

individual women questionnaire

IDENTIFICATION PANEL		WM
<p><i>THIS MODULE IS TO BE ADMINISTERED TO ALL WOMEN AGE 15 THROUGH 49 (SEE COLUMN HL6 OF HH LISTING). FILL IN ONE FORM FOR EACH ELIGIBLE WOMAN FILL IN THE CLUSTER AND HOUSEHOLD NUMBER, AND THE NAME AND LINE NUMBER OF THE WOMAN IN THE SPACE BELOW. FILL IN YOUR NAME, NUMBER AND THE DATE.</i></p>		
WM1. CLUSTER NUMBER: <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 100px;"></div>	WM2. HOUSEHOLD NUMBER: <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 100px;"></div>	
WM3. WOMAN'S NAME: _____	WM4. WOMAN'S LINE NUMBER: <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 100px;"></div>	
WM5. INTERVIEWER NAME AND NUMBER: _____ <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 100px;"></div>	WM6. DAY/MONTH/YEAR OF INTERVIEW: <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 100px; display: flex; justify-content: space-around;"> 2 0 0 6 </div>	
WM7. RESULT OF WOMEN'S INTERVIEW	COMPLETED1 NOT AT HOME2 REFUSED3 PARTLY COMPLETED4 INCAPACITATED5 OTHER (<i>specify</i>) 6	

REPEAT GREETING IF NOT ALREADY READ TO THIS WOMAN:

Good! My name is and I am here on behalf of the Ghana Statistical Service and Ministry of Health. We are working on a nationwide survey concerned with family health and education. You have been selected as one of the respondents to this survey and we would very much appreciate your participation. The interview will take about 30 minutes. All the information we obtain will remain strictly confidential and your answers will never be identified.

IF PERMISSION IS GIVEN, BEGIN THE INTERVIEW. IF THE WOMAN DOES NOT AGREE TO CONTINUE, THANK HER, COMPLETE WM7, AND GO TO THE NEXT INTERVIEW. DISCUSS THIS RESULT WITH YOUR SUPERVISOR FOR A FUTURE REVISIT.

WM8. In what month and year were you born?	DATE OF BIRTH: Month..... <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
	DK month 98	
	Year <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	
	DK year 9998	
WM9. How old were you at your last birthday?	AGE (IN COMPLETED YEARS)..... <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
WM10. Have you ever attended school?	Yes 1 No 2	2⇒WM14

<p>WM11. What is the highest level of school you attended: primary, secondary, or higher?</p>	<p>Primary 10 Middle/JSS..... 20 Secondary/SSS..... 30 Voc./Comm./Tech. 40 Post Sec 50 Tertiary 60 Other (specify)..... 96 DK..... 98</p>	
<p>WM12. What is the highest grade you completed at that level?</p>	<p>Grade <input type="text"/> <input type="text"/></p>	
<p>WM13. CHECK WM11:</p> <p><input type="checkbox"/> SECONDARY/VOC./TECH./COMM. OR HIGHER. ⇒ GO TO WM15</p> <p><input type="checkbox"/> PRIMARY/MIDDLE/JSS. ⇒ CONTINUE WITH WM14</p>		
<p>WM14. Now I would like you to read this sentence to me.</p> <p><i>SHOW SENTENCES TO RESPONDENT.</i></p> <p><i>IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE:</i> Can you read part of the sentence to me?</p> <p><i>EXAMPLE SENTENCES FOR LITERACY TEST:</i></p> <ol style="list-style-type: none"> 1. The child is reading a book. 2. The rains came late this year. 3. Parents must care for their children. 4. Farming is hard work. 	<p>Cannot read at all 1 Able to read only parts of sentence 2 Able to read whole sentence 3 No sentence in required language _____ 4 <i>(specify language)</i> Blind/mute, visually/speech impaired 5</p>	
<p>WM15. What is your religion?</p>	<p>Catholic 11 Protestant 12 Pentecostal/Charismatic 13 Deeper Life 14 Jehovah Witness 15 SDA..... 16 Moslem 21 Traditional 31 Spiritualist 32 No Religion 41 Other (specify) _____ 96</p>	
<p>WM16. To which ethnic group do you belong?</p>	<p>Akan 11 Ga/Dangme 12 Ewe 13 Guan 14 Gruma 15 Mole Dagbani 21 Grusi 22 Mande 23 Other ethnic group (specify) _____ 96</p>	

