

**2001 ZAMBIA DEMOGRAPHIC AND HEALTH SURVEY
MEN'S QUESTIONNAIRE
CENTRAL BOARD OF HEALTH/CENTRAL STATISTICAL OFFICE**

IDENTIFICATION	
LOCALITY NAME _____	
NAME OF HOUSEHOLD HEAD _____	
CLUSTER NUMBER	+)))0)))1 * * * *
HOUSEHOLD NUMBER	/)))3)))1 * * * *
PROVINCE .....	.)))2)))1 * *
URBAN/RURAL (URBAN=1, RURAL=2)	/)))1 * *
LUSAKA = 1/OTHER CITY =2 / TOWN = 3 /VILLAGE= 4	/)))1 * *
NAME AND LINE NUMBER OF MAN _____	+)))3)))1 * * * * .)))2)))-

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY +)))0))), * * * * /)))3)))1
				MONTH * * * *
				YEAR +)))0)))3)))3)))1 * * * * * *
INTERVIEWER'S NAME	_____	_____	_____	NAME .)))2)))3)))3)))1 * * * *
RESULT*	_____	_____	_____	RESULT .)))3)))1 * * * *
NEXT VISIT: DATE	_____	_____		TOTAL NO. +)), * * *
TIME	_____	_____		OF VISITS .)))-
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED (SPECIFY)				
LANGUAGE OF QUESTIONNAIRE**	ENGLISH			+)))0))), * 0 * 1! /)))3)))1 * * * *
LANGUAGE OF INTERVIEW**	.....			/)))3)))1 * * * *
RESPONDENT'S LOCAL LANGUAGE**	.....			.)))3)))1 * * *
TRANSLATOR USED (1=NOT AT ALL; 2=SOMETIME; 3=ALL THE TIME) . . . .	.....			.)))-
** LANGUAGE CODES: 01 ENGLISH 03 KAONDE 05 LUNDA 07 NYANJA 09 OTHER 02 BEMBA 04 LOZI 06 LUVALE 08 TONGA				

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ +)))0))) * * * DATE _____ .)))2))) -	NAME _____ +)))0))) * * * DATE _____ .)))2))) -	+)))0))), * * * .)))2)))-	+)))0))), * * * .)))2)))-

SECTION 1. RESPONDENT'S BACKGROUND

INFORMED CONSENT

Hello. My name is _____ and I am working with the Central Board of Health and the Central Statistical Office. We are conducting a national survey about the health of men, women and children. We would very much appreciate your participation in this survey. I would like to ask you some questions about yourself and your family. This information will help the government to plan health services. The survey usually takes about 30 to 40 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

We hope that you will participate in this survey since your views are important. At this time, do you want to ask me anything about the survey?

May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2)) ▶ END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR +)))0))), * * * MINUTES /)))3)))1 * * * .)))2)))-	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS +)))0))), * * * .)))2)))- ALWAYS 95 VISITOR 96)) ▶ 105	
104	Just before you moved here, did you live in Lusaka, in another city, in a town, or in the village?	LUSAKA 1 OTHER CITY 2 TOWN 3 VILLAGE 4	
105	In the last 12 months, have you ever traveled away from your home community and slept away?	YES 1 NO 2)) ▶ 108	
106	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TRIPS AWAY .. +)))0))), * * * .)))2)))-	
107	In the last 12 months, have you been away from your home community for more than 1 month at a time?	YES 1 NO 2	
108	In what month and year were you born?	MONTH +)))0))), * * * .)))2)))- DONT KNOW MONTH 98 YEAR +)))0)))0)))0))), * * * * * .)))2)))2)))2)))- DONT KNOW YEAR 9998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	How old were you at your last birthday? COMPARE AND CORRECT 108 AND/OR 109 IF INCONSISTENT.	AGE IN COMPLETED YEARS . * * * +)))0))), .)))2)))-	
110	Have you ever attended school?	YES 1 NO 2	)>114
111	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3	
112	What is the highest grade you completed at that level?	GRADE * * * +)))0))), .)))2)))-	
113	CHECK 111: PRIMARY +))), SECONDARY +))), /)))- OR HIGHER .)))2))))))))) ▼		)>117
114	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE)	
115	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES 1 NO 2	
116	CHECK 114: CODE '2' +))), CODE '1' +))), '3' OR '4' /)))- CIRCLED .)))2))))))))) CIRCLED ▼		)>118
117	Do you read a newspaper almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 ALMOST NEVER / NOT AT ALL 4	
118	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 ALMOST NEVER / NOT AT ALL 4	
119	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 ALMOST NEVER / NOT AT ALL 4	
120	Are you currently working?	YES 1 NO 2	)>123
121	Have you done any work in the last 12 months?	YES 1 NO 2	)>123
122	What have you been doing for most of the time over the last 12 months?	GOING TO SCHOOL/STUDYING 1 LOOKING FOR WORK 2 INACTIVE 3 COULD NOT WORK/HANDICAPPED ... 4 OTHER _____ 6 (SPECIFY)	), * * /*>129 *)-

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
123	What is your occupation, that is, what kind of work do you mainly do?	+)))0))), * * * _____ .)))2)))- _____ _____	
124	CHECK 123: WORKS IN +))), DOES NOT WORK +))), AGRICULTURE /)))- IN AGRICULTURE .)))2))))))))) ▼		) • 126
125	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4	
126	During the last 12 months, how many months did you work?	+)))0))), NUMBER OF MONTHS * * * _____ .)))2)))-	
127	Are you paid in cash or kind for this work, or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	) 2• 129
128	On average, how much of your household's expenditures do your earnings pay for: almost none, less than half, about half, more than half, or all?	ALMOST NONE 1 LESS THAN HALF 2 ABOUT HALF 3 MORE THAN HALF 4 ALL 5 NONE, HIS INCOME IS ALL SAVED 6	
129	What is your religion?	CATHOLIC 1 PROTESTANT 2 MUSLIM 3 OTHER _____ 6 (SPECIFY)	
130	What tribe do you belong to?	+)))0))), * * * _____ .)))2)))-	

* Examples:

- 1 - Children should go to school.
- 2 - Today is a sunny day.
- 3 - Birds fly in the sky.
- 4 - The child is reading a book.
- 5 - The rains came late this year.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
214	At the time when this child was born, were you married to the child's mother?	YES 1 NO 2	

SECTION 3. CONTRACEPTION

Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302 IF APPLICABLE.

