

MALAWI DEMOGRAPHIC AND HEALTH SURVEY
MALAWI GOVERNMENT - NATIONAL STATISTICAL OFFICE

INDIVIDUAL QUESTIONNAIRE
MALE

FORM MDHS-M/92

| IDENTIFICATION | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| REGION/DISTRICT _____ | <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> | | | | | | | | | | | | | | | | | | | | |
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| TA/STA/TOWN _____ | | | | | | | | | | | | | | | | | | | | | |
| ENUMERATION AREA | | | | | | | | | | | | | | | | | | | | | |
| VILLAGE OR PLACE _____ | | | | | | | | | | | | | | | | | | | | | |
| MDHS CLUSTER NUMBER..... | | | | | | | | | | | | | | | | | | | | | |
| HOUSEHOLD NUMBER | | | | | | | | | | | | | | | | | | | | | |
| URBAN/RURAL (urban=1, rural=2)..... | | | | | | | | | | | | | | | | | | | | | |
| NAME AND LINE NUMBER OF MAN _____ | | | | | | | | | | | | | | | | | | | | | |
| NAME AND LINE NUMBER OF WIFE # 1 _____ | | | | | | | | | | | | | | | | | | | | | |
| NAME AND LINE NUMBER OF WIFE # 2 _____ | | | | | | | | | | | | | | | | | | | | | |
| NAME AND LINE NUMBER OF WIFE # 3 _____ (NOTE: include only wives in household) | | | | | | | | | | | | | | | | | | | | | |

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

| | | | | |
|--------------|-----------------------------------|------------------------------------|----------------------------|--|
| NAME DATE | FIELD EDITED BY _____ _____ | OFFICE EDITED BY _____ _____ | KEYED BY _____ _____ | KEYED BY <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table> |
|--------------|-----------------------------------|------------------------------------|----------------------------|--|