MODULE 1: INFANT/CHILD MORTALITY		CM
<p><i>THIS MODULE IS TO BE ADMINISTERED TO ALL WOMEN AGE 15-49.</i> <i>ALL QUESTIONS REFER ONLY TO <u>LIVE</u> BIRTHS.</i></p>		
<p>CM1. Now I would like to ask about all the births you have had during your life. Have you ever given birth?</p> <p><i>IF "NO" PROBE BY ASKING:</i> I mean, to a child who ever breathed or cried or showed other signs of life – even if he or she lived only a few minutes or hours?</p>	Yes 1 No 2	2⇒ MARRIAGE /UNION MODULE
<p>CM2A. What was the date of your first birth?</p> <p>I mean the very first time you gave birth, even if the child is no longer living, or whose father is not your current partner.</p> <p><i>SKIP TO CM3 ONLY IF YEAR OF FIRST BIRTH IS GIVEN. OTHERWISE, CONTINUE WITH CM2B.</i></p>	Date of first birth Day <input type="text"/> <input type="text"/> DK day 98 Month <input type="text"/> <input type="text"/> DK month 98 Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DK year 9998	⇒ CM3 ↓ CM2B
<p>CM2B. How many years ago did you have your first birth?</p>	Completed years since first birth..... <input type="text"/> <input type="text"/>	
<p>CM3. Do you have any sons or daughters to whom you have given birth who are now living with you?</p>	Yes 1 No 2	2⇒ CM5
<p>CM4. How many sons live with you?</p> <p>How many daughters live with you? (IF NONE, WRITE 00)</p>	Sons at home <input type="text"/> <input type="text"/> Daughters at home <input type="text"/> <input type="text"/>	
<p>CM5. Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?</p>	Yes 1 No 2	2⇒ CM7
<p>CM6. How many sons are alive but do not live with you?</p> <p>How many daughters are alive but do not live with you? (IF NONE, WRITE 00)</p>	Sons elsewhere <input type="text"/> <input type="text"/> Daughters elsewhere <input type="text"/> <input type="text"/>	
<p>CM7. Have you ever given birth to a boy or girl who was born alive but later died?</p> <p>IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?</p>	Yes 1 No 2	2⇒ CM9
<p>CM8. How many boys have died?</p> <p>How many girls have died?</p>	Boys dead <input type="text"/> <input type="text"/> Girls dead <input type="text"/> <input type="text"/>	
<p>CM9. <i>SUM ANSWERS TO CM4, CM6, AND CM8.</i></p>	Sum <input type="text"/> <input type="text"/>	
<p>CM10. Just to make sure that I have this right, you have had in total (<i>TOTAL NUMBER</i>) births during your life. Is this correct?</p> <p><input type="checkbox"/> YES. ⇒ GO TO CM11</p> <p><input type="checkbox"/> NO. ⇒ CHECK RESPONSES AND MAKE CORRECTIONS BEFORE PROCEEDING TO CM11</p>		

<p>CM11. Of these (<i>TOTAL NUMBER</i>) births you have had, when did you deliver the last one (even if he or she has died)?</p> <p><i>IF DAY IS NOT KNOWN, ENTER '98' IN SPACE FOR DAY.</i></p>	<p>Date of last birth:</p> <p>Day <input type="text"/> <input type="text"/></p> <p>DK day 98</p> <p>Month <input type="text"/> <input type="text"/></p> <p>DK month..... 98</p> <p>Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DK year 9998</p>	
<p>CM12. CHECK CM11: DID THE WOMAN'S LAST BIRTH OCCUR WITHIN THE LAST 2 YEARS, THAT IS, SINCE (DAY AND MONTH OF INTERVIEW IN 2004)?</p> <p><i>IF CHILD HAS DIED, TAKE SPECIAL CARE WHEN REFERRING TO THIS CHILD BY NAME IN THE FOLLOWING MODULES.</i></p> <p><input type="checkbox"/> NO LIVE BIRTH IN LAST 2 YEARS. ⇒ GO TO <u>MARRIAGE/UNION</u> MODULE.</p> <p><input type="checkbox"/> YES, LIVE BIRTH IN LAST 2 YEARS. ⇒ CONTINUE WITH CM13</p> <p style="text-align: center;"><i>NAME OF CHILD</i> _____</p>		
<p>CM13. At the time you became pregnant with (<i>NAME</i>), did you want to become pregnant then, did you want to wait until later, or did you want no (more) children at all?</p>	<p>Then 1</p> <p>Later 2</p> <p>No more..... 3</p>	