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?	302 Have you ever used (METHOD)?	
01	FEMALE STERILISATION Women can have an operation to avoid having any more children.	YES 1 NO 2	
02	MALE STERILISATION Men can have an operation to avoid having any more children.	YES 1 NO 2), ▼	Have you ever had an operation to avoid having any more children? YES 1 NO 2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2	
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2	
05	INJECTABLES Women can have an injection by a health provider which stops them from becoming pregnant for one or more months.	YES 1 NO 2	
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2	
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2), ▼	YES 1 NO 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2	
09	FOAM TABLETS, DIAPHRAGM OR JELLY Women can place a suppository, jelly, diaphragm or cream in their vagina before intercourse.	YES 1 NO 2	
10	LACTATIONAL AMENORRHOEA METHOD (LAM) Up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned.	YES 1 NO 2	
11	RHYTHM OR NATURAL FAMILY PLANNING Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES 1 NO 2), ▼	YES 1 NO 2 DON'T KNOW 8
12	WITHDRAWAL Men can be careful and pull out before climax.	YES 1 NO 2), ▼	YES 1 NO 2
13	EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.	YES 1 NO 2	

14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1	
		(SPECIFY)	
		(SPECIFY) NO 2	

303	CHECK 301(01), 301(03), AND 301(05) :	
	<p>CODE '1' CIRCLED +), CODE '1' NOT +), FOR ANY METHOD /)- CIRCLED FOR)-)) 308 .)2)) ▼ ANY METHOD</p>	

304	Now I want to talk to you about contraceptive methods that women can use to delay or avoid becoming pregnant.	CHECK 301(03): KNOWS PILL	CHECK 301(05): KNOWS INJECTABLES	CHECK 301(01): KNOWS FEMALE STERILISATION
		<p>YES +)), NO +)), /))- .)2) ▶ ▼ GO TO 304 IN NEXT COLUMN</p>	<p>YES +)), NO +)), /))- .)2) ▶ ▼ GO TO 304 IN NEXT COLUMN</p>	<p>YES +)), NO +)), /))- .)2) ▶ ▼ GO TO 308</p>

		PILL	INJECTABLES	FEMALE STERILISATION
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305	In your opinion, is (METHOD) a good method for a couple to use if they want to plan their family?	<p>YES 1 NO 2), (SKIP TO 307))- DEPENDS/UP TO THEM 3), DONT KNOW 8)1 * (GO TO 304 IN)- NEXT COLUMN)</p>	<p>YES 1 NO 2), (SKIP TO 307))- DEPENDS/UP TO THEM 3), DONT KNOW 8)1 * (GO TO 304 IN)- NEXT COLUMN)</p>	In your opinion, is female sterilisation a good method for a couple to use if they do not want any more children? YES 1 NO 2), (SKIP TO 307))- DEPENDS/UP TO THEM . . 3), DONT KNOW 8)1 (SKIP TO 308))-)
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306	Why do you think (METHOD) is a good method for a couple to use if they want to plan their family? RECORD ALL REASONS MENTIONED.	<p>SIMPLE TO USE A), EFFECTIVE B)1 AFFORDABLE C)1 NO/FEW SIDE * EFFECTS D)1 CAN STOP WHEN * CHILDREN DESIRED . E)1 NO NEED FOR MEDICAL * PERSONNEL F)1 * OTHER _____ X)1 (SPECIFY) * DONT KNOW Y)1 * (GO TO 304 IN)- NEXT COLUMN)</p>	<p>SIMPLE TO USE A), EFFECTIVE B)1 AFFORDABLE C)1 NO/FEW SIDE * EFFECTS D)1 CAN BE STOPPED IF * CHILDREN DESIRED . . E)1 GET EVERY 2- 3 MONTHS, * NO DAILY WORRY . . . F)1 * OTHER _____ X)1 (SPECIFY) * DONT KNOW Y)1 * (GO TO 304 IN)- NEXT COLUMN)</p>	<p>Why do you think female sterilization is a good method for a couple to use if they do not want any more children? EFFECTIVE B), AFFORDABLE C)1 NO/FEW SIDE * EFFECTS D)1 NO RISK OF GETTING * PREGNANT AGAIN. . . . G)1 * OTHER _____ X)1 (SPECIFY) * DONT KNOW Y)1 (SKIP TO 308))-)</p>
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307	<p>Why do you think (METHOD) is not a good method for a couple to use if they want to plan their family?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>TOO EXPENSIVE A), AGAINST RELIGION . . . B)1 MAY HARM WOMEN'S * HEALTH C)1 HAS SIDE EFFECTS . . D)1 INCREASES * PROMISCUITY E)1 CAN CAUSE * STERILITY F)1 METHOD CAN FAIL G)1 BABY IN DANGER IF * PREGNANCY * OCCURS H)1 INVOLVES DOCTOR/ * MED. PERSONNEL I)* * OTHER _____ X)1 (SPECIFY) * DON'T KNOW Y)1 (GO TO 304 IN ◀)))))))- NEXT COLUMN)</p>	<p>TOO EXPENSIVE A), AGAINST RELIGION B)1 MAY HARM WOMEN'S * HEALTH C)1 HAS SIDE EFFECTS D)1 INCREASES * PROMISCUITY E)1 CAN CAUSE * STERILITY F)1 METHOD CAN FAIL G)1 BABY IN DANGER IF * PREGNANCY * OCCURS H)1 INVOLVES DOCTOR/ * MED. PERSONNEL I)1 * OTHER _____ X)1 (SPECIFY) * DON'T KNOW Y)1 (GO TO 304 IN ◀)))))))- NEXT COLUMN)</p>	<p>Why do you think female sterilization is not a good method for a couple to use if they do not want any more children?</p> <p>TOO EXPENSIVE A AGAINST RELIGION B MAY HARM WOMEN'S HEALTH C HAS SIDE EFFECTS D INCREASES PROMISCUITY E CANNOT HAVE CHILDREN AGAIN F METHOD CAN FAIL G INVOLVES DOCTOR/ MED. PERSONNEL I CAN LEAD TO MED. COMPLICATIONS J OTHER _____ X (SPECIFY) DON'T KNOW Y</p>
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316	<p>Have you ever experienced any problems with using condoms?</p> <p>IF YES: What problems have you experienced?</p> <p>PROBE: Any other problems?</p> <p>RECORD ALL PROBLEMS MENTIONED.</p>	<p>TOO EXPENSIVE A</p> <p>EMBARRASSING TO BUY/OBTAIN B</p> <p>DIFFICULT TO DISPOSE OF C</p> <p>DIFFICULT TO PUT ON/TAKE OFF D</p> <p>SPOILS THE MOOD E</p> <p>DIMINISHES PLEASURE F</p> <p>WIFE PARTNER OBJECTS/DOES NOT LIKE G</p> <p>WIFE/PARTNER GOT PREGNANT H</p> <p>INCONVENIENT TO USE/MESSY I</p> <p>CONDOM BROKE J</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO PROBLEM Y</p>	
317	<p>CHECK 314: CURRENT USE OF CONDOMS</p> <p>EVERY TIME +)), NOT AT ALL/ +)), OR SOMETIMES /)))- NOT HAVING SEX</p> <p>.)))2)))))</p>		) • 323
318	<p>What brand of condom do you usually use?</p> <p>ASK TO SEE CONDOM PACKET IF BRAND NOT KNOWN.</p>	<p>DUREX 01</p> <p>MAXIMUM 02</p> <p>JEANS 03</p> <p>PARROT 04</p> <p>AROUSER 05</p> <p>SULTAN 06</p> <p>PROTECTOR 07</p> <p>LOVERS PLUS 08</p> <p>CHISANGO 09</p> <p>GENERIC / NO BRAND 10</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DONT KNOW BRAND 98</p>	
319	<p>Where do you usually obtain the condoms?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____ (NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT HEALTH CENTRE .. 12</p> <p>HEALTH POST 13</p> <p>OTHER PUBLIC _____ 16 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / SURGERY ... 21</p> <p>MISSION HOSPITAL / SURGERY ... 22</p> <p>PHARMACY 23</p> <p>PRIVATE DOCTOR 24</p> <p>WORK PLACE 25</p> <p>OTHER PRIVATE MEDICAL _____ 26 (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 31</p> <p>COMMUNITY-BASED AGENT / HEALTH WORKER 32</p> <p>FRIEND/RELATIVE 33</p> <p>SCHOOL 34</p> <p>BAR, HOTEL 35</p> <p>OTHER _____ 96 (SPECIFY)</p>	
320	<p>How much do you usually pay for a packet of condoms?</p>	<p>+)0))0))0)), COST PER PACKET ... * * * * *</p> <p>.))2))2))2)))- FREE 9995) DONT KNOW 9998 )</p>	) • 323

