



INDONESIA 2011

**INDONESIA MULTIPLE INDICATOR CLUSTER SURVEY  
PAPUA AND WEST PAPUA PROVINCE  
QUESTIONNAIRE FOR INDIVIDUAL WOMEN**

**CONFIDENTIAL**

WOMAN'S INFORMATION PANEL		WM
<i>This questionnaire is to be administered to all women age 15 through 49 (see Household Listing Form, column HL7). A separate questionnaire should be used for each eligible woman.</i>		
WM1. Cluster number: _____	WM2. Household number: _____	
WM3. Woman's name: Name _____	WM4. Woman's line number: _____	
WM5. Interviewer name and number: Name _____	WM6. Day / Month / Year of interview: ____ / ____ / _____	

*Repeat greeting and introduce yourself if you never met with this respondent (woman), and read the following:*

WE ARE FROM LOCAL GOVERNMENT/BPS WOULD LIKE TO TALK TO YOU ABOUT HEALTH AND EDUCATION. THE INTERVIEW WILL TAKE ABOUT 35 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

*If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:*

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 35 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

- Yes, permission is given ⇒ Go to WM10 to record the time and then begin the interview.
- No, permission is not given ⇒ Complete WM7. Discuss this result with your supervisor.

WM7. Result of woman's interview	Completed .....	01
	Not at home .....	02
	Refused .....	03
	Partly completed .....	04
	Incapacitated .....	05
	Other (specify) _____	96

WM8. Field edited by (Name and number): Name _____	WM9. Data entry clerk (Name and number): Name _____
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WM10. Record the time.	Hour and minutes..... : ..	
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WOMAN'S BACKGROUND		WB
WB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month ..... DK month .....98  Year ..... DK year .....9998	
WB2. HOW OLD ARE YOU?  <i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i>  <i>Compare and correct WB1 and/or WB2 if inconsistent</i>	Age (in completed years).....	
WB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes .....1 No.....2	2⇒WB7
WB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool .....0 Primary.....1 Junior Secondary .....2 Senior High .....3 University .....4 DK .....8	0⇒WB7
WB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?  <i>If less than 1 grade, enter "00"</i>	Grade.....	
WB6. Check WB4:  <input type="checkbox"/> Senior High or University ⇒ Go to CM Module  <input type="checkbox"/> Primary or Junior Secondary ⇒ Continue with WB7		
WB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.  <i>Show sentence on the card to the respondent. If respondent cannot read whole sentence, probe:</i>  CAN YOU READ 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  No sentence in required language .....4 <i>(specify language)</i>  Blind / mute, visually / speech impaired .....5	

CHILD MORTALITY MODULE		CM
<i>This module is to be administered to all women age 15-49. All questions refer only to LIVE births.</i>		
CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?	Yes ..... 1 No ..... 2	2⇒CM8
CM2. WHAT WAS THE DATE OF YOUR FIRST BIRTH?  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.  SKIP TO CM4 ONLY IF YEAR OF FIRST BIRTH IS GIVEN. OTHERWISE, CONTINUE WITH CM3.	Date of first birth Day ..... __ __ DK day ..... 98  Month ..... __ __ DK month ..... 98  Year ..... __ __ __ __ DK year ..... 9998	⇒CM4
CM3. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?	Completed years since first birth ..... __ __	
CM4. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes ..... 1 No ..... 2	2⇒CM6
CM5. HOW MANY SONS LIVE WITH YOU?  HOW MANY DAUGHTERS LIVE WITH YOU?	Sons at home ..... __ __  Daughters at home ..... __ __	
CM6. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?	Yes ..... 1 No ..... 2	2⇒CM8
CM7. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU?  HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU? <i>if none, record '00'</i>	Sons elsewhere ..... __ __  Daughters elsewhere ..... __ __	
CM8. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED? <i>If "No" probe by asking: 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?</i>	Yes ..... 1 No ..... 2	2⇒CM10
CM9. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED? <i>if none, record '00'</i>	Boys dead ..... __ __  Girls dead ..... __ __	
CM10. <i>Sum answers to CM5, CM7, and CM9.</i>	Sum ..... __ __	