MODULE 2: TETANUS TOXOID (TT)		TT
<i>THIS MODULE IS TO BE ADMINISTERED TO ALL WOMEN WITH A LIVE BIRTH IN THE 2 YEARS PRECEDING DATE OF INTERVIEW.</i>		
TT1. Do you have a card or other document with your own immunizations listed?	Yes (card seen) 1 Yes (card not seen) 2 No 3 DK 8	
<i>IF A CARD IS PRESENTED, USE IT TO ASSIST WITH ANSWERS TO THE FOLLOWING QUESTIONS.</i>		
TT2. When you were pregnant with your last child, did you receive any injection to prevent him or her from getting tetanus, that is convulsions after birth (an anti-tetanus shot, an injection at the top of the arm or shoulder)?	Yes 1 No 2 DK 8	2⇒ TT5 8⇒ TT5
TT3. <i>IF YES:</i> How many times did you receive this anti-tetanus injection during your last pregnancy?	No. of times <input type="text"/> <input type="text"/> DK 98	98⇒ TT5
TT4. <i>HOW MANY TT DOSES DURING LAST PREGNANCY WERE REPORTED IN TT3?</i>		
<input type="checkbox"/> <i>AT LEAST TWO TT INJECTIONS DURING LAST PREGNANCY. ⇒ GO TO NEXT MODULE</i> <input type="checkbox"/> <i>FEWER THAN TWO TT INJECTIONS DURING LAST PREGNANCY. ⇒ CONTINUE WITH TT5</i>		
TT5. Did you receive any tetanus toxoid injection at any time before your last pregnancy?	Yes 1 No 2 DK 8	2⇒ NEXT MODULE 8⇒ NEXT MODULE
TT6. How many times did you receive it?	No. of times <input type="text"/> <input type="text"/>	
TT7. In what month and year did you receive the last anti-tetanus injection before that last pregnancy?	Month <input type="text"/> <input type="text"/> DK month 98 Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DK year 9998	⇒ NEXT MODULE ↓ TT8
<i>SKIP TO NEXT MODULE ONLY IF YEAR OF INJECTION IS GIVEN. OTHERWISE, CONTINUE WITH TT8.</i>		
TT8. How many years ago did you receive the last anti-tetanus injection before that last pregnancy?	Years ago <input type="text"/> <input type="text"/>	

