



WOMAN'S INFORMATION PANEL		WM
WM1. Cluster number: _____		WM2. Household number: _____
WM3. Woman's name and line number: NAME _____		WM4. Supervisor's name and number: NAME _____
WM5. Interviewer's name and number: NAME _____		WM6. Day / Month / Year of interview: _____/_____/2021
<p><i>Check woman's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: If age 15-17, verify in HH33 that adult consent for interview is obtained or not necessary (HL20=90). If consent is needed and not obtained, the INTERVIEW must not commence and '06' should be recorded in WM17.</i></p>		WM7. Record the start time: HOURS : MINUTES ____ : ____
WM8. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?	YES, INTERVIEWED ALREADY1 NO, FIRST INTERVIEW ..2	1 ⇨ WM9B 2 ⇨ WM9A
WM8A. Check HH30G/H in the household questionnaire. Is this woman selected for the Gender Violence module?	YES, SELECTED FOR GENDER VIOLENCE MODULE1 NO, NOT SELECTED FOR GENDER VIOLENCE MODULE2	
WM9A. Hello, my name is (<i>your name</i>). We are from Central Statistical Office. We are conducting a survey about the situation of children, families and households. I would like to talk to you about your health and other topics. This interview usually takes about 50 minutes. We are also interviewing mothers about their children. All the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?	WM9B. Now I would like to talk to you about your health and other topics in more detail. This interview will take about 50 minutes. Again, all the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?	
YES.....1 NO / NOT ASKED.....2	1 ⇨ WOMAN'S BACKGROUND Module 2 ⇨ WM17	
WM17. Result of woman's interview. <i>Discuss any result not completed with Supervisor.</i>	COMPLETED.....01 NOT AT HOME.....02 REFUSED03 PARTLY COMPLETED04 INCAPACITATED (<i>specify</i>)05 NO ADULT CONSENT FOR RESPONDENT AGE 15-17.....06 OTHER (<i>specify</i>).....96	

WOMAN'S BACKGROUND		WB
WB1. Check the respondent's line number (WM3) in WOMAN'S INFORMATION PANEL and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47): Is this respondent also the respondent to the Household Questionnaire?	YES, RESPONDENT IS THE SAME, WM3=HH47 1 NO, RESPONDENT IS NOT THE SAME, WM3≠HH47 2	2 ⇒WB3
WB2. Check ED5 or ED6B in EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE for this respondent: Highest level of school attended:	ED5 OR ED6B=2 OR 3..... 1 ED5 OR ED6B=0, 1, 6, 8 OR BLANK..... 2	1 ⇒WB15 2 ⇒WB14
WB3. In what month and year were you born?	DATE OF BIRTH MONTH __ __ DK MONTH 98 YEAR..... __ __ __ __ DK YEAR 9998	
WB4. How old are you? <i>Probe: How old were you at your last birthday?</i> <i>If responses to WB3 and WB4 are inconsistent, probe further and correct. Age must be recorded.</i>	AGE (IN COMPLETED YEARS) __ __	
WB5. Have you ever attended school or any early childhood education programme?	YES..... 1 NO 2	2 ⇒WB14
WB6. What is the highest level and grade or form or year of school you have attended?	EARLY CHILDHOOD EDUCATION 000 PRIMARY 1 __ __ SECONDARY 2 __ __ HIGHER 3 __ __ VOCATIONAL 4 __ __	000 ⇒WB14
WB7. Did you complete that (grade/form/year)?	YES..... 1 NO 2	
WB7A. Check WB6: Highest level of school attended:	WB6=1, 2 OR 3 1 WB6= 4..... 2	1 ⇒WB8
WB7B. Before going to vocational school, what was the highest level and grade or form or year of school you attended?	PRIMARY 1 __ __ SECONDARY 2 __ __ HIGHER 3 __ __ OTHER..... 6 __ __	
WB7C. Did you complete that (grade/form/year)?	YES..... 1 NO 2	
WB8. Check WB4: Age of respondent:	AGE 15-24..... 1 AGE 25-49..... 2	2 ⇒WB13
WB9. At any time during the current school year did you attend school? <i>Current refers to "2020" for Primary/ Secondary and "2019-2020" for Tertiary</i>	YES..... 1 NO 2	2 ⇒WB11

WB10. During the current school year, which level and grade or form or year are you <u>attending</u> ?	PRIMARY1 ___ SECONDARY2 ___ HIGHER3 ___ VOCATIONAL4 ___	
WB11. At any time during the previous school year did you attend school? <i>Previous refers to "2019" for Primary/ Secondary and "2018-2019" for Tertiary</i>	YES..... 1 NO 2	2 ⇒WB13
WB12. During previous school year, which level and grade or form or year did you <u>attend</u> ?	PRIMARY1 ___ SECONDARY2 ___ HIGHER3 ___ VOCATIONAL4 ___	
WB13. Check WB6 or WB7B: Highest level of school attended:	WB6=2, 3 OR WB7B=2..... 1 WB6=1 OR WB7B=1, 3..... 2	1 ⇒WB15
WB14. Now I would like you to read this sentence to me. <i>Show sentence on the card to the respondent.</i> <i>If respondent cannot read whole sentence, probe: Can you read part of the sentence to me?</i>	CANNOT READ AT ALL..... 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE..... 3 NO SENTENCE IN REQUIRED LANGUAGE / BRAILLE (specify language)..... 4	
WB15. How long have you been continuously living in (name of current city, town or community of residence)? <i>If less than one year, record '00' years.</i>	YEARS ___ ALWAYS / SINCE BIRTH..... 95	95 ⇒End
WB16. Just before you moved here, did you live in an urban or in a rural area? <i>Probe to identify the type of place.</i> <i>If unable to determine whether the place is a city, a town or a rural area, write the name of the place and then temporarily record '5' until you learn the appropriate category for the response.</i> _____ (Name of place)	MBABANE/MANZINI..... 1 OTHER TOWN 2 RURAL AREA 3 UNABLE TO DETERMINE IF CITY/TOWN/RURAL..... 5 DK / DON'T REMEMBER..... 8	
WB17. Before you moved here, in which region did you live in?	HHOHHO 01 MANZINI 02 SHISELWENI 03 LUBOMBO 04 OUTSIDE OF ESWATINI (specify)..... 96	

MASS MEDIA AND ICT		MT
MT0. Check HH8 in the <i>HOUSEHOLD QUESTIONNAIRE</i> : Is the household selected for <i>Questionnaire for Men</i> ?	YES..... 1 NO..... 2	2 ⇒ End
MT1. Do you read a newspaper or magazine at least once a week, less than once a week, not at all? <i>If 'At least once a week', probe: Would you say this happens almost every day? If 'Yes' record 3, if 'No' record 2.</i>	NOT AT ALL 0 LESS THAN ONCE A WEEK..... 1 AT LEAST ONCE A WEEK 2 ALMOST EVERY DAY 3	
MT2. Do you listen to the radio at least once a week, less than once a week or not at all? <i>If 'At least once a week', probe: Would you say this happens almost every day? If 'Yes' record 3, if 'No' record 2</i>	NOT AT ALL 0 LESS THAN ONCE A WEEK..... 1 AT LEAST ONCE A WEEK 2 ALMOST EVERY DAY 3	
MT3. Do you watch television at least once a week, less than once a week or not at all? <i>If 'At least once a week', probe: Would you say this happens almost every day? If 'Yes' record 3, if 'No' record 2</i>	NOT AT ALL 0 LESS THAN ONCE A WEEK..... 1 AT LEAST ONCE A WEEK 2 ALMOST EVERY DAY 3	
MT4. Have you ever used a computer a tablet from any location?	YES..... 1 NO..... 2	2 ⇒ MT9
MT5. During the last 3 months, did you use a computer or tablet at least once a week, less than once a week or not at all? <i>If 'At least once a week', probe: Would you say this happened almost every day? If 'Yes' record 3, if 'No' record 2</i>	NOT AT ALL 0 LESS THAN ONCE A WEEK..... 1 AT LEAST ONCE A WEEK 2 ALMOST EVERY DAY 3	0 ⇒ MT9

MT6. During the last 3 months, did you:	YES NO	
[A] Copy or move a file or folder?	COPY/MOVE FILE 1 2	
[B] Use a copy and paste tool to duplicate or move information within a document?	USE COPY/PASTE IN DOCUMENT ... 1 2	
[C] Send e-mail with attached file, such as a document, picture or video?	SEND E-MAIL WITH ATTACHMENT 1 2	
[D] Use a basic arithmetic formula in a spreadsheet?	USE BASIC SPREADSHEET FORMULA 1 2	
[E] Connect and install a new device, such as a modem, camera or printer?	CONNECT DEVICE 1 2	
[F] Find, download, install and configure software?	INSTALL SOFTWARE 1 2	
[G] Create an electronic presentation with presentation software, including text, images, sound, video or charts?	CREATE PRESENTATION 1 2	
[H] Transfer a file between a computer and other device?	TRANSFER FILE 1 2	
[I] Write a computer program in any programming language?	PROGRAMMING 1 2	
MT7. Check MT6[C]: Is 'Yes' recorded?	YES, MT6[C]=1 1 NO, MT6[C]=2 2	1 ⇨ MT10
MT8. Check MT6[F]: Is 'Yes' recorded?	YES, MT6[F]=1 1 NO, MT6[F]=2 2	1 ⇨ MT10
MT9. Have you ever used the internet from any location and any device?	YES 1 NO 2	2 ⇨ MT11
MT10. During the last 3 months, did you use the internet at least once a week, less than once a week or not at all? <i>If 'At least once a week', probe: Would you say this happens almost every day? If 'Yes' record 3, if 'No' record 2.</i>	NOT AT ALL 0 LESS THAN ONCE A WEEK 1 AT LEAST ONCE A WEEK 2 ALMOST EVERY DAY 3	
MT11. Do you own a mobile phone?	YES 1 NO 2	

<p>MT12. During the last 3 months, did you use a mobile telephone at least once a week, less than once a week or not at all?</p> <p><i>Probe if necessary:</i> I mean have you communicated with someone using a mobile phone.</p> <p><i>If 'At least once a week', probe:</i> Would you say this happens almost every day? <i>If 'Yes' record 3, if 'No' record 2.</i></p>	<p>NOT AT ALL 0 LESS THAN ONCE A WEEK..... 1 AT LEAST ONCE A WEEK 2 ALMOST EVERY DAY 3</p>	
<p>MT13. Check MT9 and MT12: Has respondent ever used internet from any location or device or has the respondent used a mobile phone in the last 3 months?</p>	<p>YES, MT9=1 OR (MT12=1, 2 OR 3)..... 1 NO, MT9=2 AND MT12=0 2</p>	<p>2 ⇒ End</p>
<p>MT14. During the last 3 months, how often did you use social networks such as WhatsApp, Facebook etc: almost every day, at least once a week, less than once a week or not at all?</p>	<p>NOT AT ALL 0 LESS THAN ONCE A WEEK..... 1 AT LEAST ONCE A WEEK 2 ALMOST EVERY DAY 3</p>	<p>0 ⇒ End</p>
<p>MT15. Which social network did you use in the last 3 months?</p> <p><i>Circle all mentioned</i></p>	<p>WHATSAPP..... A FACEBOOK..... B TWITTER..... C INSTAGRAM..... D OTHER (<i>specify</i>) _____ X</p>	

FERTILITY/BIRTH HISTORY		CM
<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>This module and the birth history should only include children born alive. Any stillbirths should not be included in response to any question.</i></p>	YES..... 1 NO..... 2	2 ⇒ CM8
<p>CM2. 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>CM3. How many sons live with you?</p> <p><i>If none, record '00'.</i></p>	SONS AT HOME _ _	
<p>CM4. How many daughters live with you?</p> <p><i>If none, record '00'.</i></p>	DAUGHTERS AT HOME _ _	
<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 ⇒ CM8
<p>CM6. How many sons are alive but do not live with you?</p> <p><i>If none, record '00'.</i></p>	SONS ELSEWHERE _ _	
<p>CM7. How many daughters are alive but do not live with you?</p> <p><i>If none, record '00'.</i></p>	DAUGHTERS ELSEWHERE _ _	
<p>CM8. Have you ever given birth to a boy or girl who was born alive but later died?</p> <p><i>If 'No' probe by asking: I mean, to any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?</i></p>	YES..... 1 NO..... 2	2 ⇒ CM11
<p>CM9. How many boys have died?</p> <p><i>If none, record '00'.</i></p>	BOYS DEAD..... _ _	
<p>CM10. How many girls have died?</p> <p><i>If none, record '00'.</i></p>	GIRLS DEAD..... _ _	
<p>CM11. Sum answers to CM3, CM4, CM6, CM7, CM9 and CM10.</p>	SUM..... _ _	
<p>CM12. Just to make sure that I have this right, you have had in total (<i>total number in CM11</i>) births during your life. Is this correct?</p>	YES..... 1 NO..... 2	1 ⇒ CM14

CM13. Check responses to CM1-CM10 and make corrections as necessary until response in CM12 is 'Yes'.		
CM14. Check CM11: How many live births?	NO LIVE BIRTHS, CM11=00.....0 ONE OR MORE LIVE BIRTH, CM11=01 OR MORE1	0 ⇒ CM19

FERTILITY/BIRTH HISTORY

BH

BH0. Now I would like to record the names of all of your births, whether still alive or not, starting with the first one you had.