SECTION 1. RESPONDENT'S BACKGROUND

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|-----|--|--|--|
| 101 | RECORD THE TIME. | HOUR..... MINUTES..... | <input type="text"/> <input type="text"/> |
| 102 | First I would like to ask some questions about you and your household. For most of the time until you were about 12 years old, did you live in a city, in a town, or in a village? | CITY.....1 TOWN.....2 VILLAGE.....3 | |
| 103 | How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? | YEARS..... ALWAYS.....95 VISITOR.....96 | <input type="text"/> <input type="text"/> → 105 |
| 104 | Just before you moved here, did you live in a city, in a town, or in a village? | CITY.....1 TOWN.....2 VILLAGE.....3 | |
| 105 | In what month and year were you born? | MONTH..... DK MONTH.....98 YEAR..... DK YEAR.....98 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 106 | How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT. | AGE IN COMPLETED YEARS..... | <input type="text"/> <input type="text"/> |
| 107 | Have you ever attended school? | YES.....1 NO.....2 | <input type="text"/> <input type="text"/> → 111 |
| 108 | What is the highest level of school you attended: primary, secondary, or higher? | PRIMARY.....1 SECONDARY.....2 HIGHER.....3 | |
| 109 | How many years of school did you complete at that level? | YEARS..... | <input type="text"/> <input type="text"/> |
| 110 | CHECK 108: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> → 112 |
| 111 | Are you able to read and understand English or Chichewa easily, with difficulty, or not at all? | EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3 | <input type="text"/> <input type="text"/> <input type="text"/> → 113 |
| 112 | Do you usually read a newspaper or magazine at least once a week? | YES.....1 NO.....2 | <input type="text"/> <input type="text"/> |
| 113 | Do you usually listen to a radio at least once a week? | YES.....1 NO.....2 | <input type="text"/> <input type="text"/> |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|-----|--|--|---------|
| 114 | What kind of work do you mainly do? | <div style="display: flex; justify-content: space-between;"> <div style="width: 80%; border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="width: 15%; border: 1px solid black; text-align: center; padding: 2px;"> <input type="checkbox"/> </div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> | |
| 115 | CHECK 114: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/> | | 117 |
| 116 | Do you work mainly on your own land or family's land, or on land that you rent, or on someone else's land? | OWN/FAMILY LAND.....1 RENTED LAND.....2 SOMEONE ELSE'S LAND.....3 | |
| 117 | CHECK Q.4 IN THE HOUSEHOLD QUESTIONNAIRE THE MAN INTERVIEWED IS NOT A USUAL RESIDENT <input type="checkbox"/> | THE MAN INTERVIEWED IS A USUAL RESIDENT <input type="checkbox"/> | 201 |
| 118 | Now I would like to ask about the place in which you usually live. Do you usually live in a city, in a town, or in a village? | CITY.....1 TOWN.....2 VILLAGE.....3 | |
| 119 | In which region is that located? | NORTH.....1 CENTRAL.....2 SOUTH.....3 OUTSIDE MALAWI4 | |
| 120 | What is the source of water your household uses for handwashing and dishwashing? | PIPED WATER PIPED INSIDE DWELLING UNIT ...11 → 122 PIPED INTO YARD/PLOT12 → 122 PUBLIC TAP.....13 WELL WATER PROTECTED WELL/BOREHOLE.....21 UNPROTECTED WELL.....22 SURFACE WATER SPRING.....31 RIVER/STREAM.....32 POND/DAM33 LAKE.....34 RAINWATER.....41 → 122 OTHER71 (SPECIFY) | |
| 121 | How long does it take to go there, get water, and come back? | MINUTES..... <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES.....996 OK.....998 | |
| 122 | Does your household get drinking water from this same source? | YES.....1 → 124 NO.....2 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO | | | | | | | | | | | | | | | |
|--------------------|---|--|---------|-----|----|------------------|---|---|-----------------|---|---|--------------------|---|---|--------------|---|---|--|
| 123 | What is the source of drinking water for members of your household? | PIPED WATER PIPED INSIDE DWELLING UNIT ...11 PIPED INTO YARD/PLOT12 PUBLIC TAP.....13 WELL WATER PROTECTED WELL/BOREHOLE.....21 UNPROTECTED WELL.....22 SURFACE WATER SPRING.....31 RIVER/STREAM.....32 POND/DAM33 LAKE.....34 RAINWATER.....41 OTHER71 (SPECIFY) | | | | | | | | | | | | | | | | |
| 124 | What kind of toilet facility does your household have? | FLUSH TOILET OWN FLUSH TOILET.....11 SHARED FLUSH TOILET.....12 PIT LATRINE TRADITIONAL PIT LATRINE.....21 VENTILATED IMPROVED PIT (VIP) LATRINE.....22 NO FACILITY31 OTHER41 (SPECIFY) | | | | | | | | | | | | | | | | |
| 125 | Does your household have: Electricity? A radio? A paraffin lamp? | <table border="0"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>ELECTRICITY.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>RADIO.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>PARRAFIN LAMP.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table> | | YES | NO | ELECTRICITY..... | 1 | 2 | RADIO..... | 1 | 2 | PARRAFIN LAMP..... | 1 | 2 | | | | |
| | YES | NO | | | | | | | | | | | | | | | | |
| ELECTRICITY..... | 1 | 2 | | | | | | | | | | | | | | | | |
| RADIO..... | 1 | 2 | | | | | | | | | | | | | | | | |
| PARRAFIN LAMP..... | 1 | 2 | | | | | | | | | | | | | | | | |
| 126 | How many rooms in all of the dwelling units of your household are used for sleeping? | ROOMS..... <input type="text"/> | | | | | | | | | | | | | | | | |
| 127 | Does any member of your household own: A bicycle? A motorcycle? A car? An oxcart? | <table border="0"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>BICYCLE.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>MOTORCYCLE.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>CAR.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>OX CART.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table> | | YES | NO | BICYCLE..... | 1 | 2 | MOTORCYCLE..... | 1 | 2 | CAR..... | 1 | 2 | OX CART..... | 1 | 2 | |
| | YES | NO | | | | | | | | | | | | | | | | |
| BICYCLE..... | 1 | 2 | | | | | | | | | | | | | | | | |
| MOTORCYCLE..... | 1 | 2 | | | | | | | | | | | | | | | | |
| CAR..... | 1 | 2 | | | | | | | | | | | | | | | | |
| OX CART..... | 1 | 2 | | | | | | | | | | | | | | | | |
| 128A | At your own house, what is the main material that the floor is made from? NOTE: IF HIS HOUSEHOLD LIVES IN MORE THAN ONE DWELLING UNIT AND THE DWELLING UNITS DIFFER IN FLOOR MATERIALS, ASK FOR THE FLOOR MATERIAL OF THE THE DWELLING OF THE HEAD OF HOUSEHOLD. | MUD/EARTH FLOOR11 FINISHED FLOOR CEMENT31 BRICKS32 WOOD.....33 TILES34 OTHER41 (SPECIFY) | | | | | | | | | | | | | | | | |
| 128B | At your own house, what is the main material that the roof is made from? NOTE: IF HIS HOUSEHOLD LIVES IN MORE THAN ONE DWELLING UNIT AND THE DWELLING UNITS DIFFER IN ROOF MATERIALS, ASK FOR THE ROOF MATERIAL OF THE THE DWELLING OF THE HEAD OF HOUSEHOLD. | GRASS THATCH.....1 IRON SHEETS.....2 IRON AND TILES.....3 ASBESTOS4 CEMENT.....5 WOOD.....6 OTHER7 (SPECIFY) | | | | | | | | | | | | | | | | |