MODULE 3: MATERNAL AND NEWBORN HEALTH		MN															
<p><i>THIS MODULE IS TO BE ADMINISTERED TO ALL WOMEN WITH A LIVE BIRTH IN THE 2 YEARS PRECEDING DATE OF INTERVIEW. CHECK CHILD MORTALITY MODULE CM12 AND RECORD NAME OF LAST-BORN CHILD HERE _____.</i></p> <p><i>USE THIS CHILD'S NAME IN THE FOLLOWING QUESTIONS, WHERE INDICATED.</i></p>																	
<p>MN1. In the first two months after your last birth [THE BIRTH OF NAME], did you receive a Vitamin A dose like this?</p> <p><i>SHOW 200,000 IU CAPSULES.</i></p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>																
<p>MN2. Did you see anyone for antenatal care for this pregnancy?</p> <p><i>IF YES: Whom did you see? Anyone else?</i></p> <p><i>PROBE FOR THE TYPE OF PERSON SEEN AND CIRCLE ALL ANSWERS GIVEN.</i></p>	<p>Health professional:</p> <p>Doctor A</p> <p>Nurse/midwife B</p> <p>Auxiliary midwife C</p> <p>Other person</p> <p>Trained Traditional birth attendant E</p> <p>Untrained Traditional birth attendant F</p> <p>Community health worker G</p> <p>Relative/friend H</p> <p>Other (<i>specify</i>) X</p> <p>No one Y</p>	Y⇒MN7															
<p>MN2AA. How many months pregnant were you when you first received antenatal care for this pregnancy?</p>	<p>Months <input type="text"/> <input type="text"/></p> <p>Don't Know 98</p>																
<p>MN2BB. How many times did you receive antenatal care during this pregnancy?</p>	<p>Number of times <input type="text"/> <input type="text"/></p> <p>Don't Know 98</p>																
<p>MN3. As part of your antenatal care, were any of the following done at least once?</p>	<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>MN3A. Were you weighed?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MN3B. Was your blood pressure measured?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MN3C. Did you give a urine sample?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MN3D. Was your blood sample taken?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	MN3A. Were you weighed?	1	2	MN3B. Was your blood pressure measured?	1	2	MN3C. Did you give a urine sample?	1	2	MN3D. Was your blood sample taken?	1	2	
	Yes	No															
MN3A. Were you weighed?	1	2															
MN3B. Was your blood pressure measured?	1	2															
MN3C. Did you give a urine sample?	1	2															
MN3D. Was your blood sample taken?	1	2															
<p>MN4. During any of the antenatal visits for the pregnancy, were you given any information or counseled about HIV/AIDS virus?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>																
<p>MN5. I don't want to know the results, but were you tested for HIV/AIDS as part of your antenatal care?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒MN6A</p> <p>8⇒MN6A</p>															
<p>MN5A. When was the last time you were tested?</p>	<p>Less than 12 months 1</p> <p>12-23 months 2</p> <p>2 years or more 3</p>																

MN6. I don't want to know the results, but did you get the results of the test?	Yes..... 1 No 2 DK..... 8	
MN6A. During this pregnancy, did you take any medicine in order to prevent you from getting malaria?	Yes..... 1 No 2 DK..... 8	2⇒ MN6H 8⇒ MN6H
MN6B. Which medicines did you take to prevent malaria? <i>CIRCLE ALL MEDICINES TAKEN. IF TYPE OF MEDICINE IS NOT DETERMINED, SHOW TYPICAL ANTI-MALARIA TO RESPONDENT.</i>	SP/Fansidar A Chloroquine B Other (<i>specify</i>) X DK..... Z	
MN6C. CHECK MN6B FOR MEDICINE TAKEN: <input type="checkbox"/> SP/FANSIDAR TAKEN. ⇒ CONTINUE WITH MN6CA <input type="checkbox"/> SP/FANSIDAR NOT TAKEN. ⇒ GO TO MN6H		
MN6CA. How many months were you pregnant when you first took SP/Fansidar?	Up to 3 months 1 3 – 8 months 2 After 8 months 3	
MN6D. How many times did you take SP/Fansidar during this pregnancy to prevent malaria?	Number of times <input type="text"/> <input type="text"/>	
MN6E. Was it taken in presence of health worker?	Yes..... 1 No 2	
MN6F. Did you experience any side effects?	Yes..... 1 No 2	2⇒ MN6H
MN6G. What kind of side effects did you experience?	Skin rashes A Swellings of face, hands, feet, etc..... B Itching..... C Yellow colouration of urine/eyes D Other (<i>specify</i>) X	
MN6H. During pregnancy did you sleep in treated net?	Yes..... 1 No 2	
MN7. Who assisted with the delivery of your last child (<i>NAME</i>)? Anyone else? <i>PROBE FOR THE TYPE OF PERSON ASSISTING AND CIRCLE ALL ANSWERS GIVEN.</i>	Health professional: Doctor A Nurse/midwife..... B Auxiliary midwife C Other person Trained Traditional birth attendant E Untrained Traditional birth attendant F Community health worker G Relative/friend..... H Other (<i>specify</i>) X No one..... Y	