Record names of all of the births in BH1. Record twins and triplets on separate lines.

BH0. BH Line Number	BH1. What name was given to your (first/next) baby?	BH2. Were any of these births twins?	BH3. Is (<i>name of birth</i>) a boy or a girl?	BH4. In what day, month and year was (<i>name of birth</i>) born? <i>Probe: What is (his/her) birthday?</i>			BH5. Is (<i>name of birth</i>) still alive?	BH6. How old was (<i>name of birth</i>) at (his/her) last birthday? <i>Record age in completed years.</i>	BH7. Is (<i>name of birth</i>) living with you?	BH8. <i>Record household line number of child (from HL1)</i> <i>Record '00' if child is not listed.</i>	BH9. How old was (<i>name of birth</i>) when (he/she) died? <i>If '1 year', probe: How many months old was (name of birth)?</i> <i>Record days if less than 1 month; record months if less than 2 years; or years</i>			BH10. Were there any other live births between (<i>name of previous birth</i>) and (<i>name of birth</i>), including any children who died after birth?	
				Day	Month	Year					Y	N	Age	Y	N
01		1 2	1 2	___ ___	___	___ ___ ___	1 2 ☺ BH9	___ ___	1 2	___ ___ ⇒ Next Birth	DAYS1 MONTHS 2 YEARS3	___ ___			
02		1 2	1 2	___ ___	___	___ ___ ___	1 2 ☺ BH9	___ ___	1 2	___ ___ ⇒ BH10	DAYS1 MONTHS 2 YEARS3	___ ___	1 ☺ 2 ☺ Add Next Birth Birth		
03		1 2	1 2	___ ___	___	___ ___ ___	1 2 ☺ BH9	___ ___	1 2	___ ___ ⇒ BH10	DAYS1 MONTHS 2 YEARS3	___ ___	1 ☺ 2 ☺ Add Next Birth Birth		
04		1 2	1 2	___ ___	___	___ ___ ___	1 2 ☺ BH9	___ ___	1 2	___ ___ ⇒ BH10	DAYS1 MONTHS 2 YEARS3	___ ___	1 ☺ 2 ☺ Add Next Birth Birth		
05		1 2	1 2	___ ___	___	___ ___ ___	1 2 ☺ BH9	___ ___	1 2	___ ___ ⇒ BH10	DAYS1 MONTHS 2 YEARS3	___ ___	1 ☺ 2 ☺ Add Next Birth Birth		
06		1 2	1 2	___ ___	___	___ ___ ___	1 2 ☺ BH9	___ ___	1 2	___ ___ ⇒ BH10	DAYS1 MONTHS 2 YEARS3	___ ___	1 ☺ 2 ☺ Add Next Birth Birth		
07		1 2	1 2	___ ___	___	___ ___ ___	1 2 ☺ BH9	___ ___	1 2	___ ___ ⇒ BH10	DAYS1 MONTHS 2 YEARS3	___ ___	1 ☺ 2 ☺ Add Next Birth Birth		
08		1 2	1 2	___ ___	___	___ ___ ___	1 2 ☺ BH9 BH9	___ ___	1 2	___ ___ ⇒ BH10	DAYS1 MONTHS 2 YEARS3	___ ___	1 ☺ 2 ☺ Add Next Birth Birth		

BH0. BH Line Number	BH1. What name was given to your (first/next) baby?	BH2. Were any of these births twins?	BH3. Is (<i>name of birth</i>) a boy or a girl?	BH4. In what month and year was (<i>name of birth</i>) born?			BH5. Is (<i>name of birth</i>) still alive?	BH6. How old was (<i>name of birth</i>) at (his/her) last birthday?	BH7. Is (<i>name of birth</i>) living with you?	BH8. Record household line number of child (from HL1)	BH9. How old was (<i>name of birth</i>) when (he/she) died?		BH10. Were there any other live births between (<i>name of previous birth</i>) and (<i>name of birth</i>), including any children who died after birth?
				Probe: What is (his/her) birthday?							If '1 year', probe: How many months old was (<i>name of birth</i>)?		
		S M	B G	Day	Month	Year	Y N	Age	Y N	Line No	Unit	Number	Y N
09		1 2	1 2	___ ___	___	___ ___ ___	1 2 ♂ BH9	___ ___	1 2	___ ___ ⇒ BH10	DAYS1 MONTHS 2 YEARS3	___ ___	1 ♂ 2 ♂ Add Next Birth Birth
10		1 2	1 2	___ ___	___	___ ___ ___	1 2 ♂ BH9	___ ___	1 2	___ ___ ⇒ BH10	DAYS1 MONTHS 2 YEARS3	___ ___	1 ♂ 2 ♂ Add Next Birth Birth
11		1 2	1 2	___ ___	___	___ ___ ___	1 2 ♂ BH9	___ ___	1 2	___ ___ ⇒ BH10	DAYS1 MONTHS 2 YEARS3	___ ___	1 ♂ 2 ♂ Add Next Birth Birth
12		1 2	1 2	___ ___	___	___ ___ ___	1 2 ♂ BH9	___ ___	1 2	___ ___ ⇒ BH10	DAYS1 MONTHS 2 YEARS3	___ ___	1 ♂ 2 ♂ Add Next Birth Birth
13		1 2	1 2	___ ___	___	___ ___ ___	1 2 ♂ BH9	___ ___	1 2	___ ___ ⇒ BH10	DAYS1 MONTHS 2 YEARS3	___ ___	1 ♂ 2 ♂ Add Next Birth Birth
BH11. Have you had any live births since the birth of (<i>name of last birth listed</i>)?								YES.....1				1 ⇒ Record birth(s) in Birth History	
								NO.....2					

<p>CM15. Compare number in CM11 with number of births listed in the birth history above and check:</p>	<p>NUMBERS ARE THE SAME 1 NUMBERS ARE DIFFERENT 2</p>	<p>1 ⇒ CM17</p>
<p>CM16. Probe and reconcile responses in the birth history until response in CM12 is 'Yes'.</p>		
<p>CM17. Check BH4: Last birth occurred within the last 2 years, that is, since (<i>month of interview</i>) in (<i>year of interview minus 2</i>)?</p> <p><i>If the month of interview and the month of birth are the same, and the year of birth is (year of interview minus 2), consider this as a birth within the last 2 years.</i></p>	<p>NO LIVE BIRTHS IN THE LAST 2 YEARS 0 ONE OR MORE LIVE BIRTHS IN THE LAST 2 YEARS 1</p>	<p>0 ⇒ CM19</p>
<p>CM18. Copy name of the last child listed in BH1.</p> <p><i>If the child has died, take special care when referring to this child by name in the following modules.</i></p>	<p>NAME OF LAST-BORN CHILD</p> <p>_____</p>	
<p>CM19. Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?</p> <p><i>If 'No' probe by asking:</i> I mean even those pregnancies that might have resulted in a miscarriage very early during the pregnancy.</p>	<p>YES 1 NO 2</p>	<p>2 ⇒ End</p>
<p>CM20. When did the last such pregnancy end?</p>	<p>DATE OF PREGNANCY TERMINATION MONTH _ _ DK MONTH 98</p> <p>YEAR _ _ _ _ DK YEAR 9998</p>	
<p>CM21. Check CM20: Did the last pregnancy which ended occur within the last 6 years, that is, since (<i>month of interview</i>) in (<i>year of interview minus 6</i>)?</p> <p><i>If the month of interview and the month of pregnancy termination are the same, and the year of termination is (year of interview minus 6), consider this as a termination within the last 6 years.</i></p>	<p>NO PREGNANCY TERMINATION IN THE LAST 6 YEARS 0 ONE OR MORE PREGNANCY TERMINATIONS IN THE LAST 6 YEARS 1</p>	<p>0 ⇒ CM25</p>

CM22A. I would like to ask you more about the pregnancies that were recently terminated.			
	[A] 1 ST TERMINATED PREGNANCY	[B] 2 ND TERMINATED PREGNANCY	[C] 3 RD TERMINATED PREGNANCY
CM22. In what month and year did the preceding such pregnancy end?		DATE OF BIRTH MONTH..... __ __ DK MONTH..... 98 YEAR ... __ __ __ __ DK YEAR..... 9998	DATE OF BIRTH MONTH..... __ __ DK MONTH..... 98 YEAR __ __ __ __ DK YEAR 9998
CM23. How many months pregnant were you when that pregnancy ended?	MONTHS __ __ DK 998	MONTHS __ __ DK 998	MONTHS __ __ DK 998
CM24. Since (<i>month of interview</i>) in (<i>year of interview minus 6</i>) have you had any other pregnancies that did not result in a live birth?	YES..... 1 ☺ [B] NO 2 ☺ CM25	YES 1 ☺ [C] NO 2 ☺ CM25	YES 1 ☺ [Add birth] NO 2 ☺ CM25
CM25. Before (<i>month of interview</i>) in (<i>year of interview minus 6</i>), did you ever have a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES..... 1 NO 2		2⇒End
CM26. When did the last such pregnancy that terminated before (<i>month of interview</i>) in (<i>year of interview minus 6</i>) end?		DATE OF PREGNANCY TERMINATION MONTH..... __ __ DK MONTH..... 98 YEAR..... __ __ __ __ DK YEAR..... 9998	


DESIRE FOR LAST BIRTH		DB
DB1. Check CM17: Was there a live birth in the last 2 years? Copy name of last birth listed in the birth history (CM18) to here and use where indicated: Name _____	YES, CM17=1 1 NO, CM17=0 OR BLANK..... 2	2 ⇨End
DB2. When you got pregnant with (<i>name</i>), did you want to get pregnant at that time?	YES..... 1 NO 2	1 ⇨End
DB3. Check CM11: Number of births:	ONLY 1 BIRTH 1 2 OR MORE BIRTHS 2	1 ⇨DB4A 2 ⇨DB4B
DB4A. Did you want to have a baby later on, or did you not want any children? DB4B. Did you want to have a baby later on, or did you not want any more children?	LATER 1 NO MORE/NONE..... 2	2 ⇨End
DB5. How much longer did you want to wait? Record the answer as stated by respondent.	MONTHS 1 __ __ YEARS 2 __ __ DK 998	

MATERNAL AND NEWBORN HEALTH		MN
<p>MN1. Check CM17: Was there a live birth in the last 2 years?</p> <p><i>Copy name of last birth listed in the birth history (CM18) to here and use where indicated:</i></p> <p>Name _____</p>	<p>YES, CM17=1 1</p> <p>NO, CM17=0 OR BLANK..... 2</p>	2 ⇒ End
<p>MN2. Did you see anyone for antenatal care during your pregnancy with (<i>name</i>)?</p>	<p>YES..... 1</p> <p>NO 2</p>	2 ⇒ MN7
<p>MN3. Whom did you see?</p> <p><i>Probe: Anyone else?</i></p> <p><i>Probe for the type of person seen and record all answers given.</i></p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR A</p> <p>NURSE / MIDWIFE B</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT F</p> <p>COMMUNITY HEALTH WORKER/RURAL HEALTH MOTIVATOR G</p> <p>TRAINEE NURSE I</p> <p>OTHER (<i>specify</i>) X</p>	
<p>MN4. How many weeks or months pregnant were you when you first received antenatal care for this pregnancy?</p> <p><i>Record the answer as stated by respondent. If “9 months” or later, record 9.</i></p>	<p>WEEKS 1 ___</p> <p>MONTHS 2 ___</p> <p>DK 998</p>	
<p>MN5. How many times did you receive antenatal care during this pregnancy?</p> <p><i>Probe to identify the number of times antenatal care was received. If a range is given, record the minimum number of times antenatal care received.</i></p>	<p>NUMBER OF TIMES ___</p> <p>DK 98</p>	

<p>MN6. As part of your antenatal care during this pregnancy, were any of the following done at least once:</p> <p>[A] Was your blood pressure measured?</p> <p>[B] Did you give a urine sample?</p> <p>[C] Did you give a blood sample?</p> <p>[D] Was your weight measured?</p> <p>[E] Was your height measured?</p> <p>[F] Were you given iron supplements?</p> <p>[G] Were you given folic acid?</p>	<p style="text-align: right;">YES NO</p> <p>BLOOD PRESSURE..... 1 2</p> <p>URINE SAMPLE 1 2</p> <p>BLOOD SAMPLE..... 1 2</p> <p>WEIGHT MEASURED..... 1 2</p> <p>HEIGHT MEASURED 1 2</p> <p>IRON SUPPLEMENTS..... 1 2</p> <p>FOLIC ACID 1 2</p>	
<p>MN7. Do you have a card or other document with your own immunisations listed?</p> <p><i>If yes, ask: May I see it please?</i></p> <p><i>If a card is presented, use it to assist with answers to the following questions.</i></p>	<p>YES (CARD OR OTHER DOCUMENT SEEN) 1</p> <p>YES (CARD OR OTHER DOCUMENT NOT SEEN) 2</p> <p>NO 3</p> <p>DK 8</p>	
<p>MN8. When you were pregnant with (<i>name</i>), did you receive any injection in the arm or shoulder to prevent the baby from getting tetanus, that is, convulsions after birth?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2 ⇨ MN11</p> <p>8 ⇨ MN11</p>
<p>MN9. How many times did you receive this tetanus injection during your pregnancy with (<i>name</i>)?</p>	<p>NUMBER OF TIMES__</p> <p>DK 8</p>	<p>8 ⇨ MN11</p>
<p>MN10. Check MN9: How many tetanus injections during last pregnancy were reported?</p>	<p>ONLY 1 INJECTION..... 1</p> <p>2 OR MORE INJECTIONS..... 2</p>	<p>2 ⇨ MN18A</p>
<p>MN11. At any time before your pregnancy with (<i>name</i>), did you receive any tetanus injection either to protect yourself or another baby?</p> <p><i>Include DTP (Tetanus) vaccinations received as a child if mentioned.</i></p>	<p>YES..... 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2 ⇨ MN18A</p> <p>8 ⇨ MN18A</p>
<p>MN12. Before your pregnancy with (<i>name</i>), how many times did you receive a tetanus injection?</p> <p><i>If 7 or more times, record '7'.</i></p> <p><i>Include DTP (Tetanus) vaccinations received as a child if mentioned.</i></p>	<p>NUMBER OF TIMES__</p> <p>DK 8</p>	
<p>MN13. Check MN12: How many tetanus injections before last pregnancy were reported?</p>	<p>ONLY 1 INJECTION..... 1</p> <p>2 OR MORE INJECTIONS OR DK 2</p>	<p>1 ⇨ MN14A</p> <p>2 ⇨ MN14B</p>

