOURCE.....42 METHOD-RELATED REASONS HEALTH CONCERNS.....51 FEAR OF SIDE EFFECTS.....52 LACK OF ACCESS/TOO FAR.....53 COST TOO MUCH.....54 INCONVENIENT TO USE.....55 INTERFERES WITH BODY'S NORMAL PROCESSES.....56 OTHER _____ 96 (SPECIFY) DK.....98 |
|-----|---|--|

| | | |
|-----|---|------|
| 411 | CHECK 410: CODE 11 CIRCLED <input type="checkbox"/> CODE 11 NOT CIRCLED <input type="checkbox"/> | →413 |
|-----|---|------|

| | | |
|-----|--|-----------------------------------|
| 412 | Would you ever use a method if you were married? | YES.....1 NO.....2 DK.....8 |
|-----|--|-----------------------------------|

| | | | |
|-----|---|--|------|
| 413 | CHECK 214 AND 216: HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE. | NUMBER..... <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY) | →415 |
|-----|---|--|------|

| | | |
|-----|---|--|
| 414 | How many of these children would you like to be boys and how many would you like to be girls? | BOYS GIRLS EITHER NUMBER.... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER _____ 999996 (SPECIFY) |
|-----|---|--|

| | | | |
|-----|--|---|------|
| 415 | Do you approve or disapprove of couples using a method of family planning to avoid getting pregnant? | APPROVE.....1 DISAPPROVE.....2 NO OPINION.....3 | →417 |
|-----|--|---|------|

| | | |
|-----|--|-----------------------|
| 416 | Have you ever recommended family planning to a friend, relative, or anyone else? | YES.....1 NO.....2 |
|-----|--|-----------------------|

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | |
|----------------------------|--|---|------|-------------|-----------------|------------|------------|---|-----------------|---|-----------------|----------------------------|---|---|-------------|---|---|----------------------------|---|---|----------|---|---|--|
| 417 | <p>Is it acceptable or not acceptable to you for information on family planning to be provided:</p> <p>On the radio?</p> <p>On the television?</p> <p>By a CBD?</p> | <table border="1"> <thead> <tr> <th></th> <th>ACCEPT-ABLE</th> <th>NOT ACCEPT-ABLE</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>RADIO.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TELEVISION.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>CBD.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table> | | ACCEPT-ABLE | NOT ACCEPT-ABLE | DK | RADIO..... | 1 | 2 | 8 | TELEVISION..... | 1 | 2 | 8 | CBD..... | 1 | 2 | 8 | | | | | | |
| | ACCEPT-ABLE | NOT ACCEPT-ABLE | DK | | | | | | | | | | | | | | | | | | | | | |
| RADIO..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | |
| TELEVISION..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | |
| CBD..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | |
| 418 | <p>In the last six months have you heard or learned about family planning:</p> <p>On the radio?</p> <p>On the television?</p> <p>In a newspaper or magazine?</p> <p>From a poster?</p> <p>From leaflets or brochures?</p> <p>From a CBD?</p> | <table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>RADIO.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>POSTER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>LEAFLETS OR BROCHURES.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CBD.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table> | | YES | NO | RADIO..... | 1 | 2 | TELEVISION..... | 1 | 2 | NEWSPAPER OR MAGAZINE..... | 1 | 2 | POSTER..... | 1 | 2 | LEAFLETS OR BROCHURES..... | 1 | 2 | CBD..... | 1 | 2 | |
| | YES | NO | | | | | | | | | | | | | | | | | | | | | | |
| RADIO..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| TELEVISION..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| NEWSPAPER OR MAGAZINE..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| POSTER..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| LEAFLETS OR BROCHURES..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| CBD..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| 419 | <p>In the last six months have you discussed the practice of family planning with your friends or relatives?</p> | <p>YES.....1</p> <p>NO.....2</p> | →421 | | | | | | | | | | | | | | | | | | | | | |
| 420 | <p>With whom?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p> | <p>WIFE.....A</p> <p>MOTHER.....B</p> <p>REGULAR PARTNER (NOT WIFE).....C</p> <p>FATHER.....D</p> <p>SISTER(S).....E</p> <p>BROTHER(S).....F</p> <p>DAUGHTER.....G</p> <p>MOTHER-IN-LAW.....H</p> <p>FRIENDS.....I</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> | | | | | | | | | | | | | | | | | | | | | | |
| 421 | <p>Do you think most, some, or none of the men you know use some kind of family planning?</p> | <p>MOST.....1</p> <p>SOME.....2</p> <p>NONE.....3</p> <p>DK.....8</p> | | | | | | | | | | | | | | | | | | | | | | |
| 422 | <p>CHECK 201:</p> <p>YES, CURRENTLY MARRIED <input type="checkbox"/></p> <p>NO, NOT CURRENTLY MARRIED <input type="checkbox"/></p> | | →501 | | | | | | | | | | | | | | | | | | | | | |
| 423 | <p>Now I want to ask you about your wife's view on family planning.</p> <p>Do you think that your wife approves or disapproves of couples using a method to avoid pregnancy?</p> | <p>APPROVES.....1</p> <p>DISAPPROVES.....2</p> <p>DK.....8</p> | | | | | | | | | | | | | | | | | | | | | | |
| 424 | <p>Have you and your wife ever discussed the number of children you would like to have?</p> | <p>YES.....1</p> <p>NO.....2</p> | | | | | | | | | | | | | | | | | | | | | | |
| 425 | <p>Do you think your wife wants the same number of children that you want, or does she want more or fewer than you want?</p> | <p>SAME NUMBER.....1</p> <p>MORE CHILDREN.....2</p> <p>FEWER CHILDREN.....3</p> <p>DK.....8</p> | | | | | | | | | | | | | | | | | | | | | | |