SECTION 3. METHODS OF CHILDSPACING

301 Now I would like to talk about childspacing - the various ways or methods that a couple can use to delay or avoid a pregnancy. Which ways or methods have you heard about?
 CIRCLE CODE 1 IN 302 FOR EACH METHOD MENTIONED SPONTANEOUSLY.
 THEN PROCEED DOWN THE COLUMN, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY.
 CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED.
 THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 302, ASK 303-304 BEFORE PROCEEDING TO THE NEXT METHOD.

| | 302 Have you ever heard of (METHOD)? READ DESCRIPTION OF EACH METHOD. | 303 Have you ever used (METHOD) with any partner? | 304 Do you know where a person could go to get (METHOD)? |
|---|--|--|---|
| 01 PILL Women can take a pill every day. | YES/SPONT.....1 YES/PROBED.....2 NO.....3 | YES.....1 NO.....2 | YES.....1 NO.....2 |
| 02 IUCD Women can have a loop or coil placed inside them by a doctor or a nurse. | YES/SPONT.....1 YES/PROBED.....2 NO.....3 | YES.....1 NO.....2 | YES.....1 NO.....2 |
| 03 INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months. | YES/SPONT.....1 YES/PROBED.....2 NO.....3 | YES.....1 NO.....2 | YES.....1 NO.....2 |
| 04 DIAPHRAGM,FOAM,JELLY Women can place a sponge, suppository, diaphragm, jelly or cream inside them before intercourse. | YES/SPONT.....1 YES/PROBED.....2 NO.....3 | YES.....1 NO.....2 | YES.....1 NO.....2 |
| 05 CONDOM Men can use a rubber sheath during sexual intercourse. | YES/SPONT.....1 YES/PROBED.....2 NO.....3 | YES.....1 NO.....2 | YES.....1 NO.....2 |
| 06 FEMALE STERILIZATION Women can have an operation to avoid having any more children. | YES/SPONT.....1 YES/PROBED.....2 NO.....3 | YES.....1 NO.....2 | YES.....1 NO.....2 |
| 07 MALE STERILIZATION Men can have an operation to avoid having any more children. | YES/SPONT.....1 YES/PROBED.....2 NO.....3 | Have you ever had an operation to avoid having any more children? YES.....1 NO.....2 | YES.....1 NO.....2 |
| 08 NATURAL METHOD Couples can avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant. | YES/SPONT.....1 YES/PROBED.....2 NO.....3 | YES.....1 NO.....2 | Do you know where a person can obtain advice on how to use the natural method? YES.....1 NO.....2 |
| 09 WITHDRAWAL Men can be careful and pull out before climax. | YES/SPONT.....1 YES/PROBED.....2 NO.....3 | YES.....1 NO.....2 | |
| 10 Have you heard of any other ways or methods that women or men can use to delay or avoid pregnancy? 1 _____ (SPECIFY) 2 _____ (SPECIFY) 3 _____ (SPECIFY) | YES/SPONT.....1 NO.....3 | YES.....1 NO.....2 YES.....1 NO.....2 YES.....1 NO.....2 | |