<p>MN14A. How many years ago did you receive that tetanus injection</p> <p>MN14B. How many years ago did you receive the last of those tetanus injections?</p> <p><i>The reference is to the last injection received prior to this pregnancy, as recorded in MN12. If less than 1 year, record '00'.</i></p>	<p>YEARS AGO__ __</p> <p>DK98</p>	
<p>MN18A During the pregnancy with (<i>name</i>) were you tested for malaria?</p>	<p>YES..... 1</p> <p>NO2</p> <p>DK8</p>	
<p>MN18B. In which country was (<i>name</i>) delivered?</p>	<p>ESWATINI..... 1</p> <p>SOUTH AFRICA2</p> <p>ELSEWHERE6</p>	

<p>MN19. Who assisted with the delivery of (<i>name</i>)?</p> <p><i>Probe:</i> Anyone else?</p> <p><i>Probe for the type of person assisting and record all answers given.</i></p>	<p>HEALTH PROFESSIONAL DOCTORA NURSE / MIDWIFE.....B</p> <p>OTHER PERSON TRADITIONAL BIRTH ATTENDANTF COMMUNITY HEALTH WORKER/RURAL HEALTH MOTIVATOR G RELATIVE / FRIEND.....H TRAINEE NURSE I</p> <p>OTHER (<i>specify</i>) _____ X NO ONE Y</p>	
<p>MN20. Where did you give birth to (<i>name</i>)?</p> <p><i>Probe to identify the type of place.</i></p> <p><i>If unable to determine whether public, private, mission or NGO sector, write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(<i>Name of place</i>)</p>	<p>HOME RESPONDENT’S HOME11 OTHER HOME.....12</p> <p>PUBLIC MEDICAL SECTOR GOVERNMENT. HOSPITAL21 GOVERNMENT. HEALTH CENTRE22 GOVERNMENT. CLINIC/PHU24 GOVERNMENT. OUTREACH SITE.....25 OTHER PUBLIC MEDICAL (<i>specify</i>) ___26</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL31 PRIVATE CLINIC32 OTHER PRIVATE MEDICAL (<i>specify</i>) __36</p> <p>MISSION MEDICAL SECTOR HOSPITAL42 CLINIC43 OUTREACH SITE44 OTHER MISSION MEDICAL (<i>specify</i>) __46</p> <p>NGO MEDICAL SECTOR CLINIC51 OUTREACH SITE52 OTHER NGO MEDICAL (<i>specify</i>) _____56</p> <p>DK PUBLIC, PRIVATE, MISSION OR NGO 76</p> <p>ON THE ROADSIDE/ IN THE VEHICLE/ IN THE OPEN81</p> <p>OTHER (<i>specify</i>) _____96</p>	<p>11 ⇒MN23 12 ⇒MN23</p> <p>96 ⇒MN23</p>
<p>MN21. Was (<i>name</i>) delivered by caesarean section? That is, did they cut your belly open to take the baby out?</p>	<p>YES.....1 NO2</p>	<p>2 ⇒MN23</p>

<p>MN22. When was the decision made to have the caesarean section?</p> <p><i>Probe if necessary:</i> Was it before or after your labour pains started?</p>	<p>BEFORE LABOUR PAINS 1 AFTER LABOUR PAINS 2</p>	
<p>MN23. Immediately after the birth, was (<i>name</i>) put directly on the bare skin of your chest?</p> <p><i>If necessary, show the picture of skin-to-skin position.</i></p> 	<p>YES..... 1 NO 2</p> <p>DK/ DON'T REMEMBER..... 8</p>	<p>2 ⇨ MN25 8 ⇨ MN25</p>
<p>MN24. Before being placed on the bare skin of your chest, was the baby wrapped up?</p>	<p>YES..... 1 NO 2</p> <p>DK/ DON'T REMEMBER..... 8</p>	
<p>MN25. Was (<i>name</i>) dried or wiped soon after birth?</p>	<p>YES..... 1 NO 2</p> <p>DK/ DON'T REMEMBER..... 8</p>	
<p>MN26. How long after the birth was (<i>name</i>) bathed for the first time?</p> <p><i>If “immediately” or less than 1 hour, record ‘000’.</i> <i>If less than 24 hours, record hours.</i></p> <p><i>If “1 day” or “next day”, probe: About how many hours after the delivery?</i></p> <p><i>If “24 hours”, probe to ensure best estimate of less than 24 hours or 1 day.</i> <i>If 24 hours or more, record days.</i></p>	<p>IMMEDIATELY/LESS THAN 1 HOUR000</p> <p>HOURS..... 1 ___</p> <p>DAYS 2 ___</p> <p>NEVER BATHED..... 997</p> <p>DK / DON'T REMEMBER..... 998</p>	
<p>MN27. Check MN20: Was the child delivered in a health facility?</p>	<p>YES, MN20=21-56 OR 76 1 NO, MN20=11-12, 81 OR 96 2</p>	<p>1 ⇨ MN30</p>

MN28. What was used to cut the umbilical cord?	NEW BLADE..... 1 BLADE USED FOR OTHER PURPOSES 2 SCISSORS..... 3 SHARP PIECE OF BOTTLE (LIBHODLELA) 4 OTHER (<i>specify</i>) _____ 6 DK 8	
MN29. Was the instrument used to cut the cord boiled or sterilised prior to use?	YES..... 1 NO 2 DK / DON'T REMEMBER..... 8	
MN30. After the cord was cut and until it fell off, was anything applied to the cord?	YES..... 1 NO 2 DK / DON'T REMEMBER..... 8	2 ⇨MN32 8 ⇨MN32
MN31. What was applied to the cord? <i>Probe: Anything else?</i>	CHLORHEXIDINE A OTHER ANTISEPTIC (ALCOHOL, SPIRIT, GENTIAN VIOLET, SAVLON/DETTOL) B OIL (ALL TYPES) C ASH D ANIMAL DUNG..... E OTHER (<i>specify</i>) _____ X DK / DON'T REMEMBER Z	
MN32. When (<i>name</i>) was born, was (he/she) very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL..... 5 DK 8	
MN33. Was (<i>name</i>) weighed at birth?	YES..... 1 NO 2 DK 8	2 ⇨MN35 8 ⇨MN35
MN34. How much did (<i>name</i>) weigh? <i>If a card is available, record weight from card.</i>	FROM CARD..... 1 (KG) __ . __ __ __ FROM RECALL 2 (KG) __ . __ __ __ DK 99998	
MN35. Has your menstrual period returned since the birth of (<i>name</i>)?	YES..... 1 NO 2	
MN36. Did you ever breastfeed (<i>name</i>)?	YES..... 1 NO 2	2 ⇨MN39B

<p>MN37. How long after birth did you first put (<i>name</i>) 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>IMMEDIATELY000</p> <p>HOURS.....1 __ __</p> <p>DAYS2 __ __</p> <p>DK / DON'T REMEMBER.....998</p>	
<p>MN38. In the first three days after delivery, was (<i>name</i>) given anything to drink other than breast milk?</p>	<p>YES.....1</p> <p>NO2</p>	<p>1 ⇨MN39A</p> <p>2 ⇨End</p>
<p>MN39A. What was (<i>name</i>) given to drink?</p> <p><i>Probe: Anything else?</i></p> <p><i>'Not given anything to drink' is not a valid response and response category Y cannot be recorded.</i></p> <p>MN39B. In the first three days after delivery, what was (<i>name</i>) given to drink?</p> <p><i>Probe: Anything else?</i></p> <p><i>'Not given anything to drink' (category Y) can only be recorded if no other response category is recorded.</i></p>	<p>MILK (OTHER THAN BREAST MILK).....A</p> <p>PLAIN WATERB</p> <p>SUGAR OR GLUCOSE WATER.....C</p> <p>GRIPE WATERD</p> <p>SUGAR-SALT-WATER SOLUTIONE</p> <p>FRUIT JUICE.....F</p> <p>INFANT FORMULAG</p> <p>TEA / INFUSIONS / TRADITIONAL HERBAL PREPARATIONSH</p> <p>HONEYI</p> <p>PRESCRIBED MEDICINE.....J</p> <p>OTHER (<i>specify</i>) _____ X</p> <p>NOT GIVEN ANYTHING TO DRINK.....Y</p>	

POST-NATAL HEALTH CHECKS		PN
<p>PN1. Check CM17: Was there a live birth in the last 2 years?</p> <p>Copy name of last birth listed in the birth history (CM18) to here and use where indicated:</p> <p>Name _____</p>	<p>YES, CM17=1..... 1</p> <p>NO, CM17=0 OR BLANK..... 2</p>	2 ⇒ End
<p>PN2. Check MN20: Was the child delivered in a health facility?</p>	<p>YES, MN20=21-56 OR 76..... 1</p> <p>NO, MN20=11-12, 81 OR 96 2</p>	2 ⇒ PN7
<p>PN3. Now I would like to ask you some questions about what happened in the hours and days after the birth of (<i>name</i>).</p> <p>You have said that you gave birth in (<i>name or type of facility in MN20</i>). How long did you stay there after the delivery?</p> <p>If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</p>	<p>HOURS 1 ___</p> <p>DAYS..... 2 ___</p> <p>WEEKS..... 3 ___</p> <p>DK / DON'T REMEMBER..... 998</p>	
<p>PN4. I would like to talk to you about checks on (<i>name</i>)'s health after delivery – for example, someone examining (<i>name</i>), checking the cord, or seeing if (<i>name</i>) is ok.</p> <p>Before you left the (<i>name or type of facility in MN20</i>), did anyone check on (<i>name</i>)'s health?</p>	<p>YES 1</p> <p>NO..... 2</p>	
<p>PN5. And what about checks on <u>your</u> health – I mean, someone asking questions or examining you?</p> <p>[A] Did anyone ask questions about your health before you left (<i>name or type or facility in MN20</i>)?</p> <p>[B] Did anyone examine you before you left (<i>name or type or facility in MN20</i>)?</p>	<p>YES NO</p> <p>ASKED QUESTIONS 1 2</p> <p>EXAMINED YOU..... 1 2</p>	
<p>PN6. Now I would like to talk to you about what happened after you left (<i>name or type of facility in MN20</i>).</p> <p>Did anyone check on (<i>name</i>)'s health after you left (<i>name or type of facility in MN20</i>)?</p>	<p>YES 1</p> <p>NO..... 2</p>	1 ⇒ PN12 2 ⇒ PN17
<p>PN7. Check MN19: Did a health professional, traditional birth attendant, or rural health motivator assist with the delivery?</p>	<p>YES, AT LEAST ONE OF THE CATEGORIES A TO G RECORDED..... 1</p> <p>NO, NONE OF THE CATEGORIES A TO G RECORDED 2</p>	2 ⇒ PN11