SECTION 5. AIDS AND SEXUALLY TRANSMITTED DISEASES

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|---|------|
| 501 | Have you heard about diseases that can be transmitted through sex? | YES.....1 NO.....2 | →514 |
| 502 | Which diseases have you heard about? RECORD ALL RESPONSES | SYPHILIS.....A GONORRHEA.....B AIDS/HIV INFECTION.....C GENITAL WARTS / CONDYLOMATA.....D CHANCROID.....E OTHER _____ W OTHER _____ X (SPECIFY) DK.....Z | |
| 503 | CHECK 210: HAS HAD SEX <input type="checkbox"/> ↓ | HAS NEVER HAD SEX <input type="checkbox"/> | →513 |
| 504 | During the last 12 months, did you have any of these diseases? | YES.....1 NO.....2 DK.....8 | →513 |
| 505 | Which? RECORD ALL RESPONSES | SYPHILIS.....A GONORRHEA.....B AIDS/HIV INFECTION.....C GENITAL WARTS / CONDYLOMATA.....D CHANCROID.....E OTHER _____ W OTHER _____ X (SPECIFY) DDN'T KNOW.....Z | |
| 506 | During the last 12 months, did you have a discharge from your penis? | YES.....1 NO.....2 DK.....8 | |
| 507 | During the last 12 months, did you have a sore or ulcer on your penis? | YES.....1 NO.....2 DK.....8 | |
| 508 | When you had the most recent episode of (DISEASE FROM 505, 506, 507) did you seek advice or treatment? | ADVICE /TREATMENT.....1 SELF TREATMENT.....2 DID NOT DO ANYTHING.....3 | →510 |
| 509 | Where did you seek advice or treatment? Any other place or person? RECORD ALL MENTIONED | PUBLIC SECTOR CENTRAL HOSPITAL.....A PROVINCIAL HOSPITAL.....B DISTRICT/RURAL HOSPITAL.....C RURAL HEALTH CENTRE.....D RURAL/MUNICIPAL CLINIC.....E VILLAGE COMMUNITY WORKER.....F OTHER PUBLIC SECTOR.....G (specify) MISSION HOSPITAL/CLINIC.....H PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....I PHARMACY.....J PRIVATE DOCTOR.....K VILLAGE COMMUNITY WORKER.....L OTHER MED. PRIVATE SECTOR.....M (specify) OTHER PRIVATE SECTOR SHOP.....N RELATIVES/FRIENDS.....O TRADITIONAL HEALER.....P OTHER _____ X (specify) | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|--|------|
| 510 | When you had (DISEASE of 505, 506, 507) did you advise your partner to seek treatment? | YES.....1 NO.....2 | |
| 511 | When you had (DISEASE of 505, 506, 507) did you do something not to infect your partner? | YES.....1 NO.....2 PARTNER ALREADY INFECTED.....3 | 513 |
| 512 | What did you do? RECORD ALL MENTIONED | NO SEXUAL INTERCOURSE.....A USED CONDOMS.....B RECEIVED MEDICAL TREATMENT.....C OTHER _____ X (SPECIFY) | |
| 513 | SEE QUESTION 502 DID NOT MENTION 'AIDS' <input type="checkbox"/> MENTIONED 'AIDS' <input type="checkbox"/> | | 515 |
| 514 | Have you ever heard of an illness called AIDS? | YES.....1 NO.....2 | 531 |
| 515 | From which sources of information have you learned most about AIDS? Any other sources? RECORD ALL MENTIONED | RADIO.....A TV.....B NEWSPAPERS/MAGAZINES.....C PAMPLETS/POSTERS.....D HEALTH WORKERS.....E MOSQUES/CHURCHES.....F SCHOOLS/TEACHERS.....G COMMUNITY MEETINGS.....H FRIENDS/RELATIVES.....I WORK PLACE.....J OTHER..... X (SPECIFY) | |
| 516 | How can a person get the AIDS virus? Any other ways? RECORD ALL MENTIONED | SEXUAL INTERCOURSE.....A SEX WITH PROSTITUTES.....B HOMOSEXUAL CONTACT.....C SEXUAL INTERCOURSE WITH MULTIPLE PARTNERS.....D BLOOD TRANSFUSION.....E INJECTIONS.....F KISSING.....G MOSQUITO BITES.....H OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DK.....Z | |
| 517 | Is there anything a person can do to avoid getting the AIDS virus? | YES.....1 NO.....2 DK.....8 | 521 |