<p>MN8. Where did you give birth to (NAME)?</p> <p><i>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE BELOW. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</i></p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>Home Your home 11 Other home 12</p> <p>Public sector Govt. hospital/polyclinic 21 Govt. clinic/health centre 22 Other public (<i>specify</i>) 26</p> <p>Private Medical Sector Private hospital 31 Private clinic 32 Private maternity home 33 Other private (<i>specify</i>) 36</p> <p>Other (<i>specify</i>) 96</p>	
<p>MN9. In your opinion when your last child (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?</p>	<p>Very large 1 Larger than average 2 Average 3 Smaller than average 4 Very small 5</p> <p>DK 8</p>	
<p>MN10. Was (NAME) weighed at birth?</p>	<p>Yes 1 No 2</p> <p>DK 8</p>	<p>2⇒ MN12</p> <p>8⇒ MN12</p>
<p>MN11. How much did (NAME) weigh?</p> <p><i>RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.</i></p>	<p>From card 1 (kgs) <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p> <p>From recall 2 (kgs) <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p> <p>DK 99998</p>	
<p>MN12. Did you ever breastfeed (NAME)?</p>	<p>Yes 1 No 2</p>	<p>2⇒ NEXT MODULE</p>
<p>MN13. How long after birth did you first put (NAME) to the breast?</p> <p><i>IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.</i></p>	<p>Immediately 000</p> <p>Hours 1 <input type="text"/> <input type="text"/></p> <p>or</p> <p>Days 2 <input type="text"/> <input type="text"/></p> <p>Don't know/remember 998</p>	

MODULE 4: MARRIAGE/UNION		MA
MA1. Are you currently married or living together with a man as if married?	Yes, currently married 1 Yes, living with a man 2 No, not in union 3	3⇒MA3
MA2. How old was your husband/partner on his last birthday?	Age in years <input type="text"/> <input type="text"/> DK 98	
MA2A. Besides yourself, does your husband/partner have any other wives?	Yes 1 No 2	2⇒MA5
MA2B. How many other wives does he have?	Number <input type="text"/> <input type="text"/> DK 98	⇒MA5 98⇒MA5
MA3. Have you ever been married or lived together with a man?	Yes, formerly married 1 Yes, formerly lived with a man 2 No 3	3⇒NEXT MODULE
MA4. What is your marital status now: are you widowed, divorced or separated?	Widowed 1 Divorced 2 Separated 3	
MA5. Have you been married or lived with a man only once or more than once?	Only once 1 More than once 2	
MA6. In what month and year did you <u>first</u> marry or start living with a man as if married?	Month <input type="text"/> <input type="text"/> DK month 98 Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DK year 9998	
MA7. CHECK MA6: <input type="checkbox"/> BOTH MONTH AND YEAR OF MARRIAGE/UNION KNOWN? ⇒ GO TO NEXT MODULE <input type="checkbox"/> EITHER MONTH OR YEAR OF MARRIAGE/UNION NOT KNOWN? ⇒ CONTINUE WITH MA8		
MA8. How old were you when you started living with your first husband/partner?	Age in years <input type="text"/> <input type="text"/>	

MODULE 5: SECURITY OF TENURE FOR THE WOMEN		ST
ST1. Do you feel secure from eviction from this dwelling?	Yes..... 1	1⇒NEXT MODULE
	No 2	
	DK..... 8	8⇒NEXT MODULE
ST1A. What is your reason for being insecure?	Husband is sole provider11	
	Marriage not registered/recognised.....12	
	No where to go13	
	Can't afford accommodation14	
	Not working15	
	No source of income 16	
	Emotional distress.....17	
Other (<i>specify</i>).....96		