305 CHECK 303: NOT A SINGLE "YES" (NEVER USED) AT LEAST ONE "YES" (EVER USED) → SKIP TO 308

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|------|--|--|---------|
| 306 | Have you or (your wife/partner) ever tried in any way to delay or avoid having a baby? | YES..... <input type="checkbox"/> NO..... <input type="checkbox"/> | 317 |
| 307 | What have you used or done? CORRECT 303-305 (AND 302 IF NECESSARY). | | |
| 308 | CHECK 303: MAN NOT STERILIZED <input type="checkbox"/> MAN STERILIZED <input type="checkbox"/> | | 310A |
| 309 | Are you or your wife (or partner) currently doing something or using any method to delay or avoid having a baby? | YES.....1 NO.....2 | 317 |
| 310 | Which method are you using? | PILL.....01 IUCD.....02 INJECTIONS.....03 DIAPHRAGH/FOAM/JELLY.....04 CONDOM.....05 FEMALE STERILIZATION.....06 MALE STERILIZATION.....07 NATURAL METHOD.....08 WITHDRAWAL.....09 OTHER.....10 (SPECIFY) | 316 |
| 310A | DO NOT ASK THE QUESTION BELOW IF MAN NOT STERILIZED. You have said that you had an operation that keeps you from ever making a woman pregnant. Is that correct? IF RESPONDENT SAYS "NO", CORRECT 303-305 (AND 302 IF NECESSARY). IF RESPONDENT SAYS "YES", CIRCLE '07' FOR MALE STERILIZATION. | | |
| 311 | CHECK 310: SHE/HE STERILIZED <input type="checkbox"/> USING ANOTHER METHOD <input type="checkbox"/> Where did the sterilization take place? Where did you obtain (METHOD) the last time? (NAME OF PLACE) | PUBLIC SECTOR GOVERNMENT HOSPITAL.....11 PRIMARY HEALTH CENTRE.....12 DISPENSARY/MATERNITY CLINIC.....13 MOBILE CLINIC.....14 MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL.....21 PRIVATE HEALTH CENTRE.....22 DISPENSARY/MATERNITY CLINIC.....23 MOBILE CLINIC.....24 PRIVATE DOCTOR.....25 OTHER PRIVATE SECTOR SHOP/PHARMACY.....31 CHURCH.....32 FRIENDS/RELATIVES.....33 OTHER.....41 (SPECIFY) DK.....98 | 314 |
| 312 | How long does it take to travel from your home to this place? IF LESS THAN 2 HOURS, RECORD MINUTES. OTHERWISE, RECORD HOURS. | MINUTES.....1 HOURS.....2 DK.....9998 | |
| 313 | Is it easy or difficult to get there? | EASY.....1 DIFFICULT.....2 | |

| | | |
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| 314 | CHECK 310: SHE/HE STERILIZED <input type="checkbox"/> USING ANOTHER METHOD <input type="checkbox"/> | 316 |
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| | | |
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| 315 | In what month and year was the sterilization operation performed? | MONTH..... YEAR..... |
|-----|---|-------------------------|

| | | |
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| 316 | For how many months have you been using (CURRENT METHOD) continuously? IF LESS THAN 1 MONTH, RECORD '00'. | MONTHS..... 8 YEARS OR LONGER..... |
|-----|--|---------------------------------------|

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| 317 | Do you intend to use a method to delay or avoid pregnancy at any time in the future? | YES.....1 NO.....2 DK.....8 |
|-----|--|-----------------------------------|

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| 318 | What is the main reason you do not intend to use a method? | WANTS CHILDREN.....01 LACK OF KNOWLEDGE.....02 PARTNER OPPOSED.....03 OTHER RELATIVES OPPOSED.....04 SIDE EFFECTS.....05 HEALTH CONCERNS.....06 SOURCE TOO FAR AWAY.....07 METHODS ARE UNAVAILABLE.....08 OPPOSED TO FAMILY PLANNING.....09 FATALISTIC/GOD'S WILL.....10 COSTS TOO MUCH.....11 INFREQUENT SEX.....12 CAN NOT GET WIFE PREGNANT.....13 WIFE INFECUND.....14 INCONVENIENT.....15 NOT MARRIED.....16 OTHER.....17 (SPECIFY) DK.....98 |
|-----|--|--|