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
321	How many condoms are in each packet?	+)))0)), NUMBER * * * .)))2)))-																													
321A	Would you prefer fewer condoms in each pack or more condoms in each pack or is it ok?	FEWER IN EACH PACK 1 MORE IN EACH PACK 2 OK AS IT IS 3																													
322	Do you think that at this price condoms are inexpensive, just affordable, or too expensive?	INEXPENSIVE 1 JUST AFFORDABLE 2 TOO EXPENSIVE 3																													
323	I will now read you some statements about condoms. Please tell me if you agree or disagree with each. a) Condoms decrease a man's sexual pleasure. b) Condoms are very inconvenient to use. c) A condom can be reused. d) Condoms are effective in preventing HIV and other diseases. e) A woman has no right to tell a man to use a condom. f) Condoms are effective in preventing pregnancy.	<table border="1"> <thead> <tr> <th></th> <th>AGREE</th> <th>DISAGREE</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f)</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		AGREE	DISAGREE	DK	a)	1	2	8	b)	1	2	8	c)	1	2	8	d)	1	2	8	e)	1	2	8	f)	1	2	8	
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f)	1	2	8																												
324	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. a) Contraception is women's business and a man should not have to worry about it. b) Being sterilized for a man is the same as being castrated. c) A woman is the one who gets pregnant so she should be the one to use family planning.	<table border="1"> <thead> <tr> <th></th> <th>AGREE</th> <th>DISAGREE</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c)</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		AGREE	DISAGREE	DK	a)	1	2	8	b)	1	2	8	c)	1	2	8													
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
414	In what month and year did you start living with your wife?	<p style="text-align: right;">+)))0)), * * *</p> MONTH))))2)))-	
414A	Now we will talk about your first wife. In what month and year did you start living with her?	<p style="text-align: right;">+)))0)))0)))0)), * * * * *</p> DON'T KNOW MONTH 98 YEAR ..... ))))2)))2)))2)))- DON'T KNOW YEAR 9998	)>416
415	How old were you when you started living with her?	<p style="text-align: right;">+)))0)), * * *</p> AGE ..... ))))2)))-	
416	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. How old were you when you first had sexual intercourse with a woman (if ever)?	<p style="text-align: right;">+)))0)), * * *</p> NEVER 00 AGE IN YEARS ..... ))))2)))- FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE 95	)>448
417	When was the last time you had sexual intercourse with a woman? RECORD 'YEARS AGO' IF LAST INTERCOURSE WAS 12 MONTHS OR MORE AGO.	<p style="text-align: right;">+)))0)), * * *</p> DAYS AGO 1 /)))3)))1 WEEKS AGO 2 * * * MONTHS AGO 3 /)))3)))1 YEARS AGO 4 * * *))))2)))-	)>448
418	The last time you had sexual intercourse with a woman, was a condom used?	<p style="text-align: right;">1 2</p> YES NO .....	)>420
419	What was the main reason you used a condom on that occasion?	<p style="text-align: right;">01 02 03 04 05 96 98</p> RESPONDENT WANTED TO PREVENT STD/HIV RESPONDENT WANTED TO PREVENT PREGNANCY RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY DID NOT TRUST PARTNER/FELT PARTNER HAD OTHER PARTNERS ... PARTNER REQUESTED/INSISTED OTHER _____ (SPECIFY) DON'T KNOW .....	)>424
420	What was the main reason you did not use a condom that time?	<p style="text-align: right;">01 02 03 04 05 06 07 08 96 98</p> NOT AVAILABLE AT PLACE WHERE USUALLY GETS THEM COST TOO MUCH / NO MONEY TRUSTED HIS PARTNER PARTNER TESTED NEGATIVE / NO RISK OF DISEASE RESPONDENT DOESN'T LIKE PARTNER OBJECTED / REFUSED PARTNER DRUNK / ON DRUGS WANTED TO GET PREGNANT OTHER _____ (SPECIFY) DON'T KNOW	
421	The last time you had sexual intercourse with a woman, did you or she use any method to avoid a pregnancy?	<p style="text-align: right;">1 2 8</p> YES NO UNSURE/DON'T KNOW .....	)>423)>424