MODULE 6: CONTRACEPTION		CP
<p>CP1. I would like to talk with you about another subject – family planning – and your reproductive health.</p> <p>Are you pregnant now?</p>	<p>Yes, currently pregnant 1</p> <p>No 2</p> <p>Unsure or DK 8</p>	1⇒ CP4B
<p>CP2. Some people use various ways or methods to delay or avoid a pregnancy. Are you currently doing something or using any method to delay or avoid getting pregnant?</p>	<p>Yes..... 1</p> <p>No 2</p>	2⇒ NEXT MODULE
<p>CP3. Which method are you using?</p> <p><i>DO NOT PROMPT.</i> <i>IF MORE THAN ONE METHOD IS MENTIONED, CIRCLE EACH ONE.</i></p>	<p>Female sterilization..... A</p> <p>Male sterilization..... B</p> <p>Pill C</p> <p>IUD..... D</p> <p>Injections E</p> <p>Implants..... F</p> <p>Male condom G</p> <p>Female condom H</p> <p>Diaphragm I</p> <p>Foam/jelly J</p> <p>Lactational amenorrhoea method (LAM)..... K</p> <p>Periodic abstinence L</p> <p>Withdrawal M</p> <p>Other (<i>specify</i>) X</p>	
<p>CP4A. Now I would like to ask 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>CP4B. <i>IF CURRENTLY PREGNANT:</i> Now I would like to ask some questions about the future. After the child you are now 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 she cannot get pregnant 3</p> <p>Undecided/don't know..... 8</p>	<p>2⇒ CP4D</p> <p>3⇒ NEXT MODULE</p> <p>8⇒ CP4D</p>
<p>CP4C. How long would you like to wait before the birth of (a/another) child?</p>	<p>Months 1 <input type="text"/> <input type="text"/></p> <p>Years 2 <input type="text"/> <input type="text"/></p> <p>Soon/now 993</p> <p>Says she cannot get pregnant 994</p> <p>After marriage 995</p> <p>Other 996</p> <p>Don't know..... 998</p>	994⇒NEXT MODULE
<p>CP4D. CHECK CP1:</p> <p><input type="checkbox"/> <i>CURRENTLY PREGNANT?</i> ⇒ <i>GO TO NEXT MODULE</i></p> <p><input type="checkbox"/> <i>NOT CURRENTLY PREGNANT OR UNSURE?</i> ⇒ <i>CONTINUE WITH CP4E</i></p>		
<p>CP4E. Do you think you are physically able to get pregnant at this time?</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>DK..... 8</p>	

MODULE 7: FEMALE GENITAL MUTILATION/CUTTING		FG
FG1. Have you ever heard of female circumcision?	Yes..... 1 No 2	1⇒FG3
FG2. In a number of countries, there is a practice in which a girl may have part of her genitals cut. Have you ever heard about this practice?	Yes..... 1 No 2	2⇒NEXT MODULE
FG3. Have you yourself ever been circumcised?	Yes..... 1 No 2	2⇒FG8
FG4. Now I would like to ask you what was done to you at this time. Was any flesh removed from the genital area?	Yes..... 1 No 2 DK..... 8	1⇒FG6
FG5. Was the genital area just nicked without removing any flesh?	Yes..... 1 No 2 DK..... 8	
FG6. Was the genital area sewn closed (or 'sealed')?	Yes..... 1 No 2 DK..... 8	
FG7. Who circumcised you?	Traditional persons Traditional 'circumciser' 11 Trained TBA 12 Untrained TBA 13 Other traditional (<i>specify</i>) 16 Health professional Doctor 21 Nurse/midwife 22 Other health professional (<i>specify</i>) 26 DK..... 98	
<p>FG8. <i>THE FOLLOWING QUESTIONS APPLY ONLY TO WOMEN WHO HAVE AT LEAST ONE LIVING DAUGHTER. CHECK CM4 AND CM6, CHILD MORTALITY MODULE: WOMAN HAS LIVING DAUGHTER?</i></p> <p><input type="checkbox"/> YES. ⇒ CONTINUE WITH FG9</p> <p><input type="checkbox"/> NO. ⇒ GO TO FG16</p>		
FG9. Have any of your daughters been circumcised? IF YES, how many?	Number of daughters circumcised: . <input type="text"/> <input type="text"/> No daughters circumcised..... 00	00⇒FG16
FG10. To which of your daughters did this happen most recently? <i>RECORD THE DAUGHTER'S NAME.</i>	Name of daughter: _____	
FG11. Now I would like to ask you what was done to (NAME) at that time. Was any flesh removed from the genital area?	Yes..... 1 No 2 DK..... 8	1⇒FG13
FG12. Was the genital area just nicked without removing any flesh?	Yes..... 1 No 2 DK..... 8	

<p>FG13. Was the genital area sewn closed (or 'sealed')?</p>	<p>Yes..... 1 No 2 DK..... 8</p>	
<p>FG14. How old was (<i>NAME</i>) when this occurred?</p> <p><i>IF THE RESPONDENT DOES NOT KNOW THE AGE, PROBE TO GET AN ESTIMATE.</i></p>	<p>Daughter's age at circumcision..... <input type="text"/> <input type="text"/></p> <p>DK..... 98</p>	
<p>FG15. Who did the circumcision?</p>	<p>Traditional persons Traditional 'circumciser' 11 Trained TBA 12 Untrained TBA 13 Other traditional (<i>specify</i>) 16</p> <p>Health professional Doctor 21 Nurse/midwife 22 Other health professional (<i>specify</i>) 26</p> <p>DK..... 98</p>	
<p>FG16. Do you think this practice should be continued or should it be discontinued?</p>	<p>Continued 1 Discontinued 2 Depends 3 DK..... 8</p>	<p>2⇒FG16B 8⇒ NEXT MODULE</p>
<p>FG16A. What is your reason why it should be continued?</p>	<p>Religious 1 Traditional 2 Other (<i>specify</i>) 6</p>	<p>1⇒ NEXT MODULE 2⇒ NEXT MODULE 6⇒ NEXT MODULE</p>
<p>FG16B. What is your reason to discontinue?</p>	<p>Religious A Traditional B Infertility C Infection D Difficulty in labour E Other (<i>specify</i>)..... X</p>	

MODULE 8: ATTITUDE TOWARDS DOMESTIC VIOLENCE		DV		
DV1. Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:				
		Yes	No	DK
DV1A. If she goes out without telling him?	Goes out without telling.....	1	2	8
DV1B. If she neglects the children?	Neglects children	1	2	8
DV1C. If she argues with him?	Argues	1	2	8
DV1D. If she refuses sex with him?	Refuses sex	1	2	8
DV1E. If she burns the food?	Burns food	1	2	8
DV1F. If she insults him?	Insults.....	1	2	8
DV1G. If she refuses to give him food?	Refuses to give food.....	1	2	8
DV1H. If there is another partner?	Another partner	1	2	8
DV1H. Other (specify)	Other (specify) _____	1	2	8

MODULE 9: SEXUAL BEHAVIOUR (WOMEN AGE 15-49)		SB
CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, ENSURE PRIVACY.		
SB1. Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. The information you supply will remain strictly confidential. How old were you when you first had sexual intercourse (if ever)?	Never had intercourse..... 00 Age in years at first sex..... <input type="text"/> <input type="text"/> First time when started living with (first) husband/partner 95	00⇒NEXT MODULE
SB2. When was the last time you had sexual intercourse? <i>RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE THE ANSWER MUST BE RECORDED IN YEARS.</i>	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"/>	4⇒NEXT MODULE
SB3. The last time you had sexual intercourse was a condom used?	Yes..... 1 No 2	2⇒SB4
SB3A. What was the main reason why you use the condom?	To prevent STD/HIV 1 To prevent pregnancy 2 To prevent both STD/HIV and pregnancy 3 Did not trust partner/felt partner had other partners 4 Partner requested/insisted 5 Other (<i>specify</i>) 6 DK..... 8	
SB4. What is your relationship to the man with whom you last had sexual intercourse? <i>IF MAN IS 'BOYFRIEND' OR 'FIANCÉE', ASK: Was your boyfriend/fiancée living with you when you last had sex? IF 'YES', CIRCLE 1 .IF 'NO', CIRCLE 2.</i>	Spouse / cohabiting partner..... 1 Man is boyfriend / fiancée 2 Other friend 3 Casual acquaintance 4 Commercial sex worker 5 Other (<i>specify</i>) 6	1⇒SB6
SB5. How old is this person? <i>IF RESPONSE IS DK, PROBE: About how old is this person?</i>	Age of sexual partner..... <input type="text"/> <input type="text"/> DK..... 98	
SB6. Have you had sex with any other man in the last 12 months?	Yes..... 1 No 2	2⇒NEXT MODULE