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| 319 | Do you intend to use a method within the next 12 months? | YES.....1 NO.....2 DK.....8 |
|-----|--|-----------------------------------|

| | | |
|-----|--|---|
| 320 | When you start using a method, which method would you prefer to use? | PILL.....01 IUCD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY.....04 CONDOM.....05 FEMALE STERILIZATION.....06 MALE STERILIZATION.....07 NATURAL METHOD.....08 WITHDRAWAL.....09 OTHER.....10 (SPECIFY) UNSURE.....98 |
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| 321 | Where can you get (METHOD MENTIONED IN 320)? _____ (NAME OF PLACE) | PUBLIC SECTOR GOVERNMENT HOSPITAL.....11 PRIMARY HEALTH CENTRE.....12 DISPENSARY/MATERNITY CLINIC.....13 MOBILE CLINIC.....14 MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL.....21 PRIVATE HEALTH CENTRE.....22 DISPENSARY/MATERNITY CLINIC.....23 MOBILE CLINIC.....24 PRIVATE DOCTOR.....25 OTHER PRIVATE SECTOR SHOP/PHARMACY.....31 CHURCH.....32 FRIENDS/RELATIVES.....33 OTHER.....41 (SPECIFY) DK.....98 |
|-----|--|--|

| | | | | |
|-----|---|--------------------------|--------------------------|--------------------------------|
| 322 | CHECK 310: USING NATURAL METHOD, WITHDRAWAL, OR OTHER TRADITIONAL METHOD | <input type="checkbox"/> | USING A MODERN METHOD | <input type="checkbox"/> → 327 |
|-----|---|--------------------------|--------------------------|--------------------------------|

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| 323 | Do you know of a place where you can obtain a method of childspacing? | YES.....1 | NO.....2 → 327 |
|-----|--|-----------|----------------|

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|-----|--|---|---|
| 324 | Where is that? _____ (NAME OF PLACE) | PUBLIC SECTOR GOVERNMENT HOSPITAL.....11 PRIMARY HEALTH CENTRE.....12 DISPENSARY/MATERNITY CLINIC...13 MOBILE CLINIC.....14 → 327 | MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL21 PRIVATE HEALTH CENTRE.....22 DISPENSARY/MATERNITY CLINIC...23 MOBILE CLINIC.....24 → 327 PRIVATE DOCTOR.....25 |
| | | OTHER PRIVATE SECTOR SHOP/PHARMACY.....31 CHURCH.....32 FRIENDS/RELATIVES.....33 → 327 OTHER _____ 41 → 327 (SPECIFY) | |

| | | | | | | | | | |
|-----|---|---------------|--|--|--|--|---|--|--|
| 325 | How long does it take to travel from your home to this place? IF LESS THAN 2 HOURS, RECORD MINUTES. OTHERWISE, RECORD HOURS. | MINUTES.....1 | <table border="1" style="display: inline-table;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;"></td> <td style="text-align: center;"></td> </tr> </table> HOURS.....2 | | | | 0 | | |
| | | | | | | | | | |
| 0 | | | | | | | | | |
| | | | DK.....9998 | | | | | | |

| | | | |
|-----|---------------------------------------|------------|-----------------|
| 326 | Is it easy or difficult to get there? | EASY.....1 | DIFFICULT.....2 |
|-----|---------------------------------------|------------|-----------------|

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|-----|---|-----------|----------|
| 327 | In the last month, have you heard a message about childspacing on the radio? | YES.....1 | NO.....2 |
|-----|---|-----------|----------|

| | | | |
|-----|--|------------------|----------------------------------|
| 328 | Is it acceptable or not acceptable to you for child- spacing information to be provided on the radio? | ACCEPTABLE.....1 | NOT ACCEPTABLE.....2 DK.....8 |
|-----|--|------------------|----------------------------------|

| | | | | |
|-----|---|--------------------------|------------------------------|--------------------------------|
| 329 | CHECK 302 (CONDOM): EVER HEARD OF THE CONDOM | <input type="checkbox"/> | NEVER HEARD OF THE CONDOM | <input type="checkbox"/> → 401 |
|-----|---|--------------------------|------------------------------|--------------------------------|