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
422	<p>What method was used?</p> <p>IF MORE THAN ONE METHOD USED, RECORD THE HIGHEST METHOD ON THE LIST.</p>	<p>FEMALE STERILISATION 01)</p> <p>MALE STERILISATION 02 *</p> <p>PILL 03 *</p> <p>IUD 04 *</p> <p>INJECTABLES 05 *</p> <p>IMPLANTS 06 *</p> <p>FEMALE CONDOM 08 *</p> <p>DIAPHRAGM/FOAM/ JELLY 09 />424</p> <p>LACTATIONAL AMENORRHOEA 10 *</p> <p>RHYTHM/NATURAL FAMILY PLANNING 11 *</p> <p>WITHDRAWAL 12 *</p> <p>OTHER _____ 96 *</p> <p>(SPECIFY) _____ *</p> <p>DON'T KNOW 98)-</p>	
423	<p>What is the main reason a method was not used?</p>	<p>CASUAL SEX PARTNER SO DOES NOT CARE 11</p> <p>CONTRACEPTION IS WOMEN'S BUSINESS 12</p> <p>FERTILITY-RELATED REASONS</p> <p>PARTNER MENOPAUSAL / HAD HYSTERECTOMY 23</p> <p>COUPLE IS INFERTILE 24</p> <p>PARTNER WAS PREGNANT 25</p> <p>PARTNER WAS POSTPARTUM AMENORRHOEIC 26</p> <p>PARTNER WAS BREASTFEEDING. 27</p> <p>WANTED (MORE) CHILDREN 28</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED 31</p> <p>PARTNER OPPOSED 32</p> <p>OTHERS OPPOSED 33</p> <p>AGAINST RELIGION 34</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD 41</p> <p>KNOWS NO SOURCE 42</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS 51</p> <p>FEAR OF SIDE EFFECTS 52</p> <p>LACK OF ACCESS/TOO FAR 53</p> <p>COST TOO MUCH 54</p> <p>INCONVENIENT TO USE 55</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES 56</p> <p>OTHER _____ 96</p> <p>(SPECIFY) _____</p> <p>DON'T KNOW 98</p>	
424	<p>What is your relationship to the woman with whom you last had sex?</p> <p>IF WOMAN IS "GIRLFRIEND" OR "FIANCÉE", ASK:</p> <p>Was your girlfriend/fiancée living with you when you last had sex with her?</p> <p>IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.</p>	<p>WIFE/COHABITING PARTNER 01)</p> <p>WOMAN IS GIRLFRIEND/FIANCÉE 02)>426</p> <p>OTHER FRIEND 03</p> <p>CASUAL ACQUAINTANCE 04</p> <p>RELATIVE 05</p> <p>COMMERCIAL SEX CUSTOMER 06</p> <p>OTHER _____ 96</p> <p>(SPECIFY) _____</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
425	For how long have you had sexual relations with this woman?	+)))0))), DAYS 1 * * * /)))3)))1 WEEKS 2 * * * /)))3)))1 MONTHS 3 * * * /)))3)))1 YEARS 4 * * * .)))2)))-	
425A	How old is this woman?	+)))0))), AGE OF PARTNER * * * .)))2)))-	
426	Have you had sex with any other woman in the last 12 months?	YES 1 NO 2	)>445
427	The last time you had sexual intercourse with another woman, was a condom used?	YES 1 NO 2	)>429
428	What was the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STD/HIV 01 * RESPONDENT WANTED TO PREVENT PREGNANCY 02 * RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY ... 03 />433 DID NOT TRUST PARTNER/FELT PARTNER HAD OTHER PARTNERS 04 * PARTNER REQUESTED/INSISTED 05 * OTHER _____ 96 * (SPECIFY) DON'T KNOW 98 -	
429	What was the main reason you did not use a condom that time?	NOT AVAILABLE AT PLACE WHERE USUALLY GETS THEM 01 COST TOO MUCH / NO MONEY 02 TRUSTED HIS PARTNER 03 PARTNER TESTED NEGATIVE / NO RISK OF DISEASE 04 RESPONDENT DOESN'T LIKE 05 PARTNER OBJECTED / REFUSED 06 PARTNER DRUNK / ON DRUGS 07 WANTED TO GET PREGNANT 08 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
430	The last time you had sexual intercourse with this woman, did you or she use any method to avoid a pregnancy?	YES 1 NO 2 UNSURE/DON'T KNOW 8	)>432)>433
431	What method was used? IF MORE THAN ONE METHOD USED, RECORD THE HIGHEST METHOD ON THE LIST.	FEMALE STERILISATION 01 MALE STERILISATION 02 PILL 03 IUD 04 INJECTABLES 05 IMPLANTS 06 FEMALE CONDOM 08 DIAPHRAGM/FOAM/JELLY 09 />433 LACTATIONAL AMENORRHOEA 10 RHYTHM/NATURAL FAMILY PLANNING 11 WITHDRAWAL 12 OTHER _____ 96 (SPECIFY) DON'T KNOW 98 -	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
432	What is the main reason a method was not used?	CASUAL SEX PARTNER SO DOES NOT CARE 11 CONTRACEPTION IS WOMEN'S BUSINESS 12 FERTILITY-RELATED REASONS PARTNER MENOPAUSAL / HAD HYSTERECTOMY 23 COUPLE IS INFERTILE 24 PARTNER WAS PREGNANT 25 PARTNER WAS POSTPARTUM AMENORRHOEIC 26 PARTNER WAS BREASTFEEDING. ... 27 WANTED (MORE) CHILDREN 28 OPPOSITION TO USE RESPONDENT OPPOSED 31 PARTNER OPPOSED 32 OTHERS OPPOSED 33 AGAINST RELIGION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 METHOD-RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR 53 COST TOO MUCH 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
433	What is your relationship to this woman? IF WOMAN IS "GIRLFRIEND" OR "FIANCÉE", ASK: Was your girlfriend/fiancée living with you when you last had sex with her? IF YES, CIRCLE '01' IF NO, CIRCLE '02'	WIFE/COHABITING PARTNER 01 WOMAN IS GIRLFRIEND/FIANCÉE 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE 05 COMMERCIAL SEX CUSTOMER 06 OTHER _____ 96 (SPECIFY)	) > 435
434	For how long have you had sexual relations with this woman?	DAYS 1 * * * WEEKS 2 * * * MONTHS 3 * * * YEARS 4 * * * .)))2))) -	
434A	How old is this woman?	AGE OF PARTNER * * * .)))2))) -	
435	Other than these two women, have you had sex with any other woman in the last 12 months?	YES 1 NO 2	) > 445
436	The last time you had sexual intercourse with this third woman, was a condom used?	YES 1 NO 2	) > 438