| 518 | What can a person do to avoid getting the AIDS virus? Any other ways? RECORD ALL MENTIONED | SAFE SEX.....A ABSTAIN FROM SEX.....B USE CONDOMS DURING SEX.....C AVOID MULTIPLE SEX PARTNERS.....D AVOID SEX WITH PROSTITUTES.....E AVOID SEX WITH HOMOSEXUALS.....F AVOID BLOOD TRANSFUSIONS.....G AVOID INJECTIONS.....H AVOID KISSING.....I AVOID MOSQUITO BITES.....J SEEK PROTECTION FROM FROM TRADITIONAL HEALER.....K OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DK.....Z | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|------|
| 519 | SEE QUESTION 518: MENTIONED SAFE SEX <input type="checkbox"/> | DID NOT MENTION SAFE SEX <input type="checkbox"/> | 521 |
| 520 | What does "safe sex" mean to you? RECORD ALL MENTIONED | ABSTAIN FROM SEX.....A USE CONDOMS DURING SEX.....B AVOID MULTIPLE SEX PARTNERS.....C AVOID SEX WITH PROSTITUTES.....D AVOID SEX WITH HOMOSEXUALS.....E OTHER _____ X (SPECIFY) DK..... Z | |
| 521 | Is it possible for a healthy-looking person to have the AIDS virus? | YES.....1 NO.....2 DK.....8 | |
| 522 | Can AIDS be cured, or do all persons with AIDS die from the disease? | YES, THERE IS A CURE.....1 NO, EVERYONE WITH AIDS DIES.....2 DK.....8 | |
| 523 | Can the AIDS virus be transmitted from mother to child during pregnancy or childbirth? | YES.....1 NO.....2 DK.....8 | |
| 524 | Do you personally know someone who has AIDS or has died of AIDS? | YES.....1 NO.....2 DK.....8 | |
| 525 | Do you think a person who has AIDS should be cared for at home, cared for in a medical facility, or left alone to take care of himself/herself? | HOME CARE.....1 MEDICAL FACILITY.....2 LEFT ALONE.....3 DK.....8 | |
| 526 | Do you think your chances of getting the AIDS virus are small, moderate, great, or no risk at all? | NO RISK AT ALL.....1 SMALL.....2 MODERATE.....3 GREAT.....4 | 528 |
| 527 | Why do you think that you have (NO RISK/A SMALL CHANCE) of getting the AIDS virus? Any other reasons? RECORD ALL MENTIONED | ABSTAIN FROM SEX.....A USE CONDOMS DURING SEX.....B HAVE ONLY ONE SEX PARTNER.....C LIMITED NUMBER OF SEX PARTNERS.....D NO HOMOSEXUAL CONTACT.....E NO BLOOD TRANSFUSIONS.....F NO INJECTIONS.....G OTHER _____ X (SPECIFY) DK..... Z | 529 |
| 528 | Why do you think that you have a (MODERATE/GREAT) chance of getting the AIDS virus? Any other reasons? RECORD ALL MENTIONED | DO NOT USE CONDOMS.....A MULTIPLE SEX PARTNERS.....B SPOUSE HAS MULTIPLE PARTNERS.....C HOMOSEXUAL CONTACT.....D HAD BLOOD TRANSFUSION.....E HAD INJECTIONS.....F OTHER _____ X (SPECIFY) DK..... Z | |
| 529 | Since you heard of AIDS, have you changed your behavior to prevent getting the AIDS virus? | YES.....1 NO.....2 | 531 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|------|
| 530 | What did you do? Anything else? Anything else? RECORD ALL MENTIONED | STOPPED ALL SEX.....A STARTED USING CONDOMS.....B RESTRICTED SEX TO ONE PARTNER.....C REDUCED NUMBER OF PARTNERS.....D NO MORE HOMOSEXUAL CONTACTS.....E STOPPED INJECTIONS.....F OTHER _____ X (SPECIFY) DK.....Z | |
| 531 | Some people use a condom during sexual intercourse to avoid getting the AIDS virus or other sexually transmitted diseases. Have you ever heard of this? | YES.....1 NO.....2 | |
| 532 | CHECK 210: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>HAS HAD SEX</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>HAS NEVER HAD SEX</p> <input type="checkbox"/> </div> </div> <div style="text-align: right; margin-top: -10px;"> →601 </div> | | |
| 533 | Have you ever used a condom during sex to avoid getting or transmitting diseases, such as the AIDS virus? | YES.....1 NO.....2 | |
| 534 | Have you given or received money, gifts or favours in return for sex at any time in the last 4 weeks? | YES.....1 NO.....2 | |