<p>PN8. You have already said that (<i>person or persons in MN19</i>) assisted with the birth. Now I would like to talk to you about checks on (<i>name</i>)’s health after delivery, for example examining (<i>name</i>), checking the cord, or seeing if (<i>name</i>) is ok.</p> <p>After the delivery was over and before (<i>person or persons in MN19</i>) left you, did (<i>person or persons in MN19</i>) check on (<i>name</i>)’s health?</p>	<p>YES 1</p> <p>NO..... 2</p>	
<p>PN9. And did (<i>person or persons in MN19</i>) check on <u>your</u> health before leaving, for example asking questions about your health or examining you?</p>	<p>YES 1</p> <p>NO..... 2</p>	
<p>PN10. After the (<i>person or persons in MN19</i>) left you, did anyone check on the health of (<i>name</i>)?</p>	<p>YES 1</p> <p>NO..... 2</p>	<p>1 ⇒PN12</p> <p>2 ⇒PN19</p>
<p>PN11. I would like to talk to you about checks on (<i>name</i>)’s health after delivery – for example, someone examining (<i>name</i>), checking the cord, or seeing if the baby is ok.</p> <p>After (<i>name</i>) was delivered, did anyone check on (his/her) health?</p>	<p>YES 1</p> <p>NO..... 2</p>	<p>2 ⇒PN20</p>
<p>PN12. Did such a check happen only once, or more than once?</p>	<p>ONCE..... 1</p> <p>MORE THAN ONCE 2</p>	<p>1 ⇒PN13 A</p> <p>2 ⇒PN13 B</p>
<p>PN13A. How long after delivery did that check happen?</p> <p>PN13B. How long after delivery did the first of these checks happen?</p> <p><i>If less than one day, record hours.</i> <i>If less than one week, record days.</i> <i>Otherwise, record weeks.</i></p>	<p>HOURS 1 ___</p> <p>DAYS..... 2 ___</p> <p>WEEKS..... 3 ___</p> <p>DK / DON’T REMEMBER..... 998</p>	
<p>PN14. Who checked on (<i>name</i>)’s health at that time?</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR..... A</p> <p>NURSE / MIDWIFE B</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANTF</p> <p>COMMUNITY HEALTH WORKER/RURAL HEALTH</p> <p>MOTIVATOR..... G</p> <p>RELATIVE / FRIEND H</p> <p>TRAINEE NURSE..... I</p> <p>OTHER (<i>specify</i>) _____ X</p>	

<p>PN15. Where did this check take place?</p> <p><i>Probe to identify the type of place.</i></p> <p><i>If unable to determine whether public, private, mission or NGO sector, write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>HOME</p> <p>RESPONDENT'S HOME..... 11</p> <p>OTHER HOME..... 12</p> <p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT. HOSPITAL..... 21</p> <p>GOVERNMENT. HEALTH CENTRE..... 22</p> <p>GOVERNMENT. CLINIC/PHU..... 24</p> <p>GOVERNMENT. OUTREACH SITE..... 25</p> <p>OTHER PUBLIC MEDICAL (<i>specify</i>) ___ 26</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL..... 31</p> <p>PRIVATE CLINIC..... 32</p> <p>OTHER PRIVATE MEDICAL (<i>specify</i>) _ 36</p> <p>MISSION MEDICAL SECTOR</p> <p>HOSPITAL..... 42</p> <p>CLINIC..... 43</p> <p>OUTREACH SITE..... 44</p> <p>OTHER MISSION MEDICAL (<i>specify</i>) _ 46</p> <p>NGO MEDICAL SECTOR</p> <p>CLINIC..... 51</p> <p>OUTREACH SITE..... 52</p> <p>OTHER NGO MEDICAL (<i>specify</i>) ____ 56</p> <p>DK PUBLIC, PRIVATE, MISSION OR NGO 76</p> <p>OTHER (<i>specify</i>) _____ 96</p>	
<p>PN16. Check MN20: Was the child delivered in a health facility?</p>	<p>YES, MN20=21-56 OR 76..... 1</p> <p>NO, MN20=11-12, 81 OR 96 2</p>	<p>2 ⇒PN18</p>
<p>PN17. After you left (<i>name or type of facility in MN20</i>), did anyone check on <u>your</u> health?</p>	<p>YES 1</p> <p>NO..... 2</p>	<p>1 ⇒PN21</p> <p>2 ⇒PN25</p>
<p>PN18. Check MN19: Did a health professional, traditional birth attendant, or rural health motivator assist with the delivery?</p>	<p>YES, AT LEAST ONE OF THE CATEGORIES A TO G RECORDED..... 1</p> <p>NO, NONE OF THE CATEGORIES A TO G RECORDED 2</p>	<p>2 ⇒PN20</p>
<p>PN19. After the delivery was over and (<i>person or persons in MN19</i>) left, did anyone check on <u>your</u> health?</p>	<p>YES 1</p> <p>NO..... 2</p>	<p>1 ⇒PN21</p> <p>2 ⇒PN25</p>
<p>PN20. After the birth of (<i>name</i>), did anyone check on <u>your</u> health, for example asking questions about your health or examining you?</p>	<p>YES 1</p> <p>NO..... 2</p>	<p>2 ⇒PN25</p>
<p>PN21. Did such a check happen only once, or more than once?</p>	<p>ONCE..... 1</p> <p>MORE THAN ONCE 2</p>	<p>1 ⇒PN22</p> <p>A</p> <p>2 ⇒PN22</p> <p>B</p>

<p>PN22A. How long after delivery did that check happen?</p> <p>PN22B. How long after delivery did the first of these checks happen?</p> <p><i>If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</i></p>	<p>HOURS 1 ___</p> <p>DAYS..... 2 ___</p> <p>WEEKS..... 3 ___</p> <p>DK / DON'T REMEMBER..... 998</p>	
<p>PN23. Who checked on <u>your</u> health at that time?</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR..... A</p> <p>NURSE / MIDWIFE B</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT F</p> <p>COMMUNITY HEALTH WORKER/RURAL HEALTH MOTIVATOR G</p> <p>RELATIVE / FRIEND H</p> <p>OTHER (<i>specify</i>) _____ X</p>	
<p>PN24. Where did this check take place?</p> <p><i>Probe to identify the type of place.</i></p> <p><i>If unable to determine whether public, private, mission or NGO sector, write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p>HOME</p> <p>RESPONDENT'S HOME..... 11</p> <p>OTHER HOME..... 12</p> <p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT. HOSPITAL..... 21</p> <p>GOVERNMENT. HEALTH CENTRE..... 22</p> <p>GOVERNMENT. CLINIC/PHU..... 24</p> <p>GOVERNMENT. OUTREACH SITE..... 25</p> <p>OTHER PUBLIC MEDICAL (<i>specify</i>)___ 26</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL..... 31</p> <p>PRIVATE CLINIC..... 32</p> <p>OTHER PRIVATE MEDICAL (<i>specify</i>) _ 36</p> <p>MISSION MEDICAL SECTOR</p> <p>HOSPITAL..... 42</p> <p>CLINIC..... 43</p> <p>OUTREACH SITE..... 44</p> <p>OTHER MISSION MEDICAL (<i>specify</i>) _ 46</p> <p>NGO MEDICAL SECTOR</p> <p>CLINIC..... 51</p> <p>OUTREACH SITE..... 52</p> <p>OTHER NGO MEDICAL (<i>specify</i>) _____ 56</p> <p>DK PUBLIC, PRIVATE, MISSION OR NGO 76</p> <p>OTHER (<i>specify</i>) _____ 96</p>	

<p>PN25. During the first two days after birth, did any health care provider do any of the following either at home or at a facility:</p> <p>[A] Examine (<i>name</i>)’s cord?</p> <p>[B] Take the temperature of (<i>name</i>)?</p> <p>[C] Counsel you on breastfeeding?</p>	<p style="text-align: right;">YES NODK</p> <p>EXAMINE THE CORD 1 2 8</p> <p>TAKE TEMPERATURE 1 2 8</p> <p>COUNSEL ON BREASTFEEDING 1 2 8</p>	
<p>PN26. Check MN36: Was child ever breastfed?</p>	<p>YES, MN36=1 1</p> <p>NO, MN36=2 2</p>	<p>2 ⇒PN28</p>
<p>PN27. Observe (<i>name</i>)’s breastfeeding?</p>	<p style="text-align: right;">YES NO DK</p> <p>OBSERVE BREASTFEEDING 1 2 8</p>	
<p>PN28. Check MN33: Was child weighed at birth?</p>	<p>YES, MN33=1 1</p> <p>NO, MN33=2 2</p> <p>DK, MN33=8 3</p>	<p>1 ⇒PN29 A 2 ⇒PN29 B 3 ⇒PN29 C</p>
<p>PN29A. You mentioned that (<i>name</i>) was weighed at birth. After that, was (<i>name</i>) weighed again by a health care provider within two days?</p> <p>PN29B. You mentioned that (<i>name</i>) was not weighed at birth. Was (<i>name</i>) weighed at all by a health care provider within two days after birth?</p> <p>PN29C. You mentioned that you do not know if (<i>name</i>) was weighed at birth. Was (<i>name</i>) weighed at all by a health care provider within two days after birth?</p>	<p>YES 1</p> <p>NO 2</p>	
<p>PN30. During the first two days after (<i>name</i>)’s birth, did any health care provider give you information on the symptoms that require you to take your sick child to a health facility for care?</p>	<p>YES 1</p> <p>NO 2</p>	
<p>PN31. During the first two days after (<i>name</i>)’s birth, did any health care provider give you information on the symptoms that require (you) to seek health care?</p>	<p>YES 1</p> <p>NO 2</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>DK OR NOT SURE 8</p>	1 ⇒ CP3
<p>CP2. Couples use various ways or methods to delay or avoid getting pregnant.</p> <p>Are you currently doing something or using any method to delay or avoid getting pregnant?</p>	<p>YES 1</p> <p>NO 2</p>	1 ⇒ CP4
<p>CP3. Have you ever done something or used any method to delay or avoid getting pregnant?</p>	<p>YES 1</p> <p>NO 2</p>	1 ⇒ CP5A 2 ⇒ CP5B
<p>CP4. What are you doing to delay or avoid a pregnancy?</p> <p><i>Do not prompt.</i></p> <p><i>If more than one method is mentioned, record 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>	All ⇒ CP7A
<p>CP5A. What is the main reason that you stopped using any method to delay or avoid pregnancy?</p> <p>CP5B. What is the main reason that you have never used any method to delay or avoid pregnancy?</p>	<p>RELIGIOUS BELIEFS 01</p> <p>PARTNER REFUSES 02</p> <p>CAN'T AFFORD/EXPENSIVE 03</p> <p>SIDE EFFECTS 04</p> <p>NOT SEXUALLY ACTIVE/ABSTINENCE 05</p> <p>WANTED TO FALL PREGNANT 06</p> <p>OTHER (<i>specify</i>) 96</p>	
<p>CP6. Check CP3: Has the respondent ever used contraception?</p>	<p>YES, CP3=1 1</p> <p>NO, CP3=2 2</p>	1 ⇒ CP7A 2 ⇒ CP7B
<p>CP7A. Would you say that using contraception (is/was) mainly your decision, mainly your husband or partner's decision, or did you both decide together?</p> <p>CP7B. Would you say that not using contraception (is/was) mainly your decision, mainly your husband or partner's decision, or did you both decide together?</p>	<p>MAINLY RESPONDENT 1</p> <p>MAINLY HUSBAND/PARTNER 2</p> <p>JOINT DECISION WITH HUSBAND/PARTNER 3</p> <p>OTHER (<i>specify</i>) 6</p>	

<p>CP8. Check CP4: Is the respondent currently using any method from A to J?</p>	<p>YES, AT LEAST ONE OF THE CATEGORIES A TO J RECORDED 1 NO, NONE OF THE CATEGORIES A TO J RECORDED2</p>	<p>2⇒CP10</p>
<p>CP9. Where did you last obtain (<i>the method(s) mentioned in CP4</i>) that you or your (husband/partner) are using to delay or avoid getting pregnant?</p> <p><i>If unable to determine whether public, private, mission or NGO write the name of the place.</i></p> <hr/> <p>(name of place)</p>	<p>PUBLIC MEDICAL SECTOR GOVERNMENT HOSPITAL A GOVERNMENT HEALTH CENTRE..... B GOVERNMENT CLINIC/PHU C MOBILE/ OUTREACH CLINIC..... D RURAL HEALTH MOTIVATOR.....E OTHER PUBLIC MEDICAL (<i>specify</i>) ___F</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL / CLINIC..... G PRIVATE PHYSICIAN H PRIVATE PHARMACYI MOBILE/ OUTREACH CLINIC.....J OTHER PRIVATE MEDICAL (<i>specify</i>) _ K</p> <p>MISSION MEDICAL SECTOR HOSPITAL.....L CLINIC.....M OUTREACH SITE..... N OTHER MISSION MEDICAL (<i>specify</i>) _ O</p> <p>NGO MEDICAL SECTOR CLINICP OUTREACH SITE..... Q OTHER NGO MEDICAL (<i>specify</i>) _____R</p> <p>DK PUBLIC, PRIVATE, MISSION OR NGOS</p> <p>OTHER SOURCE RELATIVE / FRIENDT SHOP / MARKET / STREET U TRADITIONAL PRACTITIONER V SPIRITUAL HEALER W</p> <p>OTHER (<i>specify</i>) _____ X DK/ DON'T REMEMBERZ</p>	
<p>CP10. Check CP4: Did respondent only mention “female sterilisation, IUD, injectable, implants, pill, diaphragm, foam/jelly, lactational amenorrhoea and/or periodic abstinence/rhythm”?</p>	<p>YES, CP4 = A, C, D, E, F, I, J, K OR L 1 NO, OTHER OPTIONS SELECTED2</p>	<p>2⇒CP12</p>
<p>CP11. Is your (husband/ partner) aware that you are currently using contraception?</p>	<p>YES 1 NO.....2</p>	

CP12. Who usually makes decisions about health care for yourself: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	MAINLY RESPONDENT 1	
	MAINLY HUSBAND/PARTNER 2	
	JOINT DECISION WITH HUSBAND/PARTNER 3	
	OTHER (<i>specify</i>) _____ 6	