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
437	What was the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STD/HIV 01 RESPONDENT WANTED TO PREVENT A PREGNANCY 02 RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY ... 03 DID NOT TRUST PARTNER/FELT PARTNER HAD OTHER PARTNERS 04 PARTNER REQUESTED/INSISTED 05 OTHER _____ 96 (SPECIFY) DONT KNOW 98	, * * * * * / > 442 * * * * * -
438	What was the main reason you did not use a condom that time?	NOT AVAILABLE AT PLACE WHERE USUALLY GETS THEM 01 COST TOO MUCH / NO MONEY 02 TRUSTED HIS PARTNER 03 PARTNER TESTED NEGATIVE / NO RISK OF DISEASE 04 RESPONDENT DOESN'T LIKE 05 PARTNER OBJECTED / REFUSED 06 PARTNER DRUNK / ON DRUGS 07 WANTED TO GET PREGNANT 08 OTHER _____ 96 (SPECIFY) DONT KNOW 98	
439	The last time you had sexual intercourse with this woman, did you or she do something or use any method to avoid a pregnancy?	YES 1 NO 2 UNSURE/DONT KNOW 8	) > 441) > 442
440	What method was used? IF MORE THAN ONE METHOD USED, RECORD THE HIGHEST METHOD ON THE LIST.	FEMALE STERILISATION 01 MALE STERILISATION 02 PILL 03 IUD 04 INJECTABLES 05 IMPLANTS 06 FEMALE CONDOM 08 DIAPHRAGM/FOAM/JELLY 09 LACTATIONAL AMENORRHOEA 10 RHYTHM/NATURAL FAMILY PLANNING 11 WITHDRAWAL 12 OTHER _____ 96 (SPECIFY) DONT KNOW 98	, * * * * * * / > 442 * * * * * -

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
441	What is the main reason a method was not used?	CASUAL SEX PARTNER SO DOES NOT CARE 11 CONTRACEPTION IS WOMEN'S BUSINESS 12 FERTILITY-RELATED REASONS PARTNER MENOPAUSAL / HAD HYSTERECTOMY 23 COUPLE IS INFERTILE 24 PARTNER WAS PREGNANT 25 PARTNER WAS POSTPARTUM AMENORRHOEIC 26 PARTNER WAS BREASTFEEDING. ... 27 WANTED (MORE) CHILDREN 28 OPPOSITION TO USE RESPONDENT OPPOSED 31 PARTNER OPPOSED 32 OTHERS OPPOSED 33 AGAINST RELIGION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 METHOD-RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR 53 COST TOO MUCH 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
442	What is your relationship to this woman? IF WOMAN IS "GIRLFRIEND" OR "FIANCÉE", ASK: Was your girlfriend/fiancée living with you when you last had sex with her? IF YES, CIRCLE '01' IF NO, CIRCLE '02'	WIFE/COHABITING PARTNER 01 WOMAN IS GIRLFRIEND/FIANCÉE 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE 05 COMMERCIAL SEX CUSTOMER 06 OTHER _____ 96 (SPECIFY)	)) > 444
443	For how long have you had sexual relations with this woman?	DAYS 1 * * * WEEKS 2 * * * MONTHS 3 * * * YEARS 4 * * * .)))2)))-	+)))0))), /)))3)))1
443A	How old is this woman?	AGE OF PARTNER * * * .)))2)))-	+)))0))), /)))3)))1
444	In the last 12 months, how many women have you had sex with?	NUMBER OF PARTNERS * * * .)))2)))-	+)))0))), /)))3)))1
445	Have you ever paid for sex?	YES 1 NO 2	)) > 448

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
446	How long ago was the last time you paid for sex?	+))0)), DAYS AGO 1 * * * /))3))1 WEEKS AGO 2 * * * /))3))1 MONTHS AGO 3 * * * /))3))1 YEARS AGO 4 * * * .))2))-	
447	The last time that you paid for sex, was a condom used?	YES 1 NO 2	
448	CHECK 319: SOURCE OF CONDOMS SOURCE +), SOURCE +), NOT CIRCLED /)- CIRCLED .)2))))))))))))))))))))))))))))))))))))))))))))))		) • 450
449	Do you know of a place where a person can get male condoms?	YES 1 NO 2	) • 453
450	What places do you know of where a person can get male condoms? IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) PROBE: Any other place? RECORD ALL PLACES MENTIONED.	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVERNMENT HEALTH CENTER B GOV'T HEALTH POST. C OTHER PUBLIC _____ D (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/SURGERY E MISSION HOSPITAL/SURGERY F PHARMACY G PRIVATE DOCTOR H WORK PLACE I OTHER PRIVATE MEDICAL _____ J (SPECIFY) OTHER SOURCE SHOP K COMMUNITY-BASED AGENT L FRIENDS/RELATIVES M SCHOOL N BAR / HOTEL O OTHER _____ X (SPECIFY)	
451	If you wanted to, could you yourself get a male condom?	YES 1 NO 2 DON'T KNOW/UNSURE 8	) • 453
452	Why not?	NO MONEY / TOO EXPENSIVE 1 EMBARRASSED 2 NO TRANSPORT 3 OTHER _____ 6 (SPECIFY)	
453	Do you think you could talk with your partner about using condoms?	YES 1 NO 2 DON'T KNOW/UNSURE 8	
454	Have you ever seen or heard any messages about the MAXIMUM male condom?	YES 1 NO 2	) • 456