M17

SECTION 6. MATERNAL MORTALITY

601 Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere, and those who have died.
How many children did your mother give birth to, including you?

NUMBER OF BIRTHS TO NATURAL MOTHER.....

602 CHECK 601: TWO OR MORE BIRTHS

ONLY ONE BIRTH (RESPONDENT ONLY)

→ SKIP TO 615

603 How many of these births did your mother have before you were born?

NUMBER OF PRECEDING BIRTHS.....

| | [1] | [2] | [3] | [4] | [5] | [6] | [7] |
|---|--|--|--|--|--|--|--|
| 604 What was the name given to your oldest (next oldest) brother or sister? | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| 605 Is (NAME) male or female? | MALE.....1 FEMALE.....2 |
| 606 Is (NAME) still alive? | YES.....1 NO.....2 GO TO 608< |
| | DK.....8 GO TO [2]< | DK.....8 GO TO [3]< | DK.....8 GO TO [4]< | DK.....8 GO TO [5]< | DK.....8 GO TO [6]< | DK.....8 GO TO [7]< | DK.....8 GO TO [8]< |
| 607 How old is (NAME)? | <input type="text"/> GO TO [2] | <input type="text"/> GO TO [3] | <input type="text"/> GO TO [4] | <input type="text"/> GO TO [5] | <input type="text"/> GO TO [6] | <input type="text"/> GO TO [7] | <input type="text"/> GO TO [8] |
| 608 How many years ago did (NAME) die? | <input type="text"/> |
| 609 How old was (NAME) when she/he died? | <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS GO TO [2] | <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS GO TO [3] | <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS GO TO [4] | <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS GO TO [5] | <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS GO TO [6] | <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS GO TO [7] | <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS GO TO [8] |
| 610 Did (NAME) die during childbirth? | YES.....1 GO TO 614< |
| | NO.....2 |
| 611 Was (NAME) pregnant when she died? | YES.....1 GO TO 613< |
| | NO.....2 |
| 612 Did (NAME) die within six weeks after the end of a pregnancy or childbirth? | YES.....1 |
| | NO.....2 |
| 613 Did (NAME) die because of complications of pregnancy or childbirth? | YES.....1 |
| | NO.....2 GO TO [2]< | NO.....2 GO TO [3]< | NO.....2 GO TO [4]< | NO.....2 GO TO [5]< | NO.....2 GO TO [6]< | NO.....2 GO TO [7]< | NO.....2 GO TO [8]< |
| | DK.....8 |
| 614 How many children had (NAME) given birth to before that pregnancy? | <input type="text"/> |