UNMET NEED		UN
UN1. Check CP1: Currently pregnant?	YES, CP1=1 1 NO, DK OR NOT SURE, CP1=2 OR 8 2	2 ⇒ UN6
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?	YES 1 NO 2	1 ⇒ UN5
UN3. Check CM11: Any births?	NO BIRTHS 0 ONE OR MORE BIRTHS 1	0 ⇒ UN4A 1 ⇒ UN4B
UN4A. Did you want to have a baby later on or did you not want any children? UN4B. Did you want to have a baby later on or did you not want any more children?	LATER 1 NONE / NO MORE 2	
UN5. 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?	HAVE ANOTHER CHILD 1 NO MORE / NONE 2 UNDECIDED / DK 8	1 ⇒ UN8 2 ⇒ UN14 8 ⇒ UN14
UN6. Check CP4: Currently using 'Female sterilization'?	YES, CP4=A 1 NO, CP4≠A 2	1 ⇒ UN14
UN7. 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?	HAVE (A/ANOTHER) CHILD 1 NO MORE / NONE 2 SAYS SHE CANNOT GET PREGNANT 3 UNDECIDED / DK 8	2 ⇒ UN10 3 ⇒ UN12 8 ⇒ UN10
UN8. How long would you like to wait before the birth of (a/another) child? <i>Record the answer as stated by respondent.</i>	MONTHS 1 __ __ YEARS 2 __ __ DOES NOT WANT TO WAIT (SOON/NOW) 993 SAYS SHE CANNOT GET PREGNANT 994 AFTER MARRIAGE 995 OTHER 996 DK 998	994 ⇒ UN12
UN9. Check CP1: Currently pregnant?	YES, CP1=1 1 NO, DK OR NOT SURE, CP1=2 OR 8 2	1 ⇒ UN14
UN10. Check CP2: Currently using a method?	YES, CP2=1 1 NO, CP2=2 2	1 ⇒ UN14

UN11. Do you think you are physically able to get pregnant at this time?	YES 1 NO 2 DK 8	1 ⇒ UN14 8 ⇒ UN14
UN12. Why do you think you are not physically able to get pregnant?	INFREQUENT SEX / NO SEX A MENOPAUSAL B NEVER MENSTRUATED C HYSTERECTOMY (SURGICAL REMOVAL OF UTERUS) D HAS BEEN TRYING TO GET PREGNANT FOR 2 YEARS OR MORE WITHOUT RESULT E POSTPARTUM AMENORRHEIC F BREASTFEEDING G TOO OLD H FATALISTIC I OTHER (<i>specify</i>) _____ X DK Z	
UN13. Check UN12: 'Never menstruated' mentioned?	MENTIONED, UN12=C 1 NOT MENTIONED, UN12≠C 2	1 ⇒ End
UN14. When did your last menstrual period start? <i>Record the answer using the same unit stated by the respondent.</i> <i>If '1 year', probe:</i> How many months ago?	DAYS AGO 1 __ __ WEEKS AGO 2 __ __ MONTHS AGO 3 __ __ YEARS AGO 4 __ __ IN MENOPAUSE / HAS HAD HYSTERECTOMY 993 BEFORE LAST BIRTH 994 NEVER MENSTRUATED 995	993 ⇒ End 994 ⇒ End 995 ⇒ End
UN15. Check UN14: Was the last menstrual period within last year?	YES, WITHIN LAST YEAR 1 NO, ONE YEAR OR MORE 2	2 ⇒ End
UN16. Due to your last menstruation, were there any social activities, school or work days that you did not attend?	YES 1 NO 2 DK / NOT SURE / NO SUCH ACTIVITY .. 8	
UN17. During your last menstrual period were you able to wash and change in privacy while at home?	YES 1 NO 2 DK 8	
UN18. Did you use any materials such as sanitary pads, tampons or cloth?	YES 1 NO 2 DK 8	2 ⇒ End 8 ⇒ End

UN19. Were the materials reusable?	YES.....	1
	NO.....	2
	DK.....	8

ATTITUDES TOWARD DOMESTIC VIOLENCE

DV

DV0. Check HH8 in the *HOUSEHOLD QUESTIONNAIRE: Is the household selected for Questionnaire for Men?*

YES.....1
NO.....2

1 ⇨ End

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 rejects or ends the relationship with him	REJECTS/ENDS RELATIONSHIP	1	2	8
[G] If she sleeps with another man?	SLEEPS WITH ANOTHER MAN	1	2	8
[H] If she initiates sex?	INITIATES SEX.....	1	2	8
[I] If she refuses to give food?	REFUSES TO GIVE FOOD.....	1	2	8

VICTIMISATION		VT
VT0. Check HH8 in the HOUSEHOLD QUESTIONNAIRE: Is the household selected for Questionnaire for Men?	YES 1 NO 2	1 ⇒ End
VT1. Check for the presence of others. Before continuing, ensure privacy. Now I would like to ask you some questions about crimes in which you <u>personally</u> were the victim. Let me assure you again that your answers are completely confidential and will not be told to anyone. In the last three years, that is since (<i>month of interview</i>) (<i>year of interview minus 3</i>), has anyone taken or tried taking something from you, by using force or threatening to use force? <i>Include only incidents in which the respondent was personally the victim and exclude incidents experienced only by other members of the household.</i> <i>If necessary, help the respondent to establish the recall period and make sure that you allow adequate time for the recall. You may reassure: It can be difficult to remember this sort of incidents, so please take your time while you think about your answers.</i>	YES 1 NO 2 DK 8	2 ⇒ VT9B 8 ⇒ VT9B
VT2. Did this last happen during the last 12 months, that is, since (<i>month of interview</i>) (<i>year of interview minus 1</i>)?	YES, DURING THE LAST 12 MONTHS 1 NO, MORE THAN 12 MONTHS AGO 2 DK / DON'T REMEMBER 8	2 ⇒ VT5B 8 ⇒ VT5B
VT3. How many times did this happen in the last 12 months? <i>If 'DK/Don't remember', probe: Did it happen once, twice, or at least three times?</i>	ONE TIME 1 TWO TIMES 2 THREE OR MORE TIMES 3 DK / DON'T REMEMBER 8	
VT4. Check VT3: One or more times?	ONE TIME, VT3=1 1 MORE THAN ONCE OR DK, VT3=2, 3 OR 8 2	1 ⇒ VT5A 2 ⇒ VT5B
VT5A. When this happened, was anything stolen from you? VT5B. The last time this happened, was anything stolen from you?	YES 1 NO 2 DK / NOT SURE 8	
VT6. Did the person(s) have a weapon?	YES 1 NO 2 DK / NOT SURE 8	2 ⇒ VT8 8 ⇒ VT8

<p>VT7. Was a knife, a gun or something else used as a weapon?</p> <p><i>Record all that apply.</i></p>	<p>YES, A KNIFE..... A YES, A GUN..... B YES, SOMETHING ELSE X</p>	
<p>VT8. Did you or anyone else report the incident to the police?</p> <p><i>If 'Yes', probe: Was the incident reported by you or someone else?</i></p>	<p>YES, RESPONDENT REPORTED 1 YES, SOMEONE ELSE REPORTED 2 NO, NOT REPORTED 3 DK / NOT SURE..... 8</p>	<p>1 ⇨VT9A 2 ⇨VT9A 3 ⇨VT9A 8⇨VT9A</p>
<p>VT9A. Apart from the incident(s) just covered, have you in the last three years, that is since (<i>month of interview</i>) (<i>year of interview minus 3</i>), been physically attacked?</p> <p>VT9B. In the same period of the last three years, that is since (<i>month of interview</i>) (<i>year of interview minus 3</i>), have you been physically attacked?</p> <p><i>If 'No', probe: An attack can happen at home or any place outside of the home, such as in other homes, in the street, at school, on public transport, public restaurants, or at your workplace.</i></p> <p><i>Include only incidents in which the respondent was personally the victim and exclude incidents experienced only by other members of the household. Exclude incidents where the intention was to take something from the respondent, which should be recorded under VT1.</i></p>	<p>YES 1 NO 2 DK 8</p>	<p>2⇨VT20 8⇨VT20</p>
<p>VT10. Did this last happen during the last 12 months, that is, since (<i>month of interview</i>) (<i>year of interview minus 1</i>)?</p>	<p>YES, DURING THE LAST 12 MONTHS 1 NO, MORE THAN 12 MONTHS AGO 2 DK / DON'T REMEMBER 8</p>	<p>2⇨VT12B 8⇨VT12B</p>
<p>VT11. How many times did this happen in the last 12 months?</p> <p><i>If 'DK/Don't remember', probe: Did it happen once, twice, or at least three times?</i></p>	<p>ONE TIME 1 TWO TIMES 2 THREE OR MORE TIMES 3 DK / DON'T REMEMBER 8</p>	<p>1⇨VT12A 2⇨VT12B 3⇨VT12B 8⇨VT12B</p>

<p>VT12A. Where did this happen?</p> <p>VT12B. Where did this happen the last time?</p>	<p>AT HOME..... 11</p> <p>IN ANOTHER HOME..... 12</p> <p>IN THE STREET 21</p> <p>ON PUBLIC TRANSPORT..... 22</p> <p>PUBLIC RESTAURANT / CAFÉ / BAR.... 23</p> <p>OTHER PUBLIC (<i>specify</i>)..... 26</p> <p>AT SCHOOL..... 31</p> <p>AT WORKPLACE..... 32</p> <p>OTHER PLACE (<i>specify</i>) 96</p>	
<p>VT13. How many people were involved in committing the offence?</p> <p><i>If 'DK/Don't remember', probe: Was it one, two, or at least three people?</i></p>	<p>ONE PERSON 1</p> <p>TWO PEOPLE 2</p> <p>THREE OR MORE PEOPLE 3</p> <p>DK / DON'T REMEMBER 8</p>	<p>1 ⇨VT14A</p> <p>2 ⇨VT14B</p> <p>3 ⇨VT14B</p> <p>8 ⇨VT14B</p>
<p>VT14A. At the time of the incident, did you recognize the person?</p> <p>VT14B. At the time of the incident, did you recognize at least one of the persons?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK / DON'T REMEMBER 8</p>	
<p>VT17. Did the person(s) have a weapon?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK / NOT SURE..... 8</p>	<p>2 ⇨VT19</p> <p>8 ⇨VT19</p>
<p>VT18. Was a knife, a gun or something else used as a weapon?</p> <p><i>Record all that apply.</i></p>	<p>YES, A KNIFE..... A</p> <p>YES, A GUN..... B</p> <p>YES, SOMETHING ELSE X</p>	
<p>VT19. Did you or anyone else report the incident to the police?</p> <p><i>If 'Yes', probe: Was the incident reported by you or someone else?</i></p>	<p>YES, RESPONDENT REPORTED..... 1</p> <p>YES, SOMEONE ELSE REPORTED 2</p> <p>NO, NOT REPORTED 3</p> <p>DK / NOT SURE..... 8</p>	
<p>VT20. How safe do you feel walking alone in your neighbourhood after dark?</p>	<p>VERY SAFE 1</p> <p>SAFE 2</p> <p>UNSAFE 3</p> <p>VERY UNSAFE..... 4</p> <p>NEVER WALK ALONE AFTER DARK 7</p>	
<p>VT21. How safe do you feel when you are at home alone after dark?</p>	<p>VERY SAFE 1</p> <p>SAFE 2</p> <p>UNSAFE 3</p> <p>VERY UNSAFE..... 4</p> <p>NEVER ALONE AFTER DARK 7</p>	

VT22. In the past 12 months, have you <u>personally</u> felt discriminated against or harassed on the basis of the following grounds?		YES	NO	DK
[A] Ethnic or immigration origin?	ETHNIC / IMMIGRATION...	1	2	8
[B] Sex?	SEX	1	2	8
[C] Sexual orientation?	SEXUAL ORIENTATION	1	2	8
[D] Age?	AGE.....	1	2	8
[E] Religion or belief?	RELIGION / BELIEF	1	2	8
[F] Disability?	DISABILITY.....	1	2	8
[X] For any other reason?	OTHER REASON.....	1	2	8

MARRIAGE/UNION		MA
MA1. Are you currently married or living together with someone as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A PARTNER 2 NO, NOT IN UNION..... 3	3 ⇨MA5
MA2. How old is your (husband/partner)? <i>Probe:</i> How old was your (husband/partner) on his last birthday?	AGE IN YEARS __ __ DK 98	
MA3. Besides yourself, does your (husband/partner) have any other wives or partners or does he live with other women as if married?	YES 1 NO 2	2 ⇨MA7
MA4. How many other wives or partners does he have?	NUMBER..... __ __ DK 98	⇨MA7 98 ⇨MA7
MA5. Have you ever been married or lived together with someone as if married?	YES, FORMERLY MARRIED 1 YES, FORMERLY LIVED WITH A PARTNER 2 NO 3	3 ⇨End
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 someone only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	1 ⇨MA8A 2 ⇨MA8B
MA8A. In what month and year did you start living with your (husband/partner)? MA8B. In what month and year did you start living with your <u>first</u> (husband/partner)?	DATE OF (FIRST) UNION MONTH..... __ __ DK MONTH..... 98 YEAR __ __ __ __ DK YEAR..... 9998	
MA9. Check MA8A/B: Is 'DK YEAR' recorded?	YES, MA8A/B=9998 1 NO, MA8A/B≠9998 2	2 ⇨End
MA10. Check MA7: In union only once?	YES, MA7=1 1 NO, MA7=2..... 2	1 ⇨MA11A 2 ⇨MA11B
MA11A. How old were you when you started living with your (husband/partner)? MA11B. How old were you when you started living with your <u>first</u> (husband/partner)?	AGE IN YEARS __ __	