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
455	Where have you seen or heard messages about Maximum condoms? RECORD ALL MENTIONED.	RADIO A TV B SHOP C LEAFLETS/BOOKLETS D POSTER E COMMUNITY-BASED AGENT/ HEALTH WORKER F OTHER _____ X (SPECIFY)	
456	CHECK 301 (08): EVER HEARD OF FEMALE CONDOM: CODE '1' +), CODE '2' +), CIRCLED /)- CIRCLED .)2)))))))))))))))))))))))))))))))))))))))))))))))))))))) ▼		) )>501
457	Do you know of a place where a person can get female condoms?	YES 1 NO 2	) )>459
458	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) PROBE: Any other place? RECORD ALL PLACES MENTIONED.	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVERNMENT HEALTH CENTER B GOV'T HEALTH POST. C OTHER PUBLIC _____ D (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/SURGERY E MISSION HOSPITAL/SURGERY F PHARMACY G PRIVATE DOCTOR H WORK PLACE I OTHER PRIVATE MEDICAL _____ J (SPECIFY) OTHER SOURCE SHOP K COMMUNITY-BASED AGENT L FRIENDS/RELATIVES M SCHOOL N BAR / HOTEL O OTHER _____ X (SPECIFY)	
459	Which brand of female condom have you heard of?	CARE A FEMIDOM B NONE C OTHER _____ X (SPECIFY)	), *)>501)-
460	Where have you seen or heard messages about the CARE female condom? RECORD ALL MENTIONED.	RADIO A TV B SHOP C LEAFLETS/BOOKLETS D POSTER E COMMUNITY-BASED AGENT/ HEALTH WORKER F OTHER _____ X (SPECIFY)	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	<p>CHECK 203 AND 205:</p> <p>You told me that you have TOTAL _____ children. Would you like to have a (another) child or would you prefer not to have any more children at all?</p>	<p>HAVE A/ANOTHER CHILD 1</p> <p>NO MORE/NONE 2</p> <p>WIFE INFERTILE OR STERILISED 3</p> <p>UNDECIDED/DONT KNOW 8</p>	<p>) ,</p> <p>*</p> <p>) 2) ▶ 503</p>
502	<p>How long would you like to wait from now before the birth of (a/another) child ?</p>	<p>MONTHS 1 * * *</p> <p>YEARS 2 * * *</p> <p>SOON/NOW 993</p> <p>AFTER MARRIAGE 995</p> <p>OTHER _____ 996</p> <p>(SPECIFY)</p> <p>DONT KNOW 998</p>	<p>+))0)),</p> <p>/))3))1</p> <p>.))2))-</p>
503	<p>Do you think you will use a contraceptive method to avoid pregnancy at any time in the future?</p>	<p>YES 1</p> <p>NO 2</p> <p>DONT KNOW/UNSURE 8</p>	<p>) ,</p> <p>) 2) ▶ 505</p>
504	<p>Which contraceptive method would you prefer to use?</p>	<p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTABLES 05</p> <p>IMPLANTS 06</p> <p>CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM/FOAM/JELLY 09</p> <p>LACTATIONAL AMENORRHEA 10</p> <p>RHYTHM/NATURAL FAM. PLANNING .. 11</p> <p>WITHDRAWAL 12</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>UNSURE 98</p>	<p>) ,</p> <p>*</p> <p>*</p> <p>*</p> <p>*</p> <p>*</p> <p>*</p> <p>*</p> <p>/ ▶ 507</p> <p>*</p> <p>*</p> <p>*</p> <p>*</p> <p>*</p> <p>*</p> <p>*</p> <p>-</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
511	Now I want to ask you about your wife's/partner's views on family planning. Do you think that your wife/partner approves or disapproves of couples using a contraceptive method to avoid pregnancy? IF MORE THAN ONE WIFE, ASK ABOUT THE YOUNGEST.	APPROVES 1 DISAPPROVES 2 DON'T KNOW 8	
512	How often have you talked to your wife/partner about family planning in the past year?	NEVER 1 ONCE OR TWICE 2 MORE OFTEN 3	
513	Do you think your wife/partner wants the same number of children that you want, or does she want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8	
514	In the last few months have you heard about family planning: On the radio? On the television? In a newspaper or magazine?	YES NO RADIO 1 2 TELEVISION 1 2 NEWSPAPER OR MAGAZINE ... 1 2	
515	Have you ever heard of an oral contraceptive pill called Safeplan?	YES 1 NO 2 NOT SURE 8	
516	In the last six months, have you listened to the following programs on the radio: Your Health Matters? Lifeline? AIDS and the Family? Our Neighbourhood?	YES NO YOUR HEALTH MATTERS 1 2 LIFELINE 1 2 AIDS AND THE FAMILY 1 2 OUR NEIGHBORHOOD 1 2	
517	In the last six months, have you seen any of the following programs on television: Your Health Matters? Lifeline? Soul City? X-Plosion?	YES NO YOUR HEALTH MATTERS 1 2 LIFELINE 1 2 SOUL CITY 1 2 X-PLOSION 1 2	
518	Have you ever seen a newspaper called "Trendsetters" aimed at young people?	YES 1 NO 2 DON'T KNOW 8	
519	Is there a Neighborhood Health Committee (NHC) in your neighborhood?	YES 1 NO 2 DON'T KNOW 8	2-601
520	Have you ever attended a meeting organized by the NHC?	YES 1 NO 2	

SECTION 6. HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 209: HAS HAD ONE OR MORE CHILDREN +))), /))) - .)))2))))))))) HAS NOT HAD ANY CHILDREN +))), CHILDREN		) * 604
602	Now I want to talk to you about some common childhood illnesses. When a child has diarrhoea, should he/she be given less to drink than usual, about the same amount, or more than usual?	LESS 1 ABOUT THE SAME 2 MORE 3 DON'T KNOW 8	
603	When a child is sick with a fever, what signs of illness would tell you that he or she should be taken to a health facility or health worker? PROBE: Any other signs? RECORD ALL SIGNS MENTIONED.	FEVER FOR 2 OR MORE DAYS A SEIZURES / SHAKING B CHEST INDRAWING C NOT EATING / NOT DRINKING WELL D GETTING SICKER / VERY SICK E NOT GETTING BETTER F OTHER _____ X (SPECIFY) DON'T KNOW ANY SIGNS Z	
604	Do you currently smoke cigarettes or tobacco? IF YES: What type of tobacco do you smoke? RECORD ALL TYPES MENTIONED.	YES, CIGARETTES A YES, PIPE B YES, OTHER TOBACCO C NO Y	
605	CHECK 604: CODE 'A' +))), CIRCLED /))) - .)))2))))))))) CODE 'A' NOT +))), CIRCLED		) * 607
606	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES +)))0))), * * * .)))2))))-	
607	Have you ever drunk an alcohol-containing beverage?	YES 1 NO 2	) * 701
608	In the last 3 months, on how many days did you drink an alcohol-containing beverage? IF EVERY DAY, RECORD '90'.	NUMBER OF DAYS +)))0))), * * * .)))2))))- NONE 95	
609	Have you ever gotten "drunk" from drinking an alcohol-containing beverage?	YES 1 NO 2	) * 701
610	CHECK 608: DRANK ALCOHOL ON AT LEAST ONE DAY +))), /))) - .)))2))))))))) NONE +))),		) * 701
611	In the last 3 months, on how many occasions did you get "drunk"?	NUMBER OF TIMES +)))0))), * * * .)))2))))- NONE 95	