| | [8] | [9] | [10] | [11] | [12] | [13] | [14] |
|---|---|--|--|--|--|--|--|
| 604 What was the name given to your oldest (next oldest) brother or sister? | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| 605 Is (NAME) male or female? | MALE.....1 FEMALE.....2 | MALE.....1 FEMALE.....2 | MALE.....1 FEMALE.....2 | MALE.....1 FEMALE.....2 | MALE.....1 FEMALE.....2 | MALE.....1 FEMALE.....2 | MALE.....1 FEMALE.....2 |
| 606 Is (NAME) still alive? | YES.....1 NO.....2 GO TO 608<] DK.....8 GO TO [9]< | YES.....1 NO.....2 GO TO 608<] DK.....8 GO TO [10]< | YES.....1 NO.....2 GO TO 608<] DK.....8 GO TO [11]< | YES.....1 NO.....2 GO TO 608<] DK.....8 GO TO [12]< | YES.....1 NO.....2 GO TO 608<] DK.....8 GO TO [13]< | YES.....1 NO.....2 GO TO 608<] DK.....8 GO TO [14]< | YES.....1 NO.....2 GO TO 608<] DK.....8 GO TO [15]< |
| 607 How old is (NAME)? | <input type="text"/> <input type="text"/> GO TO [9] | <input type="text"/> <input type="text"/> GO TO [10] | <input type="text"/> <input type="text"/> GO TO [11] | <input type="text"/> <input type="text"/> GO TO [12] | <input type="text"/> <input type="text"/> GO TO [13] | <input type="text"/> <input type="text"/> GO TO [14] | <input type="text"/> <input type="text"/> GO TO [15] |
| 608 How many years ago did (NAME) die? | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| 609 How old was (NAME) when she/he died? | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS GO TO [9] | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS GO TO [10] | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS GO TO [11] | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS GO TO [12] | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS GO TO [13] | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS GO TO [14] | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS GO TO [15] |
| 610 Did (NAME) die during childbirth? | YES.....1 GO TO 614<] NO.....2 | YES.....1 GO TO 614<] NO.....2 | YES.....1 GO TO 614<] NO.....2 | YES.....1 GO TO 614<] NO.....2 | YES.....1 GO TO 614<] NO.....2 | YES.....1 GO TO 614<] NO.....2 | YES.....1 GO TO 614<] NO.....2 |
| 611 Was (NAME) pregnant when she died? | YES.....1 GO TO 613<] NO.....2 | YES.....1 GO TO 613<] NO.....2 | YES.....1 GO TO 613<] NO.....2 | YES.....1 GO TO 613<] NO.....2 | YES.....1 GO TO 613<] NO.....2 | YES.....1 GO TO 613<] NO.....2 | YES.....1 GO TO 613<] NO.....2 |
| 612 Did (NAME) die within six weeks after the end of a pregnancy or childbirth? | YES.....1 NO.....2 | YES.....1 NO.....2 | YES.....1 NO.....2 | YES.....1 NO.....2 | YES.....1 NO.....2 | YES.....1 NO.....2 | YES.....1 NO.....2 |
| 613 Did (NAME) die because of complications of pregnancy or childbirth? | YES.....1 NO.....2 GO TO [9]< DK.....8 | YES.....1 NO.....2 GO TO [10]< DK.....8 | YES.....1 NO.....2 GO TO [11]< DK.....8 | YES.....1 NO.....2 GO TO [12]< DK.....8 | YES.....1 NO.....2 GO TO [13]< DK.....8 | YES.....1 NO.....2 GO TO [14]< DK.....8 | YES.....1 NO.....2 GO TO [15]< DK.....8 |
| 614 How many children had (NAME) given birth to before that pregnancy? | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |

| | | | |
|-----|------------------|--------------|---|
| 615 | RECORD THE TIME. | HOUR..... | <input type="text"/> <input type="text"/> |
| | | MINUTES..... | <input type="text"/> <input type="text"/> |

INTERVIEWER'S OBSERVATIONS
To be filled in after completing interview

Comments about Respondent:

Comments on
Specific Questions:

Any Other Comments:

SUPERVISOR'S OBSERVATIONS

Name of Supervisor: _____ Date: _____

EDITOR'S OBSERVATIONS

Name of Editor: _____ Date: _____

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