| | | | |
|-----|---|-----------|----------------|
| 330 | Have you seen or heard any advertisement in the last month about the condom? | YES.....1 | NO.....2 → 332 |
|-----|---|-----------|----------------|

| | | | |
|-----|--|---|--|
| 331 | Where did you see or hear the advertisement? CIRCLE ALL MENTIONED | RADIO.....A NEWSPAPER.....B MAGAZINE.....C POSTERS.....D CAN NOT REMEMBER.....E OTHER _____ F (SPECIFY) | |
|-----|--|---|--|

| | | | | |
|-----|----------------------------|---------------------------|--------------------------|-----|
| 332 | CHECK 310: | CURRENTLY USING CONDOM | <input type="checkbox"/> | 401 |
| | NOT CURRENTLY USING CONDOM | | <input type="checkbox"/> | |

333 Where can someone go to get condoms?

(NAME OF PLACE)

- PUBLIC SECTOR
- GOVERNMENT HOSPITAL.....11
- PRIMARY HEALTH CENTRE.....12
- DISPENSARY/MATERNITY CLINIC...13
- MOBILE CLINIC.....14
- MEDICAL PRIVATE SECTOR
- PRIVATE HOSPITAL21
- PRIVATE HEALTH CENTRE.....22
- DISPENSARY/MATERNITY CLINIC...23
- MOBILE CLINIC.....24
- PRIVATE DOCTOR.....25
- OTHER PRIVATE SECTOR
- SHOP/PHARMACY.....31
- CHURCH.....32
- FRIENDS/RELATIVES.....33
- OTHER 41
- (SPECIFY)
- DK..... 98

SECTION 4. FERTILITY PREFERENCES

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|-----|--|--|---------|
| 401 | How many own sons do you have who are still alive? IF NONE, RECORD '00' | NUMBER OF OWN SONS..... <input type="text"/> | |
| 402 | How many own daughters do you have who are still alive? IF NONE, RECORD '00' | NUMBER OF OWN DAUGHTERS.. <input type="text"/> | |
| 403 | CHECK 310: NEITHER <input type="checkbox"/> HE OR SHE <input type="checkbox"/> STERILIZED STERILIZED | | 406 |
| 404 | How I have some questions about the future. Would you like to have another (a) child or would you prefer to have (no more children/no children) ? | HAVE ANOTHER (A) CHILD.....1 NO MORE/NONE.....2 NO MORE AFTER THIS PREGNANCY...3 SAYS WIFE CAN'T GET PREGNANT...4 UNDECIDED OR DK.....5 | 409 |
| 405 | How long would you like to wait before the birth of another (a) child ? | MONTHS.....1 <input type="text"/> YEARS.....2 <input type="text"/> SOON/NOW.....994 SAYS WIFE CAN'T GET PREGNANT..995 OTHER _____ 996 (SPECIFY) DK.....998 | 409 |
| 406 | Given your present circumstances, if you had to do it over again, do you think (you/your wife or partner) would make the same decision to have an operation not to have any more children? | YES.....1 NO.....2 | |
| 407 | Do you regret that (you/your wife or partner) had the operation not to have any (more) children? | YES.....1 NO.....2 | 414 |
| 408 | Why do you regret it? | RESPONDENT WANTS ANOTHER CHILDO..1 PARTNER WANTS ANOTHER CHILD....2 SIDE EFFECTS.....3 OTHER REASON _____ 4 (SPECIFY) | 414 |
| 409 | CHECK 202: CURRENTLY MARRIED NOT MARRIED/ OR LIVING NOT LIVING TOGETHER <input type="checkbox"/> TOGETHER <input type="checkbox"/> | | 414 |
| 410 | Do you think that your (wife/partner) approves or disapproves of couples using a method to avoid pregnancy? | APPROVES.....1 DISAPPROVES.....2 DK.....8 | |