SECTION 7. AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Now I would like to talk about something else. Have you ever heard of a disease called AIDS?	YES 1 NO 2	) -724
702	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES 1 NO 2 DONT KNOW 8	), 2-709
703	What can a person do? Anything else? RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEX A USE CONDOMS B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER C LIMIT NUMBER OF SEXUAL PARTNERS .. D AVOID SEX WITH PROSTITUTES E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS F AVOID SEX WITH HOMOSEXUALS G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY H AVOID BLOOD TRANSFUSIONS I AVOID INJECTIONS J AVOID SHARING RAZORS/BLADES K AVOID KISSING L AVOID MOSQUITO BITES M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER N OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DONT KNOW Z	
704	Can people reduce their chances of getting the AIDS virus by having just one sex partner who has no other partners?	YES 1 NO 2 DONT KNOW 8	
705	Can a person get the AIDS virus from mosquito bites?	YES 1 NO 2 DONT KNOW 8	
706	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DONT KNOW 8	
707	Can a person get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DONT KNOW 8	
709	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DONT KNOW 8	
710	Do you know someone personally who has the virus that causes AIDS or someone who died of AIDS?	YES 1 NO 2	
711	Can the virus that causes AIDS be transmitted from a mother to a child?	YES 1 NO 2 DONT KNOW 8	), 2-713
712	Can the virus that causes AIDS be transmitted from a mother to her child... During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREGNANCY 1 2 8 DURING DELIVERY 1 2 8 BY BREASTFEEDING 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
712A	Is there anything that can be done to reduce the chances that a mother would transmit the AIDS virus to her child?	YES 1 NO 2 DONT KNOW 8	
713	CHECK 401: YES, CURRENTLY +)), MARRIED/LIVING /)))- .)))2))))))))) WITH A WOMAN ▽	NO, NOT IN UNION +)),	)>715
714	Have you ever talked with your wife/the woman you are living with about ways to prevent getting the virus that causes AIDS? IF MORE THAN ONE WIFE, ASK ABOUT ANY OF HIS WIVES.	YES 1 NO 2	
715	In your opinion, is it acceptable or unacceptable for condoms to be discussed: on the radio? on the TV? in newspapers?	ACCEPT- NOT ABLE ACCEPT- ABLE ON THE RADIO 1 2 ON THE TV 1 2 IN NEWSPAPERS 1 2	
716	If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret or not?	YES 1 NO 2 DONT KNOW/UNSURE 8	
717	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES 1 NO 2 DONT KNOW/UNSURE/DEPENDS 8	
718	If a worker is sick with AIDS, should he/she be allowed to work?	ALLOWED TO WORK 1 NOT ALLOWED TO WORK 2 DONT KNOW/UNSURE/DEPENDS 8	
718A	If you knew that a shopkeeper or food seller had the AIDS virus, would you buy food items from them?	YES 1 NO 2 DONT KNOW/UNSURE/DEPENDS 8	
718B	In the last six months, have you seen any adverts about sexual abstinence, condom use or HIV/AIDS?	YES 1 NO 2 DONT KNOW/NOT SURE 8	) , 2>719
718C	Can you describe which ones? DO NOT READ RESPONSES TO RESPONDENT. RECORD ALL MENTIONED.	YOU CLEVER GIRL A BOYS SAYING WHY THEY ABSTAIN FROM SEX B SAY NO TO SEX/VIRGIN POWER/ VIRGIN PRIDE C ICE IS AT BRAII/ ICE GETS STD D ICE FIXING CAR/FRIEND TELLS HIM TO USE CONDOM EVERY TIME E CHRISTINE BRAIDING HAIR/FRIENDS SAY USE CONDOM F BOYS PLAYING BASKETBALL/ONE HIV+/ CAN'T TELL WHICH ONE G GIRLS WALKING/ONE HIV+/ CAN'T TELL WHICH ONE H OTHER _____ X (SPECIFY)	
719	Should youth age 12-14 years be taught about using a condom to avoid AIDS?	YES 1 NO 2 DONT KNOW/UNSURE/DEPENDS 8	
719A	Do you think your chances of getting AIDS are small, moderate, great, or do you think that you have no chance of getting it at all?	SMALL 1 MODERATE 2 GREAT 3 NO RISK AT ALL 4 HAS AIDS 5	)>720)>720)>720

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
719B	Why do you think your chances of getting AIDS are low? RECORD ALL MENTIONED.	ABSTAINS FROM SEX A USES CONDOMS B HAS ONLY 1 SEX PARTNER C LIMITED NUMBER OF PARTNERS D PARTNER HAS NO OTHER PARTNERS .. E NO TRANSFUSIONS/INJECTIONS F OTHER _____ X (SPECIFY)	
720	Have you ever been tested to see if you have the AIDS virus?	YES 1 NO 2	) • 723A
721	Would you want to be tested for the AIDS virus?	YES 1 NO 2 DONT KNOW/UNSURE/DEPENDS 8	
722	Do you know a place where you could go to get an AIDS test?	YES 1 NO 2	) • 724
723 723A	Where can you go for the test? RECORD ONLY FIRST RESPONSE GIVEN. Where did you go for the test? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVERNMENT HEALTH CENTER 12 HEALTH POST 13 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE/ MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 MISSION HOSPITAL/CLINIC 22 PHARMACY 23 PRIVATE DOCTOR 24 WORK PLACE 25 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER _____ 96 (SPECIFY)	
724	(Apart from AIDS), have you heard about other infections that can be transmitted through sexual contact?	YES 1 NO 2	) • 727
725	If a man has a sexually transmitted disease, what symptoms might he have? Any others? RECORD ALL SYMPTOMS MENTIONED.	ABDOMINAL PAIN A GENITAL DISCHARGE/DRIPPING B FOUL SMELLING DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMMATION IN GENITAL AREA E SWELLING IN GENITAL AREA F GENITAL SORES/SULCERS G GENITAL WARTS H GENITAL ITCHING I BLOOD IN URINE J LOSS OF WEIGHT K IMPOTENCE L OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) NO SYMPTOMS Y DONT KNOW Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
726	<p>If a woman has a sexually transmitted disease, what symptoms might she have?</p> <p>Any others?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p>	<p>ABDOMINAL PAIN A</p> <p>GENITAL DISCHARGE B</p> <p>FOUL SMELLING DISCHARGE C</p> <p>BURNING PAIN ON URINATION D</p> <p>REDNESS/INFLAMMATION IN GENITAL AREA E</p> <p>SWELLING IN GENITAL AREA F</p> <p>GENITAL SORES/ULCERS G</p> <p>GENITAL WARTS H</p> <p>GENITAL ITCHING I</p> <p>BLOOD IN URINE J</p> <p>LOSS OF WEIGHT K</p> <p>HARD TO GET PREGNANT/HAVE A CHILD L</p> <p>OTHER _____ W (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO SYMPTOMS Y</p> <p>DON'T KNOW Z</p>	
727	<p>CHECK 416:</p> <p>HAS HAD SEXUAL INTERCOURSE +))), HAS NOT HAD SEXUAL INTERCOURSE +))), .))))2))))))))) ▼</p>		) • 801
728	<p>Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a sexually-transmitted disease?</p>	<p>YES 1</p> <p>NO 2</p> <p>DONT KNOW 8</p>	
729	<p>Sometimes, men experience a discharge from their penis. During the last 12 months, have you had a discharge from your penis?</p>	<p>YES 1</p> <p>NO 2</p> <p>DONT KNOW 8</p>	
730	<p>Sometimes men have a sore or ulcer on or near their penis. During the last 12 months, have you had a sore or ulcer on or near your penis?</p>	<p>YES 1</p> <p>NO 2</p> <p>DONT KNOW 8</p>	
731	<p>CHECK 728/729/730:</p> <p>HAS HAD AN INFECTION +))), HAS NOT HAD AN INFECTION OR DOES NOT KNOW +))), .))))2))))))))) ▼</p>		) • 801
732	<p>The last time you had (a sexually transmitted disease/discharge/sore), did you seek any kind of advice or treatment?</p>	<p>YES 1</p> <p>NO 2</p>	) • 734
733	<p>The last time you had (a sexually transmitted disease/discharge/sore), did you do any of the following? Did you....</p> <p>Go to a clinic, hospital or private doctor?</p> <p>Consult a traditional healer?</p> <p>Seek advice or buy medicines in a shop or pharmacy?</p> <p>Ask for advice from friends or relatives?</p>	<p>YES NO</p> <p>CLINIC/HOSPITAL 1 2</p> <p>TRADITIONAL HEALER 1 2</p> <p>SHOP/PHARMACY 1 2</p> <p>FRIENDS/RELATIVES 1 2</p>	
734	<p>When you had (a sexually transmitted disease/discharge/sore), did you inform the person(s) with whom you were having sex?</p>	<p>YES 1</p> <p>NO 2</p> <p>SOME/ NOT ALL 3</p> <p>DID NOT HAVE A PARTNER 4</p>	) • 801
735	<p>When you had (a sexually transmitted disease/discharge/sore), did you do anything to avoid infecting your sexual partner(s)?</p>	<p>YES 1</p> <p>NO 2</p> <p>PARTNER(S) ALREADY INFECTED 3</p>	) • 801

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
736	What did you do to avoid infecting your partner(s)? Did you.... Use medicine? Stop having sex? Use a condom when having sex?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>USE MEDICINE</td> <td>1</td> <td>2</td> </tr> <tr> <td>STOP SEX</td> <td>1</td> <td>2</td> </tr> <tr> <td>USE CONDOM</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	USE MEDICINE	1	2	STOP SEX	1	2	USE CONDOM	1	2	
	YES	NO													
USE MEDICINE	1	2													
STOP SEX	1	2													
USE CONDOM	1	2													

SECTION 8. ATTITUDES TOWARD WOMEN

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP	
801	<p>In a couple, who do you think should have the greater say in each of the following decisions: the husband, the wife or both equally:</p> <p>a) making large household purchases?</p> <p>b) deciding when to visit family, friends or relatives?</p> <p>c) deciding what to do with the money she earns for her work?</p> <p>d) deciding how many children to have and when to have them?</p>	HUSB- AND	WIFE	BOTH	DONT KNOW/ DEPENDS		
		a)	1	2	3	8	
		b)	1	2	3	8	
		c)	1	2	3	8	
		d)	1	2	3	8	
802	<p>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:</p> <p>If she goes out with another man?</p> <p>If she neglects the children?</p> <p>If she argues with him?</p> <p>If she refuses to have sex with him?</p> <p>If she cooks bad food or the food is late?</p>		YES	NO	DK		
		GOES WITH MAN	1	2	8		
		NEGL CHILDREN	1	2	8		
		ARGUES	1	2	8		
		REFUSES SEX	1	2	8		
		BAD/LATE FOOD	1	2	8		
803	<p>Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when:</p> <p>She knows her husband has a sexually transmitted disease?</p> <p>She knows her husband has sex with other women?</p> <p>She has recently given birth?</p> <p>She is tired or not in the mood?</p>		YES	NO	DK		
		HAS STD	1	2	8		
		OTHER WOMEN	1	2	8		
		RECENT BIRTH	1	2	8		
		TIRED/MOOD	1	2	8		
804	<p>Do you think that if a woman refuses to have sex with her husband when he wants her to, he has the right to...</p> <p>Get angry and reprimand her?</p> <p>Refuse to give her money or other means of financial support?</p> <p>Use force and have sex with her even if she doesn't want to?</p> <p>Go and have sex with another woman?</p>		YES	NO	DK		
		GET ANGRY	1	2	8		
		REFUSE MONEY	1	2	8		
		RAPE HER	1	2	8		
		ANOTHER WOMAN.	1	2	8		
805	RECORD THE TIME.	<p>HOUR</p> <p>MINUTES</p>			<p>+)))0)), * * * /)))3)))1 * * * .)))2))-</p>		