ADULT FUNCTIONING		AF
AF1. Check WB4: Age of respondent?	AGE 15-17 YEARS 1 AGE 18-49 YEARS 2	1 ⇨ End
AF2. Do you use glasses or contact lenses? <i>Include the use of glasses for reading.</i>	YES 1 NO 2	
AF3. Do you use a hearing aid?	YES 1 NO 2	
AF4. I will now ask you about difficulties you may have doing a number of different activities. For each activity there are four possible answers. You may say that you have 1) no difficulty, 2) some difficulty, 3) a lot of difficulty or 4) that you cannot do the activity at all. <i>Repeat the categories during the individual questions whenever the respondent does not use an answer category:</i> Remember, the four possible answers are: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that you cannot do the activity at all.		
AF5. Check AF2: Respondent uses glasses or contact lenses?	YES, AF2=1 1 NO, AF2=2 2	1 ⇨ AF6A 2 ⇨ AF6B
AF6A. When using your glasses or contact lenses, do you have difficulty seeing? AF6B. Do you have difficulty seeing?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT SEE AT ALL 4	
AF7. Check AF3: Respondent uses a hearing aid?	YES, AF3=1 1 NO, AF3=2 2	1 ⇨ AF8A 2 ⇨ AF8B
AF8A. When using your hearing aid(s), do you have difficulty hearing? AF8B. Do you have difficulty hearing?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT HEAR AT ALL 4	
AF9. Do you have difficulty walking or climbing steps?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT WALK/ CLIMB STEPS AT ALL 4	
AF10. Do you have difficulty remembering or concentrating?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT REMEMBER/ CONCENTRATE AT ALL 4	
AF11. Do you have difficulty with self-care, such as washing all over or dressing?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT CARE FOR SELF AT ALL 4	

AF12. Using your usual language, do you have difficulty communicating, for example understanding or being understood?	NO DIFFICULTY..... 1	
	SOME DIFFICULTY 2	
	A LOT OF DIFFICULTY 3	

SEXUAL BEHAVIOUR		SB
SB0. Check HH8 in the HOUSEHOLD QUESTIONNAIRE: Is the household selected for Questionnaire for Men?	YES 1 NO 2	2 ⇒ End
SB1. Check for the presence of others. Before continuing, make every effort to ensure privacy. Now I would like to ask you some questions about sexual activity in order to gain a better understanding of some important life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. 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 ⇒ End
SB2. I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse? <i>Record answers in days, weeks or months if less than 12 months (one year). If 12 months (one year) or more, answer must be recorded in years.</i>	DAYS AGO..... 1 __ __ WEEKS AGO..... 2 __ __ MONTHS AGO..... 3 __ __ YEARS AGO 4 __ __	4 ⇒ End
SB3. The last time you had sexual intercourse, was a condom used?	YES 1 NO 2	
SB4. 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', record '2'. If 'No', record '3'.</i>	HUSBAND..... 1 COHABITING PARTNER 2 BOYFRIEND 3 CASUAL ACQUAINTANCE 4 CLIENT / SEX WORKER..... 5 OTHER (specify) _____ 6	3 ⇒ SB6 4 ⇒ SB6 5 ⇒ SB6 6 ⇒ SB6
SB5. Check MA1: Currently married or living with a partner?	YES, MA1=1 OR 2 1 NO, MA1=3..... 2	1 ⇒ SB7
SB6. How old is this person? <i>If response is 'DK', probe: About how old is this person?</i>	AGE OF SEXUAL PARTNER..... __ __ DK 98	

SB7. Apart from this person, have you had sexual intercourse with any other person in the last 12 months?	YES 1 NO 2	2 ⇒ SB13
SB8. The last time you had sexual intercourse with another person, was a condom used?	YES 1 NO 2	

<p>SB9. 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', record '2'. If 'No', record '3'.</i></p>	<p>HUSBAND..... 1 COHABITING PARTNER 2 BOYFRIEND 3 CASUAL ACQUAINTANCE 4 CLIENT / SEX WORKER..... 5 OTHER (<i>specify</i>) _____ 6</p>	<p>3 ⇨ SB12 4 ⇨ SB12 5 ⇨ SB12 6 ⇨ SB12</p>
<p>SB10. Check MA1: Currently married or living with a partner?</p>	<p>YES, MA1=1 OR 2 1 NO, MA1=3..... 2</p>	<p>2 ⇨ SB12</p>
<p>SB11. Check MA7: Married or living with a partner only once?</p>	<p>YES, MA7=1 1 NO, MA7≠1..... 2</p>	<p>1 ⇨ SB13</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. Check MA1: Currently married or living with a partner?</p>	<p>YES, MA1=1 OR 2 1 NO, MA1=3..... 2</p>	<p>2 ⇨ End</p>
<p>SB14. Can you say no to your (husband/partner) if you do not want to have sexual intercourse?</p>	<p>YES 1 NO 2 DEPENDS / NOT SURE..... 3</p>	

HIV/AIDS		HA																
HA0. Check HH8 in the HOUSEHOLD <i>QUESTIONNAIRE: Is the household selected for Questionnaire for Men?</i>	YES 1 NO 2	2 ⇒ End																
HA1. Now I would like to talk with you about something else. Have you ever heard of HIV or AIDS?	YES 1 NO 2	2 ⇒ End																
HA2. HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DK 8																	
HA3. Can people get HIV from mosquito bites?	YES 1 NO 2 DK 8																	
HA4. Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES 1 NO 2 DK 8																	
HA5. Can people get HIV by sharing food with a person who has HIV?	YES 1 NO 2 DK 8																	
HA6. Can people get HIV because of witchcraft or other supernatural means?	YES 1 NO 2 DK 8																	
HA7. Is it possible for a healthy-looking person to have HIV?	YES 1 NO 2 DK 8																	
HA8. Can HIV 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. Check HA8[A], [B] and [C]: At least one 'Yes' recorded?	YES 1 NO 2	2 ⇒ HA11																
HA10. Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES 1 NO 2 DK 8																	

<p>HA11. Check CM17: Was there a live birth in the last 2 years?</p> <p>Copy name of last birth listed in the birth history (CM18) to here and use where indicated:</p> <p>Name _____</p>	<p>YES, CM17=1 1</p> <p>NO, CM17=0 OR BLANK 2</p>	<p>2 ⇨ HA24</p>
<p>HA12. Check MN2: Was antenatal care received?</p>	<p>YES, MN2=1 1</p> <p>NO, MN2=2 2</p>	<p>2 ⇨ HA17</p>
<p>HA13. During any of the antenatal visits for your pregnancy with (<i>name</i>), were you given any information about:</p> <p>[A] Babies getting HIV from their mother?</p> <p>[B] Things that you can do to prevent getting HIV?</p> <p>[C] Getting tested for HIV?</p> <p>[D] Offered a test for HIV?</p>	<p style="text-align: right;">YES NO DK</p> <p>HIV FROM MOTHER..... 1 2 8</p> <p>THINGS TO DO 1 2 8</p> <p>TESTED FOR HIV 1 2 8</p> <p>OFFERED A TEST FOR HIV 1 2 8</p>	
<p>HA14. I don't want to know the results, but were you tested for HIV as part of your antenatal care?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2 ⇨ HA17</p> <p>8 ⇨ HA17</p>
<p>HA15. I don't want to know the results, but did you get the results of the test?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2 ⇨ HA17</p> <p>8 ⇨ HA17</p>
<p>HA16. After you received the result, were you given any health information or counselling related to HIV?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	
<p>HA17. Check MN20: Was the child delivered in a health facility?</p>	<p>YES, MN20=21-56 OR 76..... 1</p> <p>NO, MN20=11-12, 81 OR 96..... 2</p>	<p>2 ⇨ HA21</p>
<p>HA18. Between the time you went for delivery but before the baby was born were you offered an HIV test?</p>	<p>YES 1</p> <p>NO 2</p>	
<p>HA19. I don't want to know the results, but were you tested for HIV at that time?</p>	<p>YES 1</p> <p>NO 2</p>	<p>2 ⇨ HA21</p>
<p>HA20. I don't want to know the results, but did you get the results of the test?</p>	<p>YES 1</p> <p>NO 2</p>	<p>1 ⇨ HA22</p> <p>2 ⇨ HA22</p>
<p>HA21. Check HA14: Was the respondent tested for HIV as part of antenatal care?</p>	<p>YES, HA14=1 1</p> <p>NO OR NO ANSWER, HA14≠1 2</p>	<p>2 ⇨ HA24</p>
<p>HA22. Have you been tested for HIV since that time you were tested during your pregnancy?</p>	<p>YES 1</p> <p>NO 2</p>	<p>1 ⇨ HA25</p>

HA23. How many months ago was your most recent HIV test?	LESS THAN 12 MONTHS AGO 1 12-23 MONTHS AGO 2 2 OR MORE YEARS AGO 3	1 ⇨HA28 2⇨HA28 3⇨HA28
HA24. I don't want to know the results, but have you ever been tested for HIV?	YES 1 NO 2	2⇨HA27
HA25. How many months ago was your most recent HIV test?	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 ⇨HA28 2⇨HA28 8⇨HA28
HA27. Do you know of a place where people can go to get an HIV test?	YES 1 NO 2	
HA28. Have you heard of test kits people can use to test themselves for HIV?	YES 1 NO 2	2⇨HA30
HA29. Have you ever tested yourself for HIV using a self-test kit?	YES 1 NO 2	
HA30. Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES 1 NO 2 DK / NOT SURE / DEPENDS..... 8	
HA31. Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES 1 NO 2 DK / NOT SURE / DEPENDS..... 8	
HA32. Do you think people hesitate to take an HIV test because they are afraid of how other people will react if the test result is positive for HIV?	YES 1 NO 2 DK / NOT SURE / DEPENDS..... 8	
HA33. Do people talk badly about people living with HIV, or who are thought to be living with HIV?	YES 1 NO 2 DK / NOT SURE / DEPENDS..... 8	
HA34. Do people living with HIV, or thought to be living with HIV, lose the respect of other people?	YES 1 NO 2 DK / NOT SURE / DEPENDS..... 8	
HA35. Do you agree or disagree with the following statement? I would be ashamed if someone in my family had HIV.	AGREE..... 1 DISAGREE 2 DK / NOT SURE / DEPENDS..... 8	
HA36. Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV?	YES 1 NO 2 SAYS SHE HAS HIV 7 DK / NOT SURE / DEPENDS..... 8	

HA37. Do you think the HIV virus can be transmitted through oral sex?	YES	1	
	NO	2	
	DK / NOT SURE / DEPENDS.....	8	
HA38. Do you think the HIV virus can be transmitted through anal sex?	YES	1	
	NO	2	
	DK / NOT SURE / DEPENDS.....	8	

TOBACCO AND ALCOHOL USE		TA
TA0. Check HH8 in the HOUSEHOLD <i>QUESTIONNAIRE: Is the household selected for Questionnaire for Men?</i>	YES1 NO.....2	1 ⇒End
TA1. Do you currently smoke any tobacco products, such as cigarettes, cigars or pipes?	YES1 NO.....2	2 ⇒TA3
TA2. Do you currently smoke tobacco products daily?	YES1 NO.....2	
TA3. Have you ever consumed any alcohol such as beer, wine, spirits or homemade brew such as umcombotsi, buganu?	YES1 NO.....2	2 ⇒End
TA4. Have you consumed any alcohol within the past 12 months?	YES1 NO.....2	2 ⇒End
TA5. Have you consumed any alcohol within the past 30 days?	YES1 NO.....2	

NON-COMMUNICABLE DISEASES

ND

<p>ND0. Check HH8 in the <i>HOUSEHOLD QUESTIONNAIRE</i>: Is the household selected for <i>Questionnaire for Men</i>?</p>	<p>YES.....1 NO2</p>	<p>1 ⇒ End</p>
<p>ND1. Now I would like to talk with you about Non-Communicable diseases. By this I mean diseases that are not transmitted directly from one person to another. These diseases are normally of long duration and generally progress slowly.</p>		
<p>ND2. Have you ever had your blood pressure measured by a doctor or other health worker?</p>	<p>YES.....1 NO.....2 DK8</p>	<p>2 ⇒ ND8 8 ⇒ ND8</p>
<p>ND3. Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension?</p>	<p>YES.....1 NO.....2 DK8</p>	<p>2 ⇒ ND8 8 ⇒ ND8</p>
<p>ND4. When were you first told that you have raised blood pressure or hypertension? <i>If 7 days or more, record weeks. If 4 weeks or more, record months. Otherwise, record years. If '1 year', probe: How many months ago?</i></p>	<p>DAYS AGO..... 1 ___ WEEKS AGO..... 2 ___ MONTHS AGO..... 3 ___ YEARS AGO..... 4 ___</p>	
<p>ND5. In the past two weeks, have you taken any drugs (medication) for raised blood pressure prescribed by a doctor or other health worker?</p>	<p>YES.....1 NO.....2 DK8</p>	
<p>ND6. Have you ever seen a traditional healer for raised blood pressure or hypertension?</p>	<p>YES.....1 NO.....2 DK8</p>	
<p>ND7. Are you currently taking any herbal or traditional remedy for your raised blood pressure?</p>	<p>YES.....1 NO.....2 DK8</p>	
<p>ND8. Have you ever had your blood sugar measured by a doctor or other health worker?</p>	<p>YES.....1 NO.....2 DK8</p>	<p>2 ⇒ ND15 8 ⇒ ND15</p>
<p>ND9. Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes?</p>	<p>YES.....1 NO.....2 DK8</p>	<p>2 ⇒ ND15 8 ⇒ ND15</p>