SB7. The last time you had sexual intercourse with this other man, was a condom used?	Yes.....1 No2	
SB8. What is your relationship to this man? <i>IF MAN IS 'BOYFRIEND' OR 'FIANCÉE', ASK:</i> Was your boyfriend/fiancée living with you when you last had sex? <i>IF 'YES', CIRCLE 1. IF 'NO', CIRCLE 2.</i>	Spouse / cohabiting partner.....1 Man is boyfriend / fiancée2 Other friend3 Casual acquaintance4 Commercial sex worker.....5 Other (<i>specify</i>)..... 6	1⇒SB10
SB9. How old is this person? <i>IF RESPONSE IS DK, PROBE:</i> About how old is this person?	Age of sexual partner..... <input type="text"/> <input type="text"/> DK..... 98	
SB10. Other than these two men, have you had sex with any other man in the last 12 months?	Yes.....1 No2	2⇒NEXT MODULE
SB11. In total, with how many different men have you had sex in the last 12 months?	No. of partners <input type="text"/> <input type="text"/>	

MODULE 10: HIV/AIDS (WOMEN AGE 15-49)		HA
HA1. Now I would like to talk with you about something else.	Yes..... 1	2⇒ END INTERVIEW
Have you ever heard of the virus HIV or an illness called AIDS?	No 2	
HA2. Can people protect themselves from getting infected with the AIDS virus by having one sex partner who is not infected and also has no other partners?	Yes..... 1 No 2 DK..... 8	
HA3. Can people get infected with the AIDS virus because of witchcraft or other supernatural means?	Yes..... 1 No 2 DK..... 8	
HA4. Can people reduce their chance(s) of getting the AIDS virus by using a condom every time they have sex?	Yes..... 1 No 2 DK..... 8	
HA5. Can people get the AIDS virus from mosquito bites?	Yes..... 1 No 2 DK..... 8	
HA6. Can people reduce their chance(s) of getting infected with the AIDS virus by not having sex at all?	Yes..... 1 No 2 DK..... 8	
HA7. Can people get the AIDS virus by sharing food with a person who has AIDS?	Yes..... 1 No 2 DK..... 8	
HA7A. Can people get the AIDS virus by getting injections with a needle that was already used by someone else?	Yes..... 1 No 2 DK..... 8	
HA8. Is it possible for a healthy-looking person to have the AIDS virus?	Yes..... 1 No 2 DK..... 8	
HA9. Can the AIDS virus be transmitted from a mother to a baby:		
HA9A. During pregnancy?	Yes No DK During pregnancy 1 2 8	
HA9B. During delivery?	During delivery 1 2 8	
HA9C. By breastfeeding?	By breastfeeding 1 2 8	
HA10. If a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in school?	Yes..... 1 No 2 DK/not sure/depends 8	
HA10A. If a male teacher has the AIDS virus but is not sick, should he be allowed to continue teaching in school?	Yes..... 1 No 2 DK/not sure/depends 8	

HA11. Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	Yes.....1 No2 DK/not sure/depends8	
HA12. If a member of your family became infected with the AIDS virus, would you want it to remain a secret?	Yes.....1 No2 DK/not sure/depends8	
HA13. If a member of your family became sick with the AIDS virus, would you be willing to care for him or her in your household?	Yes.....1 No2 DK/not sure/depends8	
HA14. <i>CHECK MN5: TESTED FOR HIV DURING ANTENATAL CARE?</i>		
<input type="checkbox"/> YES. ⇒ GO TO HA18A		
<input type="checkbox"/> NO. ⇒ CONTINUE WITH HA15		
HA15. I do not want to know the results, but have you ever been tested to see if you have HIV, the virus that causes AIDS?	Yes.....1 No2	2⇒HA18
HA15A. When was the last time you were tested?	Less than 12 months1 12-23 months2 2 years or more3	
HA16. I do not want you to tell me the results of the test, but have you been told the results?	Yes.....1 No2	
HA17. Did you, yourself, ask for the test, was it offered to you and you accepted, or was it required?	Asked for the test1 Offered and accepted2 Required3	2⇒ END INTERVIEW
HA18. At this time, do you know of a place where you can go to get such a test to see if you have the AIDS virus?	Yes.....1 No2	2⇒ END INTERVIEW
HA18A. <i>IF TESTED FOR HIV DURING ANTENATAL CARE: Other than at the antenatal clinic, do you know of a place where you can go to get a test to see if you have the AIDS virus?</i>	Yes.....1 No2	

FOLLOW INSTRUCTIONS IN YOUR INTERVIEWER'S MANUAL.