SECTION 5. AIDS KNOWLEDGE

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------|--|--|---------|-----|----|----|------------------|---|---|---|--------------|---|---|---|--------------|---|---|---|----------------------|---|---|---|-----------------------------|---|---|---|-----------------------------|---|---|---|------------------------------|---|---|---|--|
| 501 | Now I have a few questions about a very important topic. Have you heard of an illness called AIDS? | YES.....1 NO.....2 | 601 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 502 | From which sources of information or persons have you heard about AIDS in the last month? CIRCLE ALL MENTIONED. | RADIO.....A NEWSPAPERS.....B HEALTH WORKERS.....C MOSQUES/CHURCHES.....D FRIENDS/RELATIVES.....E SCHOOLS/QURAN TEACHERS.....F BOOKLETS/PAMPHLETS/POSTERS.....G COMMUNITY MEETINGS.....H OTHER _____ I (SPECIFY) NONE.....J | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 503 | How is AIDS transmitted? CIRCLE ALL MENTIONED. | SEXUAL INTERCOURSE.....A NEEDLES/BLADES/SKIN PUNCTURES...B MOTHER TO CHILD.....C TRANSFUSION OF INFECTED BLOOD...D OTHER _____ E (SPECIFY) DON'T KNOW.....F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 504 | Do you think that you can get AIDS from shaking hands with someone who has AIDS? hugging someone who has AIDS? kissing someone who has AIDS? wearing the clothes of someone who has AIDS? sharing eating utensils with someone who has AIDS? stepping on the urine or stool of someone with AIDS? mosquito, flea or bedbug bites? | <table border="0"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> <td style="text-align: right;">DK</td> </tr> <tr> <td>HANDSHAKING.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>HUGGING.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>KISSING.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>SHARING CLOTHES.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>SHARING EATING UTENSILS....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>STEPPING ON URINE/STOOL....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>MOSQUITO/FLEA/BEDBUG BITES..</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table> | | YES | NO | DK | HANDSHAKING..... | 1 | 2 | 8 | HUGGING..... | 1 | 2 | 8 | KISSING..... | 1 | 2 | 8 | SHARING CLOTHES..... | 1 | 2 | 8 | SHARING EATING UTENSILS.... | 1 | 2 | 8 | STEPPING ON URINE/STOOL.... | 1 | 2 | 8 | MOSQUITO/FLEA/BEDBUG BITES.. | 1 | 2 | 8 | |
| | YES | NO | DK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HANDSHAKING..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HUGGING..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| KISSING..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SHARING CLOTHES..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SHARING EATING UTENSILS.... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STEPPING ON URINE/STOOL.... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MOSQUITO/FLEA/BEDBUG BITES.. | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 505 | Is it possible for a healthy looking person to be infected with the AIDS virus? | YES.....1 NO.....2 DK.....8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 506 | Is it possible for a woman who has the AIDS virus to give birth to a child with the AIDS virus? | YES.....1 NO.....2 DK.....8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 507 | Can a person protect himself or herself from getting AIDS? | YES1 NO2 | 509 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 508 | How can a person protect himself of herself from getting AIDS? CIRCLE ALL MENTIONED | DO NOT HAVE SEX AT ALLA LIMIT NO. SEXUAL PARTNERSB USE CONDOMS DURING SEXC STERILIZE SYRINGES/NEEDLES.....D AVOID PROSTITUTES.....E OTHER _____ F (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 509 | If your relative is suffering with AIDS, who would you prefer to care for him or her? | RELATIVES/FRIENDS.....1 GOVERNMENT FACILITY.....2 RELIGIOUS ORG./MISSION.....3 NOBODY/ABANDON.....4 OTHER _____ 5 (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SECTION 6. MATERNAL MORTALITY

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

How many children did your mother give birth to, including yourself? NUMBER OF BIRTHS TO NATURAL MOTHER.....

602 CHECK 601: TWO OR MORE BIRTHS ONLY ONE BIRTH (RESPONDENT ONLY) → SKIP TO END

↓

603 How many of these births did your mother have before you were born? NUMBER OF PRECEDING BIRTHS.....

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

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

| | | | |
|-----|------------------|---------------------------|----------------------|
| 614 | RECORD THE TIME. | HOUR..... MINUTES..... | <input type="text"/> |
|-----|------------------|---------------------------|----------------------|

INTERVIEWER'S OBSERVATIONS
(To be filled in after completing interview)

Comments About Respondent: _____

Comments on Specific Questions: _____

Any Other Comments: _____

SUPERVISOR'S OBSERVATIONS

Name of Supervisor: _____ Date: _____

EDITOR'S OBSERVATIONS