<p>ND10. When were you first told that you have raised blood sugar or diabetes?</p> <p><i>If 7 days or more, record weeks.</i> <i>If 4 weeks or more, record months.</i> <i>Otherwise, record years.</i></p> <p><i>If '1 year', probe:</i> How many months ago?</p>	<p>DAYS AGO 1 ___</p> <p>WEEKS AGO 2 ___</p> <p>MONTHS AGO 3 ___</p> <p>YEARS AGO 4 ___</p>	
<p>ND11. In the past two weeks, have you taken any drugs (medication) for diabetes prescribed by a doctor or other health worker?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	
<p>ND12. Are you currently taking insulin for diabetes prescribed by a doctor or other health worker?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	
<p>ND13. Have you ever seen a traditional healer for diabetes or raised blood sugar?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	
<p>ND14. Are you currently taking any herbal or traditional remedy for your diabetes?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	
<p>ND15. Have you ever been told by a doctor or any other health worker that you have asthma?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2 ⇒ ND18</p> <p>8 ⇒ ND18</p>
<p>ND16. Have you ever had an asthma attack at any time in the past 12 months?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2 ⇒ ND18</p> <p>8 ⇒ ND18</p>
<p>ND17. Have you ever taken any medication for asthma prescribed by a doctor or other health worker in the last 12 months?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	
<p>ND18. Have you ever been screened for cervical cancer by a doctor or other health worker?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	
<p>ND19. Have you ever been screened for breast cancer by a doctor or other health worker?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	

COVID-19		CV
CV0. Check HH8 in the HOUSEHOLD QUESTIONNAIRE: Is the household selected for Questionnaire for Men?	YES 1 NO 2	2 ⇒ End
CV1. Now I would like to ask you some questions about the Coronavirus also known as Covid-19. Covid-19 is an illness caused by a virus that can spread from person to person which has spread throughout the world. CV1A. How informed are you about Covid-19? Would you say that you are “well informed”, “somewhat informed” or “not informed at all”?	WELL INFORMED 1 SOMEWHAT INFORMED 2 NOT INFORMED AT ALL 3	3 ⇒ End
CV2. Where do you get your information about the Covid-19? <i>Do not prompt.</i> <i>Probe: Anything else?</i> <i>Record all that apply</i>	POSTER / BILLBOARD / FLYER A RADIO B TELEVISION C PHONE/SMS D NEWSPAPER E INTERNET/ SOCIAL MEDIA E.G. WHATSAPP, FACEBOOK, TWITTER F HEALTH FACILITY/ HEALTH CARE WORKER G RURAL HEALTH MOTIVATOR/ COMMUNITY HEALTH WORKER I LOCAL/ TRADITIONAL AUTHORITY J NEIGHBORS / FAMILY K CHURCH/ RELIGIOUS LEADER L TRADITIONAL HEALER M OTHER (<i>specify</i>) _____ X	
CV3. What can you do to protect yourself and others from getting infected with Covid-19? <i>Do not prompt.</i> <i>Probe: Anything else?</i> <i>Record all that apply</i>	WASH/ SANITIZE HANDS OFTEN A WEAR FACE MASK OR FACE COVER IN PUBLIC PLACES B AVOID TOUCHING YOUR FACE C COVER YOUR MOUTH WHEN YOU COUGH OR SNEEZE D STAY AT HOME AND AVOID GOING OUT UNLESS NECESSARY E AVOID CROWDED PLACES OR GATHERINGS WITH MANY PEOPLE F MAINTAIN SAFE SOCIAL DISTANCE WITH PEOPLE IN PUBLIC PLACES G AVOID CLOSE CONTACT WITH PEOPLE WHO ARE SICK H OTHER (<i>specify</i>) _____ X NOTHING AT ALL Z	
CV4. Can people use homemade remedies which include foods or medicine such as lemon, ginger, garlic, umhlomyane, etc to prevent or treat Covid-19?	YES 1 NO 2 DK / NOT SURE / DEPENDS 8	

CV5. Does living in hot climate conditions prevent or treat Covid-19?	YES 1 NO 2 DK / NOT SURE / DEPENDS 8	
CV6. Can Covid-19 be prevented or treated through body steaming?	YES 1 NO 2 DK / NOT SURE / DEPENDS 8	
CV7. Do you agree or disagree with the following statement? I would be afraid to interact with someone who has ever tested positive for COVID-19 even if the person has now recovered.	AGREE 1 DISAGREE 2 SAYS SHE HAS COVID-19 7 DK / NOT SURE / DEPENDS 8	
CV8. During the Covid-19 restrictions from mid-March to (<i>date</i>), did you ever need any medical treatment or services? <i>Probe:</i> Medical services could include routine vaccination, antenatal care, going to a clinic because you were ill, collecting medication for chronic illness or seeking care due to an emergency or accident.	YES 1 NO 2	2 ⇒ End
CV9. Did you receive the medical treatment or services you needed?	YES 1 NO 2	1 ⇒ End
CV10. What were the reasons for not receiving the medical treatment or services you needed? <i>Do not prompt.</i> <i>Probe: Anything else?</i> <i>Record all that apply.</i>	UNABLE TO AFFORD MEDICAL CARE..... A MEDICAL PERSONNEL NOT AVAILABLE.... B DRUGS NOT AVAILABLE C WAITING TIME TOO LONG OR FULL HEALTH FACILITY D TURNED AWAY BECAUSE FACILITY WAS DESIGNATED FOR COVID PATIENTS E LIMITED/NO TRANSPORTATION F MOVEMENT RESTRICTIONS MADE IT HARD TO TRAVEL..... G AFRAID OF GOING OUT AND CATCHING THE VIRUS H OTHER (<i>specify</i>) X	

<p>MH0. Check HH8 in the <i>HOUSEHOLD QUESTIONNAIRE: Is the household selected for Questionnaire for Men?</i></p>	<p>YES..... 1 NO 2</p>	<p>1 ⇒ End</p>
<p>MH1. Now I would like to talk to you about mental health. By this I mean emotional, psychological and social well-being which affects how we think, feel and act. Mental health is important as it helps how we handle stress, relate to others and make choices.</p> <p>Let me assure you again that your answers are completely confidential and will not be told to anyone.</p>		
<p>MH2. During the past 12 months, have you seriously considered attempting suicide?</p>	<p>YES 1 NO 2</p> <p>REFUSED TO ANSWER/NO ANSWER 8</p>	
<p>MH3. Have you ever attempted suicide?</p>	<p>YES 1 NO 2</p> <p>REFUSED TO ANSWER/NO ANSWER 8</p>	
<p>MH4. Has anyone in your close family (mother, father, brother, sister or children) ever attempted suicide?</p>	<p>YES 1 NO 2</p> <p>REFUSED TO ANSWER/NO ANSWER 8</p>	<p>2 ⇒ End</p>
<p>MH5. Has anyone in your close family (mother, father, brother, sister or children) ever died from suicide?</p>	<p>YES 1 NO 2</p> <p>REFUSED TO ANSWER/NO ANSWER 8</p>	

LIFE SATISFACTION		LS
LS0. Check HH8 in the <i>HOUSEHOLD QUESTIONNAIRE</i> : Is the household selected for <i>Questionnaire for Men</i> ?	YES1 NO.....2	1 ⇒End
LS1. I would like to ask you some simple questions on happiness and satisfaction. First, taking all things together, would you say you are very happy, somewhat happy, neither happy nor unhappy, somewhat unhappy or very unhappy? I am now going to show you pictures to help you with your response. <i>Show smiley card and explain what each symbol represents. Record the response code selected by the respondent.</i>	VERY HAPPY1 SOMEWHAT HAPPY2 NEITHER HAPPY NOR UNHAPPY3 SOMEWHAT UNHAPPY.....4 VERY UNHAPPY5	
LS2. Show the picture of the ladder. Now, look at this ladder with steps numbered from 0 at the bottom to 10 at the top. Suppose we say that the top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you. On which step of the ladder do you feel you stand at this time? <i>Probe if necessary:</i> Which step comes closest to the way you feel?	LADDER STEP__ __	
LS3. Compared to this time last year, would you say that your life has improved, stayed more or less the same, or worsened, overall?	IMPROVED.....1 MORE OR LESS THE SAME2 WORSENERD3	
LS4. And in one year from now, do you expect that your life will be better, will be more or less the same, or will be worse, overall?	BETTER1 MORE OR LESS THE SAME2 WORSE3	

GENDER VIOLENCE		GV
GV0A. Check HH8 in the HOUSEHOLD QUESTIONNAIRE: Is the household selected for Questionnaire for Men?	YES..... 1 NO..... 2	1 ⇒ End
GV0. Check line number in WM8A, is woman selected for Gender Violence module?	WOMEN SELECTED FOR GV MODULE ... 1 WOMEN NOT SELECTED 2	2 ⇒ End
GV1. Check for presence of others: Do not continue until privacy is ensured.	PRIVACY OBTAINED 1 PRIVACY NOT POSSIBLE 2	2 ⇒ GV17
<p>GV1A. Read to the respondent:</p> <p>Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are CRUCIAL FOR helping to understand the condition of women in Eswatini. Let me assure you again that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions. If I ask you any question you don't want to answer, just let me know and I will go on to the next question. If you wish to stop the interview at any point, just let me know. If someone interrupts the interview at any time, I will stop the interview immediately and will change subject. I will not resume the interview until they are gone. If they don't leave, I will ask you to find another private area to continue with the interview. If it is not possible to continue the interview in private, I will ask you that we reschedule the interview for another time when we can have greater privacy, if that is possible and convenient for you. May I start now?</p>		
YES, PERMISSION IS GIVEN 1 NO, PERMISSION IS NOT GIVEN..... 2		2 ⇒ End
GV2. Check MA1 or MA5: Currently in union, formerly in union or never in union?	CURRENTLY MARRIED/LIVING WITH A MAN 1 FORMERLY MARRIED/LIVED WITH A MAN..... 2 NEVER MARRIED/NEVER LIVED WITH A MAN..... 3	3 ⇒ GV4B