<p>CM11. 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. Check below:</p> <p style="padding-left: 20px;"><input type="checkbox"/> No live births ⇒ Go to Contraception module</p> <p style="padding-left: 20px;"><input type="checkbox"/> One or more live births ⇒ continue with CM12</p> <p><input type="checkbox"/> No. ⇒ Check responses to CM1-CM10 and make corrections as necessary before proceeding to CM12</p>		
<p>CM12. OF THESE (<i>total number in CM10</i>) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)?</p> <p><i>Month and year must be recorded</i></p>	<p>Date of last birth</p> <p>Day .....__</p> <p>DK day.....98</p> <p>Month .....__</p> <p>Year.....__</p>	
<p>CM13. Check CM12: Last birth occurred within the last 2 years, that is, since (<i>day and month of interview</i>) in 2009</p> <p><input type="checkbox"/> No live birth in last 2 years. ⇒ Go to Attitudes toward domestic violence module.</p> <p><input type="checkbox"/> One or more live births in last 2 years ⇒ Ask for the name of the child</p> <p style="text-align: center;">Name of child _____</p> <p><i>If child has died, take special care when referring to this child by name in the following modules.</i></p> <p><i>Continue with the next module (DB).</i></p>		

DESIRE FOR LAST BIRTH		DB
<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 CM13 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>		
DB1. WHEN YOU GOT PREGNANT WITH (name), DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes ..... 1 No ..... 2	1⇒Next Module
DB2. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later ..... 1 No more..... 2	2⇒Next Module
DB3. HOW MUCH LONGER DID YOU WANT TO WAIT?	Months..... 1 __ __ Years ..... 2 __ __ DK ..... 998	

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 CM13 and record name of last-born child here _____. Use this child's name in the following questions, where indicated.</i></p>														
MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?	Yes ..... 1 No ..... 2	2⇒MN5												
MN2. WHOM DID YOU SEE?  <i>Probe:</i> ANYONE ELSE?  <i>Probe for the type of person seen and circle all answers given.</i>	Health professional: Doctor ..... A Midwife ..... B Nurse ..... D Other person Traditional birth attendant ..... F Community health worker (cadre) ..... G  Other (specify) ..... X													
MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?	Number of times ..... __ __  Don't know (DK) ..... 98													
MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE:  [A] WAS YOUR BLOOD PRESSURE MEASURED? [B] DID YOU GIVE A URINE SAMPLE? [C] DID YOU GIVE A BLOOD SAMPLE?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Blood pressure .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Urine sample .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Blood sample .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Blood pressure .....	1	2	Urine sample .....	1	2	Blood sample .....	1	2	
	Yes	No												
Blood pressure .....	1	2												
Urine sample .....	1	2												
Blood sample .....	1	2												
MN5. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED?  MAY I SEE IT PLEASE?  <i>If a card is presented, use it to assist with answers to the following questions.</i>	Yes (card seen) ..... 1 Yes (card not seen) ..... 2 No ..... 3  DK ..... 8													
MN6. WHEN YOU WERE PREGNANT WITH (name), DID YOU RECEIVE ANY INJECTION IN THE ARM OR SHOULDER TO PREVENT THE BABY FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒MN9  8⇒MN9												
MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (name)?  <i>If 7 or more times, record '7'.</i>	Number of times ..... __  DK ..... 8	8⇒MN9												
MN8. How many tetanus injections during last pregnancy were reported in MN7?  <input type="checkbox"/> At least two tetanus injections during last pregnancy. ⇒ Go to MN12 <input type="checkbox"/> Only one tetanus injection during last pregnancy. ⇒ Continue with MN9														

MN9. DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH (name), EITHER TO PROTECT YOURSELF OR ANOTHER BABY?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒MN12 8⇒MN12
MN10. HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (name)?  <i>If 7 or more times, record '7'.</i>	Number of times ..... DK ..... 8	8⇒MN12
MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (name)?	Years ago .....	
<p>MN12. Check MN1 for presence of antenatal care during this pregnancy:</p> <p><input type="checkbox"/> Yes, antenatal care received. ⇒ Continue with MN13A</p> <p><input type="checkbox"/> No antenatal care received ⇒ Go to MN17</p>		
MN13A. DURING ANY OF THESE ANTENATAL VISITS FOR THE PREGNANCY, DID YOU GET THE BLOOD SCREENING TEST FOR MALARIA?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒MN13E 8⇒MN13E
MN13B. WHAT WAS THE RESULT OF THE BLOOD SCREENING TEST?	Positive (malaria present) ..... 1 Negative (no malaria) ..... 2 DK ..... 8	2⇒MN13E
MN13C. WERE YOU GIVEN ANY MEDICINE FOR MALARIA DURING ANY OF THESE ANTENATAL VISITS FOR THE PREGNANCY?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒MN13E 8⇒MN13E
MN13D. WHAT MEDICINE WERE YOU GIVEN?  <i>Probe:</i> ANY OTHER MEDICINE?  <i>Circle all medicines mentioned. Write brand name(s) of all medicines, if given.</i>  _____ (Name)	<p>Anti-malarials:</p> <p>SP / Fansidar ..... A Chloroquine ..... B Quinine / Kina ..... C Artesdiaquine ..... D Arsumon ..... E Arterakin/Artekin ..... F Other anti-malarial (specify) ..... G</p> <p>Antibiotic drugs</p> <p>Pill / Syrup ..... I Injection ..... J</p> <p>Other medications:</p> <p>Paracetamol/ Panadol /Acetaminophen . P Aspirin ..... Q Ibuprofen ..... R</p> <p>Other (specify) ..... X DK ..... Z</p>	
MN13E. DURING ANY OF THESE ANTENATAL VISITS FOR THE PREGNANCY, WERE YOU GIVEN A INSECTICIDE TREATED NET?	Yes ..... 1 No ..... 2 DK ..... 8	

<p>MN17. WHO ASSISTED WITH THE DELIVERY OF (name)?</p> <p>Probe: ANYONE ELSE?</p> <p>Probe for the type of person assisting and circle all answers given.</p> <p>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</p>	<p>Health professional:</p> <p>Doctor ..... A</p> <p>Midwife ..... B</p> <p>Nurse ..... D</p> <p>Other person</p> <p>Traditional birth attendant ..... F</p> <p>Community health worker ..... G</p> <p>Relative / Friend ..... H</p> <p>Other (specify) _____ X</p> <p>No one ..... Y</p>	
<p>MN18. WHERE DID YOU GIVE BIRTH TO (name)?</p> <p>Probe to identify the type of source.</p> <p>If unable to determine whether public or private, write the name of the place.</p> <p>_____</p> <p>(Name of place)</p>	<p>Home</p> <p>Your home ..... 11</p> <p>Other home ..... 12</p> <p>Public sector</p> <p>Govt. hospital ..... 21</p> <p>Govt. clinic / health centre ..... 22</p> <p>Govt. health post ..... 23</p> <p>Other public (specify) _____ 26</p> <p>Private Medical Sector</p> <p>Private hospital ..... 31</p> <p>Private clinic ..... 32</p> <p>Private maternity home ..... 33</p> <p>Other private</p> <p>medical (specify) _____ 36</p> <p>Other (specify) _____ 96</p>	
<p>MN21. WAS (name) WEIGHED AT BIRTH?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	<p>2⇒MN24</p> <p>8⇒MN24</p>
<p>MN22. HOW MUCH DID (name) WEIGH?</p> <p>Record weight from health card, if available.</p>	<p>From card ..... 1 (kg) __ . __ __ __</p> <p>From recall ..... 2 (kg) __ . __ __ __</p> <p>DK ..... 99998</p>	
<p>MN24. DID YOU EVER BREASTFEED (name)?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p>2⇒CP</p> <p>Module</p>
<p>MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT (name) TO THE BREAST?</p> <p>If less than 1 hour, record '00' hours.</p> <p>If less than 24 hours, record hours.</p> <p>Otherwise, record days.</p>	<p>Immediately ..... 000</p> <p>Hours ..... 1 __ __</p> <p>Days ..... 2 __ __</p> <p>Don't know / remember ..... 998</p>	



CONTRACEPTION		CP
<p>CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING.</p> <p>ARE YOU PREGNANT NOW?</p>	<p>Yes, currently pregnant..... 1</p> <p>No ..... 2</p> <p>Unsure or DK ..... 8</p>	1⇨UN Module
<p>CP1A. COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY.</p> <p>DID YOU EVER DO SOMETHING OR USED ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes..... 1</p> <p>No ..... 2</p>	
<p>CP2. 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⇨UN Module
<p>CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?</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>IUD .....C</p> <p>Injectables .....D</p> <p>Implants .....E</p> <p>Pill .....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 / Rhythm .....L</p> <p>Withdrawal .....M</p> <p>Other (<i>specify</i>) .....X</p>	

UNMET NEED		UN
<b>UN1. Check CP1. Currently pregnant?</b> <input type="checkbox"/> <i>Yes, currently pregnant</i> ⇒ Continue with UN2 <input type="checkbox"/> <i>No, unsure or DK</i> ⇒ Go to UN5		
<b>UN2. NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR CURRENT PREGNANCY. WHEN YOU GOT PREGNANT, DID YOU WANT TO GET PREGNANT AT THAT TIME?</b>	Yes..... 1 No ..... 2	1⇒UN4
<b>UN3. DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?</b>	Later..... 1 No more ..... 2	
<b>UN4. 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?</b>	Have another child ..... 1 No more / None ..... 2 Undecided / Don't know ..... 8	1⇒UN7 2⇒UN 13 8⇒UN 13
<b>UN5. Check CP3. Currently using "Female sterilization"?</b> <input type="checkbox"/> <i>Yes</i> ⇒ Go to UN13 <input type="checkbox"/> <i>No</i> ⇒ Continue with UN6		
<b>UN6. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?</b>	Have (a/another) child ..... 1 No more / None ..... 2 Says she cannot get pregnant ..... 3 Undecided / Don't know ..... 8	2⇒ UN9 3⇒UN11 8⇒ UN9
<b>UN7. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?</b>	Months ..... 1 __ __ Years ..... 2 __ __ Soon / Now ..... 993 Says she cannot get pregnant ..... 994 After marriage ..... 995 Other ..... 996 Don't know ..... 998	994⇒ UN11
<b>UN8. Check CP1. Currently pregnant?</b> <input type="checkbox"/> <i>Yes, currently pregnant</i> ⇒ Go to UN13 <input type="checkbox"/> <i>No, unsure or DK</i> ⇒ Continue with UN9		

<p>UN9. Check CP2. Currently using a method?</p> <p><input type="checkbox"/> Yes ⇒ Go to UN13</p> <p><input type="checkbox"/> No ⇒ Continue with UN10</p>	
<p>UN10. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?</p>	<p>YES ..... 1 1⇒ UN13</p> <p>No ..... 2</p> <p>DK ..... 8 ⇒ UN13</p>
<p>UN11. WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT?</p>	<p>Infrequent sex / No sex ..... A</p> <p>Menopausal ..... B</p> <p>Never menstruated ..... C</p> <p>Hysterectomy (surgical removal of uterus) ..... D</p> <p>Has been trying to get pregnant for 2 years or more without result ..... E</p> <p>Postpartum amenorrheic ..... F</p> <p>Breastfeeding ..... G</p> <p>Too old ..... H</p> <p>Fatalistic ..... I</p> <p>Other (specify) _____ X</p> <p>Don't know ..... Z</p>
<p>UN12. Check UN11. "Never menstruated" mentioned?</p> <p><input type="checkbox"/> Mentioned ⇒ Go to Next Module</p> <p><input type="checkbox"/> Not mentioned ⇒ Continue with UN13</p>	
<p>UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START?</p>	<p>Days ago ..... 1 __ __</p> <p>Weeks ago ..... 2 __ __</p> <p>Months ago ..... 3 __ __</p> <p>Years ago ..... 4 __ __</p> <p>In menopause /</p> <p>    Has had hysterectomy ..... 994</p> <p>    Before last birth ..... 995</p> <p>    Never menstruated ..... 996</p>

ATTITUDES TOWARD 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	
[A] IF SHE GOES OUT WITHOUT TELLING HIM?	Goes out without telling ..... 1 2 8	
[B] IF SHE NEGLECTS THE CHILDREN?	Neglects children ..... 1 2 8	
[C] IF SHE ARGUES WITH HIM?	Argues with him ..... 1 2 8	
[D] IF SHE REFUSES TO HAVE SEX WITH HIM?	Refuses sex ..... 1 2 8	
[E] IF SHE BURNS THE FOOD?	Burns food ..... 1 2 8	
[F] IF SHE ARGUES WITH THE PARENTS-IN-LAW?	Argues with the parents-in-law . 1 2 8	

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	2 ⇨ MA2 3 ⇨ MA5
MA1A. ARE YOU MARRIED THROUGH:	Yes No DK	
[A] CIVIL REGISTRATION?	Civil registration ..... 1 2 8	
[B] RELIGIOUS CEREMONY?	Religious ceremony ..... 1 2 8	
[C] TRADITIONAL CEREMONY?	Traditional ceremony ..... 1 2 8	
[D] COMMUNITY ACCEPTANCE?	Community acceptance ..... 1 2 8	
MA2. HOW OLD IS YOUR HUSBAND/PARTNER?  PROBE: HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Age in years ..... __ __ DK ..... 98	⇨ MA7 98 ⇨ MA7
MA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN AS IF MARRIED?	Yes, formerly married ..... 1 Yes, formerly lived with a man ..... 2 No ..... 3	3 ⇨ Next Module
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed ..... 1 Divorced ..... 2 Separated ..... 3	
MA7. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once ..... 1 More than once ..... 2	
MA8. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Date of first marriage Month ..... __ __ DK month ..... 98 Year ..... __ __ __ __ DK year ..... 9998	⇨ Next Module
MA9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER?	Age in years ..... __ __	

SEXUAL BEHAVIOUR		SB
<i>Check for the presence of others. Before continuing, ensure privacy.</i>		
SB1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES.  THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL.  HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?	Never had intercourse ..... 00  Age in years..... __ __  First time when started living with (first) husband/partner..... 95	00⇒Next Module
SB2. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes ..... 1 No ..... 2  DK / Don't remember ..... 8	
SB3. 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 __ __ Weeks ago..... 2 __ __ Months ago..... 3 __ __ Years ago ..... 4 __ __	4⇒SB15
SB4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes ..... 1 No ..... 2	
SB5. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE?  <i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i>  <i>If 'boyfriend', then ask:            WERE YOU LIVING TOGETHER AS IF MARRIED?            If 'yes', circle '2'. If 'no', circle '3'.</i>	Husband ..... 1 Cohabiting partner ..... 2 Boyfriend ..... 3 Casual acquaintance ..... 4  Other (specify) _____ 6	3⇒SB7 4⇒SB7  6⇒SB7
SB6. Check MA1:  <input type="checkbox"/> Currently married or living with a man (MA1 = 1 or 2) ⇒ Go to SB8  <input type="checkbox"/> Not married / Not in union (MA1 = 3) ⇒ Continue with SB7		
SB7. HOW OLD IS THIS PERSON?  <i>If response is DK, probe:            ABOUT HOW OLD IS THIS PERSON?</i>	Age of sexual partner ..... __ __  DK..... 98	
SB8. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes ..... 1 No ..... 2	2⇒SB15
SB9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?	Yes ..... 1 No ..... 2	

<p>SB10. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'boyfriend' then ask: WERE YOU LIVING TOGETHER AS IF MARRIED? If 'yes', circle '2'. If 'no', circle '3'.</i></p>	<p>Husband ..... 1  Cohabiting partner ..... 2  Boyfriend ..... 3  Casual acquaintance ..... 4  Other (<i>specify</i>) ..... 6</p>	<p>3⇒SB12  4⇒SB12  6⇒SB12</p>
<p>SB11. Check MA1 and MA7:</p> <p><input type="checkbox"/> <i>Currently married or living with a man (MA1 = 1 or 2)  AND  Married only once or lived with a man only once (MA7 = 1) ⇒ Go to SB13</i></p> <p><input type="checkbox"/> <i>Else ⇒ Continue with SB12</i></p>		
<p>SB12. HOW OLD IS THIS PERSON?</p> <p><i>If response is DK, probe:  ABOUT HOW OLD IS THIS PERSON?</i></p>	<p>Age of sexual partner ..... __ __  DK..... 98</p>	
<p>SB13. OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</p>	<p>Yes ..... 1  No ..... 2</p>	<p>2⇒SB15</p>
<p>SB14. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?</p>	<p>Number of partners..... __ __</p>	
<p>SB15. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME?</p> <p><i>If a non-numeric answer is given, probe to get an estimate.</i></p> <p><i>If number of partners is 95 or more, write '95'.</i></p>	<p>Number of lifetime partners ..... __ __  DK..... 98</p>	

HIV/AIDS		HA																
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.  HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒Next Module																
HA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes ..... 1 No ..... 2 DK ..... 8																	
HA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes ..... 1 No ..... 2 DK ..... 8																	
HA4. CAN PEOPLE REDUCE THEIR CHANCE 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 GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes ..... 1 No ..... 2 DK ..... 8																	
HA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes ..... 1 No ..... 2 DK ..... 8																	
HA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY:  [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] 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>During 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>During 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>By 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	During pregnancy .....	1	2	8	During delivery .....	1	2	8	By breastfeeding .....	1	2	8	
	Yes	No	DK															
During pregnancy .....	1	2	8															
During delivery .....	1	2	8															
By breastfeeding .....	1	2	8															
HA9. IN YOUR OPINION, 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																	
HA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes ..... 1 No ..... 2 DK / Not sure / Depends ..... 8																	
HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes ..... 1 No ..... 2 DK / Not sure / Depends ..... 8																	
HA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes ..... 1 No ..... 2 DK / Not sure / Depends ..... 8																	

<p>HA13. Check CM13: Any live birth in last 2 years?</p> <p><input type="checkbox"/> No live birth in last 2 years ⇒ Go to HA24</p> <p><input type="checkbox"/> One or more live births in last 2 years ⇒ Continue with HA14</p> <p>HA14. Check MN1: Received antenatal care?</p> <p><input type="checkbox"/> Received antenatal care ⇒ Continue with HA15</p> <p><input type="checkbox"/> Did not receive antenatal care ⇒ Go to HA24</p>		
HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (name), WERE YOU GIVEN ANY INFORMATION ABOUT HIV/AIDS	Yes ..... 1 No ..... 2 DK ..... 8	
HA16. I DON'T WANT TO KNOW THE RESULT, BUT WERE YOU TESTED FOR THE AIDS VIRUS AS PART OF YOUR ANTENATAL CARE?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒HA24 8⇒HA24
HA17. I DON'T WANT TO KNOW THE RESULT, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒HA24 8⇒HA24
HA18. REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELLING AFTER GETTING THE RESULT. AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?	Yes ..... 1 No ..... 2 DK ..... 8	
HA24. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes ..... 1 No ..... 2	2⇒HA27
HA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago ..... 1 12-23 months ago ..... 2 2 or more years ago ..... 3	
HA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes ..... 1 No ..... 2 DK ..... 8	1⇒ Next Module 2⇒ Next Module 8⇒ Next Module
HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes ..... 1 No ..... 2	



ALCOHOL USE		TA
TA14. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DRINKING ALCOHOL. HAVE YOU EVER DRUNK ALCOHOL?	Yes ..... 1 No ..... 2	2⇒WM11
TA15. WHICH IS CONSIDERED ONE DRINK OF ALCOHOL IS ONE CAN OR BOTTLE OF BEER, ONE GLASS OF WINE, OR ONE SHOT OF COGNAC, VODKA, WHISKEY, RUM, SAGUER, PERMIPAN, BOBO, CAP TIKUS, SOFI, OR SBY. HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST DRINK OF ALCOHOL, OTHER THAN A FEW SIPS?	Never had one drink of alcohol ..... 00 Age ..... ____	00⇒WM11
TA16. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU HAVE AT LEAST ONE DRINK OF ALCOHOL? <i>If respondent did not drink, circle "00". If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "everyday" or "almost every day", circle "30"</i>	Did not have one drink in last one month . 00 Number of days ..... 0 ____ 10 days or more but less than a month .... 10 Everyday / Almost every day ..... 30	00⇒WM11
TA17. IN THE LAST ONE MONTH, ON THE DAYS THAT YOU DRANK ALCOHOL, HOW MANY CAN/BOTTLE/GLASS/SHOT OF DRINKS DID YOU USUALLY HAVE?	Number of can/bottle/glass/shot ..... ____	

WM11. Record the time.	Hour and minutes ..... ____ : ____	
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<p>WM12. Check Household Listing Form, column HL9. Is the respondent the mother or caretaker of any child age 0-4 living in this household?</p> <p><input type="checkbox"/> Yes ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.</p> <p><input type="checkbox"/> No ⇒ End the interview with this respondent by thanking her for her cooperation. Check for the presence of any other eligible woman, man or child under-5 in the household.</p>
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