<p>GV3. First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) (husband/partner)?</p> <p>[A] He (is/was) jealous or angry if you (talk/talked) to other men?</p> <p>[B] He frequently (accuses/accused) you of being unfaithful?</p> <p>[C] He (does/did) not permit you to meet your female friends?</p> <p>[D] He (tries/tried) to limit your contact with your family?</p> <p>[E] He (insists/insisted) on knowing where you (are/were) at all times?</p> <p>[F] He (does/did) not trust you with any money?</p>	<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> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>JEALOUS</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>ACCUSES</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>NOT MEET FRIENDS.....</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>NO FAMILY</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>WHERE YOU ARE</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>MONEY.....</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	JEALOUS	1	2	8	ACCUSES	1	2	8	NOT MEET FRIENDS.....	1	2	8	NO FAMILY	1	2	8	WHERE YOU ARE	1	2	8	MONEY.....	1	2	8	⇒GV4A								
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<p>GV4A. From the time you were 15 years old has anyone including (your/any) (husband/partner) hit you, slapped you, kicked you, or done anything else to hurt you physically?</p> <p>GV4B. From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?</p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>YES.....</td> <td style="text-align: center;">1</td> </tr> <tr> <td>NO.....</td> <td style="text-align: center;">2</td> </tr> <tr> <td>REFUSED TO ANSWER/NO ANSWER.....</td> <td style="text-align: center;">3</td> </tr> </tbody> </table>	YES.....	1	NO.....	2	REFUSED TO ANSWER/NO ANSWER.....	3	<p>2 ⇒GV7</p> <p>3 ⇒GV7</p>																														
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<p>GV5. Who has hurt you in this way?</p> <p><i>Probe: Anyone else?</i></p> <p><i>Record all mentioned</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>CURRENT HUSBAND/PARTNER</td><td style="text-align: center;">A</td></tr> <tr><td>MOTHER/STEP-MOTHER.....</td><td style="text-align: center;">B</td></tr> <tr><td>FATHER/STEP-FATHER.....</td><td style="text-align: center;">C</td></tr> <tr><td>SISTER/BROTHER</td><td style="text-align: center;">D</td></tr> <tr><td>DAUGHTER/SON</td><td style="text-align: center;">E</td></tr> <tr><td>OTHER RELATIVE</td><td style="text-align: center;">F</td></tr> <tr><td>FORMER HUSBAND/PARTNER</td><td style="text-align: center;">G</td></tr> <tr><td>CURRENT BOYFRIEND</td><td style="text-align: center;">H</td></tr> <tr><td>FORMER BOYFRIEND</td><td style="text-align: center;">I</td></tr> <tr><td>MOTHER-IN-LAW</td><td style="text-align: center;">J</td></tr> <tr><td>FATHER-IN-LAW</td><td style="text-align: center;">K</td></tr> <tr><td>OTHER IN-LAW</td><td style="text-align: center;">L</td></tr> <tr><td>TEACHER.....</td><td style="text-align: center;">M</td></tr> <tr><td>EMPLOYER/SOMEONE AT WORK.....</td><td style="text-align: center;">N</td></tr> <tr><td>POLICE/SOLDIER</td><td style="text-align: center;">O</td></tr> <tr><td>COMMUNITY POLICE</td><td style="text-align: center;">P</td></tr> <tr><td>STRANGER</td><td style="text-align: center;">Q</td></tr> <tr><td>OTHER (<i>specify</i>)</td><td style="text-align: center;">X</td></tr> </tbody> </table>	CURRENT HUSBAND/PARTNER	A	MOTHER/STEP-MOTHER.....	B	FATHER/STEP-FATHER.....	C	SISTER/BROTHER	D	DAUGHTER/SON	E	OTHER RELATIVE	F	FORMER HUSBAND/PARTNER	G	CURRENT BOYFRIEND	H	FORMER BOYFRIEND	I	MOTHER-IN-LAW	J	FATHER-IN-LAW	K	OTHER IN-LAW	L	TEACHER.....	M	EMPLOYER/SOMEONE AT WORK.....	N	POLICE/SOLDIER	O	COMMUNITY POLICE	P	STRANGER	Q	OTHER (<i>specify</i>)	X	
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<p>GV6. In the last 12 months, how often has (this person/have these persons) physically hurt you: often, only sometimes, or not at all?</p>	<p>OFTEN 1 SOMETIMES 2 NOT AT ALL 3</p>	
<p>GV7. Check MA1 or MA5: Was she ever married/ lived with a man?</p>	<p>EVER MARRIED/EVER LIVED WITH A MAN 1 NEVER MARRIED/NEVER LIVED WITH A MAN..... 2</p>	<p>1 ⇨GV8A 2 ⇨GV8B</p>
<p><i>Check for the presence of others. Before continuing, ensure privacy.</i> Let me assure you again that your answers are completely confidential and will not be told to anyone.</p> <p>GV8A. Now I would like to ask you about any sexual abuse that may have been done to you by someone including your (husband/partner). At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?</p> <p>GV8B. Now I would like to ask you about any sexual abuse that may have been done to you by someone. At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?</p>	<p>YES..... 1 NO..... 2 REFUSED TO ANSWER/NO ANSWER.... 3</p>	<p>2 ⇨ GV15 3 ⇨ GV15</p>
<p>GV9. Who was the person who was forcing you the very first time this happened?</p>	<p>CURRENT HUSBAND/PARTNER01 FORMER HUSBAND/PARTNER02 CURRENT /FORMER BOYFRIEND03 FATHER/STEP-FATHER.....04 BROTHER/STEP-BROTHER05 OTHER RELATIVE06 IN-LAW07 OWN FRIEND/ACQUAINTANCE.....08 FAMILY FRIEND.....09 TEACHER10 EMPLOYER/SOMEONE AT WORK.....11 POLICE/SOLDIER12 COMMUNITY POLICE13 PRIEST/RELIGIOUS LEADER14 STRANGER15 OTHER (<i>specify</i>) _____ 96</p>	

GV10. Where were you when this happened to you?	HOME.....01 PERPETRATOR'S HOME.....02 SOMEONE'S ELSE HOME.....03 BUSH.....04 MARKET SHOP05 SCHOOL06 CAR/BUS07 CHURCH.....08 WORKPLACE09 OTHER (<i>specify</i>) _____ 96	
GV11. Check MA1 or MA5: Was she ever married/ lived with a man?	EVER MARRIED/EVER LIVED WITH A MAN 1 NEVER MARRIED/NEVER LIVED WITH A MAN.....2	1 ⇨GV12A 2 ⇨GV12B
GV12A. In the last 12 months, has anyone other than (your/any) (husband/partner) physically forced you to have sexual intercourse when you did not want to? GV12B. In the last 12 months has anyone physically forced you to have sexual intercourse when you did not want to?	YES..... 1 NO.....2	
GV13. Check MA1 or MA5: Was she ever married/ lived with a man?	EVER MARRIED/EVER LIVED WITH A MAN 1 NEVER MARRIED/NEVER LIVED WITH A MAN..... 2	1 ⇨GV14A 2 ⇨GV14B
GV14A. How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts by anyone, including (your/any) husband/partner? GV14B. How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts?	AGE IN COMPLETED YEARS __ __ DON'T KNOW 98	
GV15. Check GV4A, GV4B, GV8A AND GV8B:	AT LEAST ONE "YES" 1 NOT A SINGLE "YES"2	2 ⇨GV17
GV16. Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	YES..... 1 NO.....2	
GV17. Thank the respondent for her cooperation and reassure her about the confidentiality of her answers. Fill out the questions below with reference to the Domestic Violence Module only.		

<p>GV18. <i>Did you have to interrupt the interview because some adult was trying to listen, or came into the room, or interfered in any other way?</i></p> <p>A. <i>Husband</i></p> <p>B. <i>Other male adult</i></p> <p>C. <i>Female adult</i></p>	<p style="text-align: center;">NO</p> <p style="text-align: center;">YES, ONCE</p> <p style="text-align: center;">YES, MORE THAN ONCE</p> <p>HUSBAND 1 2 3</p> <p>OTHER MALE ADULT 1 2 3</p> <p>FEMALE ADULT 1 2 3</p>	
<p>GV19. <i>Interviewer's comments / explanation for not completing the Domestic Violence Module</i></p>	<hr/> <hr/> <hr/>	

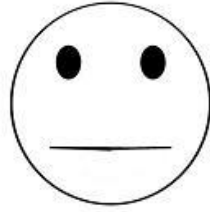
**Very
happy**

Somewhat happy

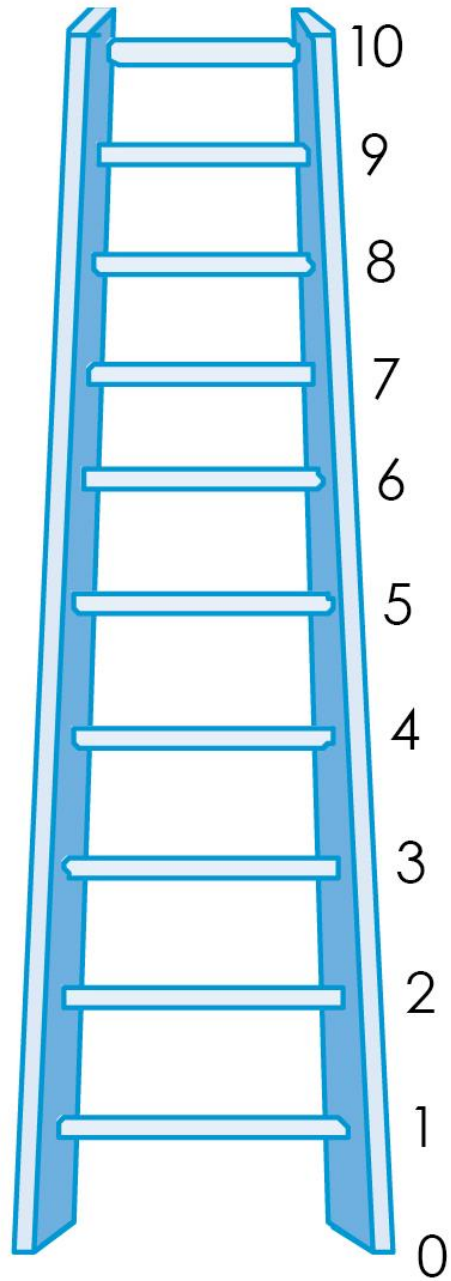
**Neither happy,
nor unhappy**

**Somewhat
unhappy**

**Very
unhappy**



Best Possible Life



Worst Possible Life

WM10. Record the end time.	HOURS AND MINUTES __ __ : __ __	
WM11. Was the entire interview completed in private or was there anyone else during the entire interview or part of it?	YES, THE ENTIRE INTERVIEW WAS COMPLETED IN PRIVATE 1 NO, OTHERS WERE PRESENT DURING THE ENTIRE INTERVIEW (specify) 2 NO, OTHERS WERE PRESENT DURING PART OF THE INTERVIEW (specify) 3	
WM12. Language of the Questionnaire.	ENGLISH..... 1 SISWATI 2	
WM13. Language of the Interview.	ENGLISH..... 1 SISWATI 2	
WM14. Native language of the Respondent.	ENGLISH..... 1 SISWATI 2 OTHER LANGUAGE (specify) 6	
WM15. Was a translator used for any parts of this questionnaire?	YES, THE ENTIRE QUESTIONNAIRE 1 YES, PARTS OF THE QUESTIONNAIRE 2 NO, NOT USED 3	

WM15A. Check the name and line number of this questionnaire's respondent (WM3). Check the names and line numbers of the respondents to all other questionnaires that have been completed in this household: HOUSEHOLD QUESTIONNAIRE (HH47), 5 TO 17 QUESTIONNAIRE (FS4) or UNDER 5 QUESTIONNAIRE (UF4): Has this questionnaire's respondent already been interviewed with any of the other questionnaires?	YES, ALREADY INTERVIEWED (WM3=HH47 OR WM3=FS4 OR WM3=UF4) 1 NO, FIRST INTERVIEW (WM3≠HH47 AND WM3≠FS4 AND WM3≠UF4)..... 2	1 ⇒ WM16
WM15B. Check HC7[A] and HC12: Does this household have a fixed telephone line or does any member of the household own a mobile phone?	YES, HC7[A]=1 OR HC12=1 1 NO, HC7[A]=2 AND HC12=2 2	2 ⇒ WM16

WM15C. Thank you for your participation.

The Central Statistical Office will be conducting a phone survey about the situation of children, families and households in the future. We would like to invite you to participate in this survey. If you agree to participate, we will ask you to share a phone number we can reach you at and convenient times to contact you. The phone interview will take about 30 minutes, and we may call you a few times over a period of a few months. Participation in this phone survey is voluntary, and even if you agree to participate now, you may decide to withdraw from participation in the future. There will be no costs to you for participating in the phone survey. Please know that all the information you share during future phone interviews will remain strictly confidential, and your phone number will not be shared with anyone outside our team. Would you like to participate?

YES	1	2 ⇒ WM16
NO.....	2	

WM15D. Do you have a personal phone number or does your household have a communal number where you can be reached?	YES.....1 NO.....2	2 ⇒ WM16
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WM15E. You may share your household communal number, but please, do not share any personal phone numbers that belong to individual members of your household. Please, tell me what is the best phone number to contact you on.

	[P1] BEST NUMBER	[P2] 2 ND NUMBER	[P3] 3 RD NUMBER
WM15F. Ask for and record phone number.	-----	-----	-----
WM15G. Just to confirm, the number is (<i>number from WM15F</i>)? <i>If no, return to WM15F and correct entry.</i>	YES.....1 NO.....2 ⇩ WM15F	YES.....1 NO.....2 ⇩ WM15F	YES.....1 NO.....2 ⇩ WM15F
WM15H. Is this a fixed line or a mobile phone number?	FIXED LINE.....1 MOBILE.....2	FIXED LINE.....1 MOBILE.....2	FIXED LINE.....1 MOBILE.....2
WM15I. What is the best day of the week and time of the day to call you on this number? <i>Probe: Any other day or time?</i> <i>Record all mentioned.</i>	WEEKDAYS MORNING A AFTERNOON B EVENING C OTHER (specify) D WEEKEND MORNING E AFTERNOON F EVENING G OTHER (specify) H OTHER (specify) X	WEEKDAYS MORNING A AFTERNOON B EVENING C OTHER (specify) D WEEKEND MORNING E AFTERNOON F EVENING G OTHER (specify) H OTHER (specify) X	WEEKDAYS MORNING A AFTERNOON B EVENING C OTHER (specify) D WEEKEND MORNING E AFTERNOON F EVENING G OTHER (specify) H OTHER (specify) X

WM15J. Remember, you may share your household communal number, but please, do not share any personal phone numbers that belong to individual members of your household. Do you have another personal or communal phone number where you can be reached?	YES.....1☒ [P2]	YES.....1☒ [P3]	YES.....1☒ [P4]
	NO2☒ WM16	NO.....2☒ WM16	NO2☒ WM16
			Tick here if additional questionnaire used: ☐

WM16. Check columns HL10 and HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE:
 Is the respondent the mother or caretaker of any child age 0-4 living in this household?

Yes ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.

No ⇒ Check HH26-HH27 in HOUSEHOLD QUESTIONNAIRE: Is there a child age 5-17 selected for QUESTIONNAIRE FOR CHILDREN AGE 5-17?

Yes ⇒ Check column HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE:
 Is the respondent the mother or caretaker of the child selected for QUESTIONNAIRE FOR CHILDREN AGE 5-17 in this household?

Yes ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN AGE 5-17 for that child and start the interview with this respondent.

No ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then end the interview with this respondent by thanking her for her cooperation. Check to see if there are other questionnaires to be administered in this household.

No ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then end the interview with this respondent by thanking her for her cooperation. Check to see if there are other questionnaires to be administered in this household.

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS