

# **2014-2015 Fifth Rwanda Demographic and Health Survey (RDHS V)**

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## **Interviewer's Manual**

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**ICF Macro  
Calverton, Maryland**

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MEASURE DHS is a five-year project to assist institutions in collecting and analyzing data needed to plan, monitor, and evaluate population, health, and nutrition programs. MEASURE DHS is funded by the U.S. Agency for International Development (USAID). The project is implemented by ICF Macro in Calverton, Maryland, in partnership with the Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs, the Program for Appropriate Technology in Health (PATH), Futures Institute, Camris International, and Blue Raster.

The main objectives of the MEASURE DHS program are to: 1) provide improved information through appropriate data collection, analysis, and evaluation; 2) improve coordination and partnerships in data collection at the international and country levels; 3) increase host-country institutionalization of data collection capacity; 4) improve data collection and analysis tools and methodologies; and 5) improve the dissemination and utilization of data.

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# TABLE OF CONTENT

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<b>0.</b>	<b>INTRODUCTION .....</b>	<b>1</b>
<b>A.</b>	<b>Survey Objectives.....</b>	<b>1</b>
<b>B.</b>	<b>DHS Sample.....</b>	<b>1</b>
	C. SURVEY ORGANIZATION .....	2
	D. SURVEY QUESTIONNAIRES .....	3
	E. INTERVIEWER'S ROLE .....	4
	F. TRAINING OF INTERVIEWERS .....	5
	G. SUPERVISION OF INTERVIEWERS.....	5
	H. DHS REGULATIONS .....	6
	I. SEXUAL HARASSMENT .....	6
<b>I.</b>	<b>CONDUCTING AN INTERVIEW .....</b>	<b>8</b>
	A. BUILDING RAPPORT WITH THE RESPONDENT .....	8
	1. Make a good first impression.....	8
	2. Obtain respondent(s) consent to be interviewed.....	8
	3. Always have a positive approach.....	8
	4. Confidentiality of responses when necessary. ....	8
	5. Answer any questions from the respondent frankly. ....	9
	6. Interview the respondent alone. ....	9
	B. TIPS FOR CONDUCTING THE INTERVIEW .....	9
	1. Be neutral throughout the interview. ....	9
	3. Do not change the wording or sequence of questions.....	10
	4. Handle hesitant respondents tactfully. ....	10
	5. Do not form expectations.....	11
	6. Do not hurry the interview.....	11
	C. LANGUAGE OF THE INTERVIEW .....	11
<b>II.</b>	<b>FIELDWORK PROCEDURES.....</b>	<b>12</b>
	A. PREPARATORY ACTIVITIES AND ASSIGNMENT SHEETS.....	12
	1. Interviewer's Assignment Sheets.....	12
	2. Making callbacks .....	13
	3. Keeping questionnaires confidential.....	13
	4. Supplies and documents needed for fieldwork .....	14
	B. CONTACTING HOUSEHOLDS AND ELIGIBLE RESPONDENTS .....	14
	1. Locating sample households .....	14
	2. Problems in contacting a household .....	15
	3. Identifying eligible respondents.....	16
	4. Problems in obtaining individual interviews .....	16
	C. CHECKING COMPLETED QUESTIONNAIRES.....	17
	D. RETURNING WORK ASSIGNMENTS .....	17
	E. DATA QUALITY.....	18
<b>III.</b>	<b>GENERAL PROCEDURES FOR COMPLETING THE QUESTIONNAIRE..</b>	<b>19</b>
	A. ASKING QUESTIONS .....	19
	1. Parentheses that indicate a choice must be made: .....	19
	2. Parentheses that indicate a substitution must be made: .....	19
	3. Parentheses that indicate an additional word may be needed: .....	20
	B. RECORDING RESPONSES .....	20
	1. Questions with precoded responses .....	20
	2. Recording responses that are not precoded.....	21

3.	Marking filters .....	22
C.	CORRECTING MISTAKES .....	22
D.	FOLLOWING INSTRUCTIONS .....	23
1.	Skip instructions.....	23
2.	Filters .....	23
<b>IV.</b>	<b>HOUSEHOLD QUESTIONNAIRE.....</b>	<b>24</b>
A.	IDENTIFICATION OF HOUSEHOLD ON THE COVER PAGE .....	24
B.	COMPLETING THE HOUSEHOLD QUESTIONNAIRE.....	24
	Household schedule (qs. 1- 22).....	25
	Household characteristics (qs. 101-140).....	29
	Domestic violence grid (q. 141m and 141w).....	37
	Anthropometry, Anemia, Malaria and HIV testing (qs. 201-410).....	37
C.	RETURN TO COVER PAGE .....	38
<b>V.</b>	<b>WOMAN’S QUESTIONNAIRE .....</b>	<b>41</b>
	COVER PAGE .....	41
	SECTION 1: RESPONDENT’S BACKGROUND.....	41
	SECTION 2: REPRODUCTION .....	48
	SECTION 3: CONTRACEPTION .....	59
	SECTION 4: PREGNANCY AND POSTNATAL CARE .....	68
	SECTION 5: CHILD IMMUNIZATION, HEALTH AND NUTRITION AND EARLY CHILD DEVELOPMENT .....	75
	SECTION 6: MARRIAGE AND SEXUAL ACTIVITY .....	87
	SECTION 7: FERTILITY PREFERENCES .....	92
	SECTION 9: HIV/AIDS.....	98
	SECTION 10: OTHER HEALTH ISSUES.....	102
N.	INTERVIEWER’S OBSERVATIONS .....	113
O.	CALENDAR.....	113
<b>VI.</b>	<b>MAN’S QUESTIONNAIRE .....</b>	<b>131</b>
	SECTION 1: RESPONDENT’S BACKGROUND.....	132
	SECTION 2: REPRODUCTION .....	132
	SECTION 3: CONTRACEPTION .....	133
	SECTION 4: MARRIAGE AND SEXUAL ACTIVITY .....	134
	SECTION 5: FERTILITY PREFERENCES.....	136
	SECTION 6: EMPLOYMENT AND GENDER ROLES .....	136
	SECTION 7: HIV/AIDS.....	137
	SECTION 8: OTHER HEALTH ISSUES.....	137
	SECTION 9: MALE DOMESTIC VIOLENCE.....	137

## **0. INTRODUCTION**

The 2014-2015 Rwanda Demographic and Health Survey is a national sample survey designed to provide information on population, family planning, maternal and child health, child survival, HIV/AIDS and sexually transmitted infections (STIs), reproductive health, and nutrition in Rwanda. The RDHS-V will involve interviewing a randomly selected group of women who are between 15 and 49 years of age. Additionally, a sub-sample of randomly selected men between 15 and 59 years of age will be interviewed in one household in every two selected for the female survey.

These respondents will be asked questions about their background, the children they have given birth to, their knowledge and use of family planning methods, the health of their children, their awareness of HIV/AIDS and sexually transmissible diseases, domestic violence, and other information that will be helpful to policy makers and administrators in health and family planning fields.

You are being trained as an interviewer for the RDHS-V. After the training course, which will take about four weeks to complete, selected interviewers will be working in teams, going to different parts of the country to interview households and women and men in these households. This is called fieldwork. Depending on the areas assigned to your team and on how well you perform the tasks given to you, you may be working on the DHS for up to five months. However, we have recruited more interviewers to participate in the training course than are needed to do the work, and at the end of the course, we will be selecting the best qualified among you to work as interviewers. Those not selected may be retained as alternates or data entry staff.

During the training course, you will listen to lecturers about how to fill in the questionnaires correctly. You will also conduct practice interviews with other trainees and with strangers. You will be given periodic tests, and the questionnaires that you complete will be edited to check for completeness and accuracy.

You should study this manual and learn its contents since this will reduce the amount of time needed for training and will improve your chances of being selected as an interviewer.

### **A. SURVEY OBJECTIVES**

The Rwanda DHS is part of a worldwide survey program. The international MEASURE DHS program is designed to:

- Assist countries in conducting household sample surveys to periodically monitor changes in population, health, and nutrition.
- Provide an international database that can be used by researchers investigating topics related to population, health, and nutrition.

As part of the international DHS program, surveys are being carried out in countries in Africa, Latin America and the Caribbean, Asia, Eastern Europe and the Middle East. Data from these surveys are used to better understand the population, health, and nutrition situation in the countries surveyed.

### **B. DHS SAMPLE**

There are several ways to gather information about people. One way is to contact every person or nearly every person and ask them questions about what you need to know. Talking to everyone is

called a complete enumeration, and a national census is a good example of this type of information gathering. This is very costly because it takes a lot of people to talk to everyone. However, in cases such as a national census, it is necessary to have a complete enumeration despite the cost.

Another way to collect information is through a sample survey. When it is not necessary to know exact total numbers, a sample survey can collect information about people much more quickly and at a low-cost. The sampling procedure allows us to collect data on a small number of people and draw conclusions that are valid for the whole country.

The accuracy of a sample survey depends, among other things, on the size of the sample. The exact number to be interviewed for any survey is determined by statistical methods which we will not try to discuss in this training session. What you should know, however, is that the sample size for this survey reflects the number of interviews that are needed to provide an accurate picture of the population, health and nutrition situation in Rwanda. Consequently, it is critical to a survey that fieldworkers try their hardest to complete all assigned interviews to ensure that the correct number of people are included in the survey.

The accuracy of a sample survey also depends on another major factor, the absence of bias that would affect the proportions found through the sample. To control or prevent bias from creeping into the results, the selection of people included in the sample must be absolutely random. This means that every person in the total population to be studied has the same opportunity to be selected in the sample. This is why it is so important to make callbacks to reach those people who are not at home, since they may be different from people who are at home. For example, it may be that women who have no children are more likely to be working away from the house, and if we don't call back to interview them, we may bias the fertility estimates.

For the Rwanda DHS, the sample consists of 492 clusters (small geographically defined areas) throughout the country. The households in each of these clusters have recently been listed or enumerated. A sample of households was then scientifically selected to be included in the RDHS survey from the list in each of the clusters. Each of these households will be visited and information obtained about the household using the Household Questionnaire. Women and men within these households will be interviewed using an Individual Questionnaire. Women age 15-49 years will be interviewed using the individual Woman's Questionnaire. Men age 15-59 years will be interviewed using the individual Man's Questionnaire. We expect to interview about 13,800 women and 6,500 men in this survey. Studying the fertility, health, and family planning behavior and attitudes of these women and men will provide insights into the behavior and attitudes of persons in Rwanda.

### **C. SURVEY ORGANIZATION**

The Rwanda DHS is being conducted at the request of the Government of Rwanda which has a primary role in the planning for the survey and in the analysis and dissemination of the survey results.

The National Institute of Statistics of Rwanda (NISR) will serve as the implementing agency for the RDHS-V. The Ministry of Health (MOH) will closely collaborate with the NISR. The NISR will take responsibility for operational matters including planning and conducting fieldwork, processing of collected data and organizing the writing and distribution of reports. The NISR will furnish the necessary central office space for survey personnel and will undertake to secure transport for the data collection activities. Staff from the NISR will be responsible for overseeing the day-to-day technical operations including recruitment and training of field and data processing staff and the supervision of the office and field operations.

Financial support for the RDHS-V will be provided by the Government of Rwanda, USAID, CDC/GAP, ONE UN, Global Fund and World Vision and Partner in Health. The Demographic and

Health Research Division of ICF Macro (Macro) will provide technical assistance during all phases of the survey.

During the RDHS fieldwork, you will work in a team consisting of three female interviewers and one male interviewer, a team controller, and a team leader. Each team will be accompanied by a driver. Each team leader will be responsible for a team of interviewers. The team leader will be assisted by the team controller, who will be in charge of the team in the absence of the team leader. The specific duties of the team controller and the team leader are described in detail in the Team Controller's and Supervisor's Manual.

In addition, the team will include one laboratory technician/ health worker. This individual will be responsible for drawing blood from eligible persons for the tests of anemia, malaria and HIV. They will also be responsible for the anthropometric measurements of eligible women, men and children. The team controller and the team leader will have also received biomarker training so that they may supervise the laboratory technician/ health workers and assist them as needed. All interviewers will be trained to assist the laboratory technician/ health workers in taking the anthropometric measurements (height and weight measures) of women, men and children under age 6.

In the central office there will be five teams of two supervisors responsible for supervising fieldwork teams. These coordinators will ensure regular progress of data collection in the clusters. They will monitor data quality and provide for the regular transfer of completed questionnaires and blood samples to the central office. Additionally, three coordinators will be present in the field throughout the period of the survey. Data entry staff and computer programmers also will be assigned to the project.

#### **D. SURVEY QUESTIONNAIRES**

The households that have been scientifically selected to be included in the RDHS sample will be visited and enumerated using a Household Questionnaire. The Household Questionnaire includes a cover sheet to identify the household and a form on which all members of the household and visitors are listed. This form is used to record some information about each household member, such as name, sex, age, education, household health expenditures, survival of parents for children under age 18 and child labor for children age 5-16. The Household Questionnaire also collects information on housing characteristics such as type of water source, sanitation facilities, and quality of flooring, ownership of mosquito nets, and ownership of durable goods.

The Household Questionnaire permits the interviewer to identify women and men who are eligible to be interviewed with the relevant Individual Questionnaire. Women age 15-49 years and men age 15-59 years old who are members of the household (those that usually live in the household) or visitors (those who do not usually live in the household but who slept there the previous night) are eligible to be interviewed.

The Household Questionnaire also permits the interviewer to identify women, men, and children who are eligible for anthropometry, anemia, malaria and HIV testing. In half of the households women age 15-49, men age 15-59, and children age 0-5 years will be weighed and measured (height or length) to assess their nutritional status. Among these same populations, women age 15-49 and children age 0-5 are eligible for malaria testing and women age 15-49 and men age 15-59 are eligible for HIV testing. Children 0-14 years will also be tested for HIV/AIDS. In addition, in all of the households in the sample women age 15-49 and children 6-59 months old are eligible for anemia testing.

After all of the eligible women in a household have been identified, you will use the Woman's Questionnaire to interview the women you are assigned. The individual Woman's Questionnaire collects information on the following topics:

- Socio-demographic characteristics
- Reproduction
- Family planning
- Maternal health care and breastfeeding
- Immunization and health of children
- Children's nutrition
- Marriage and sexual activity
- Fertility preferences
- Husband's background characteristics and woman's employment activity
- HIV/AIDS and other sexually transmitted infections
- Other health issues
- Adult mortality
- Relationships in the household/domestic violence

Similarly, after all of the eligible men in a household have been identified, you will use the Man's Questionnaire to interview the men you are assigned. The individual Man's Questionnaire collects information on the following topics:

- Socio-demographic characteristics
- Reproduction
- Family planning
- Marriage and sexual activity
- Fertility preferences
- Employment and gender roles
- HIV/AIDS and other sexually transmitted infections
- Other health issues
- Relationship in the household/domestic violence

### **E. INTERVIEWER'S ROLE**

The interviewer occupies the central position in the RDHS because he/she collects information from respondents. Therefore, the success of the RDHS depends on the quality of each interviewer's work.

In general, the responsibilities of an interviewer include the following:

- Locating the structures and households in the sample, and completing the Household Questionnaire
- Identifying all eligible respondents in those households
- Interviewing all eligible respondents in the households using the Woman's or Man's individual Questionnaire
- Checking completed interviews to be sure that all questions were asked and the responses neatly and legibly recorded
- Returning to households to interview respondents who could not be interviewed during the initial visit

These tasks will be described in detail throughout this manual. In addition, the Anthropometry, Anemia and HIV Testing Field Manual discuss the procedures involved in collecting blood samples from adults and children.



## **F. TRAINING OF INTERVIEWERS**

Although some people are more adept at interviewing than others, one can become a good interviewer through experience. Your training will consist of a combination of classroom training and practical experience. Before each training session, you should study this manual carefully along with the questionnaire, writing down any questions you have. Ask questions at any time to avoid mistakes during actual interviews. Interviewers can learn a lot from each other by asking questions and talking about situations encountered in practice and actual interview situations.

Each of you will receive a package with the following materials.

- Household Questionnaire
- Individual Questionnaire[s]
- Interviewer's Manual
- Anthropometry, Anemia, Malaria and HIV Testing Field Manual (for those selected for these activities)

Please ensure that you bring these materials each day during the training and to the field during fieldwork.

During the training, the questionnaire sections, questions, and instructions will be discussed in detail. You will see and hear demonstration interviews conducted in front of the class as examples of the interviewing process. You will practice reading the questionnaire aloud to another person several times so that you may become comfortable with reading the questions aloud. You will also be asked to take part in role playing in which you practice by interviewing another trainee.

The training will also include field practice interviewing in which you will actually interview household respondents and eligible women or men. You will be required to check and edit the questionnaires just as you would do in the actual fieldwork assignments.

You will be given tests to see how well you are progressing during your formal training period. At the end of the training course, the interviewers will be selected based on their test results and performance during the field practice.

The training you receive as an interviewer does not end when the formal training period is completed. Each time a supervisor meets with you to discuss your work; your training is being continued. This is particularly important during the first few days of fieldwork. As you run into situations you did not cover in training, it will be helpful to discuss them with your team. Other interviewers may be running into similar problems, so you can all benefit from each other's experiences.

## **G. SUPERVISION OF INTERVIEWERS**

Training is a continuous process. Observation and supervision throughout the fieldwork are a part of the training and data collection process. Your team Controller and supervisor will play very important roles in continuing your training and in ensuring the quality of the DHS data. They will:

- Spot-check some of the addresses selected for interviewing to be sure that you interviewed the correct households and the correct respondents
- Review each questionnaire to be sure it is complete and consistent
- Observe some of your interviews to ensure that you are asking the questions in the right manner and recording the answers correctly

- Meet with you on a daily basis to discuss performance and give out future work assignments
- Help you resolve any problems that you might have with finding the assigned households, understanding the questionnaire, or dealing with difficult respondents.

## **H. DHS REGULATIONS**

**The survey director may terminate the service of any interviewer who is not performing at the level necessary to produce the high-quality data required to make the DHS a success.**

For the workload to be equally divided and the support equally shared, the following survey regulations have been established and will be strictly enforced:

1. Except for illnesses, any person who is absent from duty during any part of the training or any part of the fieldwork (whether it is a whole day or part of a day) without prior approval from his/her supervisor may be dismissed from the survey.
2. The selection of the survey team members is competitive; it is based on performance, ability, and testing results during the training. Therefore, any person found offering assistance to or receiving assistance from another person during tests will be dismissed from the survey.
3. Throughout the survey training and the fieldwork period, you are representing NISR, an organization of the Government of Rwanda. Your conduct must be professional and your behavior must be congenial in dealing with the public. We must always be aware of the fact that we are only able to do our work with the good will and cooperation of the people we interview. Therefore, any team member who is consistently overly aggressive, abrupt, or disrespectful to the people in the field may be dismissed from the survey team.
4. For the survey to succeed, each team must work closely together, sharing in the difficulties and cooperating and supporting each other. We will attempt to make team assignments in a way that enhances the cooperation and good will of the team. However, any team member who in the judgment of the survey director creates a disruptive influence on the team may be asked to transfer to another team or may be dismissed from the survey.
5. It is critical that the data gathered during the fieldwork be both accurate and valid. To control for inaccurate or invalid data, spot checks will be conducted. Interviewers may be dismissed at any time during the fieldwork if their performance is not considered adequate for the high quality this survey demands.
6. Vehicles and gasoline are provided for the survey for official use only. Any person using the vehicle for an unauthorized personal reason will be dismissed from the survey.
7. DHS data are confidential. **They should not be discussed with anyone, including your fellow interviewers.** Under no circumstances should confidential information be passed on to third parties. In keeping with this policy, it is also important that you never interview anyone you may know in the survey. Persons breaking these rules, and therefore the confidence placed in them, will be dismissed.

## **I. SEXUAL HARASSMENT**

Sexual harassment will not be tolerated during the process of conducting a DHS Survey. By sexual harassment, we mean unwelcome sexual advances, requests for sexual favors, and other sexual

comments or actions that make the receiver feel offended or intimidated. Sexual harassment may hurt work performance, and in some cases, an individual may feel that they must comply with the unwelcome advances or requests in order to keep their job. Sexual harassment can be committed by a man towards a woman, by a woman towards a man, or between two individuals of the same gender.

To avoid any appearance of sexual harassment, individuals should be careful to avoid unnecessary physical contact and suggestive language and should maintain a professional work climate at all times.

Anyone who feels that he or she has been the target of sexual harassment or who has witnessed an apparent incident of harassment should immediately report the incident to his or her supervisor, or to the survey manager. The implementing agency is required to investigate the claim and keep reports confidential to the extent possible. The implementing agency must take actions to prevent and correct harassing behavior. These actions can include changing workspace, reassigning interviewers or supervisors to different teams and other disciplinary actions. Retaliation against individuals filing complaints of sexual harassment will also trigger disciplinary action.

# **I. CONDUCTING AN INTERVIEW**

Successful interviewing is an art and should not be treated as a mechanical process. Each interview is a new source of information, so make it interesting and pleasant. The art of interviewing develops with practice but there are certain basic principles that are followed by every successful interviewer. In this section you will find a number of general guidelines on how to build rapport with a respondent and conduct a successful interview.

## **A. BUILDING RAPPORT WITH THE RESPONDENT**

The supervisor will assign an interviewer to make the first contact with each of the households selected for the DHS. Any capable adult member of the household is a suitable respondent for the household interview (this person may or may not be age 15-59). If at least one eligible person is identified in the Household Questionnaire, the interviewer will go on to complete an Individual Questionnaire or pass the interview along to a colleague if they are not the same gender as the respondent.

As an interviewer, your first responsibility is to establish a good rapport with a respondent. At the beginning of an interview, you and the respondent are strangers to each other. The respondent's first impression of you will influence their willingness to cooperate with the survey. Be sure that your manner is friendly as you introduce yourself. Before you start to work in an area, your supervisor will have informed the local leaders, who will in turn inform selected households in the area that you will be coming to interview them. You will also be given a letter and an identification badge that states that you are working with NISR.

### **1. Make a good first impression.**

When you arrive at the household, do your best to make the respondent feel at ease. With a few well-chosen words, you can put the respondent in the right frame of mind for the interview. Open the interview with a smile and greeting such as "good afternoon" and then proceed with your introduction.

### **2. Obtain respondent(s) consent to be interviewed.**

You must obtain a respondent's informed consent for participation in the survey before you begin an interview. Special statements are included at the beginning of the Household Questionnaire and the Individual Questionnaires. The statements explain the purpose of the survey. They assure a respondent that participation in the survey is completely voluntary and that it is their right to refuse to answer any questions or stop the interview at any point. Be sure to read the informed consent statement exactly as it is written before asking a respondent to participate in a household or individual interview.

### **3. Always have a positive approach.**

Never adopt an apologetic manner, and do not use words such as "Are you too busy?" Such questions invite refusal before you start. Rather, tell the respondent, "I would like to ask you a few questions" or "I would like to talk with you for a few moments"

### **4. Confidentiality of responses when necessary.**

If the respondent is hesitant about responding to the interview or asks what the data will be used for, explain that the information you collect will remain confidential, no individual names will be used for any purpose, and all information will be grouped together to write a report.

Also, you should never mention other interviews or show completed questionnaires to the supervisor or field editor in front of a respondent or any other person.

## **5. Answer any questions from the respondent frankly.**

Before agreeing to be interviewed, the respondent may ask you some questions about the survey or how he or she was selected to be interviewed. Be direct and pleasant when you answer.

The respondent may also be concerned about the length of the interview. If they ask, tell female respondents that the interview usually takes about 30-60 minutes and tell male respondents that the interview takes about 20 minutes. If the respondent for the Household Questionnaire is a man or woman age 50 or older, you can tell the respondent that the interview usually takes about 15 to 20 minutes, since that person will answer only the Household Questionnaire. Indicate your willingness to return at another time if it is inconvenient for the respondent to answer questions then.

Respondents may ask questions or want to talk further about the topics you bring up during the interview, e.g., about specific family planning methods. It is important not to interrupt the flow of the interview so tell them that you will be happy to answer their questions or to talk further after the interview.

## **6. Interview the respondent alone.**

The presence of a third person during an interview can prevent you from getting frank, honest answers from a respondent. It is, therefore, very important that the individual interview be conducted privately and that all questions be answered by the respondent.

If other people are present, explain to the respondent that some of the questions are private and ask to interview the person in the best place for talking alone. Sometimes asking for privacy will make others more curious, so they will want to listen; you will have to be creative. Establishing privacy from the beginning will allow the respondent to be more attentive to your questions.

If it is impossible to get privacy, you may have to carry out the interview with the other people present. However, in such circumstances, it is important that you remember that:

- If there is more than one eligible respondent in the household, you must not interview one in the presence of the other
- Extra effort should be made to gain privacy if the other person is of the opposite sex, particularly the husband or wife

In all cases where other individuals are present, try to separate yourself and the respondent from the others as much as possible.

## **B. TIPS FOR CONDUCTING THE INTERVIEW**

### **1. Be neutral throughout the interview.**

Most people are polite and will tend to give answers that they think you want to hear. It is therefore very important that you remain absolutely neutral as you ask the questions. Never, either by the expression on your face or by the tone of your voice, allow the respondent to think that she has given

the “right” or “wrong” answer to the question. Never appear to approve or disapprove of any of the respondent’s replies.

The questions are all carefully worded to be neutral. They do not suggest that one answer is more likely or preferable to another answer. If you fail to read the complete question, you may destroy that neutrality. For example, the following is a question in the DHS: “Would you like to have another child or would you prefer not to have any more children?” It is a neutral question. However, if you only ask the first part—“would you like to have another child?”—you are more likely to get a “YES” answer. This is what we call a “leading question.” That is why it is important to read the whole question as it is written.

If the respondent gives an ambiguous answer, try to probe in a neutral way, asking questions such as the following:

- “Can you explain a little more?”
- “I did not quite hear you; could you please tell me again?”
- “There is no hurry. Take a moment to think about it.”

## **2. Never suggest answers to the respondent.**

If a respondent’s answer is not relevant to a question, do not prompt her by saying something like “I suppose you mean that. . . Is that right?” In many cases, she will agree with your interpretation of her answer, even when that is not what she meant. Rather, you should probe in such a manner that the respondent herself comes up with the relevant answer. You should never read out the list of coded answers to the respondent, even if he/she has trouble answering.

## **3. Do not change the wording or sequence of questions.**

The wording of the questions and their sequence in the questionnaire must be maintained. If the respondent has not understood the question, you should repeat the question slowly and clearly. If there is still a problem, you may reword the question, being careful not to alter the meaning of the original question. Provide only the minimum information required to get an appropriate response.

## **4. Handle hesitant respondents tactfully.**

There will be situations where the respondents simply say, “I don’t know,” give an irrelevant answer, act very bored or detached, or contradict something they have already said. In these cases, you must try to re-interest them in the conversation. For example, if you sense that they are shy or afraid, try to remove their shyness or fear before asking the next question. Spend a few moments talking about things unrelated to the interview (for example, their town or village, the weather, their daily activities, etc.).

If the woman or man is giving irrelevant or elaborate answers, do not stop them abruptly or rudely, but listen to what they have to say. Then try to steer them gently back to the original question. A good atmosphere must be maintained throughout the interview. The best atmosphere for an interview is one in which the respondent sees the interviewer as a friendly, sympathetic, and responsive person who does not intimidate them and to whom they can say anything without feeling shy or embarrassed. As indicated earlier, a major problem in gaining the respondent’s confidence may be one of privacy. This problem can be prevented if you are able to obtain a private area in which to conduct the interview.

If the respondent is reluctant or unwilling to answer a question, explain once again that the same question is being asked of women or men all over Rwanda and that the answers will all be merged together. If the respondent is still reluctant, simply write REFUSED next to the question and proceed as if nothing had happened. Remember, the respondent cannot be forced to give an answer.

## **5. Do not form expectations.**

You must not form expectations of the ability and knowledge of the respondent. For example, do not assume women and men from rural areas or those who are less educated or illiterate do not know about family planning or various family planning methods.

## **6. Do not hurry the interview.**

Ask the questions slowly to ensure the respondent understands what is being asked. After you have asked a question, pause and give the respondent time to think. If the respondent feels hurried or is not allowed to formulate their own opinion, they may respond with “I don’t know” or give an inaccurate answer. If you feel the respondent is answering without thinking just to speed up the interview, say to the respondent, “There is no hurry. Your opinion is very important, so consider your answers carefully.”

## **C. LANGUAGE OF THE INTERVIEW**

The questionnaires for the DHS have been translated into Kinyarwanda. One of the first things you will do when you approach a household to do an interview is to establish the language or languages that are spoken there. We will be arranging the field teams in such a way that you will be working in an area in which your language is spoken, so there should be few cases in which respondents do not speak your language. In such cases you might be able to find another language that both of you speak and you will be able to conduct the interview in that language.

However, in some cases, it will not be possible for you to find a language which both you and the respondent speak. In this case, try to find out if the respondent speaks a language which another member of your team or the team supervisor speaks. If so, tell your supervisor so that he or she can arrange for that person to conduct the interview.

If at all possible, try to avoid using interpreters since this not only jeopardizes the quality of the interview but also will mean that the interview will take more time to conduct. However, if the respondent does not speak a language which any of your team members speak, you will need to rely on a third person to translate for you. Since the interview involves some sensitive topics, it is best if you can find another woman to act as an interpreter if you are conducting the woman’s interview. You should not use the respondent's husband as an interpreter under any circumstances. Children are also unsuitable interpreters.

We will be practicing interviews in the local languages during training. However, there may be times when you will have to modify the wording of the questions to fit local dialects and culture. It is very important not to change the meaning of the question when you rephrase it or interpret it into another language.

## **II. FIELDWORK PROCEDURES**

Fieldwork for the DHS will proceed according to a timetable, and the survey will be successful only if each member of the interviewing team understands and follows correct field procedures. The following sections review these procedures and describe the proper procedures for receiving work assignments and keeping records of selected households.

### **A. PREPARATORY ACTIVITIES AND ASSIGNMENT SHEETS**

#### **1. Interviewer's Assignment Sheets**

Each morning, your supervisor or field editor will brief you on your day's work and explain how to locate the households assigned to you. When they assign households to you, you should write the identification information on the Interviewer's Assignment Sheet (see Figure 1). The identifying information such as the household number, structure number or address, name of the head of the household and whether or not the household is selected for male interview will be written in Columns (1) through (4).

Columns (5) through (17) of the Interviewer's Assignment Sheet serve as a summary of the results of your work in the field for each household. At the end of the day, you will be responsible for recording in these columns the final outcome for all household visits and individual interviews you conducted.

When you receive your work assignment, review it and ask any questions you might have. Remember that your supervisor will not always be available to answer questions when the work begins. You should be sure that:

- Columns (1) through (4) of your Interviewer's Assignment Sheet are complete and that they contain all the information you will need to identify the selected households
- You have a Household Questionnaire for each household you are assigned
- You fill in the identification information on the cover page of each Household Questionnaire
- You know the location of the selected households you are to interview, and have sufficient materials (maps, written directions, etc.) to locate them
- You understand any special instructions from your supervisor about contacting the households you are assigned.
- You have several blank Woman's and Man's questionnaires.

After completing a household interview, you will record the following information from the Household Questionnaire in the appropriate columns in the Assignment Sheet:

- Column (5): final result of the household interview (from the cover page)
- Columns (9) and (10): number of eligible women and their line numbers
- Columns (13) and (14): number of eligible men and their line numbers

If a household is selected for female interview only with no blood collection, leave Columns (6)-(8), Column (12), and Columns (13)-(16) blank for that household.



The next step is to fill in the identification information on the cover sheet of the Individual Questionnaire for each eligible respondent identified in the Household Schedule and recorded in Columns (10) and (14) on the Assignment Sheet.

During the fieldwork in a cluster, it is important that, for each household you are assigned, you keep the Household and all Individual Questionnaires together. Always place the Woman's Questionnaire(s) inside the Household Questionnaire in ascending order by line number. Put the Man's Questionnaires after the Woman's Questionnaires.

## **2. Making callbacks**

Because each household has been carefully selected, you must make every effort to conduct interviews with the individuals who are identified as eligible in that household. Sometimes a household member will not be available at the time you first visit. You need to make at least 3 visits on three separate times of the day or days when trying to obtain an individual interview to maximize the possibility of successfully completing the individual interview.

At the beginning of each day, you should examine the cover sheets of your questionnaires to see if you made any appointments for revisiting a household or eligible respondent. If no appointments were made, make your callbacks to a respondent at a different time of day than the earlier visits; for example, if the initial visits were made in the early afternoon, you should try to arrange your schedule so you make a call back in the morning or late afternoon. Scheduling callbacks at different times is important in reducing the rate of non-response (i.e., the number of cases in which you fail to contact a household or complete an individual interview).

You will return the household questionnaire and any questionnaires for eligible respondents to your team supervisor or editor as soon as you have completed work in a household. Before returning the questionnaires, be sure to record information on the result of the interviewing processing in the household on the Interviewer's Assignment Sheet:

- Column (11): final result of the interview with an eligible woman (from the cover page of the Woman's Questionnaire)
- Column (15): final result of the interview with an eligible man (from the cover page of the Man's Questionnaire)
- Column (17): any observation about the effort to interview a household or respondent that may be helpful to your team supervisor or editor, e.g., the reason the interview could not be completed or the time you expect to callback to get an interview.

There are several boxes on the Interviewer's Assignment Sheet to record totals. After completing work in the cluster, fill in the boxes on the first page with the totals for the whole cluster. Leave these boxes blank on the subsequent sheets for that cluster.

It is important that you fill in the visit record on the Interviewer's Assignment Sheet accurately since this form provides a summary of all eligible respondents in the DHS sample. These forms will be returned to the central office for review after completion of interviewing and will be used to check that there are questionnaires for all eligible respondents.

## **3. Keeping questionnaires confidential**

You are responsible for seeing that the questionnaires are kept confidential. Do not share the results with other interviewers. You should never interview a household in which you know one or more of the members, even if they are only casual acquaintances. If you are assigned to a household in which

you know a person even if that person is not eligible for interview, you should notify your supervisor so he can assign that household to another interviewer. You should not attempt to see the completed questionnaires for that household nor discuss the interview results with your colleagues.

#### **4. Supplies and documents needed for fieldwork**

Before starting fieldwork each morning, verify that you have everything you need for the day's work. Some necessary supplies include:

- Interviewer's Assignment Sheet
- A sufficient number of questionnaires
- Interviewer's Manual
- Your personnel identification
- Something hard to write on
- Blue ink pens
- A bag to carry questionnaires and materials

### **B. CONTACTING HOUSEHOLDS AND ELIGIBLE RESPONDENTS**

#### **1. Locating sample households**

In recent months, household listing teams visited each of the selected sample clusters to:

- 1) prepare up-to-date maps to indicate the location of structures;
- 2) record address information for each structure or describe their location (for areas lacking street names or numbers on structures);
- 3) write numbers on structures; and
- 4) make a list of the names of the heads of households in all of the structures.

A structure is a freestanding building, for a residential or commercial purpose. It may have one or more rooms in which people live; it may be an apartment building, a house, or a thatched hut, for instance.

Within a structure, there may be one or more dwelling (or housing) units. A *dwelling unit* is a room or group of rooms occupied by one or more households. It may be distinguished from the next dwelling unit by a separate entrance. For instance, there would be one dwelling unit in a thatched hut, but there may be 50 dwelling units in an apartment building or five dwelling units in a compound.

Within a dwelling unit, there may be one or more households. By definition, a *household* consists of a person or group of persons, related or unrelated, who live together in the same dwelling unit, who acknowledge one adult male or female as the head of household, who share the same living arrangements, and are considered as one unit. In some cases one may find a group of people living together in the same house, but each person has separate eating arrangements; they should be counted as separate one-person households. Collective living arrangements such as hostels, army camps, boarding schools, or prisons are not considered as households in the DHS.

Specific households have been selected to be interviewed, and you should not have any trouble in locating the households assigned to you if you use the structure number and the name of the head of the household to guide you. The structure number is usually written above the door of the house, but sometimes it may be on the wall. Although the supervisor of your team will be with you in the field, it is important that you also know how to locate the structures in the sample by using the sketch map.

## **2. Problems in contacting a household**

In some cases you will have problems locating the households that were selected because the people may have moved or the listing teams may have made an error. Here are examples of some problems you may find and how to solve them:

a) The household has moved away and a new one is now living in the same dwelling. In this case, interview the new household.

b) The structure number and the name of the household head do not match with what you find in the field. If you have located the correct dwelling, you should consider the household that is living in the dwelling as the selected household.

*Example:* You are assigned a household headed by Thomas Smith that is listed as living in structure number DHS-004. But when you go to DHS-004, the household living there is headed by Michael Jones. After check that you have not made a mistake about the structure or dwelling unit, you would interview the household headed by Michael Jones.

c) The household selected does not live in the structure that was listed. If there is a discrepancy between the structure number and the name of the household head, interview whoever is living in the structure assigned to you.

*Example:* You are assigned a household headed by Robert Stevens located in DHS-007, and you find that the Stevens household actually lives in structure DHS-028, interview the household living in DHS-007.

d) The listing shows only one household in the dwelling, but two or more households are living there now. When the listing shows only one household and you find two households, interview both households. Make a note on the cover page of the household that was not on the listing. Your supervisor will assign this household a number, which you should enter on the questionnaire.

If the listing shows two households, only one of which was selected, and you find three households there now, only interview the one that had been selected and ignore the other two.

e) The head of the household has changed. In some cases, the person listed as the household head may have moved away or died since the listing. Interview the household that is living there.

f) The house is all closed up and the neighbors say the people are on the farm (or away visiting, etc.) and will be back in several days or weeks. Enter Code '3' (ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD). The house should be revisited at least two more times to make sure that the household members have not returned.

g) The house is all closed up and the neighbors say that no one lives there; the household has moved away permanently. Enter Code '6' (DWELLING VACANT OR ADDRESS NOT A DWELLING).

h) A household is supposed to live in a structure that when visited is found to be a shop and no one lives there. Check very carefully to see whether anyone is living there. If not, enter Code '6' (DWELLING VACANT OR ADDRESS NOT A DWELLING).

i) A selected structure is not found in the cluster, and residents tell you it was destroyed in a recent fire. Enter Code '7' (DWELLING DESTROYED).

j) No one is home and neighbors tell you the family has gone to the market. Enter Code '2' (NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT), and return to the household at a time when the family will be back.

Discuss with your supervisor any problems you have in locating the households that you are assigned to interview. Remember that the usefulness of the DHS sample in representing the entire country depends on the interviewers locating and visiting all the households they are assigned.

### **3. Identifying eligible respondents**

To be “eligible” means to “qualify” for something. An eligible respondent is someone who is qualified to be included in our survey. You will use the Household Questionnaire to identify who is eligible to be interviewed with the Individual Questionnaire.

All women age 15-49 and men 15-59 in selected households who are either members of the household or visitors are considered eligible in the DHS. It is very important that you do not miss an eligible respondent when you fill in the Household Schedule.

In certain cases, you may find it difficult to decide whether or not a respondent is eligible. Use these examples as a guide:

*Example(s):* A visitor who spent the previous night in the house but is away at the market when you arrive is eligible. You must make callbacks to interview him.

A woman is a usual resident but she spent the previous night away at her sister’s house. She should be counted as a member of the household on the Household Schedule and is eligible to be interviewed.

A young woman is away at the university and only returns for very short visits. She is not a usual resident of the household.

You must complete the cover page of an Individual Questionnaire for each eligible respondent that you identify in the household before starting the interview. If you cannot finish the interview for whatever reason, write the reason on the cover page. Take care to note any information that may be useful when you contact the person later.

In some households, there will be no eligible respondents (i.e., there will be no usual household members or visitors of eligible age). For these households, you will have a completed Household Questionnaire, with no accompanying Individual Questionnaire.

### **4. Problems in obtaining individual interviews**

You may experience the following types of problems in obtaining an interview with an eligible woman:

a) Eligible respondent not available. If the eligible respondent is not at home when you visit, enter Code '2' (NOT AT HOME) as the result for the visit on the cover sheet and ask a neighbor or family member when the respondent will return. You should contact the household at least three times, trying to make each visit at a different time of day. Under no circumstances is it acceptable to conduct all three visits on the same day and then stop attempting to contact the respondent.

b) Respondent refuses to be interviewed. The respondent's availability and willingness to be interviewed will depend in large part on the initial impression you make when you meet them. Introduce yourself and explain the purpose of the visit. Read the introduction printed on the Individual Questionnaire. You may emphasize the confidentiality of the information the respondent provides, and/or the short duration of the interview. If the respondent is unwilling to be interviewed, it may be that the present time is inconvenient. Ask whether another time would be more convenient and make an appointment. If the woman still refuses to be interviewed, enter Code '4' (REFUSED) as the result for the visit on the cover sheet and report it to your supervisor.

c) Interview not completed. A respondent may be called away during the interview or they may not want to answer all the questions at the time you visit them. If an interview is incomplete for any reason, you should arrange an appointment to see the respondent again as soon as possible to obtain the missing information. Be sure that you record on the cover sheet of the questionnaire that the interview is incomplete by entering Code '5' (PARTLY COMPLETED) and indicate the time you agreed on for a revisit; you should also report the problem to your supervisor.

d) Respondent incapacitated. There may be cases in which you cannot interview a person because they are too sick, because they are mentally unable to understand your questions, or because they are deaf, etc. In these cases, record Code '6' (INCAPACITATED) on the cover sheet of the questionnaire and on your Assignment Sheet.

### **C. CHECKING COMPLETED QUESTIONNAIRES**

It is the responsibility of the interviewer to review each questionnaire when the interview is finished. This review should be done before you leave the household so that you can be sure every appropriate question was asked, that all answers are clear and reasonable, and that your handwriting is legible. Also check that you have followed the skip instructions correctly. You may be able to make minor corrections yourself, but in many cases you will need to talk further with the respondent. Simply explain to the respondent that you made an error and ask the question(s) again.

Do not recopy questionnaires. As long as the answers are clear and readable, it is not necessary that the questionnaire itself be neat. Every time you transcribe the answers to a new questionnaire, you increase the chance of an error. For this reason you are not allowed to use work sheets to collect information. Record ALL information on the questionnaires provided. Any calculations you make should be written in the margins or on the back of the questionnaires.

Anything out of the ordinary should be explained either in the margins near the relevant question or in the comments section at the end. These comments are very helpful to the supervisor and field editor in checking questionnaires. Comments are also read in the office and used to resolve problems encountered during data entry.

### **D. RETURNING WORK ASSIGNMENTS**

At the end of fieldwork each day, check that you have filled out the cover sheet of a Household Questionnaire for each household assigned to you, whether or not you managed to complete an interview. Check also that you have completed the cover sheet of the Individual Questionnaire for each respondent identified, whether you were able to interview them or not. For all of the interviews that you have completed write the final result on the Interviewer Assignment Sheet and make any notes in Column (10) that may be of help to the Supervisor and Editor, such as any problems you experienced in locating a household or completing a Household Questionnaire or in conducting an interview with an eligible respondent. For difficult cases, at least three visits will be made to a household during the DHS in an effort to obtain a completed interview.

## **E. DATA QUALITY**

It is the responsibility of the field editor to review both the Household Questionnaires and the Individual Questionnaires from a sample cluster while the interviewing team is still in the cluster. The editing rules are explained in detail in the Supervisor's/Editor's Manual. It is especially important for the field editor to conduct thorough edits of questionnaires at the initial stages of fieldwork. The supervisor should assist in editing questionnaires during the first few weeks of fieldwork. The field editor will discuss with each interviewer the errors found in the collection of data. It may sometimes be necessary to send an interviewer back to a respondent in order to correct some errors.

### **III. GENERAL PROCEDURES FOR COMPLETING THE QUESTIONNAIRE**

To collect the information needed by the DHS, you must understand how to ask each question, what information the question is attempting to collect, and how to handle problems that might arise during the interview. You must also know how to correctly record the answers the respondent gives and how to follow special instructions in the questionnaire. This part of the training manual is designed to familiarize you with the DHS questionnaire.

#### **A. ASKING QUESTIONS**

It is very important that you ask each question exactly as it is written in the questionnaire. When you are asking a question, speak slowly and clearly so that the respondent will have no difficulty hearing or understanding the question. At times you may need to repeat the question to be sure the respondent understands it. In those cases, do not change the wording of the question but repeat it exactly as it is written.

If, after you have repeated a question, the respondent still does not understand it, you may have to restate the question. Be very careful when you change the wording, however, that you do not alter the meaning of the original question.

In some cases, you may have to ask additional questions to obtain a complete answer from a respondent (we call this ‘probing’). If you do this, you must be careful that your probes are “neutral” and that they do not suggest an answer to the respondent. Probing requires both tact and skill, and it will be one of the most challenging aspects of your work as a DHS interviewer.

You will notice that some questions contain one or more words in parentheses. As shown below, the presence of parentheses indicates that a sentence needs to be adapted to fit the respondent’s specific situation.

#### **1. Parentheses that indicate a choice must be made:**

*Example:*

802	How old was your (husband/partner) on his last birthday?	AGE IN COMPLETED YEARS	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		

The question above is asked to female respondents. How you phrase the question – that is, which word in parentheses you choose to insert into the sentence – will depend on whether the respondent is married or is unmarried but lives with a man as if married. If the woman is married, you would ask “How old was your husband on his last birthday?” If the woman was unmarried but lives with a man, you would ask “How old was your partner on his last birthday?”

#### **2. Parentheses that indicate a substitution must be made:**

*Example:*

431	Was (NAME) weighed at birth?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 433) ← DON'T KNOW . . . . . 8
-----	------------------------------	--

Notice that the word in parentheses is in entirely capitalized. As you will learn about later (see Section D below), words in all-caps are instructions to interviewers that are not meant to be read out loud. Instead, in this example, substitute in the name of the individual the question is being asked about. For instance, if you are asking about the weight of a woman’s son named Barack, ask “Was Barack weighed at birth?”

### **3. Parentheses that indicate an additional word may be needed:**

*Example:*

523	Was anything (else) given to treat the diarrhea?	YES ..... 1 NO ..... 2 (SKIP TO 525) ← DON'T KNOW ..... 8
-----	--	--

The way the respondent has answered a prior question can affect the way you will ask subsequent one. In the question above, if you had learned from the previous question that the respondent had given her child oral rehydration therapy to treat diarrhea, you would then ask “Was anything else given to treat the diarrhea?” If not, you would ask “Was anything given to treat the diarrhea?”

## **B. RECORDING RESPONSES**

In the DHS, all interviewers will use pens with blue ink to complete all questionnaires. Supervisors and field editors will do all their work using pens with red ink. Never use a pencil to complete the survey questionnaire.

There are three types of questions in the DHS questionnaire: 1) questions that have precoded responses; 2) questions that do not have precoded responses, i.e., that are ‘open-ended’; and 3) filters.

### **1. Questions with precoded responses**

For some questions, we can predict the types of answers a respondent will give. The responses to these questions are listed in the questionnaire. To record a respondent’s answer, you merely circle the number (code) that corresponds to the reply. Make sure that each circle surrounds only a single number.

*Example:*

104	Have you ever attended school?	YES ..... ① NO ..... 2	→ 108
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In some cases, precoded responses will include ‘OTHER’. The OTHER code should be circled when the respondent’s answer is different from any of the precoded responses listed for the question. Before using the OTHER code, you should make sure the answer does not fit in any of the specified categories. When you circle the OTHER code for a particular question you must always write the respondent’s answer in the space provided. If you need more room, use the margins or the comments section at the end. If you use the comments section, write, “see note in comments section” next to that question.

*Example:*

240	Is this time just before her period begins, during her period, right after her period	JUST BEFORE HER PERIOD BEGINS ..... 1	
-----	---	---------------------------------------	--



	has ended, or halfway between two periods?	DURING HER PERIOD .....2 RIGHT AFTER HER PERIOD HAS ENDED .....3 HALFWAY BETWEEN TWO PERIODS .....4  OTHER <b>Full moon</b> .....⑥ (SPECIFY) DON'T KNOW .....8	
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## **2. Recording responses that are not precoded**

The answers to some questions are not precoded but require that you write the respondent's answer in the space provided.

**Recording numbers or dates in boxes.** In some questions, you will record a number or date in the boxes provided. There are two ways this is done:

- **Boxes preceded by codes.** Whenever the boxes are preceded by codes, you will fill in the boxes in one row only. You must first circle the code that identifies the row you have chosen and then fill in the response in the boxes only for that row.

*Example:* If the respondent says her last period started three days ago, circle Code '1' for DAYS and write the response in the boxes next to the '1'.

238	When did your last menstrual period start?  _____ (DATE, IF GIVEN)	DAYS AGO .....① WEEKS AGO .....2 MONTHS AGO .....3 YEARS AGO .....4 IN MENOPAUSE/ HAS HAD HYSTERECTOMY .....994 BEFORE LAST BIRTH .....995 NEVER MENSTRUATED .....996	<table border="1" style="display: inline-table; vertical-align: top;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">3</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>	0	3						
0	3										

- **Boxes without preceding codes.** Whenever boxes are present without codes in front of them, you must enter information in all of the boxes.

*Example:* For a child born in February 2006, you must record both the month and year.

215			
In what month and year was (NAME) born?			
PROBE: What is his/her birthday?			
MONTH		<input type="text" value="0"/>	<input type="text" value="2"/>
YEAR			
<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="6"/>

When a response has fewer digits than the number of boxes provided, you should fill in leading zeroes. For example, a response of '9' is recorded '09' in two boxes, or if three boxes had been provided, you would record '009'.

**Recording the answer exactly as given.** There are questions where you must write down the response in the respondent's own words. Try to record those answers exactly as they are given; if you need to shorten a lengthy description, be careful to keep the meaning accurate, and if necessary, write a note on the bottom or side of the page to explain.

*Example:*

811	What is your occupation, that is, what kind of work do you mainly do?	<p><u>Selling fruit in</u> <input type="text" value=""/> <input type="text" value=""/></p> <p><u>the market</u></p>
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### **3. Marking filters**

Filters require you to look back to the answer to a previous question and then mark an 'X' in the appropriate box. (See Section D.2 for description of filters.)

*Example:*

109	CHECK 108: CODE '2', '3' OR '4' CIRCLED	<input checked="" type="checkbox"/>	CODE '1' OR '5' CIRCLED	<input type="checkbox"/>	111
-----	--	-------------------------------------	----------------------------	--------------------------	-----

### **C. CORRECTING MISTAKES**

It is very important that you record all answers neatly. For precoded responses, be sure that you circle the code for the correct response carefully. For open ended responses, the reply should be written

legibly so that it can be easily read. If you made a mistake in entering a respondent's answer or she changes her reply, be sure that you cross out the incorrect response and enter the right answer. Do not erase an answer. Just put two lines through the incorrect response.

Here is how to correct a mistake:

*Example:*

901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES..... NO.....	① ② → 937
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Remember that if you are not careful to cross out mistakes neatly, it may not be possible to determine the correct answer when the data are entered later into the computer.

## **D. FOLLOWING INSTRUCTIONS**

Throughout the DHS questionnaire, instructions for the interviewer are printed in all CAPITAL LETTERS, whereas questions to be asked of the respondent are printed in small letters. You should pay particular attention to the skip and filter instructions that appear throughout the questionnaire.

### **1. Skip instructions**

It is very important not to ask a respondent any questions that are not relevant to his or her situation. For example, a woman who is not pregnant should not be asked for how many months she has been pregnant. In cases where a particular response makes subsequent questions irrelevant, an instruction is written in the questionnaire directing you to skip to the next appropriate question. It is important that you carefully follow skip instructions.

*Example:* In Q. 303, notice that if you circled Code '2' you would skip to Q. 311. Q. 304 is about the methods of contraception the woman is currently using and is only asked of women who responded 'YES' to Q. 303.

303	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES..... NO.....	1 ② → 311
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### **2. Filters**

To ensure the proper flow of the questionnaire, you will sometimes be directed to check a respondent's answer to an earlier question, indicate what the response was by marking a box, and then follow various skip instructions. Questions of this type are called "filters"; they are used to prevent a respondent from being asked irrelevant, and perhaps embarrassing or upsetting, questions.

For filter questions, it is important that you follow the instructions that ask you to check back to an earlier question. Do not rely on your memory. Remember that you do not need to ask the respondent the same question a second time. Check back and mark an 'X' in the appropriate box in the filter, then follow the skip instructions.

*Example:*

302	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>	→ 311
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## **IV. HOUSEHOLD QUESTIONNAIRE**

The purpose of the Household Questionnaire is to provide information on general characteristics of the population and their households. You will use it to identify women who are eligible to be interviewed with the Woman's Questionnaire, and men who are eligible to be interviewed with the Man's Questionnaire.

### **A. IDENTIFICATION OF HOUSEHOLD ON THE COVER PAGE**

Before you go to a selected household, fill in the identification information in the box at the top of the cover page. The identification information is obtained from the sample household listing and will be given to you by your supervisor.

The following are key points in completing the identification section:

- **Write the province, the District and the Sector where the household is located.**
- Write the name of the head of the household that you are to interview.
- Record the Cluster number, the Household structure number and Household number in the boxes to the right of those lines.
- Record if the Household is selected for anthropometry, anemia, and malaria among children (0-5) and women (15-49).
- Record if the Household is selected for male survey and HIV testing for adults
- Record if the Household is selected for children (0-14).
- Record if the Household is selected for domestic violence for Women
- Record if the Household is selected for domestic violence for Men

For each case record '1' if the response is 'YES' and '2' if the response is 'NO'

**We have to be careful in selecting eligible persons for interview or tests.**

You will fill in the rest of the cover page after you have conducted the interview. See the instructions in Section C (RETURN TO COVER PAGE) below.

### **B. COMPLETING THE HOUSEHOLD QUESTIONNAIRE**

Before starting the interview remember to read the consent statement to the respondent. To complete the Household Questionnaire, you will need to find a suitable respondent. Any adult member of the household who is capable of providing information needed to fill in the Household Questionnaire can serve as the respondent. If an adult is not available, do **not** interview a young child; instead, go on to the next household, and call back at the first household later.

Generally you will ask a single individual in the household for the information you will need to complete the household questionnaire. However, as appropriate, you may need to consult other members of the household for specific information.

## Household schedule (qs. 1- 22)

After introducing yourself and explaining the purpose of your visit (see Section II, Subsection A above), you are ready to start the household schedule. Be sure to read the introductory sentence to inform the respondent that you are interested in getting information about all usual household members and any other persons who might have slept in the household the night before the interview.

### Column 1: LINE NUMBER

In Column 1, each row of the household schedule is assigned a unique number. This number is referred to as the 'Line Number'. It is used to identify the person listed on that row and to link all information collected later in the household and woman's interviews to that individual.

### Column 2: USUAL RESIDENTS AND VISITORS

The first step in completing the household schedule is to request a list of all persons who usually live in the household and any visitors. To get a correct listing, you will have to know what we mean by a member of the household and what we mean by a visitor:

- Member of the household. A household may be one person or a group of persons who usually live and eat together. This is not the same as a family. A family includes only people who are related, but a household includes any people who live together, whether or not they are related. For example, three unrelated men who live and cook meals together would not be considered one family, but they would be considered to be members of the same household.
- Visitor. A visitor is someone who is not a usual member of the household but who slept in the household the night before the day you are conducting the interview. If an individual slept in the household the previous night, he or she should be listed on the Household Schedule.

Sometimes, it is not easy to know whom to include in the household and whom to leave out. Here are some examples:

- A woman lists her husband as head of the household, but he lives somewhere else. If he does not usually live in the household you are interviewing, and he did not sleep there the previous night, he should not be included in the listing.
- Sometimes, people eat in one household and sleep in another. Consider the person to be a member of the household where he or she sleeps.
- A person living alone is a household.
- A servant is a member of the household if he or she usually lives in the household.

Anyone included in the household listing has to be either a usual resident of that household—Column 5 is YES—or has to have spent the previous night in the household—Column 6 is YES.

As your respondent lists the names, write them down, one in each row in Column 2 of the table, **beginning with the household head**. The person who is identified as the head of the household has to be someone who usually lives in the household. This person may be acknowledged as the head on the basis of age (older), sex (generally, but not necessarily, male), economic status (main provider), or some other reason. It is up to the respondent to define who heads the household. There generally

should not be a problem with this. If the person responding to the household interview is not the head of household then you may record this person on the second line.

The order of Household members follows the relationship order according to codes of Question 3 (Bottom of the page 4).

If the last name is the same for several people, you can use abbreviations or ditto marks:

*Example:*       01 David Jones [substitute local names]  
                  02 Mary     "  
                  03 Peter    "

After entering a name, the relationship of that person to the head of the household and the sex should be recorded in Columns 3 and 4 *before* going on to record the name of the next person.

After completing the questions 3 and 4 for each member of the household, ask appropriate questions in column 5 to 22 for each person.

### Column 3: RELATIONSHIP

Record how the person listed is related to the head of the household. Use the codes at the bottom of the page. **If the respondent is not the head of the household, make sure that you record the relationship of each person to the household head, not the relationship to the respondent.**

*Example:* if the respondent is the wife of the head of the household and she says that Simon is her brother, then Simon should be coded as Code 09 (OTHER RELATIVE) not Code 08 (BROTHER OR SISTER), because Simon is a brother-in-law of the head of the household.

If the head of the household is married to a woman who has a child from a previous marriage, that child's relationship to the head of the household should be coded as Code 10 (ADOPTED/FOSTER/STEPCHILD).

### Column 4: SEX

Always confirm the sex of a person before recording it in Column 4 since there are many names that may be given to either a male or female.

When you have written all the names, you want to be certain you have included everyone who should be listed before continuing with the rest of the questionnaire. To do this, ask questions 2A-2C at the end of the Household Schedule. If the answer to any is YES, add those persons' names to the list.

After completing Columns 2 through 4 for all household residents and any visitors, start with the person listed on Line 01 and move across the page, asking each appropriate question in Columns 5 through 20. When you have completed the information for the person on Line 01, move to the person listed on Line 02, etc.

### Columns 5 and 6: RESIDENCE

In Column 5, record information on the person's usual residence. A usual member of the household may or may not have slept in the household the night before the interview. However, a visitor must always have stayed in the household the night before the interview.

If after asking these residence questions you learn that the person does not usually live in the household—Column 5 is NO—and did not sleep there the night before—Column 6 is also NO—you will have to delete this person from the listing because he/she is neither a member nor a visitor. After

deleting the person, you must renumber the line numbers in Column 1 assigned to all of the persons listed in the household schedule after that person. You will also need to modify the line numbers in Columns 9, 10, and 11, and in the columns at the beginning of each page of the household schedule.

*Example:* You had listed Margaret Jones [substitute local name] as Line Number 04 and then learned that she does not usually live in the household and she did not sleep there the night before. You would draw a line through Row 04, canceling Margaret from the listing. Then you would have to **renumber** the subsequent Line Numbers in Column 1. Whenever you change Column 1, you should also make corrections to the Line Numbers in Columns 9, 10 and 11 and in the columns to the left of Column 12.

#### Column 7: AGE

If you have difficulty obtaining the ages of household members, use the methods described for Qs. 102 and 103 in the Woman's Questionnaire to probe for the correct age. You are to obtain each person's age in completed years, that is, the age at the time of the last birthday.

#### Column 8: MARITAL STATUS

Column 8 is concerned with the current marital status of respondents who are 15 years or older. Thus, you should not record an answer in Column 8 if the respondent is 14 years or younger.

The coding category 'married or living together' includes both respondents who are legally married and respondents in informal unions. An informal union is one in which the man and woman live together for some time, intending to have a lasting relationship, but do not have a formal civil or religious ceremony.

#### Columns 9, 10 and 11: ELIGIBILITY

Look at Column 7 and circle the Line Number in Column 9 for all women and in Column 10 for all men who are between 15 and 49 years of age (including those who are age 15 and those who are age 49). These individuals are "eligible" respondents, and they qualify for an interview using the Individual Questionnaire. Remember, the respondent may be a usual resident of the household or only a visitor. If the household is not selected for male interview, leave Column 10 blank.

Next, look at Column 7 again and circle the Line Number in Column 11 of any child who is 0-5 years of age. Children in this age range are eligible for anthropometric measurement and may be eligible for anemia testing. If the household is not selected for anthropometry or hemoglobin testing, leave Column 11 blank.

In the column 11, circle line number of all children aged 0-14 eligible for HIV testing.

#### Columns 12 through 15: SURVIVORSHIP AND RESIDENCE OF NATURAL PARENTS

For all children who are younger than 18 years old, we want to know whether their natural parents are listed in the Household Schedule. This information will be used to measure the prevalence of orphanhood and child fostering and to identify vulnerable children in the population. For everyone age 18 years and older, Columns 12 through 15 will be left blank.

#### Columns 12 and 13: SURVIVORSHIP AND RESIDENCE OF NATURAL MOTHER

First, ask whether the child's natural mother is alive. By "natural" we mean the biological mother, that is, the woman who gave birth to the child. In many cultures, people consider other people's children whom they are raising their own, especially children of their husband or sisters, etc. So you should be certain that the respondent understands that you are asking about the child's biological mother.

If the mother is still alive, ask the question in Column 12 to determine whether she lives in the household or is a visitor. If the mother does live in the household or is a visitor, ask who she is (she should be listed on the schedule if she lives in the household or is a visitor) and record her Line Number in Column 13. If the child's biological mother is still alive but does not live in the household and is not a visitor, record '00' in the boxes in Column 13. Column 13 will be blank only when the child's biological mother is no longer alive or the respondent is not sure if the mother is alive.

#### Columns 14 and 15: SURVIVORSHIP AND RESIDENCE OF NATURAL FATHER

Follow the same procedure for the child's natural, biological father—Columns 14 and 15—as you do for the natural mother.

Remember, if sometime during the interview, after you have completed Columns 13 and 15, you had found it necessary to cross someone off the Household Schedule and to renumber the Line Numbers, you must be sure to make changes in Columns 13 and 15 as appropriate.

#### Columns 16 through 19: EDUCATION

Questions on education are not to be asked for people who are younger than five years old. For anyone under five years old, simply leave these columns blank.

The term "school" means formal schooling, which includes pre-primary, primary, secondary, and post-secondary schooling, and any other intermediate levels of schooling in the formal school system. This definition of school does not include Bible school or Koranic school or short courses like typing or sewing. However, it does include technical or vocational training beyond the primary school level, such as long-term courses in mechanics or secretarial work.

If the person has never attended school, you will leave Columns 17 through 19 blank.

If the person has attended school, you will record the highest level of school the person has attained in the first box on the left in Column 17. Do this by using the codes at the bottom of the page. Then record the highest grade (form/year) the person completed at that level.

*Example:* A child who is currently in the third year of primary school (LEVEL 1) would have completed GRADE 02 (she has not yet completed the third year).

A man who has completed all the grades of primary school would be LEVEL 1, GRADE 06.

A man who left during his first year of secondary school would be recorded as LEVEL 2 and GRADE 00 because the highest level he attended was secondary, but he did not finish any grade at that level.

A respondent knows her son went to primary school but does not know what grade he completed. Record '1' for the level and '98' (DON'T KNOW) for the grade.

The questions in Column 18 through 19 are concerned with recent school attendance. They should be asked of all persons age 5-24 years who ever attended school.

The term "attending school" refers to whether the person generally attends school; it does not measure how often a person actually goes to school but whether the person attends school at all. If a person goes to school occasionally, or usually goes to school but has been absent from school recently, record YES. Record 'NO' only if the person did not attend at all in the current school year.



If the person was in school during the current school year, record the level (using the codes at the bottom of the page) and grade the person is/was attending in Column 19.

When asking the question in Column 18 during school breaks, you should be very careful to emphasize the calendar years to which the questions refer.

#### Column 20: BIRTH REGISTRATION

In this question we are seeking information about whether children ages 0-4 years have a birth certificate. This is because prompt registration at birth is seen as an essential means of protecting a child's right to identity, as well as respect for other child rights.

We begin by asking if the child has a birth certificate. If the respondent says the child does not have a birth certificate then ask if the child was registered with the civil authorities. In Column 20, circle '1' if the child has a birth certificate. Circle '2' if the child does not have a birth certificate but has been registered with the civil authorities; circle '3' if the child does not have a birth certificate and has not been registered; and circle '8' if the respondent does not know.

#### Columns 21 through 22: HEALTH INSURANCE

In these questions we are seeking information about health insurance among the Household members.

Begin by asking the respondent if each member of the household are covered by a health insurance. Follow the instruction in the questionnaire.

For those who are covered ask Q22 and record the main type of health insurance they have in the box in Column 22. Do this by using the codes at the bottom of the page. Then go to the next line if there is no other person go to the next section.

#### CONTINUATION SHEET

If you interview a household that has more than 20 members, mark the box following line 20 on the first page of the schedule. Take a fresh Household Questionnaire, fill in all the information on the cover page, and write "CONTINUATION" on the top. Then on the second Household Questionnaire, change Line Number 01 to 21 and if necessary, change line 02 to 22 and so on in Columns (1), (9), (10), (11), and (11A). Then write the information for these household members. Return to the first Household Questionnaire to complete the interview.

### **Household characteristics (qs. 101-140)**

After asking the questions about each member of the household, you will ask Questions 101 through 140 about household amenities and possessions.

#### Q. 101: HOUSEHOLD SMOKING

This question is designed to measure household exposure to secondhand smoke. It will complement questions asked about tobacco use in the woman's and man's questionnaire.

Secondhand smoke refers to the smoke given off by the burning end of the tobacco product combined with that exhaled by the smoker. Exposure to secondhand smoke can cause lung cancer and heart disease in non-smokers. Secondhand smoke irritates the lungs and has been linked to more severe asthma, and more frequent colds and lung infections in children.

## Q. 102: HOUSEHOLD DRINKING WATER

The purpose of this question is to assess the cleanliness of the household drinking water by asking about the household's main source of water. If drinking water is obtained from several sources, probe to determine the source from which the household obtains the majority of its drinking water. If the source varies by season, record the main source used at the time of interview.

<b>Definitions of Water Source Codes for Q. 102</b>	
<b><u>Response Categories</u></b>	<b><u>Definition</u></b>
<b>Piped into dwelling</b>	Pipe connected with in-house plumbing to one or more taps, e.g. in the kitchen and bathroom. Sometimes called a house connection.
<b>Piped to yard/plot</b>	Pipe connected to a tap outside the house in the yard or plot. Sometimes called a yard connection.
<b>Public tap or standpipe</b>	Public water point from which community members may collect water. A standpipe may also be known as a public fountain or public tap. Public standpipes can have one or more taps and are typically made of brickwork, masonry or concrete.
<b>Tube well or borehole</b>	A deep hole that has been driven, bored or drilled with the purpose of reaching ground water supplies. Water is delivered from a tubewell or borehole through a pump which may be human, animal, wind, electric, diesel or solar-powered.
<b>Protected dug well</b>	A dug well that is (1) protected from runoff water through a well lining or casing that is raised above ground level and a platform that diverts spilled water away from the well and (2) covered so that bird droppings and animals cannot fall down the hole. Both conditions must be observed for a dug well to be considered as protected.
<b>Unprotected dug well</b>	A dug well which is unprotected from runoff water; 2) unprotected from bird droppings and animals; or (3) both.
<b>Protected spring</b>	A spring protected from runoff, bird droppings, and animals by a "spring box" which is typically constructed of brick, masonry, or concrete and is built around the spring so that water flows directly out of the box into a pipe without being exposed to outside pollution.
<b>Unprotected spring</b>	A spring that is subject to runoff and/or bird droppings or animals. Unprotected springs typically do not have a "spring box".
<b>Rainwater</b>	Rain that is collected or harvested from surfaces by roof or ground catchment and stored in a container, tank or cistern.
<b>Tanker truck</b>	Water is obtained from a provider who uses a truck to transport water into the community. Typically the provider sells the water to households.
<b>Cart with small tank</b>	Water is obtained from a provider who transports water into a community using a cart and then sells the water. The means for pulling the cart may be motorized or non-motorized (e.g., a donkey).

<b>Surface water</b>	Water located above ground and includes rivers, dams, lakes, ponds, streams, canals, and irrigation channels.
<b>Bottled water</b>	Water that is bottled and sold to the household in bottles.

Q. 103: LOCATION OF WATER SOURCE

If the response to Q. 102 is TANKER TRUCK (Code '61'), CART WITH SMALL TANK (Code '71'), or BOTTLED WATER (Code '91'), record ELSEWHERE (Code '3') in Q. 103.

Q. 104: TIME TO GET WATER

This question is not asked if the source of drinking water is located within the dwelling or yard/plot or if the household relies on rainwater.

Include the time it takes to get to the source, wait to get water (if necessary), and get back to the house. Record the time it takes to get water by whatever means of transportation the person generally uses, whether the person walks or rides a bicycle or motor vehicle. If the respondent tells you that the water is delivered to their dwelling (a situation that could arise if the water comes from a tanker truck, a small cart with a tank, or is bottled), record '000'.

Convert answers given in hours to minutes. Put zeroes in front of the response if necessary; for example, "30 minutes" would be '030,' and "one hour and a half" would be '090.'

Q104A: DISTANCE BETWEEN THE WATER SOURCE AND THE HOUSEHOLD PLACE.

This question asks the distance from home to the water source. Circle the appropriate code corresponding to the distance.

Qs. 105: 106: TREATMENT OF DRINKING WATER

The purpose of Qs. 105 and 106 is to know whether the household drinking water is treated within the household and if so, what type of treatment is used. The type of treatment used at the household level provides an indication of the quality of the drinking water used in the household.

<b>Definitions of Water Treatment Codes for Q. 106</b>	
<b><i>Response Categories</i></b>	<b><i>Definition</i></b>
<b>Boil</b>	Boiling or heating of water using any source of cooking energy.
<b>Add bleach/chlorine</b>	Use of free chlorine to treat drinking water. Free chlorine may be in the form of liquid sodium hypochlorite, solid calcium hypochlorite, or bleaching powder.
<b>Strain it through a cloth</b>	Pouring water through a cloth which acts as a filter for collecting particulates from the water.
<b>Using a water filter (ceramic/sand/composite/etc.)</b>	The water flows through media to remove particles and at least some microbes from water. Media used in filtering systems usually include ceramic, sand and composite.
<b>Solar disinfection</b>	Exposing water, which is stored in buckets, containers, or vessels, to sunlight.
<b>Let it stand and settle</b>	Holding or storing water undisturbed and without mixing long enough for larger particles to settle out or sediment by gravity.

## Qs.106A, 106B, and 106C: STORAGE OF DRINKING WATER

These series of questions aim at knowing if treated water is well stored.

Q. 106A asks if the Household has something to store the drinking water, if the response is ‘YES’ continue to Q.106B and ask to see the container in which the drinking water is stored then to Q.106C ask the number of times per week the container is washed.

To Q106B record if you have really observed the container and to Q.106 C record the number of times per week if ‘Less than 7’ or circle ‘7’ for ‘7 times or more’ or ‘8’ if he/she doesn’t know.

## Q. 107: TOILET FACILITIES

The purpose of this question is to obtain a measure of the sanitation level of the household, since toilet facilities are important for disease control and health improvement. If the respondent answers in general terms such as “flush toilet,” probe to determine where the toilet flushes to; likewise, if the respondent answers “latrine”, probe to determine the type of latrine. Below are some definitions for the terms used in the codes for Q. 107.

<b>Definitions of Toilet Facility Codes in Q. 107</b>	
<b><i>Response Categories</i></b>	<b><i>Definition</i></b>
<b>Flush/pour flush toilet</b>	A <u>flush</u> toilet uses a cistern or holding tank for flushing water and has a water seal, which is a U-shaped pipe, below the seat or squatting pan that prevents the passage of flies and odors. A <u>pour flush</u> toilet uses a water seal, but unlike a flush toilet, a pour flush toilet uses water poured by hand for flushing (no cistern is used).
- to piped sewer system	A system of sewer pipes (also called sewerage), that is designed to collect human excreta (feces and urine) and wastewater and remove them from the household environment. Sewerage systems consist of facilities for collection, pumping, treating and disposing of human excreta and wastewater.
- to septic tank	An excreta collection device consisting of a water-tight settling tank normally located underground, away from the house or toilet.
- to pit latrine	A system that flushes excreta to a hole in the ground.
- to somewhere else	A system in which the excreta is deposited in or nearby the household environment in a location other than a sewer, septic tank, or pit, e.g., excreta may be flushed to the street, yard/plot, drainage ditch or other location.
<b>Pit latrine</b>	Excreta is deposited without flushing directly into a hole in the ground.
- ventilated improved pit latrine (VIP)	A latrine ventilated by a pipe extending above the latrine roof. The open end of the vent pipe is covered with gauze mesh or fly-proof netting and the inside of the superstructure is kept dark.
- pit latrine with slab	A latrine with a squatting slab, platform or seat firmly supported on all sides which is raised above the surrounding ground level to prevent surface water from entering the pit and for ease of cleaning.
- pit latrine without slab/ open pit	A latrine without a squatting slab, platform or seat. An open pit is a rudimentary hole in the ground where excreta is collected.
<b>Composting toilet</b>	A toilet into which excreta and carbon-rich material are combined (vegetable wastes, straw, grass, sawdust, ash) and special conditions maintained to produce inoffensive compost.

<b>Bucket toilet</b>	Involves the use of a bucket or other container for the retention of feces (and sometimes urine and anal cleaning material), which is periodically removed for treatment or disposal.
<b>Hanging toilet/Hanging Latrine</b>	A toilet built over the sea, a river, or other body of water allowing excreta to drop directly into the water.

Q. 108 AND 109: SHARED TOILET FACILITIES

Q. 108 asks about whether the toilet facilities are shared with one or more other households. In Q. 109, we want to find out how many households use the same facility. This is an important measure of the level of hygiene in the household.

Q. 109A: TOILET CLEANLINESS

This is an observation not a question since you will be able to see for yourself how clean the toilet facility is.

Q. 110: HOUSEHOLD ITEM

The answers to these questions on ownership of certain items will be used as a rough measure of the socioeconomic status of the household. Read out each item and circle the answer given after each item. Do not leave any item(s) blank.

If the respondent reports that a household item such as a radio is broken, try to find out how long it has been broken and whether it will be fixed. If the item appears to be out of use only temporarily, circle '1' for YES. Otherwise, circle '2' for NO.

Q. 111: FUEL FOR COOKING

Information on the type of fuel used for cooking is collected as another measure of the socioeconomic status of the household. The use of some cooking fuels can also have adverse health consequences. Remember that this question asks about fuel for cooking, not fuel for heating or lighting. The category 'biogas' includes gases produced by fermenting manure in an enclosed pit.

If the household uses more than one fuel for cooking, find out the fuel used most often. If any fuel other than the precoded ones is reported as being the main fuel used for cooking, circle '96' and specify the type of fuel in the space provided.

*LPG: Liquefied Petroleum Gas*

Q. 112 AND 113: PLACE WHERE FOOD IS COOKED

The purpose of question. 112 is to collect information on the location where food is prepared in the household: in the household, in a separate building, or outdoors. This information is important in providing an indicator of the air quality inside and around the dwelling. In Q. 113, information on whether the household has a separate room used as a kitchen provides additional information on the hygiene status of the household.

Q. 114: FLOOR MATERIAL

This is an observation not a question since you will usually be able to see for yourself what kind of floor the house has. However, ask if you are not sure.

If there is more than one kind of flooring material, record the main type of material (the material that covers the largest amount of floor space).

#### Q. 115: ROOF MATERIAL

As with the floor material, you will usually be able to see for yourself what kind of roof material the house has. However, observing the roof material may not always be easy or you may be able to observe part but not the whole roof. Ask the respondent if you are not sure or if you cannot observe the roof properly. If the household lives in an apartment building, look at the roof from a reasonable distance and ask the respondent if necessary. If there is more than one kind of roofing material, record the main type of material (the material that covers the largest amount of roof space).

#### Q. 116: WALL MATERIAL

As with the floor and roof materials, you will usually be able to see for yourself what kind of material the exterior walls are made of. However, ask the respondent if you are not sure. Again, if there is more than one kind of wall material, record the main type of material (the material that covers the largest amount of wall space).

#### Q. 117: NUMBER OF ROOMS FOR SLEEPING

#### Q. 118: OWNERSHIP OF WATCH/MEANS OF TRANSPORTATION

As another rough measure of socioeconomic status, we also ask whether any member of the household owns a watch or various means of transport, e.g., a bicycle, motorcycle, or car or other means of transportation. A small child's bicycle is primarily a toy and should not be recorded here.

#### Qs. 119 and 120: OWNERSHIP OF AGRICULTURE LAND

Ownership of agriculture land is another important indicator of the socioeconomic status of the household. First ask Q. 119 to find out whether any member of the household owns any land that can be used for agriculture. If the answer is YES, ask Q. 120 on the number of hectares owned altogether by the members of the household. Record the answer in the respective boxes. If the number of hectares owned is more than '95', record '950'; if the number of hectares is unknown, record '998'.

#### Qs. 121 and 122: OWNERSHIP OF LIVESTOCK, HERDS, POULTRY OR OTHER FARM ANIMALS

Information on whether households own any livestock, herds, poultry or other animals and how many they own is used as an additional indicator of the socioeconomic status of the household. First, ask Q. 121 to find out whether the household owns any livestock, herds, other farm animals or poultry. If YES, ask Q. 122 to find out what type of animals the household owns and how many of each. Read out each item and be sure to record the number in the respective boxes for each item. Do not leave any blank.

#### Q. 123: BANK ACCOUNT

Ask if any member in the household has an account with a bank, credit association or other similar organization in which they can deposit and withdraw funds. Record the appropriate answer. This does not include savings programs at the community level.

#### Qs. 123A- 123E: HEALTH INSURANCE

Question Q123A is a filter on health insurance.

Check Q 21; if all members are covered by a health insurance skip to Q. 126. If only some or none of the member of the household is covered ask the next question.

Q123E ask the respondent if the household plans to obtain health insurance for those members not covered and circle the appropriate answer.

#### Qs. 126 and 127: POSSESSION OF MOSQUITO NETS

It is recognized that the consistent use of insecticide-treated mosquito nets (ITN) decreases the incidence of malaria and malaria-related deaths, especially in very young children. Consequently, many countries are now instituting programs that promote the use of ITNs.

Q.126 inquires about whether the household has any mosquito nets, and, for households with at least one mosquito net, information is collected on the total number of mosquito nets in the household (Q.127). It does not matter if the nets are actually used or even if they are set up. If they are in the household and could be used while sleeping, they should be counted. Note that 'cake covers' or baby nets that are used to keep flies off infants, usually during the daytime, are not considered mosquito nets. These nets cannot be treated with insecticide. Window screens are also not considered mosquito nets.

#### Qs. 128 through 136: TYPE OF NETS, TREATMENT WITH INSECTICIDE, AND USE ON THE NIGHT BEFORE THE INTERVIEW

There are various types and brands of mosquito nets. Some require regular treatment with insecticide; others are factory treated and do not require any treatment for 6-12 months (pretreated) or 36 months (long-lasting insecticide-treated net; LLIN). In order to assess the effectiveness of mosquito net use in preventing malaria, we need to gather information on how long the household has had each net, the brand of net, whether the net has been treated with insecticide, and whether household members use the nets when they sleep at night.

To obtain this information, you will need to ask Qs. 128 through 136 as applicable for each net that the household owns. Ask to see all of the nets that the household has and systematically ask the questions for each net as it is shown to you, beginning with the first net. Even if you cannot directly observe a net, you must ask the questions for each net the household member reports.

To distinguish each net, you may use phrases like, "Now let's talk about the first net you showed me" or 'Let's talk about the net which (NAME) uses'. If a household has more than 3 nets, use an additional questionnaire. At the top of pages 13 and 14, rename the columns 'NET #4', 'NET#5', AND 'NET #6'.

#### Q. 128: NET OBSERVED OR NOT

For each net, record first whether you actually observed the net.

#### Q.129: WHEN NET OBTAINED

Then ask how many months ago the household obtained the net. If the net was obtained within 36 months from the interview date, you must record the actual number of months before the interview that the net was obtained. If the household got the net more than 36 months ago, record '95'. The respondent may tell you that they are not exactly certain when the net was obtained. In such cases, probe to try to get some idea of approximately how many months ago the net was obtained. Record '98' (NOT SURE) if the respondent does not have any idea of how long ago the household obtained the net.

### Qs. 130 and 131: TYPE AND BRAND OF NET AND INSECTICIDE TREATMENT

Q. 130 asks about the type and brand of net. You will become familiar with the most common brands of nets during the training; however, you may encounter nets in the field that you will not recognize. If the respondent tells you or you learn from the packaging that the net is a LLIN, a LLIN but not one of the listed brands or if you cannot determine the brand circle '16'. Similarly if you determine that the net is pretreated but it is not one of the listed brands or you cannot determine the brand, circle '26'. If you cannot observe the net and the brand is unknown, show pictures of typical net types/brands to the respondent in an effort to identify it.

In some cases, you may be able to identify the net brand but not whether it is a LLIN or a pretreated net; for those nets, circle '96' (OTHER). When you cannot obtain information on either the type or brand of a net, circle '98' (DK BRAND).

If the response to Q. 130 is either "OTHER" or "DK BRAND," you must ask Q. 131. Probe to determine if the respondent knows whether or not the net was treated when the household first got it.

### Qs. 132 and 133: INSECTICIDE TREATMENT OF PRETREATED NETS

Qs. 132 and 133 obtain information on whether the household has ever treated the net with insecticide and, if so, how many months ago the net was last treated. When asking Q.132, make sure that the respondent understands that you don't mean simply "washing the net" or spraying it with insecticide from a can or canister. We want to know whether the net was soaked or dipped in an insecticide. This information will be linked to the information on the type of net and when the net was obtained to determine if the net is still effective.

### Qs. 133A through 133C: WHERE NET OBTAINED AND CONDITION AND SHAPE OF NET

In Q. 133A asks where the respondent got the net. Qs. 133B and 133C are both observations not questions since you will usually be able to see for yourself what the condition of the mosquito nets is and its shape (conical or rectangle).

### Qs. 134 and 135: SLEEPING UNDER THE MOSQUITO NET

These questions help us to link a particular mosquito net to the person(s) who slept under it the night before the survey. Obviously it does little good to have up-to-date treated nets in the household if they are not used for sleeping at night. In Q. 134, ask the respondent if anyone slept under each mosquito net last night, and if the respondent answers YES, record in Q. 135 who slept under the net last night. If more than four people slept under a single net the night before the survey, record only the first four people mentioned by the respondent. For each person mentioned, record their name and their corresponding line number from the household schedule.

### Q. 136: FILTER FOR NEXT NET

At this point, go back to Q.128 for the next net. If you have finished these questions for all the nets belonging to the household, proceed to Q. 137.

### Qs. 137 through 139: HANDWASHING

These questions measure a key aspect of personal hygiene that has implications on the health of all household members, but is especially important for children. In Q. 137, ask the respondent to show where members of the household wash their hands. If the location is observed, note whether or not water is available (Q. 138) and whether soap/detergent or ash/mud/sand is present (Q. 139).



#### Q. 140: TYPE OF SALT

The purpose of this question is to assess whether the household uses salt that has been fortified with iodine in cooking. Fortified salt prevents iodine deficiency. Iodine is an important micronutrient and a lack of it may lead to an enlarged thyroid gland in the neck known as goiter or other thyroid-related health problems.

Ask the respondent for a sample of cooking salt (a quantity of about one half teaspoon). If the household uses more than one type of salt, make sure that the sample provided is the salt that the household uses for cooking. Spread the salt on a clean plate, piece of paper, or other flat surface.. If you are using a new test kit for the first time, start by opening the seal of the test-solution ampoule (white cap) and the retest-solution ampoule (red cap) by making a pin hole in the seal. To test the salt for iodine content, first shake the vial of liquid from the clear ampoule and gently squeeze two drops of the liquid on the surface of the salt sample. If the salt is iodized, the wet salt should turn a violet/blue color. Circle '1' for IODINE PRESENT in Q. 140 and continue with the next question.

If there is no color change, you need to continue the testing using liquid from the pink ampoule on the same sample of salt. Shake the vial of liquid in the pink ampoule and gently squeeze two drops of the recheck solution on the same spot on the salt. As above, if the salt turns a violet/blue color, circle '1' for IODINE PRESENT in Q. 140. If the color does not change, circle '2' for NO IODINE. If the light indoors is inadequate to detect a subtle color change, it may be necessary to examine the salt sample outdoors.

If the household does not have salt, circle '3' for NO SALT IN HOUSEHOLD. If the household refuses to give salt for testing, circle '6' for SALT NOT TESTED. Record the reason that the salt was not tested.

#### **Domestic violence grid (q. 141m and 141w)**

The Man's Questionnaire is administered to all eligible men in the household with the exception of Section 9 entitled 'Relationship in the Household.' This section is administered to ONLY ONE man per household. This man must be selected at random. To select which man is to receive that section, you will have to randomly select one man among all the eligible men.

Q 141m describes the selection procedures to select the eligible man for the domestic violence module. Use this table only if the household was selected for male domestic violence.

The Woman's Questionnaire is administered to all eligible women in the household with the exception of Section 12 entitled 'Relationship in the Household.' This section is administered to ONLY ONE woman per household. This woman must be selected at random. To select which woman is to receive that section, you will have to randomly select one woman among all the eligible women.

Q 141w describes the selection procedures to select the eligible woman for the domestic violence module. Use this table only if the household was selected for female domestic violence.

#### **Anthropometry, Anemia, Malaria and HIV testing (qs. 201-410)**

Height, weight measures, anemia and Malaria will be obtained for all eligible women (15-49) and children aged 0-5 years in 50% of the Households sampled.

Height and weight measures will be obtained for all eligible men (15-59) ) **in Households selected for man survey** (i.e in the remaining 50% of Households sampled).

HIV testing will be obtained from all women (15-49) and men (15-59) in Households selected for man survey (i.e 50% of all sampled Households) and HIV testing for children (0-14) will be obtained in a half of Households selected for man survey (i.e 25% of all sampled Households).

A special manual has been prepared for the training for height and weight measurements, anemia testing, malaria testing, and HIV testing.

### **C. RETURN TO COVER PAGE**

After you have finished filling out the Household Questionnaire, go back to the cover page of the Household Questionnaire.

### **INTERVIEWER VISITS**

After you have contacted the household, you will need to write in the result of your visit. The spaces under (2) and (3) are for recording the results of any call backs that you may have to make if you cannot contact the household on your first visit. Remember, you must make at least three different visits to try to obtain an interview with a household.

### **RESULT CODES**

The result of your final visit to a household is recorded in two places: on the cover sheet of the Household Questionnaire and in Column (5) of the Interviewer's Assignment Sheet. You will make every attempt to contact and interview the household, but sometimes it may happen that you make three visits to the household (at different times) and are unable to conduct the interview. In this case, you record the result of the third visit.

The following are descriptions of the various result codes:

- Code 1 Completed. Enter this code when you have completed the household interview.
- Code 2 No household member at home or no competent respondent at home at time of visit. This code is to be used in cases in which the dwelling is occupied, but no one is at home. If no one is at home when you visit, or if there is only a child at home or an adult member who is ill, deaf, or mentally incompetent, enter Code '2' as the result of the visit. Try to find out from a neighbor or from the children when a competent adult will be present and include this information in the visit record.
- Code 3 Entire household absent for extended period of time. This code is to be used only in cases in which no one is at home and the neighbors say that no one will return for several days or weeks. In such cases, enter Code '3' as the result of that visit. Since the neighbors may be mistaken, you should make callbacks to the household to check that no one has returned. In cases in which no one is at home and you cannot find out whether they are gone for a few hours or a few weeks, enter Code '2.'
- Code 4 Postponed. If you contact a household, but for some reason, it is not convenient for them to be interviewed, then schedule a callback interview and enter Code '4' on the cover sheet as a result code for that visit. If there is some extreme circumstance such that the interview is never conducted, you would enter Code '4' for the final result code.
- Code 5 Refused. The impression you make during your initial contacts with members of a household is very important. Be careful to introduce yourself and explain the purpose of the survey. Stress that the interview takes only a short amount of time and that the information will be confidential. If the individual with whom you first talk is unwilling to

cooperate, ask to speak with another member of the household, such as the household head. Suggest that you can return at another time if it would be more convenient. If the individual still refuses to cooperate, enter Code '5' and report the problem to your supervisor.

- Code 6 Dwelling vacant or address not a dwelling. In some cases you may find that a structure number assigned to you is unoccupied, that is, it is empty with no furniture and is not being lived in. This is what we call "vacant," and you should enter Code '6.' Other times, you may find that a structure is not a residential unit. It is a shop, church, school, workshop, or some other type of facility that is not used as a living area. After making sure there are no residential units in back of or above the premises, enter Code '6' as the result for the visit. Be sure to report the situation to your supervisor.
- Code 7 Dwelling destroyed. If the dwelling was burned down or was demolished in some other manner, enter Code '7.'
- Code 8 Dwelling not found. You should make a thorough search, asking people in the area whether they are familiar with the address or the name of the household head. If you are still unable to locate the structure, you should enter Code '8' as the result for the visit to that household and inform your supervisor.
- Code 9 Other. There may be times that you cannot interview a household and the above categories do not describe the reason. Examples of cases that would fit in the 'Other' category would be if the entire cluster is flooded and inaccessible or if the household is quarantined because of a disease.

#### FINAL VISIT

After you have paid your last visit to the household, you will fill in the boxes under FINAL VISIT. The date on which you completed the household interview is recorded in the DAY, MONTH, YEAR boxes. For example, the last day in October 2014 would be DAY 31, MONTH 10, YEAR 2014. Write your assigned interviewer number in the boxes labeled INT. NUMBER.

Record the result for the final visit in the RESULT box. Add up the number of visits you made for the household interview and enter the total in the box labeled TOTAL NUMBER OF VISITS.

#### TOTAL IN HOUSEHOLD AND TOTAL ELIGIBLE WOMEN AND MEN

After you have completed the household interview, you will record the total number of people listed in the schedule in the boxes labeled TOTAL PERSONS IN HOUSEHOLD. You will also record in the boxes labeled TOTAL ELIGIBLE WOMEN the total number of women in the household who are eligible for interview with the Woman's Questionnaire. If there are no eligible women then write '00'. If the household is selected for male interview, write the total number of eligible men in the boxes labeled TOTAL ELIGIBLE MEN. If the household is not selected for male interview, leave these boxes blank. In the boxes labeled LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE record the Line Number of the person who was your respondent.

#### BOTTOM OF COVER PAGE

At the bottom of the cover page, the supervisor will write his name and enter his identifier number. The field editor will also write her name and number. Office editing and data entry will only be done in the main office, and space is provided for the office editor and data entry person to record their identifier numbers.

#### PREPARE AN INDIVIDUAL QUESTIONNAIRE FOR EACH ELIGIBLE PERSON

After completing a household interview, allocate an Individual Questionnaire for each eligible respondent identified in the household. You will fill in the identification information on the cover sheet of the Individual Questionnaire for each eligible respondent identified in the Household Schedule. For example, if after completing the household interview, you have found that there are three women and one man eligible for the individual interview, you will take three Woman's Questionnaires and one Man's Questionnaire and fill in the identification information for each of the four respondents.

The identification information on the Individual Questionnaire is similar to the identification information on the Household Questionnaire. However, you must write the eligible respondent's name and the Line Number he/she was assigned in the Household Schedule in Column 1. If an eligible respondent is immediately available, proceed to interview them.

Finally, using information from the household schedule, you will complete Section 2 of the Household Questionnaire for all children, women, and men eligible for height, weight, hemoglobin measurement, malaria testing or HIV testing. In Q. 202, record the names and line numbers of all children whose line numbers are circled in Column 11. In Q. 215, record the names and line numbers of all women whose line numbers are circled in Column 9, and in Q. 244, write down the name and line numbers of all men whose line numbers are circled in Column 10. If there are more than six eligible children, or more than three eligible women or men, use an additional questionnaire.

After completing the interviews with the eligible respondents, you will return the completed Household Questionnaire to your field editor with ALL of the Individual Questionnaires tucked inside.

## **V. WOMAN'S QUESTIONNAIRE**

The Woman's Questionnaire consists of a cover page and ten sections as follows:

- Section 1: Respondent's Background
- Section 2: Reproduction
- Section 3: Contraception
- Section 4: Pregnancy and Postnatal Care
- Section 5: Child Immunization, Health and Nutrition, Early Child Development
- Section 6: Marriage and Sexual Activity
- Section 7: Fertility Preferences
- Section 8: Husband's Background and Woman's Work
- Section 9: HIV/AIDS
- Section 10: Other Health Issues
- Section 11: Adult Mortality
- Section 12: Domestic Violence

In addition, an event calendar where information about a respondent's births, unions, and periods of contraceptive use is recorded is found at the back of the Woman's Questionnaire. The questionnaire also includes a page for field staff to record observations about the interview.

### **COVER PAGE**

After completing the household questionnaire, you should have prepared a questionnaire for each eligible woman by filling in the identification section on the cover page. As you begin to interview the woman, you should fill in the area labeled "Interviewer Visits." Here, you will record your own name, keep a record of your visits, and record the final date and result code. You will also be entering this information into your Interviewer's Assignment Sheet.

Check the cover page of the household questionnaire to see if the household is selected for female domestic violence module. Check also Q. 141w in household questionnaire to see if the woman is selected for domestic violence module.

For each question, check and record '1' in the box if 'YES' or '2' if 'NO'.

### **SECTION 1: RESPONDENT'S BACKGROUND**

In the first section of the questionnaire, you will begin by obtaining the respondent's consent to the interview and then collect some general background information on the respondent.

#### **INFORMED CONSENT**

The respondent's consent for participation in the survey must be obtained before you can begin the interview. Read the informed consent statement exactly as it is written. This statement explains the purpose of the survey. It assures the respondent her participation in the survey is completely voluntary and that she can refuse to answer any questions or stop the interview at any point.

After reading the statement, **you** (not the respondent) must sign in the space provided to affirm that you have read the statement to the respondent.

If the woman does not agree to be interviewed, circle '2', thank the respondent, and end the interview. Then write '4' (REFUSED) as the result on the cover sheet.

REQUEST FOR DOCUMENTS

Before you begin the individual interview, ask the respondent to collect any birth certificates, identity cards, and health/immunization cards that she has for herself and her children. To complete some sections of the questionnaire, you will need to examine these documents, so assure the respondent that you have plenty of time to wait while she looks for them.

Q. 101: TIME

Record the time of the day you start the woman's interview using the 24-hour system. If the hour or minutes are less than 10, put a zero in the first box

Half past nine in the morning is:	HOUR.....	0	9
	MINUTES .....	3	0
Half past four in the afternoon is:	HOUR.....	1	6
	MINUTES .....	3	0

Q. 102: MONTH AND YEAR OF BIRTH

Qs. 102 and 103 must be asked independently of the information on the Household Questionnaire. Even if you already asked the respondent her age when you were completing the Household Questionnaire, you must ask again for her date of birth on the Woman's Questionnaire.

If the respondent knows her date of birth, write it in the appropriate boxes for MONTH and YEAR. You will need to convert the month into numbers. For this, January is '01', February is '02', March is '03', and so on. If she does not know her month of birth, circle '98' for DON'T KNOW MONTH and ask her for the year of her birth. If she knows the year, write it in the boxes for YEAR. Try under all circumstances to obtain at least the year of birth.

If the respondent is unable to provide this information, ask whether she has any documentation such as an identification card or a birth or baptismal certificate that might give her date of birth. Circle '9998' for DON'T KNOW YEAR only if the respondent does not know and cannot provide any record showing her birth date.

Q. 103: AGE

This is one of the most important questions in the interview, since almost all analysis of the survey data depends on the respondent's age. You must ask Q. 103 even if the woman provided her birth date in response to Q. 102.

If the woman **knows** her age, write it in the space provided. If the woman **does not know** her age, you will need to use one of the following methods to estimate her age.

- (a) If the **year of birth is reported** in Q. 102, compute the woman's age as follows:

- Already celebrated birthday in the current year. If the woman has had her birthday in the current year, subtract the year of birth from the current year 2014/ 2015.
- Not yet celebrated birthday in the current year. If the woman has not yet had her birthday in the current year, subtract the year of birth from last year 2013/2014.
- Does not know when her birthday is. If the woman does not keep track of the time within a year when her birthday falls, it is sufficient to subtract year of birth from the current year 2014/2015.

(b) If the woman **does not know** her age, and **year of birth is not reported** in Q. 102, you will have to probe to try to estimate her age. There are several ways to probe for age:

1) Ask the respondent how old she was when she got married or had her first child, and then try to estimate how long ago she got married or had her first child.

*Example:* If she says she was 19 years old when she had her first child and that the child is now 12 years old, she is probably 31 years old.

2) Relate her age to that of someone else in the household whose age is more reliably known.

3) Try to determine how old she was at the time of an important event such as war, flood, earthquake, change in political regime, etc. and add her age at that time to the number of years that have passed since the event.

(c) The woman **does not know** her age and probing did not help.

If probing does not help in determining the respondent's age and date of birth was not recorded in Q. 106, you will have to estimate her age. Remember, this is a last resort to be used only when all your efforts at probing have failed.

### Checking Consistency of Birth Date and Age Responses

If the woman answers both Qs. 102 and 103, i.e., she gives both her birth date and her age, you must check that her answers are consistent. There are two methods for checking whether the age and year of birth are consistent: the **arithmetic method** and the **chart method**. A detailed description of each method follows. You may use either method to check the consistency of birth date and age information.

#### Arithmetic Method

The arithmetic procedure requires that you first calculate the sum of the year of birth and the age. Use the margin of the questionnaire to do the necessary arithmetic. Then apply one of the following rules to determine if these responses are consistent.

(1) IF BOTH MONTH AND YEAR ARE RECORDED IN QUESTION 102

- If the month of birth is before the month of interview (the respondent has had her birthday this year), then her age plus the year of birth should equal the year of interview 2010.

*Example:* A respondent that you interview in July 2010 tells you that she was born in January 1964 and is 46 years old. Her responses are **consistent**, i.e., her month of birth (January) is before the month of interview (July) and the year of birth (1964) and age (46) sum to the year of interview (2010).

Another respondent that you interview in July 2010 says she was born in May 1986 and she is 23 years old. Her responses are **inconsistent**, i.e., her year of birth (1986)

and age (23) sum to 2009 rather than to 2010 as would be expected given that her month of birth (May) is before the month of interview (July).

- If the month of birth is after the month of interview (she has not had her birthday this year), then her age plus her year of birth should equal the previous year 2009.

*Example:* A respondent interviewed in July 2010 tells you that she was born in December 1977 and is 32 years old. Her responses are **consistent**, i.e., her month of birth (December) is after the month of interview (July) and the year of birth (1977) and age (32) sum to the previous year (2009).

Another respondent interviewed in July 2010 says that she was born in September 1973 and is 38 years old. Her responses are **inconsistent**, i.e., her year of birth (1973) and age (38) sum to 2011 rather than to 2009 as would be expected given that her birth month (September) is after the month of interview (July).

- If the month of birth is the same as the month of interview, then a sum of either 2009 or 2010 is acceptable.

## (2) IF ONLY YEAR OF BIRTH IS RECORDED IN Q. 102.

Add the year of birth to the respondent's age. Accept the sum if it is equal to either to the year of interview 2010 or the previous year 2009.

*Example:* A respondent tells you she was born in 1980 and is 30 years old. Her answers are **consistent** since the sum of her year of birth (1980) and her age (30) is 2010.

Another respondent tells you she was born in 1980 and her age is 29 years. Her responses are **consistent** since the sum of the year of birth (1980) and her age (29) is 2009.

A third respondent tells you that she was born in 1980 and is 31 years old. Her responses are **inconsistent** since the sum of her year of birth and her age (31) is 2011.

## Chart Method

You may use the Age/Birth-Date Consistency Chart (Figure 2) to check the consistency of the information the respondent provides. In using the chart, you will choose one of two approaches, depending on the type of information you have recorded in Q.102.

### (1) IF BOTH MONTH AND YEAR ARE RECORDED IN Q. 102.

Enter the chart at the age you recorded in Q. 103. If the month of birth is before the month of interview (she has already had her birthday this year), use the right hand column to see what year of birth is consistent with that age. If the month of birth is after the month of interview (she has not yet had her birthday this year), use the left hand column to see what year of birth is consistent with that age.

If the year of birth recorded in Q. 102 is not the same as the year of birth in the chart, then Qs. 102 and 103 are inconsistent and you will have to make a correction.

### (2) IF ONLY YEAR OF BIRTH IS RECORDED IN Q. 102.



Enter the chart at the age you recorded in Q. 103. The year of birth listed in either the left or right hand column is consistent with that age.

If the year of birth recorded in Q. 102 is not the same as one of the two years of birth recorded in the chart, then Qs. 102 and 103 are inconsistent and you will have to make a correction.

### **HOW TO CORRECT INCONSISTENT ANSWERS**

If the recorded birth date (Q. 102) does not agree the age in Q. 103, you must correct the inconsistency. Do this by further probing and adjusting the age, the birth date, or both. It is important to understand that either or both of the two pieces of information may be incorrect. Do not always assume that an inconsistency means, for instance, that the date of birth was given correctly and that the age is incorrect. It could be that the date or both the age and the date are incorrect.

Remember, you **MUST** fill in an answer to Q.103.

Finally, before moving on to the next question, verify that the respondent is indeed eligible. If the woman is younger than 15 years or older than 49, you have to terminate the interview. Do this tactfully by asking two or three more questions and then thank the respondent for her cooperation. Write INELIGIBLE on the cover page of the questionnaire.

When this happens, you must also correct the age and eligibility information for this woman in Columns 7 and 9 on the Household Questionnaire. In addition, you will have to correct the total number of eligible women reported on the cover page of the Household Questionnaire. Finally, you will need to correct your Interviewer's Assignment Sheet; cross out the woman's name on the assignment sheet and note in the observations that the woman was not eligible.

Note that you should correct the information on the woman's age in the Household Questionnaire only when it affects her eligibility status. Otherwise do not change the age response in the household questionnaire.

**FIGURE 2. AGE/BIRTH-DATE CONSISTENCY CHART FOR SURVEY IN 2014**

Current Age	Year of birth			Current Age	Year of birth	
	Has not had birthday in 2014	Has already had birthday in 2014			Has not had birthday in 2014	Has already had birthday in 2014
	Don't know				Don't know	
0	2013	--		30	1983	1984
1	2012	2013		31	1982	1983
2	2011	2012		32	1981	1982
3	2010	2011		33	1980	1981
4	2009	2010		34	1979	1980
5	2008	2009		35	1978	1979
6	2007	2008		36	1977	1978
7	2006	2007		37	1976	1977
8	2005	2006		38	1975	1976
9	2004	2005		39	1974	1975
10	2003	2004		40	1973	1974
11	2002	2003		41	1972	1973
12	2001	2002		42	1971	1972
13	2000	2001		43	1970	1971
14	1999	2000		44	1969	1970
15	1998	1999		45	1968	1969
16	1997	1998		46	1967	1968
17	1996	1997		47	1966	1967
18	1995	1996		48	1965	1966
19	1994	1995		49	1964	1965
20	1993	1994		50	1963	1964
21	1992	1993		51	1962	1963
22	1991	1992		52	1961	1962
23	1990	1991		53	1960	1961
24	1989	1990		54	1959	1960
25	1988	1989		55	1958	1959
26	1987	1988		56	1957	1958
27	1986	1987		57	1956	1957
28	1985	1986		58	1955	1956
29	1984	1985		59	1954	1955

#### Q. 104: EVER ATTENDED SCHOOL

The term “school” means formal schooling, which includes primary, secondary, and post-secondary school and any other intermediate levels of schooling in the formal school system. It includes technical or vocational training beyond the primary-school level, such as long-term courses in mechanics or secretarial work. However, this definition of school does not include Bible school or Koranic school or short courses like typing or sewing.

#### Q. 105: HIGHEST LEVEL ATTENDED

Record the highest level the respondent ever attended, regardless of whether or not the year was completed. For example, if she attended secondary school for only two weeks, record SECONDARY.

#### Q. 106: HIGHEST GRADE/FORM/YEAR COMPLETED

For this question, record only the highest grade (form/year) that the respondent successfully completed at that level.

*Example:* if a woman was attending Grade 3 of secondary school and left school before completing that year, record ‘02’. Although Grade 3 was the highest year she attended, she completed two years of secondary school.

Note that you will record the number of years completed at the level that was recorded in Q. 105.

*Example:* If a woman attended only two weeks of Grade 1 of secondary school, record ‘00’ for completed years.

#### Q.107: FILTER FOR EDUCATION LEVEL

#### Q. 108: LITERACY

Based on your knowledge of the respondent, choose the card with the language in which the respondent is likely to be able to read if she is literate. Show the first sentence on the card to the respondent. Give the respondent enough time to read the sentence; do not rush her. Record whether the respondent was not able to read the sentence at all, was able to read only parts of the sentence, or was able to read the whole sentence. If the respondent asks for a sentence in another language and you were provided a card with sentences in that language, show the respondent the appropriate card. If there is no card with sentences in the language required, circle ‘4’ and specify the language.

It is important to avoid the problem of having other respondents in the household overhear the sentence being read. Subsequent respondents in the household might be able to repeat the sentence when they are interviewed, even if they are unable to read. If there is a second eligible respondent in the household, show her the second sentence on the card. Show the third respondent the third sentence on the card, and the fourth respondent the fourth sentence. If there are more than five respondents, start again with the first sentence on the card.

#### Q.109: FILTER FOR LITERACY LEVEL

#### Q. 110: NEWSPAPER/MAGAZINE READING

The purpose of this question is to find out whether the respondent is exposed to influences outside her local community by means of reading newspapers or magazines. It does not matter what type of articles she reads, what language she reads in, or who buys the newspapers or magazines she reads. The question is simply about how often she reads them. Make sure that you read the entire question before accepting her answer.

### Q. 111: RADIO LISTENING

It does not matter who owns the radio or what program(s) she listens to. The respondent must be listening to programming on the radio (not cassettes or CDs).

### Q. 112: TELEVISION WATCHING

As with Qs. 110 and 111, the purpose is to get an idea of how much exposure the respondent has to influences outside her place of residence. It does not matter who owns the television or what program she watches.

### Q. 113: RELIGION

If the religion of the respondent is not provided in the list, write in their religion in the space next to 'OTHER'.

### Qs. 115 and 116: TRAVEL AWAY FROM HOME

Q.115 asks about the number times within the 12 month-period prior to the interview that the respondent spent at least one night away from the home. For respondents who have been away from home, Q. 116 seeks information on whether any of the respondent's trips lasted more than one month (28 days).

*Example:* A respondent recently visited her mother in the same village and slept there for the night. Circle '00' in Q. 115 and skip to Q. 201, since the respondent did not travel away from her home community.

A respondent visits the capitol city every Friday morning to sell produce at the market but she has spent the night in the city only twice in the past 12 months. Record '02' in Q. 115, and circle '2' in Q. 116.

Note that, for visitors, the questions refer to trips away from the community where they usually reside. Thus, unless the visitor is from another household in the community in which you are interviewing, the response in Q. 115 cannot be '00' (None).

## **SECTION 2: REPRODUCTION**

In this section, information is collected about the births that a woman has had during her life, her current pregnancy status, any pregnancies she had during the five-year period before the survey that did not end in a live birth, the timing of the start of her last menstrual period, and her knowledge of the monthly menstrual cycle. This is a particularly important section, and you need to be especially careful to obtain all the required information.

### GENERAL NOTES ABOUT Qs. 201-210 AND Qs. 211-221

These two groups of questions collect information about all births that the woman has had (no matter who the father is). It is important that you understand which events to include. We want to record all of the respondent's natural births. You should record all children who were born alive (that is, who showed signs of life by crying, breathing, or moving) even if they survived only for a few minutes. We want to know about all the woman's births even if the child no longer stays in the household or if the child is no longer alive.

It is also important to understand which events should not be recorded. You must not record adopted or foster children or children of relatives who may be living in the households. You also should not include any of her husband's children to whom the respondent did not give birth herself. Finally, you must not record children who were born dead (stillbirths), miscarriages, or abortions.

#### Q. 201: EVER GIVEN BIRTH

This question serves two purposes: to introduce the section and to learn whether the respondent has ever given birth. Even if the woman tells you that she never gave birth (Q. 201 is NO), you must go on to ask Q. 206 since she may not have told you about children who died very young.

#### Q. 202: ANY CHILDREN LIVING WITH HER

Read the question slowly. The sons and daughters being considered are her OWN natural (biological) children who live with her in her household (which will usually be the household in which the interview is being held, except for women who are visitors).

#### Q. 203: NUMBER OF CHILDREN LIVING WITH HER

Fill in the number of sons and daughters who live with the respondent. If she has only sons living with her, write '00' in the boxes for daughters, and vice versa. Remember that we are only interested in the respondent's OWN natural (biological) children and not foster children, children of her husband by another woman, or children of a relative.

Note that it is never correct to record '00' in the boxes for both sons and daughters since women who have no children living at home should not be asked Q. 203.

#### Qs. 204 and 205: ANY CHILDREN LIVING ELSEWHERE

These questions refer to the respondent's sons and daughters who are alive but not living with her. For example, they may be living with a relative, may be staying in a boarding school, may have been given up for adoption, or may be grown-up children who have left home. If she has only sons living elsewhere, write '00' in the boxes in Q. 205 for daughters, and vice versa. Make sure the respondent is not reporting dead children in this question.

#### Q. 205C: RESIDENCE OF CHILDREN

This is a follow up to Q. 205. If the respondent has sons and daughters who are alive but not living with her ask where they live.

#### Qs. 206 and 207: CHILDREN WHO DIED

These questions on children who have died are extremely important and are among the most difficult on which to obtain accurate data. Some respondents may fail to mention children who died very young, so if a woman answers NO, it is important to probe by asking, "Any baby who cried or showed signs of life but survived only a few hours or days?" Some respondents may be reluctant to talk about this subject and may become sad or upset that you are asking such questions. Be sympathetic and tactful in such situations. Say that you know the subject is painful but that the information is important.

#### Q. 208: TOTAL BIRTHS

Add up the numbers in Qs. 203, 205, and 207 and enter the total in Qs. 208 and 209.

#### Q. 209: CHECKING TOTAL WITH RESPONDENT

Place the answer to Q. 208 in the blank in Q. 209 and then ask the respondent whether the total is correct. If she says NO, check the box NO and then check your addition, and return to Qs. 201-208 to check with the respondent whether you have obtained the information correctly.

*Example:* Starting with Q. 203, you would ask, “You have two sons and one daughter living with you. Is that correct?” Do the same for Qs. 205 and 207 and then enter the correct sum in Qs. 208 and 209.

Once you have made sure the total number of births is correct, draw two lines through the “NO” box (because it’s no longer true), and then mark the “YES” box and proceed with Q. 210.

#### BIRTH HISTORY TABLE: Qs. 211-221

In the birth history table (Figure 3), we want a complete list of all the births the respondent has had in the order in which they occurred starting with her first birth.

#### Q. 211: REQUEST FOR BIRTH HISTORY

Begin the section by informing the respondent that we would like to record the names of all of her children, from all marriages and unions, whether or not they are still alive, from the first to the last. The only births we will not include are stillbirths.

If at any time you find that the children are not listed in chronological order, do not erase the information. Instead, correct the birth order Line Numbers and draw arrows to indicate the correct order

#### Q. 212: CHILD’S NAME

Record the name of each child that the respondent mentions on a separate line in Q. 212, beginning with the first born and continuing until the last born. If the woman reports that she had a multiple birth (twins, triplets, etc.), record each of the children on a separate line.

Write the name that distinguishes that child from the others—in other words, if there are two children, Uwambaje Francis and Uwambaje Francine, write “Uwambaje Francis” and “U. Francine,” not “Uwambaje F.” and “Uwambaje F.” If the baby never had a name, either because it is still very young or because it died very young, write “Baby” for the name.

**FIGURE 3. BIRTH HISTORY TABLE**

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.  
 RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS.  
 (IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW).

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your (first/next) baby?  RECORD NAME.  BIRTH HISTORY NUMBER	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born?  PROBE: When is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died?  IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (NEXT BIRTH)	DAYS... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS... 3 <input type="text"/>	
02	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS... 3 <input type="text"/>	YES... 1 ADD ↓ BIRTH NO... 2 NEXT ↓ BIRTH
03	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS... 3 <input type="text"/>	YES... 1 ADD ↓ BIRTH NO... 2 NEXT ↓ BIRTH
04	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS... 3 <input type="text"/>	YES... 1 ADD ↓ BIRTH NO... 2 NEXT ↓ BIRTH
05	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS... 3 <input type="text"/>	YES... 1 ADD ↓ BIRTHS NO... 2 NEXT ↓ BIRTH
06	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS... 3 <input type="text"/>	YES... 1 ADD ↓ BIRTH NO... 2 NEXT ↓ BIRTH
07	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS... 3 <input type="text"/>	YES... 1 ADD ↓ BIRTH NO... 2 NEXT ↓ BIRTH

### Q. 213: CHILD'S SEX

Circle the code for the sex of the child. Although you can often tell the sex from the name, check with the respondent by saying, for example, "and Emma is a girl?" Do not assume the sex of the child from the name.

### Q. 214: SINGLE OR MULTIPLE BIRTHS

Once you have listed the names and sex of all of the respondent's births, record the status of each birth (SINGLE or MULTIPLE) in Q. 214.

After you have completed Qs. 212-214 for all births, you are ready to proceed with Qs. 215-221. Ask all the questions for one child before going on to the next child.

### Q. 215: MONTH AND YEAR OF BIRTH

When collecting information on a child's birth date, always look at any documents you collected for the child at the beginning of the interview (e.g., birth certificate or immunization record) to see whether a date of birth was recorded. Before entering a date from these documents, however, check with the respondent to determine whether she believes the date is accurate. In some cases, the information on the document may be the date when the birth was recorded and not the date when the child was born.

If the respondent gives you a year of birth but does not know the month of birth, probe to try to estimate the month.

*Example:* if a respondent says her daughter was born in 1991, but she does not know which month, ask her whether she gave birth in the dry or wet season, whether she remembers if she was pregnant at Christmas or Easter time, or during some other significant event/season of the year to try to determine the month of birth. Convert months to numbers, as before. If you cannot even estimate a month, write '98' for MONTH.

If the respondent cannot recall the year when the birth occurred, you need to probe carefully. See if the respondent knows a firm birth date for any other child in the household and relate it to that.

*Example:* if she knows the second child was born in 1989 and the first child was just a year old at that time, enter '1988'.

You must enter a year for all children, even if it is just your best estimate.

### Q. 216: SURVIVAL STATUS

Circle the code for whether the child is still alive or not. If the child is dead, skip to Q. 220.

### Q. 217: AGE OF CHILD

The age of all living children should be recorded in completed years.

*Example:* A child who will become three years old next month should be recorded as '02' years today. A child less than one year old will be recorded as age '00' years.

Sometimes, a mother will not know the current age of her child. In this case, you may rephrase the question to, "How many years ago was Pascal born?" You can also use other available information such as relating Pascal's age to the age of a child she does know.



*Example:* The mother may know that her youngest child was born one year ago and that John was around two years old at that time, in which case John would be three years old now.

You MUST record an age for all children who are still alive.

#### CONSISTENCY CHECK: DATE OF BIRTH AND AGE

You are not finished with Q. 217 until you have checked the consistency between Qs. 215 and Q. 217. Check their consistency by using either the arithmetic or chart procedure:

**Arithmetic procedure.** Add the year of birth and the age. If the child has already had a birthday this year (month of birth is prior to month of interview), the sum should be 2014/2015. If the child has not had a birthday yet this year (month of birth is after month of interview), the sum should be 2013/2014. If the child's month of birth is the same as the month of interview, or if the month of birth is not known, the sum can be either 2013/2014 or 2014/2015.

**Age/Birth Date Consistency Chart.** Locate the age on the chart. Check that the birth year is consistent with that age in the chart. Use the right hand column if the month of birth is before the month of interview and the left hand column if the month of birth is after the month of interview. If the month of birth is the same as the interview or the month is not known, the year of birth must be the same as one of the two years of birth recorded in the chart.

Both these procedures are explained in more detail after Qs. 102 and 103.

If year of birth date and age are not consistent, probe to get the correct information. Remember when probing, that either or both of the responses—age or birth date—may be wrong.

#### Q. 218: CHILD LIVING WITH MOTHER

This question is important in determining the extent to which children live away from their natural (biological) mothers. If a child is away at boarding school or lives with other people on a permanent basis, record NO. If the child is away for a short while but usually lives with the mother, record YES.

#### Q. 219: HOUSEHOLD LINE NUMBER OF CHILD

In Q. 219, record the line number of the child from Column 1 of the household schedule, which is found in the household questionnaire. If the child is not living in the household, enter '00' in the boxes. If the child is not listed in the household schedule, but the mother says that the child is in fact a usual resident or a visitor in the household, add the child to the household schedule.

Be careful in recording the line number from the household schedule since any errors will cause problems during data processing.

After completing Q. 219 for the first-born child, proceed to Question 215 for the next birth. For all other births, you will skip to Q. 221 after filling in the information in Q. 219.

#### Q. 220: AGE AT DEATH

If you are following the skip pattern correctly, you will be asking this question only for children who have died.

For all children who have died, you must record an age at death in Q. 220, even if it is only a best estimate. Age at death information is recorded in days, months, or years, depending on the child's age at the time of death.

- If the child was less than one month old at death, circle '1' and write the answer in DAYS.
- If the child was at least one month old but less than two years old when he or she died, circle '2' and write the answer in MONTHS.
- If the child was two years old or older when he or she died, circle '3' and write the answer in YEARS.

If the instruction in Q. 220 is followed correctly, you should **never** record **'00' months or '00' or '01' years.**

Here are some examples of how to record age at death:

"She was 3 years old when she died."	DAYS..... 1			
	MONTHS..... 2			
	YEARS ..... ③	0	3	
"He was only six months old."	DAYS..... 1			
	MONTHS..... ②	0	6	
	YEARS ..... 3			
"She died when she was 5 days old."	DAYS..... ①	0	5	
	MONTHS..... 2			
	YEARS ..... 3			
"He was 4 and a half months old."	DAYS..... 1			
	MONTHS..... ②	0	4	
	YEARS ..... 3			
"He was 2 weeks old when he passed away." After probing you learn that the baby was actually 12 days old when he died.	DAYS..... ①	1	2	
	MONTHS..... 2			
	YEARS ..... 3			
"She died on the same day she was born."	DAYS..... ①	0	0	
	MONTHS..... 2			
	YEARS ..... 3			

Some points to remember in completing Q. 220:

- **Use completed units.** You should give the answer in completed units, i.e., if she says "four and a half months," record MONTHS '04'.
- **Convert answers given in weeks to days or months.**

- If the answer is **less than four weeks**, probe to find out the **exact age at death in days**. For example, if the answer is “three weeks,” probe for the number of days. If the mother says 19 days, record DAYS ‘19’.
- If the answer is **four weeks or more**, convert the answer to months. An answer of “seven weeks” would be recorded as MONTHS ‘01’.
- **Probe when the answer is “one year”**. We know that often mothers will round off their answer if a child died close to the first birthday, i.e., the mother is likely to respond “one year old” even if the child really was younger (e.g., 10 months or 11 months) or older (e.g., 13 or 14 months) at the time of death. Therefore, anytime a woman responds “one year” or “12 months” to this question, probe by asking, “How many months old was (NAME)?” or by asking the respondent whether the child had reached his first birthday before he died.

“She died when she was one year old.”  After probing, you may learn that the child was actually 13 months old.	DAYS .....1		
	MONTHS .....②	1	3
	YEARS .....3		

In responding to this question, a respondent may tell you that the baby was not alive when it was born. If she does, probe by saying, “Did the baby cry or show any sign of life when it was born?” If she says the baby was dead when it was born, cross out all entries for this child in the birth history table. Make sure to renumber the birth order numbers in Q. 212 when this occurs. Also correct the information recorded in Qs. 202-210 where necessary.

#### Q. 221: PROBING THE INTERVAL BETWEEN BIRTHS

The purpose of this question is to make sure that we have not missed any of the respondent’s own births. For all births except the woman’s first born, you must ask the respondent whether there were any live births between the previous birth and the birth of that child. If the woman tells you there was no other birth, record NO in Q. 221. Then proceed with Q. 215 for the next birth (or with Q. 222 if you were asking Q. 221 for the last birth).

If the woman tells you that there was another birth, record YES in Q. 221. Then draw an arrow showing the birth’s proper location in the history, correct the birth order numbers in Q. 212 for that child and for all subsequent births in the history. As appropriate, also correct the information recorded in Qs. 202-210.

*Example.* Initially a respondent tells you that she has had three births, Olivier, David, and Berthilde. After recording all of the information for Qs. 212-220 for David as appropriate, you ask Q. 221: “Were there any other live births between the birth of Olivier and David?” The woman tells you there was a birth after Olivier and before David. Record YES in Q. 221 and add that birth to the end of the birth history.

Draw an arrow to show the location of the birth between Olivier and David. Correct the birth order number in Q. 212 for all births following Olivier, i.e., the birth order number for the baby entered at the end of the table should be changed to ‘02’, the birth order number for David will become ‘03’ and for Berthilde, ‘04’. You may also have to correct the information in Qs. 202-210 if the woman had not included the baby in her responses to those questions. Finally, before going on to David, ask Qs. 212-221 for the birth between Olivier and David.

#### Qs. 222: PROBING THE INTERVAL SINCE LAST BIRTH

This question is similar to Q. 221 but is specifically designed to probe the time that has passed since the last birth.

*Example:* If Berthilde is a respondent's last birth, and she was born in 1994, ask, "Have you had any live births since the birth of Berthilde?"

If there was no birth after Berthilde, record 'NO' in Q. 222. If the woman tells you there was a birth since Berthilde, record YES in Q. 222 and add that birth to the end of the birth history. Then ask Qs. 212-221 for that birth. You may also have to correct the information in Qs. 202-210.

#### OTHER POINTS ABOUT THE BIRTH HISTORY TABLE

- 1) Recording of age at death, year of birth, and age of living children. For month of birth in Q. 215, it is permissible to record Code '98' for DON'T KNOW as an answer. However, for year of birth (Q. 215), age of living children (Q. 217), and age at death (Q. 220), you must record an answer. It is very important to obtain information for these questions, so you must probe for this information and, if necessary, make your best estimate on the basis of the woman's answers.
- 2) Recording of information on twins (or triplets, etc.). If there are any twins, record the information about each twin on a separate line. If the twins are the respondent's last birth and if one twin is dead, record the living twin last. By doing this, you will be able to talk about the living twin first when you get to Section 4, which may be more comforting for the respondent.
- 3) Recording information for more than 12 births. There are lines for 12 births in the table. If in an exceptional case you find a respondent with more than 12 births, write at the bottom of the table CONTINUED ON A SEPARATE QUESTIONNAIRE, STARTING WITH THE SECOND ROW. Write the word CONTINUATION and complete the identification information on the cover sheet of the second questionnaire. Then change the number '01' on the birth history in the second questionnaire to a '13' and so on. After you have recorded information in the birth history for the additional birth(s), return to the first questionnaire to complete the interview.
- 4) Correcting of reported sequence of births. If you find that the respondent has reported a birth out of the correct order, draw an arrow indicating the position in the table where it belongs according to the date when it occurred, and correct the Line Numbers printed in Q. 212.
- 5) Checking birth interval. Check the dates of each birth. If any two children are reported born less than seven months apart, e.g., December 1993 and May 1994, probe and correct the dates. Either the December birth occurred earlier or the May birth occurred later, or both.

#### Q. 223: CONSISTENCY OF TOTAL BIRTHS

Check that the number in Q. 208 is the same as the number of births listed in the table. If the number in Q. 208 is the same as the number of births recorded in the table, mark the box labeled NUMBERS ARE SAME and proceed to Q. 224.

If the number recorded in Q. 208 is not the same as the number of births in the table, mark the box labeled NUMBERS ARE DIFFERENT. Then you must probe to find the cause of the difference and correct it before you continue to Q. 224. Once you have corrected the problem, draw two lines

through the NUMBERS ARE DIFFERENT box (because it's no longer true), and then mark the NUMBERS ARE SAME box. When properly completed, your questionnaire must always have the same number of births in the table as the number recorded in Q. 208.

Q. 224: NUMBER OF BIRTHS IN 2009 OR LATER

Check Q. 215 and count how many births occurred in 2009 or later. You must include all births in 2009 or later, even if they later died. If the respondent did not have any births in 2009 or later, record '00' and skip to Q. 226.

Q. 225: BIRTHS ON THE CALENDAR

Each birth in 2009 or later should be entered in the calendar which is included at the end of the Woman's Questionnaire. First place a 'B' in the month of birth and write the child's name to the left of the 'B' code. Then ask how many months the woman had been pregnant when she gave birth. Record 'P' in each of the preceding months according to the duration of the pregnancy. The number of 'P's must be one less than the number of months that the pregnancy lasted.

*Example:* The respondent gave birth to one child, Marie, in the period since January 2009. She reports that she was in her eighth month of pregnancy when she gave birth to Marie in November 2012. Record a 'B' in the calendar in November 2012 and record 'P's in each of the preceding 7 months, i.e., in the months April through October 2012. Write 'Marie' to the left of the month in which Marie was born, i.e., November 2012.

More detailed instructions on how to complete the calendar are provided in Section M below.

Q. 226: CURRENT PREGNANCY STATUS

Circle the appropriate code and follow the skip instruction in this question.

Q. 227: MONTHS OF PREGNANCY

Record the answer in completed months, putting a zero in the first box if she has completed nine or fewer months of pregnancy. You may need to check that the woman is responding in completed months.

*Example:* If the woman answers that she is 'five months pregnant', ask "Are you in your 5th month of pregnancy, or have you completed your 5th month of pregnancy?" Record '04' if she responds she is in the fifth month of pregnancy and '05' if she has completed the fifth month.

You also must record her pregnancy in the calendar. Write 'P' in the month of interview and for the preceding months of pregnancy. The total number of months recorded with 'P' for the current pregnancy will be the same as the number recorded in Q. 227, i.e., the number of completed months of pregnancy.

If the woman does not know how many months she has been pregnant, probe to get an estimate by asking, for example, about the date of her last menstrual period.

Q. 228 and 229: DESIRED TIMING OF PREGNANCY

If respondent answers YES for 228, go to Q. 230. Otherwise, proceed to Q. 229.

#### Q. 230: PREGNANCIES NOT ENDING IN LIVE BIRTH

We want to know whether the respondent had any pregnancies that did not result in a live birth. To ensure that none are missed, the question specifically mentions the three ways a pregnancy can be terminated. If a pregnancy ended early and involuntarily, it was a miscarriage. If a woman voluntarily ended a pregnancy, it was an abortion. If a woman gave birth to a child that showed no signs of life, it was a stillbirth.

#### Q. 231: DATE OF LAST PREGNANCY LOSS

If a respondent has had a pregnancy that did not end in a live birth, ask about when the most recent such pregnancy ended and record the month and year in the boxes. If the woman cannot remember the date, use probes similar to those discussed in Q. 215.

#### Q. 233: DURATION OF LAST LOST PREGNANCY

This question is asked only of women who lost a pregnancy in January 2009 or later.

There are two parts to this question. First record how long the pregnancy lasted in months in the boxes provided in Q. 233. Then record information about the pregnancy in the calendar. The total number of months in which codes are recorded in the calendar should equal the number of months recorded in Q. 233.

*Example:* A woman had a pregnancy end in a stillbirth in May 2011 in the eighth month of her pregnancy. Record '07' in Q. 233. Then place a 'T' in the calendar next to May 2011 and a 'P' in the calendar in each of the six months preceding May 2011, i.e., in each month in the calendar from November 2010 through April 2011.

If the woman responds in weeks, you will have to convert the answer to months.

*Example:* A woman tells you that the last pregnancy she lost ended in August 2010 after 14 weeks of pregnancy. Record '03' in Q. 233. Then in the calendar, place a 'T' in August 2010, the month and year in which the pregnancy terminated, and a 'P' in each of the two preceding months that the woman was pregnant (i.e., June through July 2010).

#### Q. 234: OTHER PREGNANCY LOSSES SINCE JANUARY 2009

The respondent has told you about one pregnancy loss (the most recent) in Qs. 230-233. Now ask her whether she has had any other such pregnancies (miscarriage, abortion, or stillbirth) since January 2009.

#### Q. 235: ENTER LOST PREGNANCIES ON THE CALENDAR

Ask when the other lost pregnancy/pregnancies ended. Any pregnancy that ended in January 2009 or later and did not result in a live birth should be recorded in the calendar using the same procedure as in Q. 233.

#### Q. 236: NON-LIVE BIRTH PREGNANCY PRIOR TO JANUARY 2009

This question refers to pregnancies that ended before 2009 that did not result in a live birth.

*Example:* A respondent had one non-live birth pregnancy that started in November 2008 but terminated three and a half months later in February 2009. In Q. 236, circle '2' for NO because the pregnancy did not end before January 2009.

Check that there is a calendar entry for this pregnancy. The entry should include only the months in which the woman was pregnant in 2009, i.e., a 'T' should have been entered in February 2009 and a 'P' in January 2009.

**Q. 237: DATE OF TERMINATION OF LAST LOST PREGNANCY**

Record the month and year in which the last pregnancy ending before January 2009 that did not result in a live birth. Follow the same procedure for converting months to a number, for example, '02' for February. If the woman cannot remember the date, use the probes discussed in Q. 215.

**Q. 238: START OF LAST MENSTRUAL PERIOD**

The answers to this question will help to determine whether any of the respondents are actually menopausal or infecund because they have not had their periods in a long time. This is important in any study of fertility since menstruation is directly linked to pregnancy.

Record the respondent's answer in the units that she uses.

*Example:* if she says "three weeks ago," circle '2' and record WEEKS AGO '03'. If she says "Four days ago," circle '1' and record DAYS AGO '04'.

If the respondent appears to be rounding off her answer, probe for an exact answer. For example, if she says "About a week ago," say, "Do you remember which day? Was it before or after the weekend?"

If she tells you she is in menopause or she has had a hysterectomy, record IN MENOPAUSE/HAS HAD HYSTERECTOMY. A woman who is too old to menstruate or become pregnant is described as being in menopause. A hysterectomy is an operation to remove the uterus. If she has not menstruated since the birth of her last child, record BEFORE LAST BIRTH. If she has never menstruated, record NEVER MENSTRUATED.

In some cases, the respondent may give you the date that her last menstrual period began. If that happens, write the date in the space provided on the questionnaire. Then calculate the length of time since that date, and record it in the appropriate units. Note that it is not necessary to obtain a date. The space is provided only for cases in which the respondent gives you a date.

**Qs. 239 and 240: KNOWLEDGE OF MONTHLY CYCLE**

First, ask Q. 239 to see whether the woman thinks there are times during a woman's monthly cycle when she is more likely to become pregnant. If she says there is no time that is more likely than another or she does not know, record the response and skip to Q. 301. If she says there is a time when a woman is more likely to become pregnant, record YES and ask Q. 240. Make sure to read the entire question mentioning each of the four possible times before recording her response.

**SECTION 3: CONTRACEPTION**

This section collects information relating to the knowledge and use of various contraceptive methods which a couple can use to avoid or delay pregnancy. The topic of contraception and family planning may be considered a personal matter by a respondent, and she may feel embarrassed to talk about it. To overcome her embarrassment, you must show that you do not feel embarrassed or uncomfortable in any way. Ask these questions as if they were no different from any other questions in the questionnaire. If she is hesitant to answer any of these questions, reassure her that everything she says

will be treated confidentially and that the same questions are being asked of women all over the country.

### Q. 301: Contraceptive Table

The contraceptive table (Figure 4) is used to record the information that the respondent provides about her knowledge and use of specific contraceptive methods in response to Q. 301. This is how you should work through this table:

- 1) Read the introductory sentence at the top of the table.

Then, starting at the top of the list, ask “Have you ever heard of \_\_\_\_\_?” Circle Code ‘1’ if she knows the method and ‘2’ if she does not know the method.

The respondent may not always understand what you are talking about when you describe a particular method. In such cases, repeat the description. If she still does not understand, you may need to explain the method in different words or in slightly greater detail.

### Description of Contraceptive Methods

In order to complete the contraceptive table accurately and completely, it is important that you have some knowledge of contraceptive methods yourself and that you are familiar with the names that people use to refer to each method. The following provides additional information on selected methods that are included in the contraceptive table that may be useful in completing the table:

FEMALE STERILIZATION. There are several types of operations a woman can have that will make her sterile, including a “tube tie” or the removal of the uterus (i.e., a hysterectomy) or ovaries. Operations to remove the womb or uterus may be performed for reasons other than to provide contraceptive protection, e.g., because the woman experienced a problem during delivery, the woman had recurrent spells of heavy bleeding, or cancer was found. Only when the operation was performed to enable the woman to stop having children should you record it as a sterilization.

MALE STERILIZATION. This is a comparatively minor operation done on men for contraceptive purposes. It is also called vasectomy.

IUD. Women can have a plastic, T-shaped device placed inside them by a doctor or a nurse. There are two types of IUDs: hormone IUDs and copper IUDs. Both types are effective in preventing pregnancy. The IUD is a reversible form of contraception and can be used for up to 5-10 years (depending on type) before needing to be replaced.



**FIGURE 4 CONTRACEPTIVE TABLE**

<u>SECTION 3. CONTRACEPTION</u>			
301	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. Have you ever heard of (METHOD)?		
01	<b>Female Sterilization.</b> PROBE: Women can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2	
02	<b>Male Sterilization.</b> PROBE: Men can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2	
03	<b>IUD</b> PROBE: Women can have a loop or coil placed inside them (uterus) by a doctor or a nurse.	YES ..... 1 NO ..... 2	
04	<b>Injectables.</b> PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES ..... 1 NO ..... 2	
05	<b>Implants/Jadelle.</b> PROBE: Women can have one or more 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	
06	<b>Pill.</b> PROBE: Women can take a pill every day to avoid becoming pregnant.	YES ..... 1 NO ..... 2	
07	<b>Condom.</b> PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES ..... 1 NO ..... 2	
08	<b>Female Condom.</b> PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES ..... 1 NO ..... 2	
09	<b>Lactational Amenorrhea Method (LAM)</b>	YES ..... 1 NO ..... 2	
10	<b>Rhythm Method.</b> PROBE: 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	
11	<b>Standard Days Methods (SDM).</b> PROBE: The woman know days of the month when she can get pregnant by using beads or calendar	YES ..... 1 NO ..... 2	
12	<b>Withdrawal.</b> PROBE: Men can be careful and pull out before climax.	YES ..... 1 NO ..... 2	
13	<b>Emergency Contraception.</b> PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	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	

INJECTABLES. An injection of hormone that is released slowly into the bloodstream can be given regularly to women to prevent pregnancy. The most common type of injectable contraceptive is given every three months. This is known as *depomedroxyprogesterone acetate* (DMPA), Depo Provera, Depo, or *Megestron*<sup>®</sup>. Another injectable contraceptive, NET EN (also called *Noristerat*<sup>®</sup>) is given every two months.

IMPLANTS/JADELLE. Also called Norplant, these are small rods surgically implanted in a woman's upper arm. They usually protect a woman against pregnancy for five or more years.

PILL. Women can take a pill every day to avoid becoming pregnant.

CONDOM. Men can put a thin, rubber sheath on their penis before sexual intercourse.

FEMALE CONDOM. A thin, transparent rubber can be placed in the vagina before sex to avoid pregnancy.

LACTATIONAL AMENORRHEA METHOD (LAM). Women can postpone the return of menstruation after a birth (and therefore remain unlikely to become pregnant) by breastfeeding frequently. A specially taught method that makes use of this principle is the lactational amenorrhea method (known as LAM). This method requires a woman to breastfeed frequently (without feeding the child anything else except water) and to know that the method can be used for up to six months after a birth as long as menstruation has not returned. The method also teaches women that if menstruation returns, the child becomes six months old, or the mother starts feeding her child anything other than breast milk or plain water, they should begin using another method of contraception if they want to avoid becoming pregnant.

RHYTHM METHOD. This is also called the safe period, periodic abstinence, or the calendar method. This method is based on the principle that by not having sexual relations on certain days of her monthly cycle, a woman can avoid becoming pregnant. Note that this is not the same as prolonged abstinence where the couple stops having sexual relations for months at a time to avoid pregnancy without regard to the woman's monthly cycle. To ensure that the respondent understands, stress the phrase "on the days of the month she is most likely to get pregnant." Also, if a woman does not feel like having sex on particular days of her cycle, that does not mean that she is using the rhythm method.

STANDARD DAYS METHOD (SDM). This method is very similar to the Rhythm method described above. For this method women use beads or a calendar to know which days of her monthly cycle she is more likely to become pregnant.

EMERGENCY CONTRACEPTION. Women can take pills up to three days after having sex to avoid getting pregnant. These pills are also called "morning-after pills."

ANY OTHER METHOD(S). Women may mention methods that are not described in the table. These may include modern methods such as spermicides including foam, cream, jelly, foaming tablets, or suppositories that are used to kill sperm or make sperm unable to move toward the egg. They may also mention the diaphragm or cervical cap. Diaphragms and cervical caps are soft rubber cups that can be placed in the vagina to cover the cervix to block sperm from entering the uterus and tubes where sperm could meet an egg. Diaphragms and cervical caps should be used with spermicidal jelly or cream.

Women may also mention traditional or folk methods such as prolonged abstinence, breastfeeding, or herbs.

## Q. 302: FILTERS FOR PREGNANCY STATUS

### Qs. 303 and 304: CURRENT USE OF CONTRACEPTION

These questions are some of the most important in the questionnaire. Depending on the method a respondent mentions, you may need to probe to determine that the method is being used currently. For example, coitus-related methods such as condoms, vaginal methods and withdrawal are used with each act of intercourse, so current users of these methods should have used them during the most recent acts of intercourse. Current users of the pill should be taking pills daily.

Other methods provide ongoing protection without daily or regular action by the woman. Contraceptive injections may have been administered two to six months earlier and still provide protection, while implants provide protection for up to five years, or until removed. An IUD, once inserted, protects against pregnancy until it is removed or expelled.

Female and male sterilization provide permanent protection against pregnancy. If the woman's current partner has been sterilized, you will record MALE STERILIZATION as the current method. If, however, she is no longer married to (or living with) a partner who had a vasectomy, this should **not** be noted as the current method.

If the woman mentions more than one method, circle the code for all methods that are currently being used. If more than one method is circled, follow the skip instruction for the highest method on the list and ask the subsequent questions about that method.

Note: delaying first sex is not a contraceptive method. If, for example, a young woman answers YES to Q. 303 and then, in response to Q. 304, says the current method she is using is abstinence, this will not be counted as a method of contraception, and the respondent will be considered the same as a person who is not using a method of contraception. Instead, circle NO in Q. 303 and skip to Q. 311.

Check to be sure that the response to Q. 304 is consistent with the responses to Q. 301. For example, the respondent may say that she is using the pill but reported in Q. 301 that she did not know the pill. If this happens, probe further and correct the responses in Q. 301 to Q. 304 as necessary.

### Qs. 305 and 306: PILL AND CONDOM BRAND

If the pill or condom is reported as the current method in Q. 304, we are interested in the brand of pills (condoms) that is being used. Knowing the brand of pill (condom) can help to assess the popularity of certain brands that may be offered in special 'social marketing' that the government is sponsoring. In addition, there are special types of the pill that are appropriate for use by breastfeeding mothers; the information on pill brand can be used to look at the coverage of these types of pills among users who are still breastfeeding.

For users of the pill, ask Q. 305 to determine if the user is able to identify the brand. If the respondent doesn't know the brand, ask to see the package. If the user doesn't remember the brand and the package is unavailable, ask the user to describe the packaging. It is important that you probe and write in the margin as many details as she is able to provide since it may be possible to determine the brand from her description.

For a woman who uses condoms with her partner, ask Q. 306 to determine if she knows the brand name of the condoms she and her partner use. As with Q. 305, if the user doesn't recall the condom brand, ask to see the package or, if unavailable, ask for a detailed description of the packaging.

Finally, in probing to obtain information on the pill (condom) brand, you may find out that the method is not being used currently. For example, a pill user may tell you that she has not obtained a packet of

pills for several months. If it is determined while inquiring about the brand of pills or condoms that the woman is not currently using the method, Q. 304 should be corrected.

Q. 307: WHERE STERILIZATION WAS OBTAINED

This question applies to either the respondent's or her partner's sterilization. Circle the code that indicates the type of facility where the sterilization took place.

When choosing a code, you need to know whether the place is in the public sector (run by the government) or in the private sector. If the place is run by a nongovernmental organization, it should be considered private.

If you cannot determine whether the facility is public or private, write the name of the facility in the space provided, and inform your supervisor after you complete the interview. Since you have recorded the name of the facility, your supervisor will be able to find out whether it is public or private and will circle the appropriate code.

Q. 308/308A: DATE OF STERILIZATION OPERATION/START OF CURRENT METHOD

If the respondent does not remember the date of her (her partner's) sterilization operation, probe to help her remember. Relating the date to the age and date of birth of her youngest child may help. You must get a date, even if it is just your best estimate.

For users of other family planning methods, ask when she started using the method most recently without stopping.

*Example:* A woman started using the pill in June 2009. A few months later, she stopped taking the pill because she wanted to become pregnant. She gave birth to a child in January 2012 and started using the pill again in March 2012. When interviewed, she is still using the pill. In this case, record '03' for MONTH and '2012' for YEAR.

Q. 309: CHECK CONSISTENCY OF DATE CURRENT USE STARTED

Check to see whether the date is AFTER the date of birth of the last child or last pregnancy termination. If not, ask the question again and make it clear to the respondent that we mean the date that she started using the current method WITHOUT STOPPING for any reason including a pregnancy. For example, a woman cannot have used the pill continuously for three years if she had a baby last year.

**Q. 310: ENTER CURRENT USE ON CALENDAR**

If the year in Q. 308/308A is 2009 or later, mark the box on the left and enter the code for the method currently used in the calendar in the month of interview and in each month back to the date she started using the method or was sterilized. If she has been using her current method for a long time, write the code in the current month and the beginning month, and join them with a squiggly line. Do not draw the squiggly line through months she did not use the method.

If the woman started using her current method in 2008 or earlier, mark the box on the right, and enter the code for the method currently used in the calendar in the month of interview and in each month back to January 2009. Then skip to Q. 322.

Make sure that you use the method codes shown to the left of the calendar and not the codes shown in Q. 304, since the codes are different for most contraceptive methods.

Q. 311: CONTRACEPTIVE HISTORY

Question 311 asks both current and past users of contraception about their history of contraceptive use since January 2009. Begin by reading the introductory sentence, so that the respondent understands what information you are asking for.

The events that are already recorded in the calendar (birth dates, names, pregnancies, and pregnancy losses) are helpful reference points for yourself and the respondent. For each period of time in the calendar that is still empty (no 'B', 'P', or 'T' or contraceptive method code), you need to enter a code that reflects the respondent's contraceptive story.

To do this, you need to find out several pieces of information:

- 1) Was the respondent using a method of contraception in a period of time, and if so, what method was she using?
- 2) When did she start using that method?
- 3) For how long did she use that method continuously, and when did she stop using that method?
- 4) Why did she stop using the method?
- 5) What happened when she stopped using that method: did she not use any method, did she start using a different method, or did she become pregnant?

*Example:* The respondent has two births, Solange and Pascal. To fill in the respondent's contraceptive history in the period of time between the births of Solange and Pascal, the first question you could ask would be: **“Between the births of Solange and Pascal, did you use any contraceptive method or not?”** The respondent tells you that she used condoms.

You would then ask, **“How long after the birth of Solange did you begin using condoms?”** She tells you she began using in the third month after the birth of Solange. This gives you the starting month in which she began using condoms.

You also need to know for how long she used condoms continuously and when she stopped using them. So you could ask, **“For how long did you use condoms continuously?”** She tells you ten months. Now you know when she started using condoms and when she stopped. You then need to ask her for the reason she stopped using condoms. You could ask, **“Why did you stop using condoms?”** The respondent tells you that she wanted to become pregnant.

This accounts for 13 out of the 15 months between Solange's birth and the time when the respondent became pregnant with Pascal. You now need to find out what the respondent was doing between the time she stopped using the condom and became pregnant with Pascal. Ask a question such as, **“After you stopped using the condom, and before you became pregnant with Pascal, did you use any contraceptive method?”** She tells you she did not use any method.

Now you know the respondent's complete contraceptive history between the births of Solange and Pascal:

- 1) Whether she used a contraceptive method between Solange and Pascal and which method she used
- 2) At what point she began using that method after the birth of Solange
- 3) For how long she used that method continuously and when she stopped using that method
- 4) The reason she stopped using that method
- 5) Whether she used another method after she stopped using the condom and before the birth of Pascal.

You would continue in a similar way until you filled in each month of the first column of the Calendar with a code. Enter the codes of the methods the respondent used in each month of use and '0' in the months where she did not use a method. After you have recorded periods of use and nonuse, every row in the first column of the calendar up to the month of interview should be completely filled. You will have accounted for every month from January 2009 to the month of interview by recording the appropriate codes for births, current pregnancies, lost pregnancies, use of contraception, or nonuse of contraception. The second column of the calendar will have codes entered next to the last month of use in column 1. If the respondent tells you she stopped using the method in September, then a discontinuation code should be entered in column 2 for September.

Q. 312: FILTER FOR USE OF ANY METHOD IN PAST FIVE YEARS.

Q. 313: PROBE FOR EVER USE

The purpose of this question is to be certain that neither the respondent nor her husband (or partner) has ever used anything to delay or avoid getting pregnant, since contraception is one of the most important features of the survey.

Q. 314: FILTER FOR CURRENT METHOD

Look back to Q. 304 and circle the same method here; this is the method currently being used. If more than one method code is circled in Q. 304, circle the code for the highest method in the list. If Q. 304 was left blank because it was skipped, circle '00' for NO CODE CIRCLED.

Q. 315/315A: SOURCE OF CURRENT METHOD

The question asks from what source the woman obtained her method at the time she started the current segment of use, or where she obtained advice about how to use the method in the case of the lactational amenorrhea or rhythm methods. For methods that require the user to obtain resupplies, the user may first obtain the method from one source and then rely on a different provider for resupply. For example, a woman using the pill may have first obtained the pill from a family planning clinic but then gone to a pharmacy for resupply. You can guide the user to tell you about the first source by referring to the date she told you that she began the current segment of use.

If the respondent is using condoms with her husband, ask, "Where did you obtain the condoms when you began using them this time?" If she says her husband or someone else got the method for her, ask whether she knows where that person got it, and record the source. If the method required a prescription, this question pertains to where the prescription was filled.

When choosing a code, you need to know the type of place the method was obtained from, i.e., if the place is in the public sector (run by the government) or in the private sector. If it is run by a nongovernmental organization, it should be considered private. Record PRIVATE DOCTOR only if the doctor has his own practice that is not located within a larger facility.

If the respondent does not know whether the place is public or private, record the name of the place, and inform your supervisor. Your supervisor will find out and record the type of source the facility is.

Q. 316: FILTER FOR CURRENT METHOD

Qs. 317-319: TOLD ABOUT SIDE EFFECTS

Qs. 317-319 ask what information a current user has received about the side effects or problems associated with her current method. Q. 317 asks whether the user was told about potential side effects or problems at the time she obtained her current method. Q. 317A asks the same question, but of women who have been sterilized. If there has been more than one episode of use of the method, make

sure that the respondent knows that you are asking about the time that she started using the method during the **current** episode of use.

Q. 318 asks current users who report they were not told about side effects or problems associated with using the current method whether they were told by a health or family planning worker about these side effects or problems at any time, either during or prior to the current segment of use. Note that you would record “NO” if the respondent indicates she was told about side effects or problems by a friend or relative but not by a health care provider.

Record YES for Q. 319 if a current user who was informed about the side effects or problems she might experience in using her current method was ever advised about what to do if she experienced any side effects or problems in using the method.

#### Qs. 320-321: TOLD ABOUT OTHER METHODS

In these questions, a current user is asked whether she was told by a health or family planning provider about other methods of family planning either at the time she obtained her current method or at some other time.

*Example:* If a pill user says that a health worker told her about the injection, the pill, and the IUD at the time when she started to use the method, record ‘1’ in Q. 320.

Users who were not told about any other method at the time they started using their current method should be asked Q. 321 to find out if they ever received information about other family planning methods from a health care provider or family planning worker.

#### Q. 322: FILTER FOR CURRENT METHOD

#### Q. 323: LAST SOURCE OF CURRENT METHOD

Question 323 asks about where the respondent obtained the method the last time. For methods like the pill for which the respondent regularly needs resupply, the source recorded in Q. 323 may be different from the source where the woman (or her husband or partner) obtained the method the first time.

As in Q. 315, if the respondent does not know whether the place is public or private, record the name of the place, and inform your supervisor. Your supervisor will find out and record the type of source the facility is.

#### Qs. 324-325: KNOWS SOURCE FOR FAMILY PLANNING METHOD

Q. 324 is asked of women who are not currently using contraception in order to find out if they know of a place where they can obtain a family planning method. Nonusers who report they are aware of place where they can get family planning are asked in Q. 325 to name the place or places that they know. It is important to find out all of the sources that a woman may know. So be sure you use the probe (“Any other place?”) after recording any source the woman mentions spontaneously.

#### Q. 326: VISITED BY FIELDWORKER

This question is asked to ascertain whether any fieldworker visited the respondent in the last 12 months and talked to the respondent about family planning. It does not matter whether it was a family planning worker, a health worker, or some other type of fieldworker, as long as family planning was discussed during the visit. It also does not matter whether the principal purpose of the visit was to give family planning advice or services. If any fieldworker talked to her about family planning in the last 12 months, circle ‘1’ for YES.

Q. 327: VISITED HEALTH FACILITY IN PAST YEAR

This question refers specifically to the respondent and whether she went to a health facility for care for herself or her children in the past 12 months. The visit did not have to be specifically for family planning.

Q. 328: FAMILY PLANNING INFORMATION AT THE HEALTH FACILITY

The respondent need not have gone to the health facility for the purpose of discussing family planning for the answer to be YES. Staff persons may take the opportunity to discuss family planning even if a client comes to the facility for another purpose. If any staff member at the health facility talked to her about family planning during any of her visits, circle '1' for YES.

**SECTION 4: PREGNANCY AND POSTNATAL CARE**

The objective of this section is to obtain information about health care related to childbearing including antenatal care, delivery care, and postnatal care for the woman and her newborn. The section includes questions about births that occurred in January 2009 or later. Thus, if a woman did not have a birth in this period, you will go on to the next section.

Q. 401: FILTER FOR BIRTHS IN JANUARY 2009 OR LATER

Qs. 402-404: COLUMN HEADINGS FOR BIRTHS IN THE LAST FIVE YEARS

All births since January 1, 2009, will be entered in the table. You will need to check the date of births (found in Q. 215) for each child listed in the birth history to identify births the woman may have had during this period.

For each birth since January 2009, beginning with the last birth (which will be found in the last row that is filled in the birth history unless you had to renumber births), record the birth history number and the child's name (found in Q. 212) in Qs. 403 and 404. Also mark in Q. 404 whether the child is alive or dead after checking for this in Q. 216. Then fill in the child's name at the top of the subsequent pages in Section 4.

Consider twins as separate births and list them in separate columns, taking care to keep their positions in this table consistent with their order in the birth history. Recall that if the last children in Q. 212 are twins and one twin is dead, the living twin should be recorded as the last birth.

*Example:* A woman has had eight live births and the last births were twins Innocent and Jean. Innocent has died. Innocent would be recorded as birth history number 07 in Q. 212 and Jean would be recorded as birth history number 08 in Q.212. Now in Qs. 402-404, Jean should be recorded as the LAST BIRTH and Innocent as the NEXT-TO-LAST birth.

If the respondent has had more than three births in January 2009 or later, write SEE CONTINUATION SHEET at the top of Section 4. Take a fresh Woman's Questionnaire, fill in all the information on the cover page and write CONTINUATION on the top. Go to Section 4 in the second Woman's Questionnaire. Leave the first column of the second questionnaire blank. Change the heading of the second and third columns to 'THIRD-FROM-LAST BIRTH' and 'FOURTH-FROM-LAST BIRTH', and record the name(s) and birth history number(s) of the additional birth(s). Then return to the original questionnaire to begin asking the questions for the last born child.

Ask all the relevant questions in Section 4 for the last-born child before asking question for the next-to-last birth, etc. When asking questions, be sure to insert the name of the child where indicated so there is no confusion about which child you are referring to.



You will notice that the set of questions on prior births is more limited than the questions for the last birth. It is very important that you ask all of the appropriate questions for these births so you will need to follow the skip instructions carefully. You should not proceed to Section 5 until you have asked the appropriate questions for all births the woman had since January 2009, including any births you may have had to record in a second questionnaire.

#### Qs. 405 and 406: DESIRED TIMING OF PREGNANCY

These questions are asked to ascertain whether the respondent's children were wanted or unwanted and, if wanted, whether they were born sooner than preferred.

#### Q. 407: HOW LONG TO WAIT

Note that this question asks how long the respondent wanted to wait before becoming pregnant, not before giving birth. Record the answer in either months or years, and circle the corresponding code. If the respondent gives a general answer such as "I would have liked to have waited until I was ready," ask her how many months or years she wanted to wait. Record the extra time that she said she would have preferred to wait before becoming pregnant.

*Example:* A woman became pregnant 18 months after her previous birth but she tells you she would have preferred a two-year (24-month) interval before becoming pregnant again. You would circle 1 for MONTHS and record '06' in the adjacent boxes ( $24-18 = 6$ ).

#### Qs. 408 and 409: ANTENATAL CARE PROVIDER(S)

This question refers to any antenatal care given by a health care provider during her pregnancy. The care should have been specifically to check her pregnancy and not for other reasons. If the respondent did not receive antenatal care, skip to Q. 415. If the respondent answers YES, then ask her whom she saw (Q. 409). Since we are interested in all of the person's the woman saw, you must use the prompt (e.g., "Anyone else?") to make sure the woman informs you about all the persons from whom she received care for the pregnancy.

#### Q. 410: PLACE(S) WHERE ANTENATAL CARE RECEIVED

This question seeks information on where the woman received care for her pregnancy. Antenatal care is usually given at a health care facility but is sometimes provided in the pregnant woman's home.

Similar to Q. 409, we are interested in all of the places where the woman received antenatal care. Be sure to use prompt (e.g., "Anywhere else?") and record all the places where she was seen for care.

As is the case with earlier questions about family planning sources, when choosing a code in Q. 410, you need to know whether the place is in the public sector (run by the government) or in the private sector (e.g., a hospital or clinic run by a nongovernmental organization or a private doctor's office). If you cannot determine the type(s) of source(s), write the name(s) in the space provided and your supervisor will find out if it is public or private.

#### Q. 411: MONTHS PREGNANT AT FIRST ANTENATAL VISIT

Ask the respondent how many months into her pregnancy she was when she received her first antenatal care. If she does not remember, ask her how many periods she had missed at the time. Assume each missed period corresponds to a month and enter the number in the space provided. For example, if the respondent doesn't recall how many months pregnant she was when she first received antenatal care, but knows that she had missed three periods, record '03'.

#### Q. 412: FREQUENCY OF ANTENATAL CHECKUPS

Then ask her how many times in total she saw someone for antenatal care during her pregnancy. This refers to care related to her pregnancy and should not include seeing a doctor or nurse for other reasons.

#### Qs. 412A through 412F: SECOND, THIRD, AND FOURTH ANTENATAL CHECKUPS

This series of questions asks about the number of months pregnant a woman was when she received her second, third, and fourth antenatal care checkup.

#### Q. 413: TESTS PERFORMED DURING ANTENATAL CHECKUPS

We want to know whether each of the tests listed was ever performed on the respondent during any of the antenatal checkups she had for the last pregnancy. It does not matter if they were performed only once or more than once, or performed in the same visit or spread over several visits. Ask about each test and record the response before asking about the next test.

Blood pressure is measured with a blood pressure gauge or unit. A rubber cuff is wrapped around the woman's upper arm and inflated. As the air filling the cuff is slowly released, the health care provider uses a stethoscope to listen to the blood pulsing of through the blood vessels while simultaneously examining the gauge to determine the blood pressure.

A blood sample may be taken from the woman's fingertip or from a vein (usually from a vein in the wrist or in the forearm near the fold of the elbow). The blood sample is used to test for various diseases, such as anemia or malaria.

#### Q. 414: PREGNANCY COMPLICATIONS

#### Qs. 415-420: TETANUS TOXOID INJECTIONS

Neonatal tetanus is a disease that kills many babies. Another name for tetanus is lockjaw [local term(s)]. If a woman receives at least two tetanus vaccinations during any pregnancy, she is considered to be adequately immunized to protect her baby against neonatal tetanus. A child also is considered to be adequately protected if the mother received at least five injections with tetanus vaccine during her lifetime and the last booster was received within a ten-year period prior to the pregnancy.

Qs. 415-416 ask about whether the respondent received any tetanus injections during that pregnancy and, if so, how many times she was given the tetanus injection. The tetanus vaccine is usually given to the pregnant woman as an injection in the arm or the shoulder.

A respondent who does not report receiving at least two injections with tetanus vaccine during the pregnancy must be asked several additional questions to assess whether she was adequately immunized at the time of her pregnancy. Qs. 418-419 inquire about whether she received any tetanus injections prior to the pregnancy (e.g., during an earlier pregnancy or during childhood) and, if so, the total number of tetanus injections she was given before the pregnancy. If she cannot remember at least the year when she received her most recent tetanus injection, she will be asked how many years before the survey the most recent tetanus injection was received (Q. 420).

*Example:* The respondent has two children, Marie and Jose. Jose is her last birth. She says that she had one tetanus injection when she was pregnant with Jose and two injections when she was pregnant with Marie who was born in September 2011. She also is sure that she had all of the required childhood immunizations before entering school although she is not sure how many tetanus injections she had.

For this respondent, you should circle '1' in Q. 415, record '1' in Q. 415, and check 'OTHER' in Q. 417. You should circle '1' in Q. 418 since she had tetanus injections prior to the pregnancy.

Since the respondent is sure she had all required immunizations before entering school, you may assume that she had three immunizations during early childhood. Including the two injections when she was pregnant, this means she had a total of five tetanus injections before she became pregnant with Jose. Thus, you should record '5' in Q. 419.

#### Qs. 421 and 422: IRON TABLETS/SYRUP

Anemia is a common problem during pregnancy that can be overcome by additional intake of iron. Q. 421 asks whether the woman was given or bought any iron tablets or syrup during her pregnancy. Since some women may not know that they were given iron tablets, show the woman the sample tablets as you ask this question. Note that we are not asking whether or not she consumed the tablets/syrup she was given or bought; rather, we want to know whether she had the tablets/syrup in her possession during the pregnancy. We also are asking if she was given or bought the tablets, not if she already had them at home, so record NO in that instance and skip to Q. 423.

If the respondent was given or bought iron tablets/syrup (YES in Q. 421), ask her for how many days during her pregnancy she took the tablets/syrup. Record the response in the boxes. Remember to put a leading zero in front; 30 days would be '030'. If she was given or bought iron tablets but never took one, record '000'.

If she does not remember, probe for the approximate number of days, e.g., by asking how many months pregnant she was when she began taking the tablets and whether she took the tablets every day after that.

#### Q. 423: DRUG FOR INTESTINAL WORMS

Treatment of intestinal parasitic infections has an impact on the anemia status of women during pregnancy. To see if the woman took any drug for intestinal worms during her pregnancy, we ask Q. 423.

#### Q. 424: PREVENTIVE TREATMENT FOR MALARIA DURING PREGNANCY

In certain areas, malaria is endemic and accounts for a significant proportion of illness/disease and mortality. In such areas, pregnant women are recommended to take malaria prophylaxis throughout their pregnancy. To see if the respondent followed these precautions, we ask in Q. 424 if she took any drugs to prevent her from getting malaria during her pregnancy.

If the respondent says that she had malaria or a fever during the pregnancy and was given drugs to treat the malaria or fever that would not be considered preventive treatment. Drugs to prevent malaria are only drugs that she takes during pregnancy when she does not have malaria already. Record YES only for women who took malaria drugs when they did not already have malaria.

#### Qs. 425: SPECIFIC DRUGS TAKEN FOR MALARIA PREVENTION

If the respondent took an antimalarial to prevent malaria during pregnancy, record the drug(s) that she was given or bought in Q. 425.

If she does not know which drug it was or cannot remember the name, ask her to show you the package that the drug came in. If she doesn't have the package, show her typical antimalarial drugs

and ask if she took any of them. If she mentions that she was given three tablets to take all at the same time in order to prevent malaria, circle 'A' on the assumption that she took SP/Fansidar.

Note that you should circle more than one code if the respondent says that she took more than one type of drug to prevent malaria. To record the use of antimalarial drugs other than the ones listed, circle 'X' and write the name of the drug in the space provided. If she still cannot identify a drug, circle 'Z' for DON'T KNOW.

#### Q. 425A: SOURCE OF ANTIMALARIAL DRUG

The purpose of this question is to identify where the respondent got the antimalarial drugs she took during her pregnancy. Write the name of the facility in the space provided if the respondent does not know whether the place is run by the government or is private. Inform your supervisor about the problem. The supervisor will identify the type of facility.

#### Q. 430: SIZE OF BABY

Read the entire question before accepting an answer. This is the woman's own opinion about the size of her baby. Some respondents may give you the baby's birth weight instead of a size. Insist that you want to know whether she thinks the baby was VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, or VERY SMALL. If the respondent herself is unable to tell you the baby's size at birth, do not record an answer based on the birth weight information; simply circle '8' for DON'T KNOW.

#### Qs. 431 and 432: WEIGHT AT BIRTH

These questions seek information on whether the baby was weighed at birth and, if so, the baby's weight. Notice that in Q. 432 there are two sets of boxes for recording the birth weight; the first is KILOGRAMS FROM CARD, and the second is KILOGRAMS FROM RECALL. KILOGRAMS FROM CARD refers to a written record of the birth weight on a document, such as the vaccination card, the antenatal card, or the birth certificate. KILOGRAMS FROM RECALL refers to the mother's verbal report of her child's birth weight, which she is reporting from memory.

When recording the birth weight, first circle the appropriate code in front of the boxes; '1' for KILOGRAMS FROM CARD and '2' for KILOGRAMS FROM RECALL, and then fill in the birth weight. Always record the birth weight from the card when possible. When recording information from the card, check the date on the card or ask the mother to be sure that the weight recorded on the card was the child's weight at birth.

You will fill in the boxes for KILOGRAMS FROM RECALL only if there is no card or no birth weight was recorded on the card. If there is no weight available from a card and the respondent says she cannot remember the exact birth weight, ask her to give you her best estimate. Only record DON'T KNOW if she absolutely cannot remember even an approximate weight.

#### Q. 433: ASSISTANCE AT DELIVERY

Again, when asking the question, be sure to insert the name of the child you are referring to, so that there is no confusion. If the respondent is not sure of the status of the person who assisted with the delivery, for example, if she does not know whether the person was a midwife or a traditional birth attendant, probe. The codes are letters of the alphabet to remind you to circle codes for all the people she says assisted with the delivery.

#### Q. 434: PLACE OF BIRTH

The intent of this question is to identify births delivered in a health facility. If the woman gave birth in a health facility, ask whether the place is in the public (run by the government) or private sector. Write the name of the facility in the space provided if the respondent does not know whether the place is run by the government or is private. Inform your supervisor about the problem. The supervisor will identify the type of facility.

#### Qs. 435: CAESAREAN SECTION

A caesarean section is a delivery of a baby through an incision in the woman's abdomen and womb, rather than through the birth canal. Such a delivery is necessary for some women due to pregnancy complications. Find out whether the baby was delivered by an operation and not through the birth canal.

#### Q. 435A: MODE OF TRAVEL TO FACILITY FOR CAESAREAN

For women who delivered their baby by a caesarean operation ask how they traveled to the health facility where they had the operation.

#### Qs. 436-440: POSTPARTUM CHECKUP FOR MOTHERS

Getting a postpartum checkup soon after the baby is born is crucial for the health of the mother. We are interested in knowing whether the respondent saw anyone for a postpartum checkup and, if so, who performed the checkup and how many days or weeks after the birth the first checkup took place. In this set of questions, we are asking only about a health checkup for the mother. If someone checked on the health of the baby, but not the mother, that checkup would not be included.

Q. 436 is directed to women who delivered in a health facility and inquires whether anyone checked on the woman's health before she was discharged. If YES, skip to Q. 439 to obtain more information on the checkup. If NO, the respondent is asked Q. 437, which seeks information on whether the woman had a postpartum checkup from anyone after she was discharged from the health facility. You should mark YES to this question only if the checkup was related to her delivery and not if the care was for some other problem she had. If YES, skip to Q. 439. If NO, skip to Q. 446.

Q. 438 is asked to women who delivered outside a health facility. The question asks if the woman was seen by anyone for a check of her health relating to the delivery within two months following the birth. Record NO if the woman saw a provider but the care was unrelated to the delivery.

Qs. 439 and 440 seek information on who conducted the first post-partum check up and when after the delivery it took place. All mothers who received postpartum care (those who answered YES to Q. 436 or Q. 438) are asked Q. 439 and Q. 440 regardless of where the care was received.

Qs. 439 and 440 refer to the first checkup after birth, so multiple answers are not allowed. If the woman reports that more than one person conducted the first postpartum checkup in Q. 439, circle the code for the person that appears highest in the list. In completing Q. 440, remember that you must first circle a code for the unit of time the respondent mentions (i.e. HOURS, DAYS, and WEEKS) and fill in a number in the boxes to the right of the code you circle. If the woman is uncertain about the exact time, probe to get the best estimate as to when the first checkup took place.

#### Q. 441: FILTER FOR POST-DISCHARGE CHECKUP FOR WOMEN DELIVERING IN A FACILITY

#### Q.442-445: CHECKUP OF BABIES AFTER BIRTH

Q. 442 is directed to women who delivered outside a health facility and asks about whether the baby received a checkup from a health professional or traditional birth attendant in the two months after the

baby was born. For those babies who did have a checkup, additional questions are asked about the first checkup the baby had including: when this checkup took place (Q. 443), the person who did the checkup (Q. 444), and where the checkup took place (Q.445). In recording the responses to Qs. 443 and 444, follow the instructions for Qs. 439 and 440.

Q. 445 inquires about the place where the checkup took place. Such care is usually given at a health care facility but is sometimes provided in the woman's home. Again if you cannot identify the type of source (public or private), write the name of the place and inform your supervisor who will assist in identifying the source.

#### Q. 446: VITAMIN A

Show the vitamin A ampoule, capsule, or syrup and ask the respondent whether she received vitamin A within two months after delivery.

#### Qs. 447-449: MENSTRUAL PERIOD AFTER BIRTH

After a woman has given birth, there is a length of time when she will not have her monthly menstrual periods. Q. 447 asks about whether a woman's period has resumed following the last birth while Q. 448 inquires about the return of the woman's period for all other births.

Q. 449 is asked of women who say their period returned following the birth. Record the woman's answer in completed months. Remember to put a zero in the first box for responses of less than ten months.

#### Q. 450: FILTER (LAST BIRTH ONLY) FOR CURRENT PREGNANCY STATUS

#### Qs. 451 and 452: POSTPARTUM ABSTINENCE

Couples may decide to wait a certain length of time after the birth of a child before resuming sexual relations (postpartum abstinence). Qs. 451 and 452 are asked to determine for how long the woman abstained from sexual intercourse after the birth of her child. Again record the woman's answer in completed months.

#### Q. 453: CHILD EVER BREASTFED

Breastfeeding is important for fertility and child health. For this question, it does not matter how long the respondent breastfed the child, only whether or not she ever gave the child the breast, even if the baby died very young.

#### Q. 454: FILTER FOR LIVING CHILD

#### Q. 455: WHEN BREASTFEEDING BEGAN

If the mother reports that the baby was put to the breast immediately after birth, circle '000.' Otherwise, record the time in completed hours or days.

*Example:* The woman said she began breastfeeding within an hour of the birth. Circle '1' and record '00' hours.

*Example:* The woman said she began breastfeeding 30 hours after the birth. Circle '2' (DAYS) and record '01'.

#### Qs. 456 and 457: PRELACTEAL FEEDING

These questions are asked to find out whether the baby was given any fluid other than breast milk before the mother's breast milk began to flow regularly. In Q. 457, circle all applicable codes.

#### Q. 457A: FILTER FOR DELIVERY AT HOME

#### Q. 457B: REASON FOR DELIVERING AT HOME

This question is asked to find out what reason the woman had for delivering her baby at home instead of in a health facility.

#### Q. 458: FILTER FOR LIVING CHILD

#### Q. 459: STILL BREASTFEEDING

Q. 459 is only asked if the child is still alive (Q.458). Note that for Q. 459, it does not matter whether she is giving the child other liquids or foods as well; we are interested in knowing whether the child is being breastfed at all.

#### Q. 460: BOTTLE WITH NIPPLE

The use of bottles with nipples can be unsanitary and can indicate early or inappropriate weaning. You should record 'YES' if the child was given anything in a bottle during the day or night before the interview.

#### Q. 461: FILTER FOR NEXT CHILD

At this point, go back to Q. 405 to ask questions in Section 4 for the child in the next column. If you have finished these questions for all births in the last five years, proceed to Q. 501.

### **SECTION 5: CHILD IMMUNIZATION, HEALTH AND NUTRITION AND EARLY CHILD DEVELOPMENT**

#### Qs. 501-503: TABLE HEADING

There is an important difference between Sections 4 and 5. Section 4 obtains information for both living and dead children, while Section 5 obtains information only for living children. However, you will still need to complete the table headings for both living and dead children in Section 5.

Complete the table heading, following the same procedure as you did for Section 4. Check Qs. 212 and 216 and fill in the Birth History Number (Q. 502), child's name, and survival status (Q. 503) at the top of this page and the child's name at the top of each of the subsequent pages in the Child Health table. Make sure to start with the last birth, then the next to last, etc.

If there are more than three births since January 2009, you will need to use the continuation questionnaire that you prepared earlier. Write SEE CONTINUATION SHEET at the top of Section 5. Check the cover page to make sure that you have the correct continuation questionnaire. Go to Section 5 in the continuation questionnaire. Leave the first column of the questionnaire blank. Change the heading of the second and third columns to 'THIRD-FROM-LAST BIRTH' and 'FOURTH-FROM-LAST BIRTH', and record the name, birth history number, and survival status of the additional birth(s). Then return to the original questionnaire to begin asking the questions for the last born child.

After completing Q. 503 for all births since January 2009, start with the LAST BIRTH in the first column and do one of three things: 1) if the child is alive, ask Q. 504; 2) if the child is dead, go to the next column for the birth recorded there; or 3) if there are no more births, go to Q. 553.

#### Q. 504: VACCINATION (HEALTH) CARD

You should have obtained documentation (birth certificates and vaccination (health) cards) for eligible children at the beginning of the interview. If you have not already collected the vaccination (health) card(s), ask the respondent to look for the card(s). In some cases, the respondent may hesitate to take time to look for the card(s), thinking that you are in a hurry. Since it is critical to obtain written documentation of the immunization history for all eligible children, be patient if the respondent needs to search for the card(s).

If the respondent shows you the card for a child, record YES, SEEN. If the respondent says the child has a vaccination (health) card, but she is unable to show it to you because she has lost it, someone else has it, or it is not accessible to her during the interview, record YES, NOT SEEN for that child. If the respondent says she does not have a card for her child, record NO CARD. Each response has a different skip instruction, so be careful to follow the correct skip pattern.

#### Q. 505: EVER HAD VACCINATION (HEALTH) CARD

If, in Q. 504 the woman tells you she does not have a vaccination (health) card for her child, ask her in this question whether she ever had a card for that child. It is possible that she at one time did have a card, but no longer has it. Circle the appropriate code and skip to Q. 509.

#### Q. 506: RECORDING VACCINATIONS

If you have a vaccination (health) card for the child, fill in the responses to Q. 506, taking the information directly from the card. When there is more than one eligible child, be certain to match the correct card with the child you are asking about.

Before copying dates from the card to Q. 506, examine the card carefully. The card may list the vaccinations in a different order than the questionnaire. Also Q. 506 requires dates to be recorded with the day first, then the month and then the year. Check the card carefully to see which way the dates are written because sometimes the month might come first, followed by the day and year. Be very careful to record dates correctly.

Besides recording vaccination dates on the card, some health facilities may also record the dates (appointments) on which the mother should bring her child for the next immunizations. Be very careful not to record a scheduled appointment date as a vaccination date. It is possible that an appointment date was given, but the child never received the vaccination. Only record dates that vaccinations were actually given, and not dates of appointments. Be patient and read the card thoroughly.

If the card shows only part of the date, record '98' for DON'T KNOW in the column for which the information is not given.

*Example:* If the date given was July 2010, you would record '98' for DAY, '07' for MONTH, and '2010' for YEAR.

If the card shows that a vaccination was given, but there is no date recorded, record '44' in the DAY column next to the vaccine and leave the month and year blank. Again, be careful to examine the card closely. For example, if a date is given for a DPT vaccination and there is simply a check to show that a polio vaccine was also given, record the date of the DPT injection on the polio line since the check



probably indicates that the vaccinations were given on the same day. Some immunization cards have only a single line for DPT1 and POLIO1, DPT2 and POLIO2, etc. If there is a date on just one of these lines, record the same date for both the DPT and polio injections.

*Example:*

Solange's health card shows the following immunizations:

			LAST BIRTH							
			DAY		MONTH		YEAR			
BCG	May 20, 2010	BCG	2	0	0	5	2	0	1	0
Polio 0	May 20, 2010	POLIO 0 (POLIO GIVEN AT BIRTH)	2	0	0	5	2	0	1	0
Polio 1	August 25, 2010	POLIO 1	2	5	0	8	2	0	1	0
Polio 2	October, 2010	POLIO 2	9	8	1	0	2	0	1	0
Polio 3	No date	POLIO 3								
DPT 1	August 25, 2010	DPT 1	2	5	0	8	2	0	1	0
DPT 2	October, 2010	DPT 2	9	8	1	0	2	0	1	0
DPT 3	No date	DPT 3								
Measles	Given, no date	MEASLES	4	4						
Vitamin A	October, 2010	VITAMIN A (MOST RECENT)	9	8	1	0	2	0	1	0
MEASLES & RUBEOLA 1		MEASLES & RUBEOLA 1	9	8			2	0	1	0
MEASLES & RUBEOLA 2		MEASLES & RUBEOLA 2	9	8			2	0	1	0

**Q. 507: FILTER FOR COMPLETE IMMUNIZATION**

**Q. 508: ANY VACCINES GIVEN BUT NOT RECORDED**

Sometimes a child receives a vaccine but no record is made on the vaccination (health) card. After copying the card, ask the respondent whether the child received any vaccinations that are not recorded on the card. This includes vaccination given in national immunization campaigns.

If the mother reports that the child did receive a vaccination for which no date was recorded on the card, record YES in Q. 508. Then, go back to Q. 506, record '66' in the DAY column next to the vaccine received, and leave the month and year blank. In Q. 508, only record YES if the respondent lists more than one of the vaccinations in Q. 506 that are not recorded as having been given.

The mother may tell you that the child did not receive any immunizations other than those recorded on the card. In this case, circle '2' for NO in Q. 508.

At the end of this question, skip to Q. 511 no matter what answer was recorded.

**Q. 509: EVER HAD A VACCINATION (BUT NO HEALTH CARD)**

You will ask this question only if you did not see a vaccination (health) card for this child. In that case, all of the information about vaccination of children will be collected from the mother, based on her memory about those vaccinations.

**Qs. 510-510I: VACCINATIONS FOR CHILDREN WITH NO CARD**

If you did not see a child's vaccination (health) card and the respondent tells you that the child did receive at least one vaccination, you will ask about whether the child received each of the following vaccinations: BCG, polio, DPT, measles/MMR, MEASLES.

Read the introductory question (Q. 510) and then ask Qs. 510A-I, following the appropriate skip patterns. Because there are many types of vaccines, we specify how each one is given so the mother will know which vaccine we are asking about. Read the whole sentence before accepting the woman's response.

Notice that there are follow-up questions for the polio, DPT and PCV vaccinations. For the polio vaccine, MEASLES, we ask whether the child received it, when the child first received it (country specific), and how many times the child received it. For the DPT and PCV vaccinations, we ask whether the child received the vaccination and how many times.

Because the timing of measles/MMR vaccination is country-specific, Q. 510I should be adjusted accordingly.

#### Qs. 511: VITAMIN A SUPPLEMENTATION

Q. 511 asks if the child received a vitamin A dose within the six-month period before the survey. As a visual aid, show the woman common types of vitamin A ampoules, capsules, or syrups. Do not record 'YES' if the child received the last dose more than six months ago.

#### Q. 513: INTESTINAL WORMS

Worm control improves the nutritional status of children. It is possible with cheap and effective drugs that are safe in pre-school children. Q. 513 asks if the child took any drug for worms in the past six months.

#### Q. 514: DIARRHEA IN LAST 2 WEEKS

Diarrhea is a major cause of illness and death among young children in developing countries. If a respondent is not sure what we mean by diarrhea, tell her it means "more than three runny stools per day." While reading this question, emphasize "in the last two weeks."

#### Q. 515: BLOODY DIARRHEA

Record whether there was any blood in the stools. Blood in the stools is a symptom of dysentery, an infection caused by certain bacteria, parasites, and intestinal worms.

#### Qs. 516 and 517: DRINKING AND EATING DURING DIARRHEA

The amount of fluids or food given while a child has diarrhea may be different than normal. Read the entire question before accepting a response. We are interested in knowing the amount of fluids and/or food the child ate or drank. If a respondent says "less" probe to determine more specifically if she meant "much less" than usual or "somewhat less".

#### Q. 517A: BREASTFEEDING DURING DIARRHEA

Ask the respondent if she continued to breastfeed her child when the child had diarrhea and record the response.

#### Qs. 518 and 519: ADVICE OR TREATMENT SOUGHT FOR DIARRHEA

These questions ask whether advice was sought from someone else on how to treat this episode of diarrhea, for example, advice from a health center, a health worker, or a traditional healer. Record YES if anyone sought advice or treatment for the child's diarrhea (not just the mother).

If advice or treatment was sought (Q. 518 is YES), ask Q. 519 and probe for all sources. Circle the code for each facility or person contacted.

If the respondent does not know whether a facility is public or private, write the name of the facility in the space provided, and inform your supervisor after you complete the interview.

Q. 520: FILTER FOR NUMBER OF PLACES ADVICE/TREATMENT FOR DIARRHEA SOUGHT

Q. 521: FIRST PLACE ADVICE/TREATMENT FOR DIARRHEA SOUGHT

For women citing more than one source in Q. 519, probe in Q. 521 for the first place where advice/treatment for diarrhea was sought. If the woman mentions a source that is not recorded in Q. 519, first probe to be sure that advice was sought from the source and then add that source in Q. 519.

Q. 522: SPECIAL FLUIDS

Women are asked if they gave a child with diarrhea fluid made from a packet of oral rehydration salts (ORS) such as [LOCAL NAME FOR ORS PACKET], a pre-packaged ORS liquid, or a government-recommended homemade fluid. Read out each item and circle the answer given after each item. Be sure to circle a code for each item. Do not leave any item blank.

Qs. 523 and 524: TREATMENT FOR DIARRHEA OTHER THAN SPECIAL FLUIDS

These questions ask the mother whether the child received any treatment for diarrhea other than those mentioned in Q. 522 for this episode of diarrhea. If in Q. 522 you learned that the child was given fluid from an ORS packet, then phrase Q. 523 by saying, "Was anything else given to treat the diarrhea?" If none of the liquids was given, ask Q. 523 by saying, "Was anything given to treat the diarrhea?"

If you learn in Q. 523 that the child was given something to treat the episode of diarrhea, ask Q. 524 to identify what the mother or anyone else may have given the child. After recording a treatment, ask the woman whether "anything else" was given, but do so without implying that something else should have been given.

Qs. 525 and 526: FEVER IN LAST 2 WEEKS

Fever is a symptom of both malaria and pneumonia, which are two of the principal causes of death for young children in many countries. Often children with fever receive treatment for malaria regardless of whether they have malaria or pneumonia. As a result, anti-malarial drug resistance has become a major problem. To stop it, health personnel must diagnose malaria in children, and provide treatment for malaria only to those children who are infected with the malaria parasite. Malaria is diagnosed by taking a few drops of blood from the patient and examining them for the presence of malaria parasites or malaria-specific proteins.

For Q. 525 record YES only if the fever occurred in the two weeks prior to the date of interview and then go on to Q. 526. If the response to Q. 525 is NO or Don't Know, skip to Q. 527.

Q. 527: COUGH IN LAST 2 WEEKS

Record YES only if the cough occurred in the two weeks prior to the date of interview.

Q. 528: CHILD BREATHED FASTER THAN USUAL/HAD DIFFICULTY BREATHING

This question is asked only if the child had a cough in the past two weeks. Short, rapid breathing or difficulty breathing are signs of pneumonia or other acute respiratory infections, which are a principal cause of death among children.

Q. 529: FAST/DIFFICULT BREATHING DUE TO CHEST PROBLEM/BLOCKED NOSE

The purpose of this question is to better distinguish between respiratory illness which is life threatening and an ordinary runny nose which is less serious.

Q. 530: FILTER FOR FEVER

Qs. 531 AND 532: DRINKING AND EATING DURING FEVER/COUGH

The amount of fluids or food given while a child has fever/cough may be different from normal. If the child had a fever or a cough but not both, read the question with the appropriate illness at the end of the sentence. For example, if the child had both a fever and a cough, read the statement preceding Q. 531 as follows: "Now I would like to know how much [NAME] was given to drink (including breast milk) during the illness with a fever and a cough." Read the entire question before accepting a response. We are interested in knowing the amount of fluids and/or food the child ate or drank. If a respondent says 'less', probe to determine if it was "much less" than usual or "somewhat less".

Qs. 533 and 534: ADVICE OR TREATMENT FOR COUGH/FEVER SOUGHT

Record YES in Q. 533 if anyone sought advice or treatment for the child's fever or cough (e.g the grandmother). If advice or treatment was sought, go on to ask Q. 534. Probe to determine whether more than one person or more than one place was consulted, and record all places mentioned.

If the respondent does not know whether the facility is public or private, write the name of the facility in the space provided. At the end of the interview, inform the team supervisor about the problem in classifying the source.

Q. 535: FILTER FOR NUMBER OF PLACES ADVICE OR TREATMENT FOR FEVER/COUGH SOUGHT

Q. 536: FIRST PLACE ADVICE OR TREATMENT FOR FEVER/COUGH SOUGHT

For respondents naming more than one source in Q. 534, probe in Q. 536 for the first place where advice/treatment for fever/cough was sought. If the woman mentions a source that is not recorded in Q. 534, first probe to be sure that advice or treatment was sought from the source and then add that source in Q. 534.

Qs. 537 and 538: TREATMENT OF THE FEVER/COUGH

Ask the respondent whether the child who had fever/cough in the past two weeks has taken any drugs for the fever and, if so, what drugs the child received. Note that more than one drug may have been administered to the child during the illness.

If the child did not receive any drugs for the fever/cough, or if the respondent doesn't know, go back to Q. 503 in the next column, or if there are no more births, continue to Q. 553.

If the child received treatment, in Q. 538, mark all the drugs mentioned by the woman. If the woman does not know the name of the drug, ask her to show you the drugs. Record DON'T KNOW only if she cannot show you the drug or you cannot determine the type of drug given to the child.

Q. 539: FILTER FOR ANTIMALARIAL DRUGS GIVEN TO TREAT FEVER

Q. 540: FILTER FOR SP/FANSIDAR GIVEN

Q. 541: LENGTH OF TIME CHILD HAD FEVER BEFORE BEING TREATED WITH SP/FANSIDAR

This question asks about the time interval between the beginning of the child's fever and when he/she took the first dose of SP/Fansidar to treat the fever. If he/she started taking SP/Fansidar the same day the fever started, circle '0' for SAME DAY. If SP/Fansidar was first given the next day (the day after the fever began), circle '1' for NEXT DAY and so on.

Qs. 542-551: INFORMATION ABOUT OTHER DRUGS TAKEN FOR FEVER

Qs. 542 through 551 are identical to Qs. 540 and 541 except that they ask about other drugs taken for the fever (coartem, primo, quinine, etc.).

Q. 552: INSTRUCTION TO ASK QUESTIONS 504-553 FOR NEXT CHILD

At this point, go back to Q. 503 and ask the series of questions for the birth in the next column. If there are no other births, proceed with Q. 553.

Q. 553: FILTER FOR NUMBER OF CHILDREN BORN IN 2009 OR LATER

Check Qs. 215 and 218 to find out how many children the respondent has who were born in 2009 or later and who are living with her. If there are no children born during this period who are living with the respondent, mark the box on the right and go to Q. 556. If she has one or more children born during this period who are living with her, mark the box on the left. Then proceed to ask Q. 554 for the youngest child born since January 2009 and living with the respondent.

Q. 554: DISPOSAL OF STOOLS

Correct disposal of stools is linked with lower risks of spreading diarrheal illnesses. Mothers are asked about what was done the last time their youngest child passed stools.

Q. 555: FILTER FOR CHILD OR CHILDREN HAVING RECEIVED ORS PACKETS

Q. 556: KNOWLEDGE OF ORS PACKETS

This question will be asked to determine whether respondents have heard of a special ORS packet or a pre-packaged ORS liquid to treat diarrhea. It is asked of all women interviewed with the exception of women with children born in 2009 or later who were given an ORS packet or pre-packaged ORS liquid to treat a recent case of diarrhea. When asking Q. 556, be sure to use any local name that is used for these packets.

Q. 557: FILTER FOR CHILD BORN IN 2012 OR LATER AND LIVING WITH RESPONDENT

If the respondent has at least one child born in 2012 or later and living with her, be sure to record the name of the youngest such child in the space provided.

Q. 558: LIQUIDS AND FOODS GIVEN YESTERDAY

The purpose of this series of questions is to obtain a better picture of the diversity of the child's diet. Only women who have had at least one child born in 2012 or later and living with her are eligible for

the questions. If the respondent has more than one child born in 2012 or later living with her, the questions relating to the child's diet will be asked for the youngest child.

Help the respondent to recall what the child ate the day before, as follows:

- Begin by reading the introductory portion of the question slowly, emphasizing that the question concerns what the child drank or ate **yesterday** during both the day and night. Then ask about each of the items in the order they appear in the question. Be careful to record the response (“YES,” “NO” OR “DON’T KNOW”) for an item before asking about the next item.
- For categories that have more than one item of food or drink, circle ‘1’ for “YES” if any item in that category was given. For questions regarding consumption of milk (Q. 558d), infant formula (Q. 558e), and yogurt (Q. 558g), follow up by asking how many times the child consumed the item.
- As you are asking about the initial items in Q. 558, the mother may interrupt and list the foods and liquids that her child consumed. Begin with the foods or liquids she mentions that the child received and circle a ‘1’ for each item in Q. 558. You may need to ask the woman to repeat the items to make sure that you have recorded all the food types correctly.
- Sometimes the mother may tell you that her child had “soup,” “porridge” or “stew”. Since these typically include a variety of food types, it is important that you probe to find out the ingredients included in the soup, porridge or stew.
- Once you have entered all of the foods or liquids that the child consumed, you must go back and ask about any categories for which the woman did not mention. If the woman now mentions a food item the child ate yesterday (or had mentioned it before) which is not listed in any of the existing food groups, write the name of the food next to the Q.558u “Any other solid, semi-solid, or soft food?” It will be coded later by a supervisor into the appropriate food group.

If the respondent tells you that her child was given only the items she has already mentioned (e.g., infant formula and juice), confirm that the child was not given anything else (e.g., by asking “Did (NAME) drink any other liquid at all?” and “Was (NAME) given any other solid or semi-solid food?”). If the mother confirms that the child was not given any other liquid or food, mark NO for all the other items in the list. Note that if the woman mentions breast milk, it is not necessary to record this information in Q. 558 because it has already been captured (Q. 459). Note also that Q. 558a (“Plain water?”) refers to water by itself with nothing added to it.

If the mother was not with the child on the day before you conduct the interview, she may not be able to answer these questions. If this situation occurs, ask if you can talk to the person who was responsible for the child's care while the mother was away about what the child ate. It is also possible that the mother will consult other household members about what the child ate even if she was at home since the mother may not be the only one who fed the child yesterday. If at any time when you are asking Q. 558 you obtain information on liquids or foods the child was given from other household members, you should write down the names of these individuals and a description of the circumstances on the same page as the relevant question. Also put a note in the OBSERVATION section at the end of the interview.

Before going on to the next question, check that there is a response circled for each item in Q. 558. Note: in some parts of the world, use of infant formula and commercially fortified baby cereal is widespread. In other areas, these products may be uncommon, and respondents may not recognize the terms. Definitions of each are provided below:

- Infant formula. Infant formula is a commercial product that can be used to provide all or part of the nutrients that infants need for growth or development. The formula may be a powder or a liquid concentrate that must be mixed with water before it is given to an infant or in a ready-to-use can that can be feed to an infant without adding water. Formula may be milk-based or soy-based. Common infant formula products available in [COUNTRY] include [SPECIFY]. If the mother reports the child had soy-based formula, add this as a separate category under other liquids (Q. 558f) to distinguish from milk-based formula.
- Commercially fortified baby cereal. Commercially produced cereals specifically produced for feeding to infants or young children. Common infant cereal products available in [COUNTRY] include [SPECIFY].

Q. 559: FILTER FOR CHILD ATE ANY FOOD

Q. 560: SOLID, SEMI-SOLID, OR SOFT FOOD

This question is only asked if none of the food groups in Q. 558 are reported by the respondent during the food group recall of the child. This question verifies whether or not the child really had no solid, semi-solid or soft food the previous day.

- Solid, semi-solid, or soft foods include family foods, and also many special dishes prepared for infants and young children. Thick soups, stews, and porridges should be considered semi-solid foods.
- Very thin, watery soups and gruels should be classified as liquids not as solid, semi-solid, or soft foods because infant and young children do obtain sufficient energy (calories) from them.

Q. 561: NUMBER OF TIMES CHILD GIVEN SOLID, SEMI- SOLID, OR SOFT FOODS

In this question, we try to find out the total number of times that the child was given solid, semi-solid, or soft foods the day before the interview. Count snacks given to the child between regular meals separately. If the number is 7 or more, record '7' in the box.

*Example:* The respondent reports her child was breastfed 8 times the previous day and fed porridge in the morning and evening. The child also ate a smashed banana during the afternoon. Record '3' in Q. 561 since the child ate solid/semisolid foods 3 times the day before the interview.

Qs. 561A and 561B: NUTRITION COUNSELING OR EDUCATION

These questions are interested in a woman's exposure to counseling or education on nutrition. Q. 561A asks if a woman has heard of counseling or education on nutrition and Q. 561B asks the source from which they heard about the counseling or education. If the answer to Q. 561A is 'NO' then skip to the next section (Q. 563).

Qs.563-584: EARLY CHILDHOOD DEVELOPMENT (ECD)

The questions on ECD are used to obtain information about the extent to which households provide a supportive and stimulating learning environment. It also includes a mix of questions to obtain information on various aspects of development (physical, social, emotional, language, and cognitive development).

Q. 563: FILTER FOR CHILD AGED 0-5 YEARS

Q. 564: FILTER FOR THE YOUNGEST CHILD AGED 0-5 YEARS

Q.566: This question asks specifically about children’s books or picture books for the child. This includes e-books for children but excludes schoolbooks (appropriate for or belonging to older children), as well as other books for adults that are present in the household.

Record the number of books in the space provided. There is no need to make an actual count of books yourself. Rely on the respondent’s answer, and avoid asking to see and count the books yourself, since this is likely to require extra time. If the respondent is unsure about the number of children’s books or picture books and is not able to provide an answer the first time you ask the question, ask her/him if there are more than 10 such books. If yes, circle ‘10’. If she/he says that there are less than 10 such books, probe further to get an exact number. If there are no such books in the household, record ‘00’.

**Q. 567:** This question is used to learn about different types of playthings used by the child. We want to know if the child has objects to play with, and what these are, even if they do not include store-bought toys. We are interested in learning about other objects that are used as playthings, such as ordinary household objects and natural materials.

Extra care should be taken to ask this question and record the responses. Experience has shown that respondents find it very easy to give the same answer to a list of different playthings. Often they will answer ‘Yes’ to all items, whether or not it is true, perhaps because they think this is the ‘correct’ response or one that will please the interviewer.

Do not pause after reading the first part of the question and continue by saying “Does he/she play with” and start asking whether the child plays with playthings from each of the categories listed. Ask: “Does he/she play with homemade toys (such as dolls, cars, or other toys made at home)?” and so on.

If the respondent answers ‘Yes’ to any of these prompted categories, then probe to learn specifically what the child plays with to ascertain the response. For example, probe by saying “What does he/she specifically play with?” or “Can you please give an example?” If you ascertain that the child uses playthings that would fall into each of the prompted categories, circle ‘1’. If the child doesn’t play with items mentioned in specific categories circle ‘2’, if the respondent doesn’t know circle ‘8’, for that specific category. Read each category aloud and circle the code corresponding to the response before proceeding to the next category.

**Q.568.**This question is used to assess whether children are at increased risk, either because they are left alone or are left with a child as caregiver. These situations have been shown to be associated with higher risk for children.

The question sets up a hypothetical situation, one in which the mother/primary caretaker would be gone for more than just a moment – situations in which the child could be left alone for an hour or more. The question specifies that we want to know about situations in which the respondent actually leaves the premises, not simply going out of sight of the child, such as to another part or another room of the house.

Enter the response in the spaces provided. If the child was not left in the care of another child during this period, enter ‘0’ for ‘None’. Note that ‘another child’ is defined as a child less than 10 years old.



Q.569: FILTER FOR A CHILD AGED 3, 4, OR 5 YEARS OLD LIVING IN THE HH

Q.570: FILTER FOR THE YOUNGEST CHILD AGED 3,4, OR 5 YEARS OLD LIVING IN THE HH

Record the name of the youngest child from Q.212 and record his/her line number from Q.219 in the box in right side.

Q.572: Circle the appropriate code. This question aims to find out if the child is participating in early learning activities. Baby-sitting or child-minding, even if done in a special place such as a day-care centre, does not qualify as such a programme unless it includes organized learning activities. You must ensure that the mother or primary caretaker understands the meaning of ‘Early Childhood Education Programme’, explaining it as instructed.

Q.572A: The question asks the type of ECD facility attended by the child. It can be a government, private, or sponsored by International organization such as UNICEF, SCF; CARE or facility sponsored by National civil society organization, including faith-based and community-based

Q.573: If the response is ‘YES’ in Q.572, ask the number of hours the child participated in early childhood education program in last 7 days and record the response in the box on right side.

**Q573A: The question asks the main reasons for which the child is not attending any ECD facility. Multiple responses are possible.**

Q.574: For those who responded “NO” and ‘Don’t know’ in Q.572, ask if during the past 3 days him/her or any household member age 15 or over were engaged in any of the activities with the youngest child.

For each activity, circle the code for every person who engaged in the activity with the child before proceeding to the next item. If someone engaged in those activities is her/his mother, circle ‘A’; If is her/his father, circle ‘B’. If someone other than the biological mother or father engaged in the activity with the child, circle ‘X’. If the respondent is the primary caretaker of the child or a foster parent and has engaged in any of these activities, code ‘X’ should be circled. If ‘NONE’ engaged in those activities circle ‘Y’. Multiple responses are possible.

Note that in a household where there are no adults other than the child’s mother and father, ‘X’ should not be circled. Adults who are not members of the household but who may have engaged in the listed activities with the child should not be coded here.

Q.575: This question aim to ask about the aspects of the child development. Circle the code corresponding to the response. A ‘Yes’ answer means that the child can name ten or more letters of the alphabet while a ‘No’ answer means that the child can name less than ten or none at all.

Q.576. Circle the code corresponding to the response. A ‘Yes’ response means that the child can read at least four simple, popular words while a ‘No’ response means that the child can only read one or two, or none at all.

**Q.577.** Circle the code corresponding to the response. If parent seems hesitant, prompt with “does the child know 1? Does the child know 2?” etc. A ‘Yes’ answer means that the child can recognize the symbol of all numbers from 1 to 10 while a ‘No’ answer means that the child can recognize less than ten or none at all.

**Q.578.** Circle the code corresponding to the response. If necessary, use the pen you are holding to demonstrate the grip. Consider the small objects mentioned before when asking about the items children play with (sticks, rocks, animal shells or leaves). A ‘Yes’ answer means that the child is able to pick up small objects without difficulty while a ‘No’ answer means that the child seems to have difficulty with small items.

**Q.579.** Circle the code corresponding to the response. A ‘Yes’ answer means that the child often gets sick and cannot play or do many physical activities, while a ‘No’ answer is in cases when the child is consistently ready to be active and play and only appears tired when it is appropriate for him/her to be so (e.g., in the evening; at the usual nap time)

**Q.580.** Circle the code corresponding to the response. A ‘Yes’ answer means that the child can do things easily and correctly when asked to do so while a ‘No’ answer means that the child usually does not accomplish the simple tasks she/he is given successfully. Do not concern yourself with the reasons.

**Q. 581** Circle the code corresponding to the response. A ‘Yes’ answer means that the child is able to occupy herself/himself independently for an appropriate length of time, without constant asking for assistance or giving up quickly (e.g., colouring, building structures, etc.) while a ‘No’ answer means that the child cannot occupy herself/himself independently, asks for help or assistance, or gives up the work/play easily if not provided with help.

**Q.582** Circle the code corresponding to the response. A ‘Yes’ answer means that the child does well playing and interacting with other children while a ‘No’ answer means that the child is uncomfortable around other children, prefers to be alone, or gets into conflicts.

**Q.583.** Circle the code corresponding to the response. A ‘Yes’ answer means that the parent has noticed that the child can physically hurt (kick, bite, hit) other children while a ‘No’ answer means that the child does not do it. Do not concern yourself with what may be the reason of such behaviour (e.g., if parent tries to explain the reasons, or excuse the child).

**Q.584** Circle the code corresponding to the response. A ‘Yes’ answer means that the child has difficulty sticking with/continuing any activity for the necessary length of time, gets easily distracted by anything happening around her/him, or finds other activities before completing the one started while a ‘No’ answer means that the child doesn’t get easily distracted.

## SECTION 6: MARRIAGE AND SEXUAL ACTIVITY

### Q. 601: CURRENTLY MARRIED OR LIVING WITH A MAN

Q. 601 asks if the respondent is currently married, living with a man in an informal union, or not in union. Remember that there are two different categories of YES responses: (1) “YES” woman is married and (2) “YES” lives with a man. Be sure, therefore, that you distinguish between these two categories. If the woman just responds YES, then ask her, if she is currently *married* or currently just *living* with a man. An informal union is one in which the man and woman live together for some time, intending to have a lasting relationship, but do not have a formal civil or religious ceremony. Casual sexual encounters are not included here.

*Example:* If a woman went to live with her boyfriend and his family and has stayed for several years, they would be considered as “living together,” whether or not they have any children. On the other hand, if a woman has a boyfriend but has never lived with him, she would not be considered in a union.

### Q. 602: EVER BEEN MARRIED

For women who are not currently married or living with a man (Q. 601), ask whether they have ever been married or lived with a man. Probe if necessary to make the correct distinction between YES, FORMERLY MARRIED and YES, LIVED WITH A MAN.

### Q. 603: CURRENT MARITAL STATUS

This question is asked of a woman who was formerly in a union but is not married or living with a man at the time of the interview. Since she was in a union at one time, but is not on the day you are interviewing her, she will be widowed, divorced, or separated.

### Q. 604: WHERE HUSBAND/PARTNER LIVES

When asking this question and subsequent questions, choose the appropriate term for the woman’s relationship (husband or partner).

For a woman who is either currently married or living with a man, ask whether her partner actually lives with her or lives elsewhere. If the woman’s partner usually lives with her but is away only temporarily, record LIVING WITH HER.

### Q. 605: HUSBAND’S/PARTNER’S NAME AND LINE NUMBER

Write the name and line number of her husband/partner as in Columns (1) and (2) of the Household Schedule. If the husband/partner is not listed as a household member, enter ‘00’ in the boxes.

### Q. 606: OTHER CO-WIVES/PARTNERS

We are interested to know whether or not the respondent’s husband has other wives or cohabitating partners – that is, other women with whom he is living as if married. This does not include ‘girlfriends’ unless the husband is living together with the girlfriend as if married.

### Q. 607: NUMBER OF CO-WIVES

The total number of wives/partners in Q. 607 should include the respondent as well as any other wives or cohabiting partners. Since the number has been assigned two boxes, remember to fill the first box with '0' for numbers less than 10.

#### Q. 608: RANK

In this question, we want to know the respondent's rank among her husband's wives: 01 if the woman is the first wife, 02 if she is the second, etc.

#### Q. 609: MULTIPLE MARRIAGES

As with Q. 601, we are interested in formal marriages as well as informal arrangements. If a woman was married or lived with a man and then was widowed, divorced, or separated from her partner and is now either married to or living with someone else, record MORE THAN ONCE. If a woman is not currently married but she was previously married two or more times, record MORE THAN ONCE. If she has married or lived together only once, circle Code '1.'

#### Q. 610: DATE FIRST LIVED WITH A PARTNER

You need to do two things in this question. First, check back to the answer to Q. 609 and mark the appropriate box above the question. Then read the question under the box you marked and record the response as given by the woman.

We want to know the month and year when the respondent started living with her (first) husband or partner. If she can't remember the date, you will need to probe. The dates recorded in the birth history may help you in probing. For example, check the date of birth of her first child and ask her how many months or years before (or after) the birth she started living with her (first) husband or partner.

Note that we are interested in the starting date of her first union (marriage or living together), not the date of first sex or first birth. Do not assume that the starting date of first union comes before date of the first birth; it may be that she had her first birth before her first union. If she answers in terms of the number of years ago (for example, "two years ago"), probe to find the month and year.

Notice that in recording the date in Q. 610, you will record both the month and year and if one of these items is not known, you will circle the code DON'T KNOW for that item ('98' for don't know MONTH and '9998' for don't know YEAR).

#### Q. 611: AGE FIRST LIVED WITH HUSBAND/PARTNER

If, after asking the date the woman started living with her first partner (Q. 610), you were unable to record a year, ask how old she was when she started living with him. As with other age questions, if she doesn't know, probe. Use information on events for which you already have information, e.g., ask how old she was when her first child was born, and then ask how long before or after giving birth she began living with her first husband or partner.

Notice that circling '9998' for DON'T KNOW is allowed as a valid response for Q. 610. However, if you were unable to obtain a numerical response to YEAR in Q. 610, you will have to provide the AGE in Q. 611.

#### Q. 612: PRIVACY

The questions that follow require a high level of confidentiality. Make sure you have privacy with the respondent before you begin asking them.

### Qs. 613-626: GENERAL INSTRUCTIONS

The purpose of these questions about sexual intercourse is to determine the respondent's exposure to pregnancy, since fertility levels are directly related to the frequency of intercourse. Condom use also is of interest because it can help reduce the risk of transmission of HIV/AIDS and other sexually transmitted infections. These questions may be embarrassing for some respondents; therefore, ask them in a matter of fact voice. A common reaction for people who are embarrassed is to giggle or laugh. If you laugh in return or act as if you are embarrassed too, the respondent may think that the questions are not serious. Make sure you maintain a serious attitude.

### Q. 613: AGE AT FIRST INTERCOURSE

If the respondent says she does not know how old she was when she first had intercourse, probe by relating it to how old she was when she first got married or had her first child. However, when doing this probing, be certain not to assume that the first time she had sex was at the time of her first marriage. If she says her first time was when she started living with her (first) husband/partner, record it as such by circling '95.'

Check to make sure that the age at first intercourse and the age at first birth (calculated by subtracting the woman's year of birth from the year of birth of the woman's first child) are consistent. The age at first intercourse should not be later than her age at first birth. If her reported age at intercourse (Q. 613) is older than her age at first birth, then either the year of birth of her first child is wrong or her age at first intercourse is wrong. Check to see which date is wrong and correct it.

If she has never had intercourse, circle Code '00'.

### Q. 614: INSTRUCTIONS

Emphasize confidentiality.

### Q. 615: LAST TIME HAD SEXUAL INTERCOURSE

Q. 615 applies to the respondent's last, or most recent, sexual partner. Fill in the respondent's answer in the space according to the units that she uses. The YEARS AGO row should be used only if the last intercourse was at least one year ago. In other words, there should never be a response '00' YEARS.

*Example:* If she says "three weeks ago," circle '2' and write '03' in the boxes next to WEEKS AGO. If she says "four days ago," circle '1' and write '04' next to DAYS AGO.

If the respondent appears to be rounding off her answer, probe for an exact answer. For example, if she says "about a week ago," ask, "Do you remember which day? Was it before or after the weekend?"

In some cases, you may have to convert a respondent's answer.

*Example:* If the respondent says, "last night," circle '1' and write '00' for DAYS AGO. If she has not yet resumed intercourse since she had her last child, check Q. 215 for the month and year of birth of her last child, and ask how long before the birth of that child she had sex the last time.

If the respondent had sex within the past year, continue with Q. 616. If the last time she had sex was 12 months or longer ago, skip to Q. 627.

### Qs. 616-626: GENERAL INSTRUCTIONS

Where appropriate, these questions will be asked in turn about the respondent's three most recent sexual partners in the 12 months before the survey interview. Complete all of the relevant questions for the most recent partner before asking the questions for the second-to-last partner and then third-to-last partner, if any.

### Q. 616: LAST TIME HAD SEXUAL INTERCOURSE

Q. 616 is completed the same way as Q. 615, only it applies to the respondent's second-to-last and third-to-last sexual partners.

### Q. 617: CONDOM USED AT LAST INTERCOURSE

When asking about the last sexual partner, ask the question as follows: "The last time you had sexual intercourse ...". When asking about the second-to-last sexual partner, ask the question like this: "The last time you had sexual intercourse with this second person ...".

### Q 618: USE OF A CONDOM EACH TIME ONE HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS

Ask the respondent whether she used a condom each time she had sexual intercourse with her partner. Make sure that she understands that you are talking about the times she had intercourse with the last (second-to-last, etc.) partner and not about whether she used a condom at any time she had intercourse during the last 12 months.

### Qs. 619-624: RELATIONSHIP WITH LAST SEX PARTNER

In these questions, we want to know the relationship of the respondent with the person she last had sex with (Q. 619), the duration (Q. 622) and frequency (Q. 623 and 623A) of the sexual relationship, and the age of the person (Q. 624). Note that the response categories in Q. 619 are stated in terms of her relationship to the man, not his relationship to her. It also refers to the relationship at the time they last had intercourse. If the woman responds "BOYFRIEND," probe to see if the boyfriend was living with her and then circle the appropriate code.

*Example:* A divorced woman indicates her last sex partner was her former husband. If they were married at the time they had intercourse, record 'HUSBAND'. If they were already divorced and not living together at the time, record 'OTHER' and enter former husband in the space provided for specifying the relationship.

If the woman is the wife or cohabiting partner of this man, continue on to Q. 620 and 621, being sure to follow skip instructions. Otherwise skip directly to Q. 622, which asks about the length of time the woman had a sexual relationship with her partner. Again make sure the woman is clear about the partner for which the question is being asked.

For recording the duration of the relationship in Q. 622, first circle the code according to the unit the respondent used, and then fill in the answer in the space provided. If the duration is less than 10, write '0' in the first box. For Qs. 623 and 624 fill in the answer in the space provided.

### Q. 625: SEX WITH ANYONE ELSE

This question finds out if the respondent had sex with anyone else in the past 12 months. Be sure to include the time reference in the question. If she did not have sex with a second person during the 12 months then continue to Q. 627. If the respondent indicates that she had sex with a person other than her last partner, go back and ask Qs. 616-624 and record her responses in the second column in the

table. In Q. 625, ask the respondent if she has had sex with anyone apart from these two people. If there is not a third person with whom she had sex in the last 12 months, then continue to Q. 627.

If there is a third person, go back and complete Qs. 617-624 by recording her responses in the third column. After finishing questions for the third person she had sex with, continue to Q. 626.

#### Q. 626: NUMBER OF SEXUAL PARTNERS IN THE LAST 12 MONTHS

Q. 626 is asked of women who report having at least three sexual partners in the past 12 months. The question is concerned with the total number of different men the respondent has had sex with in the last 12 months, including the three men already mentioned in response to Qs. 616-625. Since the respondent is asked this question only if she has had sexual intercourse with at least three men in the last 12 months, the answer should never be '00,' '01' or '02.'

#### Q. 626A: NUMBER OF SEXUAL PARTNERS IN THE LAST MONTH

This question is very similar to the previous question (Q. 626) except that it asks about the number of different men the respondent has had sex with in the last month.

#### Q. 627: NUMBER OF LIFETIME SEXUAL PARTNERS

Q. 627 asks about total number of lifetime sexual partners, including partners in the last 12 months. If the number of partners is greater than 95, record '95.'

#### Q. 628: PRESENCE OF OTHERS DURING INTERVIEW

Observe and record whether others are present during this section of the interview.

#### Qs. 629 and 630: KNOWLEDGE OF SOURCE FOR CONDOMS

Q. 629 asks about with the respondent's knowledge of a source for male condoms. You will be asking this question of both women who have used condoms and women who have not used condoms. If a respondent insists she has never used condoms and therefore cannot answer this question, explain that we simply want to know whether she is aware of a source for condoms. For example, if someone asked her for advice on where to obtain condoms, could she tell them where to go?

We are interested in knowing if the respondent knows more than one place to obtain a condom so be sure to ask, after recording the first source she names, about other places she may know about where the male condom is available.

Record all response(s) to Q. 630. Write the name of hospitals, health centers and clinics if the respondent does not know if they are public or private.

#### Q. 631: ABILITY TO GET CONDOMS

We want to know whether the respondent thinks she could get a condom herself if she wanted to. It is important again to make sure the respondent knows that the question is hypothetical; we are not asking if she plans to get a condom but whether, if she wanted to, she could herself go and get a condom.

#### Qs. 632-634: KNOWLEDGE OF SOURCE FOR FEMALE CONDOMS

These questions are similar to Qs. 629-631 except that you are assessing the woman's knowledge of a source for the female condom and her ability to obtain a female condom if she wanted to use one.

## **SECTION 7: FERTILITY PREFERENCES**

This section gathers information on desires for additional children, preferred birth intervals, attitudes toward family planning and family size, and unwanted pregnancies.

### **Q. 701: FILTER CONCERNING STERILIZATION STATUS OF RESPONDENT/PARTNER**

### **Q. 702: FILTER FOR PREGNANCY STATUS**

### **Qs. 703 and 704: PREFERENCE FOR ADDITIONAL CHILDREN**

If the respondent is currently pregnant, ask Q. 703. Note that we want to make sure that pregnant women do not think that we are asking them whether they want the child they are pregnant with now. For this reason, we begin this question by stating “Now I have some questions about the future...”

If she is not pregnant or is unsure if she is pregnant, ask Q. 704. Note that the wording of the question depends on whether or not she already has children. If the respondent is not pregnant and has no living children (check Q. 216), ask the question as follows: “Would you like to have a child or would you prefer not to have any children?” If she has one or more children, you ask instead, “Would you like to have another child or would you prefer not to have any more children?”

### **Q. 705: TIME TO WAIT**

Q. 705 is to be asked of all women who say that they want to have another child. First check Q. 226 to see whether the respondent is pregnant and mark the appropriate box. If she is not pregnant or unsure, ask “How long would you like to wait from now before the birth of (a/another) child?” If she is pregnant, word the question differently by asking “After the birth of the child you are expecting now, how long would you like to wait before the birth of another child.” Note that the answer can be given in months or years. Circle ‘1’ if the response is in months or ‘2’ if in years, and record the answer in the appropriate boxes. If she says she would like to have a baby right away, record SOON/NOW. If the woman says she cannot get pregnant, circle ‘994.’ If the woman tells you she would like to wait until after she is married to have a child, record AFTER MARRIAGE. If the woman gives a different answer, circle ‘996’ and write her response in the OTHER category.

### **Q. 706: FILTER FOR PREGNANCY STATUS**

### **Q. 707: FILTER FOR USING A METHOD**

Check Q. 303. If a YES is recorded in Q. 303, you will mark the box on the right in Q. 707 for CURRENTLY USING. If a NO is recorded, you will mark the box in the left for NOT CURRENTLY USING.

### **Q. 708: FILTER FOR TIME TO WAIT**

### **Q. 709: REASON FOR NOT USING A METHOD TO PREVENT PREGNANCY**

Check the woman’s response in Q. 703 or 704, as appropriate. If she says that she wants to have a/another child (Code ‘1’ is circled), mark the box on the left and ask the question under that box. If she wants no (more) children (Code ‘2’ circled), mark the box on the right and ask the question under that box.

There are many reasons that a person may not be using contraception, so listen to your respondent carefully. Record as many reasons as the woman mentions. The following are some guides to use in deciding which code(s) to mark:



Code INFREQUENT SEX if the respondent says she is not sexually active enough to be using a method. NOT HAVING SEX would be the appropriate code if she says she is not sexually active at all.

MENOPAUSAL means she is no longer menstruating and therefore cannot get pregnant, and HYSTERECTOMY is an operation to remove her uterus.

Code CAN'T GET PREGNANT, if the respondent says she thinks she cannot get pregnant for reasons other than she is menopausal or has had a hysterectomy.

Code NOT MENSTRUATED SINCE LAST BIRTH if the respondent says her period has not returned since her last birth.

UP TO GOD/FATALISTIC means that the respondent feels that the pregnancy is predetermined by fate and she has no control over pregnancy.

RESPONDENT OPPOSED means that the respondent herself does not approve of family planning. If her husband or partner is opposed to family planning, circle the code for HUSBAND/PARTNER OPPOSED. If she says she is not using because someone other than her husband or partner tells her they are opposed to her using family planning, code OTHERS OPPOSED.

RELIGIOUS PROHIBITION means that she feels her religion does not allow the use of family planning.

SIDE EFFECTS/HEALTH CONCERNS are undesirable consequences of using a method that do not adversely affect the health of the user. For example, side effects may be spotting or bleeding with the pill, while HEALTH CONCERNS may be that she heard that the pill may be linked to breast cancer.

INCONVENIENT TO USE would be if she considers the contraceptive methods to be too troublesome to use, such as being messy. This is inconvenient to use, but not inconvenient to get the method, since LACK OF ACCESS/TOO FAR is a separate category.

If the woman's main reason is not listed as a response, write her response on the OTHER line and circle 'X.' If the woman does not know at all why she is not using contraception, record DON'T KNOW.

#### Q. 710: FILTER FOR USING A CONTRACEPTIVE METHOD

#### Q. 711: INTENT TO USE CONTRACEPTION IN THE FUTURE

This question is for all women who are currently not using a method of contraception and women who were not asked about current contraceptive use because they were pregnant at the time of the interview. The purpose of this question is to see whether the respondent has any intention of using a method of family planning at any time in the future.

#### Q. 712: PREFERRED NUMBER OF CHILDREN

Check Q. 216 to see whether the woman has any children who are alive. Mark the box on the right if she has no living children, or mark the box on the left if she has at least one living child. Ask the question under the marked box.

If she already has living children, we ask her to imagine the time when she had no children and could choose exactly how many to have. We are not asking how many she would like to have by her current age (now), but rather, how many she would like over her entire life (including the future).

If she tells you a number, record it in the boxes by NUMBER, then proceed with Q. 713. If she gives an answer that is not a number, for example, "It's up to God," probe for a numeric response. If after probing, the woman will not state a number, write down her exact words in the OTHER category, and skip to Q. 714.

#### Q. 713: DESIRED SEX COMPOSITION OF CHILDREN

This question is asked of all women who gave a numerical response to Q. 712. Record the number of boys and girls preferred by the woman in the boxes provided under BOYS and GIRLS, respectively. If the woman says she does not mind what sex the child is, write the number of such children in the boxes under EITHER. If she gives some other answer, circle '96' for OTHER and record her exact words in the space provided.

*Example:* If in Q. 712, a respondent says she would like to have six children, and in Q. 713 she would like to have two boys, two girls, and two more of either sex, you would record '02,' '02,' '02.'

If a respondent would like to have two children ('02' in Q. 712) and she wants two boys, you would record '02,' '00,' '00' in Q. 713.

If she would like to have three children and at least one of them should be a boy, record '01,' '00,' '02,' since she would be satisfied with either sex for the other two children

Finally, note that, if the woman gives a numeric response to this question, the sum of the numbers you record in the three sets of boxes must equal the total number in Q. 712. You must probe further if the numbers do not match.

#### Q. 714: HEARD FAMILY PLANNING MESSAGE?

We are interested in any information about family planning, whether it is a program concerned with giving information about family planning, an advertisement about family planning, or a speech in which family planning is mentioned. Read the introductory question and then each line; wait for her response and code it before moving on to the next line. There must be an answer coded for each line; do not leave any blank.

#### Qs. 716 AND 717: FILTER FOR MARITAL (UNION) STATUS AND USING METHOD

Q. 716 is designed to identify women who are currently married or living with a partner. Check Q. 601, mark the appropriate box and follow the instructions. For women who are in union, you will go on to complete Q. 717 by checking Q. 303. If the respondent is currently using a contraceptive method, ask Q. 718. If she is not currently using contraception (i.e., answered NO to Q. 303), skip to Q. 720.

#### Q. 718: DECISION TO USE CONTRACEPTION

In this question, we want to know whether the woman participated in the decision to use contraception, which would indicate that she exercised her right to control and monitor her reproductive health. Read the entire question before accepting a response. Q. 718 is asked only of women in union who are currently using contraception. If the respondent says that someone other than her husband or partner or she made the decision, such as a doctor or a nurse, circle '6' and write her answer in the space provided.

#### Q. 719: FILTER FOR STERILIZATION

#### Q. 720: HUSBAND'S AND WIFE'S PREFERENCE FOR CHILDREN

This question asks for the woman's opinion of her husband's preference compared with her own. Read the entire question before accepting a response.

### **SECTION 8: HUSBAND'S BACKGROUND AND WOMAN'S WORK**

#### Q. 801: FILTER FOR MARITAL (UNION) STATUS

This filter requires you to check Qs. 601 and 602 and mark the respondent's marital (union) status. For women who have ever married or lived together with a partner, you will need to word subsequent questions in the present or past tense according to the woman's current marital (union) status. For women who have had more than one husband (partner), you will ask about the current or most recent husband (partner).

#### Q. 802: HUSBAND'S AGE

If you have difficulty obtaining the husband's age, use the same methods to probe for his age as described in Qs. 102-103 for obtaining the respondent's age.

#### Qs. 803-805: HUSBAND'S EDUCATION

These questions are identical to Qs. 104-106, which were asked of the respondent. Again, note that in Q. 804, you record the highest level attended, and in Q. 805, you record the highest grade [form/year] completed at that level.

#### Q. 806: HUSBAND'S CURRENT (OR MOST RECENT) TYPE OF WORK

First, check Q. 801. If a woman is currently married or living with a man, mark the box on the left and ask the husband's/partner's occupation. If she is not currently married but was formerly married or lived with a man, mark the box on the right and ask about the most recent (last) husband's/partner's occupation.

Examples of occupations are clerk, secretary, barber, taxi driver, nurse, teacher, lawyer, salesman, rubber tapper, fisherman, rice farmer, carpenter, etc. We are not interested in the industry that he works in (e.g., agriculture, mining, or sales) or where he works (in a bank, a retail clothing store, or a government office), but we need to know what his job is.

*Example:* If the respondent says her husband works in the Ministry of Planning, ask what he does there.

Write the answer in the respondent's own words. If you are not sure how to write the occupation, it is better to give more detail than less.

"Not currently working" is not an acceptable response. If he is unemployed, get a description of his most recent job. If he does more than one job, write down what he does most of the time. If he is not working because he is in school, write "student." Do not fill in the two code boxes for this question, since numerical codes will be assigned afterwards in the office.

#### Qs. 807-811: EMPLOYMENT AND OCCUPATION

These questions are concerned with any work other than housework that the respondent herself does. The time reference for Qs. 807-809 is the seven days before the survey interview.

Q. 808 is included because it often happens that women who sell things, or work on the family farm, will not consider what they do work, especially if they do not get paid for the work. Read the introductory sentences of Q. 808 so the respondent understands what we mean by “work.”

Q. 809 checks to determine if a woman normally works but was temporarily absent from work, i.e., she was on leave or was not working for some other reason during the seven-day period before the survey.

Q. 810 is directed to women who indicate they currently are not employed in a job or business and seeks information about whether the woman had done any work in the 12 months before the survey.

As in Q. 806, write the respondent’s occupation in her own words in Q. 811. Again, it is better to give more detail than less.

#### Q. 812: NATURE OF EMPLOYMENT

There are three categories here. Consider a woman who works in a shop as an example. If she works in a shop owned and operated by a nonfamily member, she works FOR SOMEONE ELSE. If her husband or father operates the shop and she works for him, she is working FOR FAMILY MEMBER. If she runs the shop with her husband or runs it on her own, she is SELF-EMPLOYED.

#### Q. 813: WORK ALL OR PART OF THE YEAR

Of interest here is the regularity with which a respondent is working. If she is working all year long, record THROUGHOUT THE YEAR even if she works only part-time. If her work is seasonal, record SEASONALLY/PART OF THE YEAR. If she works occasionally, record ONCE IN A WHILE.

#### Q. 814: TYPE OF PAYMENT

This question asks for the type of payment that the respondent receives for her work. Payment can come in two forms: in “cash” and in “kind.” For example, a woman who sells fruit in the market to people who pay money for it earns cash for her work. If instead the woman receives a portion of the fruit she takes to the market as payment, she receives “kind” for her work.

To answer Q. 814, you will need to determine if whether the woman receives payment in cash only, in kind only, both in cash and in kind, or whether she is not paid and record the appropriate code. If a respondent is a clerk and gets paid a regular salary, she earns CASH ONLY. If she is a domestic servant and she gets food and some cash, she is paid in CASH AND KIND. If she works as a domestic servant and she is not paid a salary but instead gets lodging and food only, she is paid IN KIND ONLY. If she is working on a farm owned by the family and receives no payment, then she is NOT PAID.

#### Qs. 815-816: FILTERS FOR MARITAL STATUS AND CASH EARNINGS

#### Qs. 817-824: WOMAN’S CONTROL OVER AND USE OF CASH INCOME AND PARTICIPATION IN HOUSEHOLD DECISIONS

Q. 817 is a single response question that asks who usually decides how the money the respondent earns will be used. The word ‘jointly’ refers to the respondent’s making the decisions jointly with her husband or partner (Code ‘3’). If the husband decides by himself, circle ‘2.’ If someone other than the respondent and her husband (e.g., another relative) makes the decision, circle ‘6’ for OTHER and ask the respondent to specify.

Q. 818 asks the respondent for her perception of the amount of money she earns in relation to her husband/partner's earnings. If the respondent's husband/partner does not bring in any money at all, circle Code '4' and skip to Q. 820.

Q. 819 is similar to Q. 817 except that it is concerned with whether the respondent is involved in decisions about how her husband or partner's earnings will be used. Again the question allows for only a single response with regard to who usually decides how the husband or partner's earnings will be used. The response codes are identical to those described in Q. 817 except that there is an additional code corresponding to HUSBAND/PARTNER HAS NO EARNINGS. .

Qs. 820-822 address the roles of the woman and her husband or partner in making various household decisions. Decision-making can be a complex process so the emphasis is again on who usually makes a specific decision. Choose the response code most appropriate after you hear the respondent's answer to each type of decision. Use Code '1' for RESPONDENT only if the woman says that she alone mainly makes the decision. When her husband or partner alone usually makes the decision, circle '2.' If she and her husband usually consult about decisions, circle '3.' If, for example, she says that her in-laws usually make the decisions about the item in question (e.g., what food to purchase), then circle '4' for SOMEONE ELSE.

#### Qs.823 and 824: OWNERSHIP OF HOME(S) AND/OR LAND

There is increasing evidence that property ownership by gender has consequences for women's empowerment and for nutritional and health outcomes, as well as for children's schooling.

Q. 823 concerns whether women own a home either by themselves or jointly with someone else. If the respondent alone owns the house that she is in at the time of the interview or any other house, record ALONE ONLY. If she doesn't own a house on her own, but instead jointly owns one with someone else, record JOINTLY ONLY. If she owns a home alone and another jointly with someone else, record BOTH ALONE AND JOINTLY. If she does not own a home either alone or jointly, record DOES NOT OWN.

Q. 824 concerns whether women own or land either by themselves or jointly with someone else. The coding pattern is identical to Q. 823.

#### Q. 825: PRESENCE OF OTHERS

This is not a question to ask the respondent, but something that you answer yourself. Just look around and see who else is within listening distance while you are interviewing. If a supervisor observes the interview, be sure to include her or him as another female or male present. Do not leave any row blank.

#### Qs. 826 and 827: ATTITUDES TOWARD BEATINGS

Read the opening question and then read each item separately. Wait for her answer before going on to the next item. If the respondent does not understand the question, you should read it out again. Be sure to read each item clearly. Sometimes respondents misunderstand the question and think you are asking about their personal experience. These questions are about the respondent's opinion and not about what is happening in her relationship with her husband/partner or with her children. Be sure that the respondent has understood the question before accepting an answer.

## **SECTION 9: HIV/AIDS**

AIDS is an illness caused by HIV, a virus that weakens the immune system and leads to death through secondary infections, such as pneumonia. It is transmitted sexually or through contact with contaminated blood. This section asks a group of questions on knowledge of and behavior related to AIDS and other diseases that are transmitted through sexual contact.

### **Q. 901: HEARD OF AIDS**

This question allows us to verify whether a respondent has heard of AIDS. If there is a local term for AIDS, use the local term in addition to the word ‘AIDS’.

### **Qs. 902-906: KNOWLEDGE OF WAYS TO AVOID/REDUCE CHANCES OF GETTING THE AIDS VIRUS AND LOCAL MISCONCEPTIONS ABOUT AIDS**

There are two types of questions in Qs. 902-906. Qs. 902 and 904 are asked to determine whether people know about behaviors to reduce their chances of getting the virus that causes AIDS. They concern actions that people can take to reduce their chances of getting AIDS that are often advocated in public health programs: being faithful to one partner and condom use.

Qs. 903, 905, and 906 are asked to measure how many people hold incorrect beliefs about the way AIDS is transmitted.

### **Q. 907: HEALTHY-LOOKING PERSON WITH AIDS VIRUS**

#### **Q. 907A: CIRCUMCISION AND AIDS VIRUS**

#### **Q. 908: TRANSMISSION FROM MOTHER TO CHILD**

This question asks whether a mother who has AIDS can pass on the disease to her baby in any of three ways: while she is pregnant with the baby, during delivery of the baby, or while breastfeeding her baby. Ask each item one at a time, and take care to mark the response next to the item about which you are asking.

#### **Q. 909: FILTER FOR KNOWLEDGE OF ROUTE OF TRANSMISSION**

#### **Q. 910: DRUG REDUCING RISK OF MOTHER-TO-CHILD TRANSMISSION**

This question is asked to respondents who say that the virus that causes AIDS can be passed on from a mother to her child. Ask the respondent if she knows of any “special drugs” that can reduce the risk of transmitting the AIDS virus from a mother to her baby. In many instances, respondents will know that drugs are available, but will not know their names. Hence, in this question “special” is meant to convey Western or modern medicines.

#### **Q. 910A: PRIVACY**

#### **Q. 910B: PRENUPTIAL AIDS TESTING**

We want to know if the respondent has ever been tested for the AIDS virus for prenuptial purposes.

#### **Q. 910C: FILTER FOR MARITAL STATUS**

#### Q. 910D and 910E: AIDS TESTING AS A COUPLE

These questions are about being tested for the AIDS virus as a couple. Only currently or formerly married women as well as those women who have lived with a man or are currently living with a man should be asked these two questions. Q. 910D asks if the respondent and her partner have been tested together, if 'NO' is circled skip to Q. 911.

If the respondent has been tested with her partner ask if she and her husband/partner have shared their results with each other (Q. 910E). Be clear to the respondent that you are not asking to know the results of the test, only whether she and her husband/partner know the results of each other's tests.

#### Qs. 911 and 912: FILTERS FOR LAST BIRTH SINCE JANUARY 2008 AND RECEIPT OF ANTENATAL CARE

##### Q.913: PRIVACY

The questions that follow require a high level of confidentiality. Make sure you have privacy with the respondent before you begin asking them.

##### Q. 914: COMPONENTS OF ANTENATAL CARE

We want to know if the respondent was given information about each of the listed topics during any of her antenatal care visits. It does not matter whether the topic was discussed only once or more than once, or discussed in only one visit or more frequently. Ask about each topic and record the response before asking about the next one. In the third item we are asking whether a health provider gave her information about getting tested for the AIDS virus; we are not asking whether or not she actually got tested. We will ask that in a later question.

##### Qs. 915 and 916: AIDS TESTING DURING ANTENATAL CARE

First in Q. 915 we ask whether the respondent was ever offered a test for the AIDS virus during her antenatal care visits, in other words, whether someone asked her if she wanted to be tested. This may have been at any of her antenatal visits during her last pregnancy. Then in Q. 916 we ask her if she was tested for the AIDS virus during an antenatal care visit for this pregnancy. We do not need to know the result of the test, simply whether or not she was tested. Notice that you are to ask Q. 916 even if the response to Q. 915 is NO.

##### Q. 917: WHERE AIDS VIRUS TEST WAS DONE

Ask the respondent where she was tested for the AIDS virus. Record her response. Again, write the name of the source in the space provided if the respondent does not know if it is a private or public sector. Advise the team supervisor who will try to identify the type of source.

##### Q. 918: TOLD THE RESULTS OF AIDS VIRUS TEST

Ask the respondent if she was told the results of her AIDS virus test. Sometimes people are tested for the AIDS virus but are not told whether or not they have the virus, or do not go to get the result. Be clear to the respondent that you are not asking to know the results of the test, only whether she knows the result of the test.

##### Q. 919: COUNSELING AFTER TESTING

Counseling is an integral component of the AIDS test. This question is asked to determine whether or not the respondent received counseling following testing.

Q. 920: FILTER FOR LAST BIRTH

Qs. 921-923: TESTING FOR THE AIDS VIRUS PRIOR TO DELIVERY

For Q. 921, stress that we are interested in knowing whether she was offered a test between the time she went for delivery but before the baby was born.

For Q. 922 and Q. 923, be clear to the respondent that we do not want to know the result of the test, only whether or not she has ever been tested and whether or not she got the results of the test.

Q. 924: TESTED SINCE THE TEST DURING ANTENATAL CARE

For women who received an AIDS virus test during antenatal care, we ask whether they have had another AIDS virus test since the test they had during their pregnancy.

Q. 925: HOW MANY MONTHS AGO THE MOST RECENT AIDS TEST WAS DONE

If the respondent knows she was tested, but is not sure when it was, probe to obtain an estimate of how long ago it was.

Q. 926: EVER BEEN TESTED FOR THE AIDS VIRUS

Be clear to the respondent that we do not want to know the result of the test, only whether or not she has ever been tested.

Q. 927: TIMING OF MOST RECENT AIDS VIRUS TEST

Ask the respondent when she was tested for the AIDS virus the last time she was tested. If the respondent knows she was tested, but is not sure when it was, probe to obtain an estimate of how long ago it was.

Q. 928: RESULTS OF AIDS VIRUS TEST

Ask the respondent if she was told the results of the AIDS virus test. Sometimes people are tested for the AIDS virus but are not told whether or not they have the virus, or do not go to get the result. Be clear to the respondent that you are not asking to know the results of the test (whether or not she has the virus), only whether the respondent knows the result of her AIDS virus test. If the respondent has been tested more than once, we are asking whether the respondent knows the result from the last time she was tested.

Q. 929: WHERE AIDS VIRUS TEST WAS DONE

Ask the respondent where the AIDS virus test was done and follow the same procedure as in Q. 917 in recording the source.

Qs. 930 and 931: KNOW WHERE TO GO TO GET TESTED

For those respondents who have never been tested for the AIDS virus we ask if they know of a place they can go to get tested. In this question, you need to probe and record all the places respondents know about for testing. Follow the procedures described in Q. 917 in recording the source.

Qs. 932-935: ATTITUDES TOWARDS PEOPLE WITH AIDS

These four questions are to ascertain the respondents' own personal opinions and attitudes towards people with AIDS. To obtain this data, we present four hypothetical (imaginary) situations to



respondents and ask them to tell us how they would react to the situation. The questions address the following situations:

- Willingness to buy vegetables from a vendor with the AIDS virus: Would the respondent buy vegetables from someone in the market if she knew the seller was infected with the AIDS virus?
- Concern about keeping the status of a family member infected with AIDS a secret or not: Would the respondent be willing to have other people in the community know if a member of her family was infected with the AIDS virus?
- Willingness to care for a family member ill with AIDS in their own household: Would the respondent be willing to care for a relative who had AIDS in her household? If the respondent says she would be willing but her husband would not let her, record YES because it is her attitude you are concerned with not her husband's.
- Attitude about a female teacher infected with the AIDS virus continuing to teach: What is the respondent's opinion about how such a case should be handled?

#### Q. 936: TEACHING CHILDREN AGE 12-14

This question asks about teaching children age 12-14 to avoid AIDS by using condoms.

*Example:* A respondent may answer that it is appropriate to teach children 14 and older about these things but children ages 12 and 13 are too young. In this case, record NO for Q. 936.

#### Q. 937: KNOWLEDGE OF OTHER SEXUALLY TRANSMITTED INFECTIONS

Ask the respondent whether she knows other diseases that can be transmitted through sexual contact. She is not being asked to actually tell you what specific sexually transmitted infections (STIs) she knows about, but only that she has heard about diseases other than AIDS that are transmitted through sexual contact.

#### Q. 938: FILTER FOR EVER HAD SEXUAL INTERCOURSE

#### Q. 939: FILTER FOR KNOWLEDGE OF STIs

#### Qs. 940-942: SEXUALLY TRANSMITTED INFECTIONS

We want to know if the respondent has had an STI (Q. 940) or symptoms of an STI in the past 12 months. Symptoms of an STI include discharge from the vagina (Q. 941) or sores or ulcers around the vagina (Q. 942).

#### Q. 943: FILTER FOR HAD INFECTION

This filter requires you to check Qs. 940-942 to determine if the respondent has had an STI or symptoms associated with such infections in the past 12 months.

#### Qs. 944-945: ADVICE OR TREATMENT SOUGHT FOR STI

Ask the respondent whether she sought advice or treatment the last time she had an infection and/or experienced one of the symptoms (Q. 944). If the respondent sought treatment, ask about the place or places where treatment or advice was sought using the same approach as Q. 917. We are interested in all of the places from which she may have gotten assistance so be sure to probe to make sure the respondent has mentioned all of the sources from which she received advice or treatment.

### Qs. 946 and 947: A WIFE CAN REFUSE SEX AND INSIST ON CONDOM

Both questions are asked of all respondents, regardless of whether or not they themselves are married. The questions ask for the respondent's opinion as to what married women should do in various hypothetical situations.

For Q. 946, the respondent is asked to imagine a situation in which a wife knows her husband has a disease that can be transmitted through sexual contact. Q. 946 tries to find out whether, in the respondent's opinion, it is justified for a wife to insist that her husband wear a condom when she knows he has an infection that could be transmitted through sexual intercourse.

Q. 947 asks the respondent to say whether or not she thinks the wife has a right to refuse to have sex with her husband in another imaginary situation: if a husband has sex with other women.

### Q. 948: FILTER FOR CURRENT MARITAL STATUS

### Qs. 949 and 950: PERSONAL ABILITY TO NEGOTIATE SEX WITH HUSBAND

The previous questions (Qs. 946 and 947) were about women in general. Now we are asking married women about their own personal situations with their own husbands. In Q. 949 we are asking the respondent to imagine a situation in which her husband would like to engage in sexual intercourse, but she would prefer not to at that time. If she does not want to have sex with him at that time, can she communicate that to her husband, and will he accept her request and agree not to have sex at that time.

In Q. 950 we are asking the respondent to imagine a situation in which she would want her husband to use a condom. This question is asked to determine whether the respondent believes that she can ask her partner to wear a condom if she wants him to.

### Q. 951A-951C: EXPOSURE TO AIDS MEDIA CAMPAIGNS

Q. 951 is divided into three parts. First, in Q. 951A ask the respondent if she has ever heard about the HIV/AIDS campaigns listed in a-g. If she responds with a 'YES' go to Q. 951B and ask how she heard about that specific campaign. The answer codes for Q. 951B are at the bottom of the question. Lastly, go to Q. 951C and ask the respondent if she has ever talked to anyone about that specific campaign. The answer codes for Q. 951C are at the bottom of the question.

When asking this series of questions first go horizontally across each campaign and then go down. For example, once you have finished asking Q. 951A-C for 'a' then continue on to 'b' and so forth.

## **SECTION 10: OTHER HEALTH ISSUES**

### Q. 1001: NUMBER OF INJECTIONS HAD DURING THE 12 MONTHS PRIOR TO THE DAY OF THE INTERVIEW

Ask the respondent if she had an injection for any reason during the 12 months prior to the day of the interview. If yes, ask the follow-up question to find out how many injections she had. If the number of injections is higher than "90" or she had daily injections for three months and above, record "90". In case the response is not numeric, probe to get an estimate. Follow the skip pattern correctly.

Q. 1002: NUMBER OF INJECTIONS GIVEN BY A HEALTH WORKER

Find out from the respondent how many of the injections she has had were given by medical personnel (doctor, nurse, pharmacist, dentist or any other medical personnel). If the number of injections is “90” or higher, or she had daily injections for three months and above, record “90”. In case the response is not numeric, probe to get an estimate. Again, be sure to follow the skip pattern correctly.

Q. 1003: SYRINGE AND NEEDLE USED

Qs. 1004-1005: SMOKING CIGARETTES OR TOBACCO

In Q. 1004, ask the respondent whether she currently smokes cigarettes. In Q. 1005, record the number of cigarettes she smoked in the 24 hours prior to the interview. Remember to fill in the first box with ‘0’ for numbers less than 10.

Qs. 1006 and 1007: TYPE OF TOBACCO

These two questions are designed to find out about the use of other types of tobacco besides cigarettes (e.g. chewing tobacco).

Q. 1008: PROBLEM IN GETTING MEDICAL TREATMENT

In this question, we are trying to understand the hurdles women generally face in accessing health care for themselves. Read the question slowly, emphasizing the choices ‘big problem’ and ‘not a big problem.’ Make sure that the woman understands that this question refers to medical care for the respondent herself, since previous questions asked about treatment for her children.

Read out each item and circle the answer given before asking about the next item. Do not leave any blank. The phrase “When you are sick” in this question does not refer to any one specific episode of illness but to the typical scenario given the respondent’s present circumstances. Consequently, if a woman says she cannot answer the question because she has not been sick, you must help her understand the question is hypothetical and relates to the type of problems she might experience if she were to be sick.

“Getting permission to go” means someone’s permission is necessary for her to go and get the care. It does not matter who this person is (e.g. father, husband, mother-in-law). Circle ‘2’ for NOT A BIG PROBLEM in the case where she does not need anyone’s permission, as well as the case where she says, for example, she needs her mother-in-law’s permission but that this is never a problem. “Getting money needed for treatment” includes money for actual treatment and/or for medicines. “Not wanting to go alone” refers to a situation where the woman will not go to get treatment alone because she herself does not want to or does not like to go alone.

Qs. 1009, 1010: TUBELUCOSIS

This series of questions aims to assess the knowledge and the behaviors of the respondent concerning Tuberculosis.

Q. 1013: GO TO NEXT SECTION

Section 11: Adult Mortality

#### Q. 1101: INTRODUCTORY QUESTION

Read the question slowly so the respondent will understand that you are asking her questions on ALL her brothers and sisters, that is, all children born of her biological mother. This includes brothers and sisters of the respondent who may have died. The response recorded in Q. 1101 must include the respondent herself.

#### Q. 1102: FILTER FOR NO SIBLINGS

Follow standard filter procedures.

#### Q.1103: NUMBER OF PREVIOUS BIRTHS

Record how many brothers and sisters from her biological mother are older than the respondent herself. By comparing the age of the respondent with that of her brothers and sisters we can verify that the table for brothers and sisters is complete.

#### Q. 1104: NAME OF BROTHERS AND SISTERS

Ask and record at the top of the columns the name of each brother or sister of the respondent beginning with the eldest or first-born. Do not include the respondent in a column. When the list is complete, you will ask the questions in this section for one sibling before asking about the brother or sister in the next column. Reference the brother or sister by mentioning his/her name.

If the respondent has more than 12 brothers or sisters born of the same mother, take a second Woman Questionnaire, fill in the information on the cover page, and write CONTINUATION on the top. In this second questionnaire, re-number the column numbers in Q. 1104 to (13), (14), etc. and record the additional information about the other siblings.

Questions 1108 through 1113 will only be asked about brothers and sisters who have died.

#### Q. 1105: SEX OF BROTHER OR SISTER

Follow standard procedure.

#### Q. 1106: SURVIVAL STATUS OF BROTHER OR SISTER

If a brother or sister died (Q. 1106 is NO) go to Q. 1108. If the respondent does not know if the brother or sister is still alive, circle 8 and go to the next column (if there are other brothers and sisters).

#### Q. 1107: AGE OF BROTHER OR SISTER

If the brother or sister is alive, you must record their age at their last birthday. If the respondent doesn't know, persist by asking by how many years the brother or sister is younger or older than the respondent.

The ages of sisters who are still alive are used for calculating the years of exposure for estimating maternal mortality rates. After recording the response, go to the next column (if there are other brothers or sisters).

### Q. 1108: NUMBER OF YEARS THAT HAVE PASSED SINCE THE DEATH

This question and others that follow refer only to brothers and sisters who have died. Ask how many years ago the brother / sister died. If the respondent does not know, ask her the year of death and calculate to determine the number of years. You must at least get an estimate.

### Q. 1109: AGE AT DEATH

Age at the time of death is very important information. Make a maximum effort to obtain the response. This information is more important for sisters than for brothers, because the age will determine which skip instruction you follow; whether to ask Qs. 1110 to 1113, or whether to go to the next column.

### Q. 1110-1112: PREGNANT OR GIVING BIRTH WHEN DIED

These questions are asked only for sisters who died at the age of 12 and older. The objective of these questions is to detect cases of maternal mortality. Maternal mortality may happen during pregnancy, during delivery, or during the end of a pregnancy (abortion or still birth) or even during the two months after the end of a pregnancy.

### Q. 1113: NUMBER BIRTHS OF SISTERS

Ask the total number of births the sister had in her lifetime. Include all children who were born alive. Then proceed to ask questions for the sibling in the next column.

### Notes for the Maternal Mortality Section:

1. The number of columns filled must be equal to the number recorded in Q. 1101 minus 1 (that is the total number of brothers and sisters born to the respondent's mother, minus the respondent herself).
2. Indicate the respondent's position in the table by making a cross in the right place. The number of columns preceding this position must be equal to the number recorded in Q. 1103.
3. If you add Q. 1108 (number of years passed since the death) and Q. 1109 (age at death), this gives the age the brother or sister would have today if he/she were still alive. This calculation can be made to check that the brothers and sisters were recorded in the right order.
4. If in Q. 1109, "Age at death", the respondent tells you she doesn't know, persist to obtain an estimate. It is preferable to obtain an approximate age than no age at all. However, if the brother or sister died when he / she was still very young record 00 for age.
5. Compare the age of the brothers / sisters. Suppose a woman has a first child at the age of 15 and the last at the age of 47, which is an extreme case, the range between the age of the youngest brother or sister and the eldest brother/ sister cannot exceed  $47-15 = 32$  years.
6. Cross check to see if the interval between brothers / sisters is not very long (5 years and above). If there is a long interval between births, be sure that the respondent has not forgotten to mention a brother or sister.

## **SECTION 12: RELATION IN THE HOUSEHOLD/FEMALE DOMESTIC VIOLENCE**

This section asks a series of questions on household relationships and on the treatment of women in the household. Due to the extremely sensitive nature of the questions in this section, it is very important that you do everything possible to ensure the safety of the respondent and the ethical

implementation of these questions. Note that this section is an exception because even if there is more than one eligible woman in the household, ONLY ONE woman will be asked this set of questions.

#### DV01A : FILTER FOR HOUSEHOLD'S ELIGIBILITY FOR INTERVIEW

The question DV01A is a filter to see if the Household is selected for female Domestic Violence. If the household is selected mark in the box on the left side and if the household is not selected mark in the right side and end up the interview for this section.

#### DV01B : FILTER FOR WOMAN'S ELIGIBILITY FOR INTERVIEW

DV01B is a filter that requires you to check the cover page of the questionnaire to determine if the respondent you are interviewing has been pre-selected for this questionnaire section. Accordingly, turn to the cover page of the questionnaire that you are filling out and examine the second box below the woman's name and line number. If in the box the answer is '2' meaning 'NOT SELECTED', end the interview for this section; if the answer is '1' meaning 'SELECTED' continue to DV01C

#### DV01C: FILTER FOR PRIVACY

The Question DV01C is a very important instruction for you, and not a question for the respondent. Check your physical surroundings for the presence of others. Check both the area you are sitting in and all areas within hearing distance. Be sure that there is privacy in the sense that there are no persons anywhere near you who will be able to hear and understand your questions. If there are children within hearing distance old enough to understand your questions ask them politely to leave. Only small infants not capable of understanding can remain. Do not proceed with the interview until you have ensured privacy.

The importance of these data cannot be overemphasized and you must do everything you can to obtain privacy before the interview can continue. If, despite all your best efforts, you are unable to obtain privacy and be alone with the respondent, then you will have to skip the section. But remember that you must do everything you can to obtain privacy so that you can fill out this section. Mark the appropriate code. If you are unable to obtain privacy, circle code '2' and skip to DV32 and fill out an explanation of what happened. If privacy has been obtained, circle code '1' and proceed with the interview. Speak clearly and be very considerate of the feelings of the respondent. Keep your voice low throughout the interview.

When asking the questions in this section, you should avoid showing curiosity, surprise, or any other emotion, whether favorable or unfavorable. Be aware that these topics can be difficult for the respondent to address. She may be embarrassed or fearful of her husband/partner or others, or she may just feel that these matters are too private to discuss. It is your job to win her trust so that she feels comfortable reporting such personal information to you.

#### INTRODUCTORY STATEMENT

The introductory sentences above DV02 should be treated like an additional informed consent procedure. The respondent should be reassured about the confidentiality of the information. If there is more than one eligible woman in the household, you should informally explain to this respondent that no one else in the household is being asked the questions that the respondent is going to be asked and that no one else will know what has been discussed. After reading the introductory statement, answer any questions the respondent may have. If the respondent does not object, you should proceed with the interview.

#### DV02: FILTER FOR MARITAL STATUS

Check Qs. 601 and 602 for the respondent's marital status. If she is currently married or living with a man, mark the first box and continue to DV03. If she is not currently married but has ever been married or lived with a man, mark the box 'formerly married/ lived with a man' and continue to DV03. In the case of a formerly married (separated, divorced, or widowed) woman be sure to ask DV03 in the past tense about their most recent/last husband

If she has never been married and never lived with a man, mark the last box and skip to DV16.

### DV03: BEHAVIOR OF THE SPOUSE

When asking these questions, avoid showing curiosity, astonishment or other sentiments, whether they are right or wrong. Some of these topics will be difficult to address by the respondent because of the discomfort caused by the Questions themselves, fear of the partner or fear of being severely attacked by the partner. You must ask questions according to the marital status of the respondent. For example, for a woman who is not currently married, refer to her previous husband or partner: On DV03, say: "Was he jealous...?"

DV03 asks the respondent the behavior of her husband during their marriage (past or present marital status of the woman). After having read the introductory statement, read each question and make some pause to give the respondent, time to respond. Record response before proceeding to the next question. Circle the code '1', if the answer is 'YES', '2' if the answer is 'NO' and '8' if the answer is not known.

Don't force her to respond if she is not willing. Remember that you must speak slowly and in a calm voice.

### DV04-DV05: HUMILIATION, PHYSICAL AND SEXUAL TREATMENT OF WOMEN

DV04 and DV05 questions concern the humiliation, threats and physical and sexual violence that women suffered from spouse / partner. As already mentioned above, to answer these personal questions can be difficult and respondents may find these questions painful, and some respondents may be emotional or upset / vexed. If the respondent loses his composure, be sympathetic and humble. Give the respondent a chance to recover before continuing the interview. Do not force the respondent to answer; At the same time, keep in mind that even if it is painful, many respondents are willing to share this information in case you wait, without judgment, and sympathy (with tenderness and firmness).

Each part includes a list of questions. After reading the introductory statement, read each question and make a pause to create an atmosphere of intimacy and give him time to respond. Do not force her to answer if she is not ready. Remember that you must speak slowly and calmly. Each question is divided into two different parts, 'A' and 'B'. If in the 'A' the answer is Yes 'Circle '1' and immediately ask the question 'B' to determine the frequency in the last 12 months, before moving to the next point. If the answer is 'NO' circle '2' and go to the next question. If a woman gives answers like "usually", "always" or "as often as possible," circle code 1, but if the answer is not clear, try to determine the code that corresponds to the answer. Here are some examples that the respondent can give: "My husband never has free time, but for some days he is at home, he humiliates me in front of others. In such cases, circle 1. You circle '2' (sometimes) answers such as "rarely" which lies between OFTEN and NEVER.

It is necessary to ask questions based on the current marital status of the respondent.

With QUESTIONS DV04A DV04B, we want to know if the interviewee has suffered the humiliation from her husband / partner. As in previous questions, read the introductory phrase and ask each question slowly and clearly.

The DV04A QUESTIONS asks whether the interviewee feels humiliated in front of others because of what her husband / partner says or does (a), and threatened his family (b), feels very wrong in itself because of insults and other acts of spouse / partner.

This kind of oppression is not important here, but the fact that the respondent perceived this act as a

serious abuse is quite important. If the respondent says "YES" circle 1 and ask DV04B to determine the frequency in the last 12 months, before moving to the next point. If the question is negative, circle 2 and go to the following question.

Questions and DV05A DV05B refer to physical and sexual violence perpetrated by the husband. Remember, for married women, the questions are asked by taking reference to the current husband, and for women who are not married (now divorced, separated or widowed), they will be asked questions related to the most recent husband.

Most points of the question DV05A are explicit. Respondents could not see the distinction between the points (h) and (i). Point (h) questioned the use of force by soliciting sex, while point (i) raises questions about the use of force in sexual acts other than intercourse. We do not seek to know what these acts are. Just whether the respondent was forced to do something she did not want sexually. Circle the code 1 for an affirmative answer to a question and ask the question DV05B to determine the frequency in the last 12 months, before moving to the next point. If the question is negative, circle 2 and go to the following question.

#### DV06: FILTER TO DETERMINE AT LEAST A "YES" CONCERNING HUMILIATION, MISTREATMENT AND VIOLENCE

Check DV05A (a-j): if the respondent said yes to at least one of the questions, mark the left box and then proceed to the next question. If there is no single "yes" mark the right box and skip to DV09.

#### DV07: DURATION BETWEEN COMMENCEMENT OF UNION AND VIOLENCE

The response to this question helps to determine whether the aggressive attitude of the husband partner began at the beginning of union/relationship. Note that the interest here is to know at what time after the union, the first aggressive behavior of the husband/ partner started.

If code "1" is encircled for a case or more on DV05, it will be important to collect information on when the first aggressive behavior of the husband/ partner manifested. For example if the respondent declared having been slapped (on DV05A 'b' or try to choke you or burn you on purpose (on DV05 'f'), the interest here is when did this incident happen for the first time, whatever type of abuse that was committed for the first time. If the response given is less than one year after marriage, record "00", if not record the response in complete years. For example, if the respondent said: "a year and a half after marriage", write "01" in the boxes provided. If the first type of abuse happened before marriage or before they began living together, encircle code "95".

#### DV08: INJURIES

In asking this question, the interest is to know whether the respondent was injured following the deliberate act of abuse by her husband / partner. If it is clear that the injury is a result of an accident, this should not be considered here. If the response is yes, circle '1', if it is 'NO' circle '2'

#### DV09-DV10: VIOLENCE ON THE PART OF THE WOMAN

The objective of these questions is to know whether the respondent herself attacked her husband or partner with violence. Read the question slowly so that the respondent understands each part. This question applies to whatever act that had the intention of incurring a physical injury to the husband or partner including slowing something to her or inciting him into an injury.

If the respondent has never beaten her husband or partner, encircle " 2 " for NO and skip to DV11. Also, encircle 2 if the respondent declared having beaten her husband / partner but



only after he began beating her. If the respondent declared: “I beat him to defend myself “, probe to know whether he had effectively began beating her and then she fought back or whether she was the one to begin the fight. If the respondent fought the husband/ partner first, whether to defend herself or not, encircle “1”. Follow the skip instructions given.

DV10 concerns only women who declared having been the first to beat or injure their husbands (when their husbands had not beaten them). The interest here is to know the frequency of such a behavior. Note that we are not interested in the number of times the woman beat her husband/ partner when the former was the first to beat or injure her. Circle the appropriate response,

#### DV11-DV12: ALCOHOL TAKING AND GETTING DRUNK

Question DV11 asks the respondent whether her husband / partner takes or used to take alcohol. Here the type of alcohol and the frequency of taking it do not matter. If the response is “yes”, circle 1 and continue with DV12. If the response is “No”, circle “2” and skip to DV13.

DV12 is asked to women whose husband/partner takes or took alcohol. This question is asked to show current or previous habit (if it does not consume alcohol) of the husband / partner as regards the frequency of alcohol consumption. If it's every day or often circle the code '1 'for' OFTEN. Otherwise circle '2 'for' SOMETIMES 'or '3' for 'NEVER'.

#### DV13: FREQUENCY OF FEAR WITH REGARD TO THE HUSBAND / PARTNER

This question seeks to see the feeling of the wife towards his husband / partner. Fear that he inspires is it very common, rare, or he does not inspire her fear at all. Circle the appropriate response.

#### DV14: FILTER ON THE MARITAL STATUS OF WOMEN

Check the 609 questions about marital status of the respondent. Mark the appropriate notice box. If the respondent has been married more than once, cross the box on the left, and continue to question DV15, if it has not been married once cross the box on the right and go to DV16.

#### DV15-DV30: VIOLENCE BACKGROUND

Until then, we asked the woman questions about abuse inflicted by her husband / partner present or most recent. The questions that follow are investigating whether the respondent would not have been abused by previous husbands / partners if she has had one, or persons other than her husband.

DV15, asks whether the woman would not have suffered the violence of any husband / former partner. DV15Aa is about physical violence and the question DV15Ab sexual violence. After reading the introductory statement, read the question DV15Aa and pause to give the respondent time to respond. If the answer is YES, circle code 1 and ask immediately the question DV15B to determine the time that has elapsed when it happened last time, before moving to DV15Ab. If the answer is 'NO', circle the code and go to DV15Ab and do the same.

DV16, trying to find out if her husband (s) / partner (s), the woman would not have suffered physical violence by any other person from the age of 15. For example, a married woman could have been maltreated physically by one of its stepfather/father/ (stepmothers).

Check first 601 and 602 questions on the marital status of the respondent and mark the appropriate notice box. If the respondent was married or was in a union with a man, mark the box to the left and continue to the question below, if she has never been married or has never been in union with a man

mark the right box and ask the question below. For both women, read the question slowly, take breaks shortly after each type of violence mentioned. If the respondent answered YES, circle 1 and go to the next question. If the answer is NO, or if the respondent refuses to answer, circle 2 or 3 and go to Question DV19.

DV16A: For those who responded 'YES' to DV16, ask them if it has happened in the last 12 months. If the answer is 'NO', skip to DV19; otherwise continue to the next question.

DV16B: This question seeks to know who other (s) than husband (s) / partner (s), the respondent was physically hurt in the last 12 months. Circle all those that the respondent mentioned. If she mentions a person who was not listed, circle "X" and specify who the person is. Note that more than one answer is acceptable.

#### DV18: THE FREQUENCY OF THE VIOLENT ACT IN THE PAST 12 MONTHS

The question seeks to see the frequency of violence experienced during the last twelve months. If they were often, circle 1, if she has suffered from a physical violence some times, circle 2, and if in the past 12 months she has not suffered from any physical violence, circle 3. As noted above, if the answer is not clear, try to understand and circle the appropriate response.

#### DV19: FILTER ON PREGNANCY

See questions 201, 226 and 230. If the woman has never been pregnant, that is to say 'YES' to 201 or 226 or 230, mark the box to the left and go to DV20. If she has never been pregnant, go to DV22.

#### DV20 – DV21: VIOLENCE DURING PREGNANCY

This question is asked to woman who is currently pregnant or that who has been pregnant before. Ask her if she has been physically mistreated during pregnancy. This question calls for 'YES' or 'NO' answers. If the response is 'NO', circle 2 and skip to DV22.

On DV21, follow instructions given as on DV16B. Note that multiple responses may be obtained. Insist to find out whether you can get more than one response.

#### DV22-DV25: FORCED SEX AND SEXUAL ACTS

These questions seek to discover whether the woman has suffered sexual abuse, at any period of his life during his childhood and during his adulthood.

At DV22, check first 601 and 602 questions on the marital status of the respondent and mark the appropriate notice box. If the respondent was married or was in union with a man, mark the box on the left, and continue with DV22A. If she has never been married or has never been in union with a man tick in the right box and go to DV22B.

The question DV22A is addressed to a woman who has ever been married or has ever been in union with a man. Ask the question as it is written. If the answer is 'YES', circle 1 and go to the DV23. If the answer is NO, or if the respondent refuses to answer, (code '2' or '3') go to Question DV24A.

The question DV22B is addressed to a woman who has never been married or has never been in union with a man. Ask the question as it is written. If the answer is 'YES', circle 1 and go to the DV23. If the answer is NO, or if the respondent refuses to answer, (code '2' or '3') go to Question DV26. After reading the introductory sentence, read also the question

slowly and clearly. These questions are very important and difficult. There are four different things that you have to keep in mind when asking this question:

- 1) All women are being asked this question, whether they have ever had sex or not. This question is likely to be difficult for all women, married or unmarried, but may be particularly difficult for never married women. Many of the unmarried women may have told us earlier in the questionnaire that they have never had sex. Even so, we have to ask them this question about their sexual experience. This is because women may not equate incidents of rape or child molestation as having had sexual intercourse.
- 2) The question is asking not only about sexual intercourse, but also about being forced to do anything sexual against the respondent's will. Sexual violence does not always take the form of only sexual intercourse. Thus, a woman who has said she has never had sexual intercourse may have been forced to perform other sexual acts against her will which would also be considered sexual violence.
- 3) This question is also trying to capture sexual violence that may have occurred when the respondent was a child and not just in the recent past.
- 4) The term 'forced in any way' is included with the idea that, especially in childhood abuse, the force can take many different forms. For example, it may be in the form of emotional blackmail where the abusing adult may be using the threat of withdrawing their love from the child.

Given the complexity of this question and its extreme delicacy, be careful to word it exactly as it is given. Read the question slowly with the right phrases emphasized.

On DV23 asks the person who was forcing her at the time that the sexual violence first occurred. That is why DV23 does not allow multiple answers. Even if the respondent has been sexually abused by more than one person, we are asking her about the first time this happened and who is the person who was abusing her that first time.

DV24 is looking to see if the woman would not have been forced to have sexual intercourse in the last twelve months.

Check first 601 and 602 questions on the marital status of the respondent and mark the appropriate notice box. If the respondent has ever been married or has ever been in a union with a man, mark the box to the left and continue to the question below, if he has never been married or has never been in union with a man mark the right box and ask the question below. Whatever the answer given, go to DV25.

DV24A, this question is asked to the respondent who responded 'YES' to DV24. It asks the person who was forcing physically her to have sexual intercourse in last 12 months.

DV24B, checks the answers of respondents to the question DV05A (h, j) and DV15A (b). If at least one abuse is reported, go to the next question. If no abuse reported, go to question DV26.

#### DV25 : AGE AT THE FIRST TIME SHE WERE FORCED TO HAVE SEXUAL INTERCOURSE OR ANY OTHER SEXUAL ACTS

This question seeks to determine the age of the respondent when she was for the first time sexually abused. at any period of his life during his childhood or during his adulthood, Check first 601 and 602 questions to see the marital status of the respondent and mark the appropriate notice box. If the respondent was married or was in a union with a man, check the box on the left, and ask the question below, if she has never been married or has never been in union with a man mark the right box and

ask the question below. Give him time to remember that age. Fill the full age. Eg: if she tells you she was 16 years and two months, mark 16. If she doesn't remember circle '98'.

#### DV26: FILTER FOR ANY ABUSE

In DV26 check the respondents answers to DV05A (a,b), DV16, DV20, DV22A, and DV22B. Only women who have reported any kind of abuse, that is, there is at least one YES in any of the mentioned, then ask DV27. If the respondent has not experienced any kind of abuse, that is, there is not even one YES in any of the questions, then skip to DV30.

#### DV27 – DV28: HELP SEEKING

DV27 refers to any kind of help that the respondent may have sought to try and stop the abuse. She could have asked her own family or gone to the police, for example. The nature of the help being sought is not important, but only whether she ever sought help and from whom (DV28). If she did seek help, code all the persons/types of people she sought help from in DV28.

If the respondent has never sought help from anyone ("NO" to DV27) skip to DV 29.

Note that in DV28 multiple responses may be circled. Make sure to probe for more responses.

#### DV29: IF SHE HAS TOLD TO SOMEONE HIS PROBLEM

This question should be asked only of women who said they had sought no help after being subjected to violence. Circle the appropriate response.

#### DV30: BEHAVIOUR OF THE FATHER

To this question ask the respondent if his father has ever beat his mother. If the respondent replied: "I'm not sure but I think", circle "1" for 'YES'.

#### DV31: COMMENTS

This question concerns the way in which the interview was conducted, especially regarding his privacy. It is not a question but answers you need to answer yourself on the course of the interview, especially if there has been a break because third parties wanted to listen to the interview. Circle the code corresponding to each row of the question whether the interview code was or not interrupted by the husband / partner of the respondent, another man or a woman. We want to know which person who interrupted the interview and how many times he/she did. If the husband entered the interview room once and then returned later to ask a question to the respondent, circle "2" to "YES", MORE THAN ONCE. Such interruptions may influence the responses of the respondent.

#### DV32: COMMENTS/EXPLANATION

If the interview could not be completed use this space to give a complete explanation. You must explain why you were unable to obtain privacy. If you were able to complete the interview, give any information in this space that might help to interpret the results. Also note any factors that may have influenced the respondent's answers.

Remember to thank the respondent for her cooperation and reassure her of the confidentiality of her responses.

#### **DV33: TIME INTERVIEW ENDED**

Do not forget to write the time when you finished the interview, using the 24-hour system. If there was an extended break during the interview time; for example, the respondent excused herself to care for a sick child and returned to complete the interview 45 minutes later, make a note to report how long a break was taken.

Be sure to thank the respondent for her cooperation. At this point, check your questionnaire carefully. Before leaving the house, make sure you have followed the skip patterns correctly and that your marks are legible. Also, inform the respondent that a health technician will be coming to her household to weigh and measure the height of the respondent (and her young children) and conduct a test for anemia, malaria, and HIV. If she has any simple, general questions about the measurements, you can answer them, but tell her that the health technician will explain the measurements in more detail and will answer her questions.

## **N. INTERVIEWER'S OBSERVATIONS**

After you have checked over your questionnaire and thanked the respondent, note any comments on the last page. You may make comments about the woman you interviewed, about specific questions on the questionnaire, or about any other aspects of the interview. If anything about the interview was unusual or should be brought to the attention of the editor or supervisor, note it here. Even if the interview was straightforward, a few comments on each interview will be helpful in editing and processing the questionnaires. For example, if a respondent attended school in a different country, one with a different system for dividing grades into primary and secondary, note that here. If you were unable to complete the interview for any reason, or if answers that were not precoded require further explanation, use this space. All these comments are helpful to the editor, supervisor, and data processing staff in interpreting the information in the questionnaire.

## **O. CALENDAR**

### **GENERAL DESCRIPTION OF THE CALENDAR**

The calendar is located in the [flip-out] section at the end of the Woman's Questionnaire. It is called a "calendar" because it is where you will record information about the timing of recent events in the respondent's life. The calendar is "recent" in that only events occurring in the year of the survey plus the five full calendar years preceding the current year are included.

From the top of the page to the bottom, the calendar includes 72 boxes (each box representing one month of time) divided into six sections (each representing one year or 12 months of time) in which to record information about the woman's experiences with childbearing and contraceptive use. From left to right, there are two columns:

- Column (1): Live births, pregnancies, and contraceptive use
- Column (2): Reason for discontinuing contraceptive use

Earlier in the manual, procedures for completing the calendar were described briefly. In this section, we discuss in much more detail the methods by which you are going to fill in the calendar. But before we proceed, a couple of points need to be understood:

- 1) You may at this point ask, "What and where are the questions that I am supposed to ask that will allow me to complete the calendar?" First, the calendar is completed at the same time that the Woman's Questionnaire is completed. Much of the information you need to complete the calendar is drawn directly from the responses to questions in Sections 2 (Reproduction) and 3 (Contraception). These questions have a large 'C' in them to help you identify questions related to the calendar.

Second, the calendar will give you a visual “snapshot” of the woman’s last five years of life that will help you to ask probing questions as necessary to improve the accuracy of the information. The calendar is built in a series of steps. At each step, you can and should determine whether or not a woman’s response is consistent with previous responses and where to place the event in relation to other events. For example, if there have been 12 months between the birth of Baby A and the beginning of the pregnancy resulting in Baby B, you can easily see in the calendar that these 12 months need to be accounted for in terms of use or nonuse of a contraceptive method.

There are many ways to get this information, and the calendar allows you to be innovative in obtaining the responses you need to completely fill in the calendar with the correct codes. Simply bear in mind that there may well be more than one correct way to “build” the calendar.

- 2) Whereas interviewing procedures may be flexible, the method of recording information on the calendar is not. Only certain codes (shown to the left of the calendar) are acceptable for use in the calendar. You need to translate the woman’s responses to codes. Only one code may appear in each box.

### **Column (1): LIVE BIRTHS, PREGNANCIES, AND CONTRACEPTIVE USE**

The calendar provides a record of the timing of all live births, pregnancies and periods of contraceptive use. **Every month in column (1) of the calendar up to the month of interview must be accounted for, i.e., filled in with a code.**

The following describes the codes used in recording information in the calendar:

**Q. 225: Pregnancies ending in live births.** The first entry in the calendar will be made after you have completed and checked the responses in the birth history (Qs. 211-221). As Q. 225 instructs, for each live birth in January 2009 or later (Q. 215), you will place a ‘B’ in the month of birth and a ‘P’ in each of the preceding months according to the duration of the pregnancy. The number of months in which ‘P’s are recorded prior to the month ‘B’ must be one less than the total number of months the woman reports she was pregnant.

*Example:* A respondent gave birth in September 2010. She reported that the baby was full-term. For this birth, enter a ‘B’ in September 2010 and ‘P’s in the eight months prior to September, i.e., in the months January through August 2010.

**Q. 226 and 227: Current pregnancy.** For women who are currently pregnant, place a ‘P’ in the month of interview and in each preceding month of pregnancy. The number of ‘P’s in the calendar should equal the number of completed months of pregnancy given in Q. 227.

**Qs. 229-234: Pregnancies ending in a nonlive birth.** For all pregnancies that ended in a non-live birth (Qs. 229-234), place a ‘T’ in the month of pregnancy termination and a ‘P’ in each month of pregnancy.

*Example:* A respondent reports she had a miscarriage in the fourth month of pregnancy (i.e., after three completed months) in June 2012. Place one ‘T’ in June 2012 and one ‘P’ in each of the two preceding months.

**Qs. 321-322: Contraceptive use.** For contraceptive use in January 2009 or later, write the code for each method used in the months it was used. If more than one method is used at the same time, record the method that appears highest on the list of method codes. If a method was used for an extensive period (at least four months), enter the code in the first and last months of use and

connect them with a squiggly line. As a last step, months without any method use (and no pregnancy or pregnancy termination) should be coded '0' indicating that no method was used.

If a respondent tells you that she switched from one contraceptive method to another in the middle of a month, record the method that she used in the beginning of the month in the cell for that month. Record the new method in the following month.

*Example:* A respondent said she used the pill until the middle of May, 2013 when she had an IUD inserted. Record '3' for pill in May 2013 and '4' for IUD in June 2013.

If a respondent used a method at the beginning of a month, and stopped so she was not using any method at the end of the month, record the code for the method she was using in the box corresponding to the month she stopped. Record '0' for "no method" in the following month.

In general, when a respondent has switched or discontinued contraceptive use within a month, in the calendar you will record what she was using at the beginning of that month. One exception to this rule is in the month of the interview. Before getting to Q. 311 on history of contraceptive use, you will already have filled in the calendar in Q. 304 for current contraceptive use. For the month of interview, you will have recorded what the respondent is using as of the day of the interview, even if it is different from what she was using at the beginning of the month of interview.

### **Column (2): REASON FOR DISCONTINUING CONTRACEPTIVE USE**

For every discontinuation of a method, the reason for discontinuation is recorded in Column (2) in the last month the method was used. For example, if Column (1) indicates discontinuation of pill use in April 2011, then you should identify and record the reason for the discontinuation in Column (2) in the same month, April 2011.

#### **Points to Remember**

- Only one code is entered in any one box (month) of the calendar.
- In column (1), all months should be filled in.
- Column (2) records a reason for each interruption of method use that occurs in Column (1). The code is entered in the last month of use.
- Each squiggly line must have both endpoints defined by the same code.
- To label the births, write the child's name to the left of the 'B.' This will make your work easier and more accurate because birth dates serve as your best reference points.

## **ILLUSTRATIVE CASES**

In this section, we provide several examples that illustrate how to complete the calendar. Up to six steps may be necessary:

- 1) Transfer the dates of live births from the birth history to the calendar
- 2) Record the months of pregnancy (P) for any pregnancies terminating in live births (B) and non-live births (T)
- 3) Record the months of contraceptive use and nonuse.
- 4) Record the reason for discontinuation of contraceptive use.

For each example, we assume that the respondent knows the dates of birth of her children and also the dates during which she used contraception. During actual fieldwork, you may need to probe to correct errors in the reporting of this information.



## Case #1

**Scenario:** The respondent was interviewed in June 2014. She had two births since January 2009. The first was Jean, born full term in September, 2010, and the second was Philippe, born one month early in February, 2013. The dates of birth of the children are obtained from Q. 215 in the birth history. The woman did not have any other pregnancies and has never used contraception.

### STEP 1

The first step is to record the birth dates for Jean and Philippe. A 'B' is recorded in the month of birth of each of the children and the child's name is written to the left of the 'B' in Column (1) in the month corresponding to the child's birth date.

#### **Step 1**

WOMAN'S RESPONSE		NUMBER OF MONTHS	ENTRY IN COLUMN (1) IN CALENDAR	
EVENT	DATE		MONTHS	CODE
Jean	September 18, 2010	1	<b>SEP 2010</b>	<b>B</b>
Philippe	February 25, 2013	1	<b>FEB 2013</b>	<b>B</b>

### STEP 2

The second step involves entering a 'P' in each of the months of pregnancy prior to the month in which each live birth occurred. For Jean, 'P's would be entered January 2010 to August 2010 (8 months), while for Philippe it is 7 months from July 2012 to January 2013 (before the month of birth).

#### **Step 2**

WOMAN'S RESPONSE		NUMBER OF MONTHS	ENTRY IN COLUMN (1) IN CALENDAR	
EVENT	DATE		MONTHS	CODE
<b>Pregnant</b>	January-September 2010	8	<b>JAN-AUG 2010</b>	<b>P</b>
Jean	September 18, 2010	1	SEP 2010	B
<b>Pregnant</b>	July 2012-February 2013	7	<b>JUL 2012-JAN 2013</b>	<b>P</b>
Philippe	February 25, 2013	1	FEB 2013	B

### STEP 3

The respondent did not use contraception during the calendar period. Thus, in the calendar, you will fill in the rest of the boxes with '0's to show the periods of non-use.

#### **Step 3**

WOMAN'S RESPONSE		NUMBER OF MONTHS	ENTRY IN COLUMN (1) IN CALENDAR	
EVENT	DATE		MONTHS	CODE
<b>Nonuse</b>	January 2009-December 2009	12	<b>JAN-DEC 2009</b>	<b>0</b>
<b>Pregnant</b>	January-September 2010	8	JAN-AUG 2010	P
Jean	September 18, 2010	1	SEP 2010	B
<b>Nonuse</b>	October 2010-June 2012	9	<b>OCT 2010-JUN 2012</b>	<b>0</b>
<b>Pregnant</b>	July 2012-February 2013	7	JUL 2012-JAN 2013	P
Philippe	February 25, 2013	1	FEB 2013	B
<b>Nonuse</b>	March 2013-June 2014	28	<b>MAR 2013-JUN 2014</b>	<b>0</b>

# Calendar Entries for CASE#1

INSTRUCTIONS:		COL. 1	COL. 2
ONLY ONE CODE SHOULD APPEAR IN ANY BOX.			
ALL MONTHS IN COLUMN 1 SHOULD BE FILLED IN.			
INFORMATION TO BE CODED FOR EACH BOX IN COLUMN 1			
COL. 1: <u>BIRTHS, PREGNANCIES, CONTRACEPTIVE USE</u>			
B	BIRTHS		
P	PREGNANCIES		
T	TERMINATIONS		
0	NO METHOD		
1	FEMALE STERILIZATION		
2	MALE STERILIZATION		
3	IUD		
4	INJECTABLES		
5	IMPLANTS		
6	PILL		
7	CONDOM		
8	FEMALE CONDOM		
9	DIAPHRAGM		
J	FOAM OR JELLY		
K	LACTATIONAL AMENORRHEA METHOD		
L	RHYTHM METHOD		
M	WITHDRAWAL		
X	OTHER _____		
	(SPECIFY)		
	Philippe		
INFORMATION TO BE CODED FOR RELEVANT BOX IN COLUMN 2			
COL. 2: <u>DISCONTINUATION OF CONTRACEPTIVE USE</u>			
0	INFREQUENT SEX/HUSBAND AWAY		
1	BECAME PREGNANT WHILE USING		
2	WANTED TO BECOME PREGNANT		
3	HUSBAND PARTNER DISAPPROVED		
4	WANTED MORE EFFECTIVE METHOD		
5	HEALTH EFFECTS/HEALTH CONCERNS		
6	LACK OF ACCESS/TOO FAR		
7	COSTS TOO MUCH		
5	INCONVENIENT TO USE		
6	UP TO GOD/FATALISTIC		
7	DIFFICULT TO GET PREGNANT/MENOPAUSAL		
8	MARITAL DISSOLUTION/SEPARATION		
Z	DON'T KNOW		
X	OTHER _____		
	(SPECIFY)		
	Jean		
12 DEC	01		
11 NOV	02		
10 OCT	03		
09 SEP	04		
2	08 AUG		2
0	07 JUL		0
1	06 JUN	O	1
4	05 MAY		4
*	04 APR		*
	03 MAR		
	02 FEB		
	01 JAN		
12 DEC	13		
11 NOV	14		
10 OCT	15		
09 SEP	16		
2	08 AUG		2
0	07 JUL		0
1	06 JUN		1
3	05 MAY		3
*	04 APR		*
	03 MAR	O	
	02 FEB	B	
	01 JAN	P	
12 DEC	25	P	
11 NOV	26	P	
10 OCT	27	P	
09 SEP	28	P	
2	08 AUG	P	2
0	07 JUL	P	0
1	06 JUN	O	1
2	05 MAY		2
*	04 APR		*
	03 MAR		
	02 FEB		
	01 JAN		
12 DEC	37		
11 NOV	38		
10 OCT	39		
09 SEP	40		
2	08 AUG		2
0	07 JUL		0
1	06 JUN		1
1	05 MAY		1
*	04 APR		*
	03 MAR		
	02 FEB		
	01 JAN		
12 DEC	49		
11 NOV	50		
10 OCT	51	O	
09 SEP	52	B	
2	08 AUG	P	2
0	07 JUL	P	0
1	06 JUN	P	1
0	05 MAY	P	0
*	04 APR	P	*
	03 MAR	P	
	02 FEB	P	
	01 JAN	P	
12 DEC	61	O	
11 NOV	62		
10 OCT	63		
09 SEP	64		
2	08 AUG		2
0	07 JUL		0
0	06 JUN		0
9	05 MAY		9
*	04 APR		*
	03 MAR		
	02 FEB		
	01 JAN	O	

## **CASE #2**

*Scenario:* The respondent was interviewed in October 2014. During the period covered by the calendar, she had one birth (Serge), occurring in September 2012 in the 9th month of pregnancy, and one other pregnancy that miscarried after three months of her pregnancy in July 2010. That pregnancy occurred accidentally while her partner and she were using the condom. They used the condom from the time they married in November 2006 until she became pregnant.

Immediately after the pregnancy, she began using the pill. She deliberately interrupted use of the pill because she wanted a child. She became pregnant with Serge after five months of trying. She is currently using the pill, which she began using five months after the birth of Serge.

## Calendar Entries for CASE#2

INSTRUCTIONS:  
 ONLY ONE CODE SHOULD APPEAR IN ANY BOX.  
 ALL MONTHS IN COLUMN 1 SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

COL. 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS
  
- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 DIAPHRAGM
- J FOAM OR JELLY
- K LACTATIONAL AMENORRHEA METHOD
- L RHYTHM METHOD
- M WITHDRAWAL
- X OTHER \_\_\_\_\_  
 (SPECIFY)

INFORMATION TO BE CODED FOR RELEVANT BOX IN COLUMN 2

COL. 2: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND PARTNER DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 HEALTH EFFECTS/HEALTH CONCERNS
- 6 LACK OF ACCESS/TOO FAR
- 7 COSTS TOO MUCH
- 5 INCONVENIENT TO USE
- 6 UP TO GOD/FATALISTIC
- 7 DIFFICULT TO GET PREGNANT/MENOPAUSAL
- 8 MARITAL DISSOLUTION/SEPARATION
- Z DON'T KNOW
- X OTHER \_\_\_\_\_  
 (SPECIFY)

Serge

		COL. 1	COL. 2	
12 DEC	01			
11 NOV	02			
10 OCT	03	6		
09 SEP	04			
08 AUG	05			
2 07 JUL	06			2
0 06 JUN	07			0
1 05 MAY	08			1
4 04 APR	09			4
* 03 MAR	10			*
02 FEB	11			
01 JAN	12			
<hr/>				
12 DEC	13			
11 NOV	14			
10 OCT	15			
09 SEP	16			
08 AUG	17			
2 07 JUL	18			2
0 06 JUN	19			0
1 05 MAY	20			1
3 04 APR	21			3
* 03 MAR	22	6		*
02 FEB	23	O		
01 JAN	24			
<hr/>				
12 DEC	25			
11 NOV	26			
10 OCT	27	O		
09 SEP	28	B		
08 AUG	29	P		
2 07 JUL	30	P		2
0 06 JUN	31	P		0
1 05 MAY	32	P		1
2 04 APR	33	P		2
* 03 MAR	34	P		*
02 FEB	35	P		
01 JAN	36	P		
<hr/>				
12 DEC	37	O		
11 NOV	38			
10 OCT	39			
09 SEP	40			
08 AUG	41	O		
2 07 JUL	42	6	2	2
0 06 JUN	43			0
1 05 MAY	44			1
1 04 APR	45			1
* 03 MAR	46			*
02 FEB	47			
01 JAN	48			
<hr/>				
12 DEC	49			
11 NOV	50			
10 OCT	51			
09 SEP	52			
08 AUG	53	6		
2 07 JUL	54	T		2
0 06 JUN	55	P		0
1 05 MAY	56	P		1
0 04 APR	57	7	1	0
* 03 MAR	58			*
02 FEB	59			
01 JAN	60			
<hr/>				
12 DEC	61			
11 NOV	62			
10 OCT	63			
09 SEP	64			
08 AUG	65			
2 07 JUL	66			2
0 06 JUN	67			0
0 05 MAY	68			0
9 04 APR	69			9
* 03 MAR	70			*
02 FEB	71			
01 JAN	72	7		

### **CASE #3**

The respondent was interviewed in October 2014. The woman's only birth in this period (Grace) occurred in March 2013 after an accidental pregnancy while using withdrawal, a method she had been using for one year. The pregnancy lasted nine months. She is currently pregnant, having failed with the use of withdrawal two months earlier. She and her husband had been using withdrawal since Grace was born. She also had a miscarriage in December 2010 in the fourth month of pregnancy. That pregnancy began several months after her marriage, while no method was being used. After that miscarriage, she did not use any method for six months before beginning to use withdrawal.

### Calendar Entries for CASE#3

5

INSTRUCTIONS:  
 ONLY ONE CODE SHOULD APPEAR IN ANY BOX.  
 ALL MONTHS IN COLUMN 1 SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH BOX IN COLUMN 1.

COL.1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS
  
- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 DIAPHRAGM
- J FOAM OR JELLY
- K LACTATIONAL AMENORRHEA METHOD
- L RHYTHM METHOD
- M WITHDRAWAL
- X OTHER \_\_\_\_\_  
 (SPECIFY)

Grace

INFORMATION TO BE CODED FOR RELEVANT BOX IN COLUMN 2.

COL.2: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND PARTNER DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 HEALTH EFFECTS/HEALTH CONCERNS
- 6 LACK OF ACCESS/TOO FAR
- 7 COSTS TOO MUCH
- 5 INCONVENIENT TO USE
- 6 UP TO GOD/FATALISTIC
- 7 DIFFICULT TO GET PREGNANT/MENOPAUSAL
- 8 MARITAL DISSOLUTION/SEPARATION
- Z DON'T KNOW
- X OTHER \_\_\_\_\_  
 (SPECIFY)

		COL. 1	COL. 2	
12 DEC	01			
11 NOV	02			
10 OCT	03	P		
09 SEP	04	P		
08 AUG	05	M	1	
2 07 JUL	06			2
0 06 JUN	07			0
1 05 MAY	08			1
4 04 APR	09			4
* 03 MAR	10			*
02 FEB	11			
01 JAN	12			
<hr/>				
12 DEC	13			
11 NOV	14			
10 OCT	15			
09 SEP	16			
08 AUG	17			
2 07 JUL	18			2
0 06 JUN	19			0
1 05 MAY	20			1
3 04 APR	21	M		3
* 03 MAR	22	B		*
02 FEB	23	P		
01 JAN	24	P		
<hr/>				
12 DEC	25	P		
11 NOV	26	P		
10 OCT	27	P		
09 SEP	28	P		
08 AUG	29	P		
2 07 JUL	30	P		2
0 06 JUN	31	M	1	0
1 05 MAY	32			1
2 04 APR	33			2
* 03 MAR	34			*
02 FEB	35			
01 JAN	36			
<hr/>				
12 DEC	37			
11 NOV	38			
10 OCT	39			
09 SEP	40			
08 AUG	41			
2 07 JUL	42	M		2
0 06 JUN	43	O		0
1 05 MAY	44			1
1 04 APR	45			1
* 03 MAR	46			*
02 FEB	47			
01 JAN	48	O		
<hr/>				
12 DEC	49	T		
11 NOV	50	P		
10 OCT	51	P		
09 SEP	52	P		
08 AUG	53	O		
2 07 JUL	54			2
0 06 JUN	55			0
1 05 MAY	56			1
0 04 APR	57			0
* 03 MAR	58			*
02 FEB	59			
01 JAN	60			
<hr/>				
12 DEC	61			
11 NOV	62			
10 OCT	63			
09 SEP	64			
08 AUG	65			
2 07 JUL	66			2
0 06 JUN	67			0
0 05 MAY	68			0
9 04 APR	69			9
* 03 MAR	70			*
02 FEB	71			
01 JAN	72	O		

#### **CASE #4**

The respondent was interviewed in October 2014. She reported two births in the reference period, Chantal in July 2012 and Pascal in November 2009. The pregnancy with Chantal lasted nine months, and the pregnancy with Pascal lasted eight months. At the time of Chantal's birth, the respondent was surgically sterilized in a government hospital. Chantal was conceived after four months of trying to become pregnant. Before this she had used the pill, which she had started using three months after the birth of Pascal. Before becoming pregnant with Pascal, she neither had a nonlive birth nor used a contraceptive method.

# Calendar Entries for CASE#4

INSTRUCTIONS:  
 ONLY ONE CODE SHOULD APPEAR IN ANY BOX.  
 ALL MONTHS IN COLUMN 1 SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

COL.1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS
  
- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 DIAPHRAGM
- J FOAM OR JELLY
- K LACTATIONAL AMENORRHEA METHOD
- L RHYTHM METHOD
- M WITHDRAWAL
- X OTHER \_\_\_\_\_  
 (SPECIFY)

INFORMATION TO BE CODED FOR RELEVANT BOX IN COLUMN 2.

COL.2: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND PARTNER DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 HEALTH EFFECTS/HEALTH CONCERNS
- 6 LACK OF ACCESS/TOO FAR
- 7 COSTS TOO MUCH
- 5 INCONVENIENT TO USE
- 6 UP TO GOD/FATALISTIC
- 7 DIFFICULT TO GET PREGNANT/MENOPAUSAL
- 8 MARITAL DISSOLUTION/SEPARATION
- Z DON'T KNOW
- X OTHER \_\_\_\_\_  
 (SPECIFY)

	COL. 1	COL. 2	
12 DEC	01		
11 NOV	02		
10 OCT	03	I	
09 SEP	04		
08 AUG	05		
2 07 JUL	06		2
0 06 JUN	07		0
1 05 MAY	08		1
4 04 APR	09		4
* 03 MAR	10		*
02 FEB	11		
01 JAN	12		
<hr/>			
12 DEC	13		
11 NOV	14		
10 OCT	15		
09 SEP	16		
08 AUG	17		
2 07 JUL	18		2
0 06 JUN	19		0
1 05 MAY	20		1
3 04 APR	21		3
* 03 MAR	22		*
02 FEB	23		
01 JAN	24		
<hr/>			
12 DEC	25		
11 NOV	26		
10 OCT	27		
09 SEP	28		
08 AUG	29	I	
2 07 JUL	30	B	2
0 06 JUN	31	P	0
1 05 MAY	32	P	1
2 04 APR	33	P	2
* 03 MAR	34	P	*
02 FEB	35	P	
01 JAN	36	P	
<hr/>			
12 DEC	37	P	
11 NOV	38	P	
10 OCT	39	O	
09 SEP	40	O	
08 AUG	41	O	
2 07 JUL	42	O	2
0 06 JUN	43	6	2
1 05 MAY	44		1
1 04 APR	45		1
* 03 MAR	46		*
02 FEB	47		
01 JAN	48		
<hr/>			
12 DEC	49		
11 NOV	50		
10 OCT	51		
09 SEP	52		
08 AUG	53		
2 07 JUL	54		2
0 06 JUN	55		0
1 05 MAY	56		1
0 04 APR	57		0
* 03 MAR	58	6	*
02 FEB	59	O	
01 JAN	60	O	
<hr/>			
12 DEC	61	O	
11 NOV	62	B	
10 OCT	63	P	
09 SEP	64	P	
08 AUG	65	P	
2 07 JUL	66	P	2
0 06 JUN	67	P	0
0 05 MAY	68	P	0
9 04 APR	69	P	9
* 03 MAR	70	O	*
02 FEB	71	O	
01 JAN	72	O	

Pascal



### **CASE #5**

This respondent was interviewed in October 2014. She had two births since January 2009; the first resulted in twins but only one was born alive (Adeline), while the other was a stillbirth. Adeline was born in June 2009. Her younger brother, Charles, was born in February 2011 in the eighth month of pregnancy. Note that since the first of these pregnancies began before January 2009, only five P's are indicated in the calendar. Also note that the stillbirth is not recorded as a pregnancy termination, because it involved a pregnancy that resulted in a live birth (Adeline), and you may place only one code in a box.

Her first contraceptive use during the period (the pill) began nine months after the last birth. She used the pill for six months and then switched to IUD the next month because she wanted a more effective method. She used the IUD until September 2013, when she separated from her husband. She has not used any contraception since.

# Calendar Entries for CASE#5

INSTRUCTIONS:  
 ONLY ONE CODE SHOULD APPEAR IN ANY BOX.  
 ALL MONTHS IN COLUMN 1 SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

COL.1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS
  
- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 DIAPHRAGM
- J FOAM OR JELLY
- K LACTATIONAL AMENORRHEA METHOD
- L RHYTHM METHOD
- M WITHDRAWAL
- X OTHER \_\_\_\_\_  
 (SPECIFY)

INFORMATION TO BE CODED FOR RELEVANT BOX IN COLUMN 2.

COL.2: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND PARTNER DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 HEALTH EFFECTS/HEALTH CONCERNS
- 6 LACK OF ACCESS/TOO FAR
- 7 COSTS TOO MUCH
- 5 INCONVENIENT TO USE
- 6 UP TO GOD/FATALISTIC
- 7 DIFFICULT TO GET PREGNANT/MENOPAUSAL
- 8 MARITAL DISSOLUTION/SEPARATION
- Z DON'T KNOW
- X OTHER \_\_\_\_\_  
 (SPECIFY)

		COL. 1	COL.2	
12 DEC	01			
11 NOV	02			
10 OCT	03	O		
09 SEP	04			
08 AUG	05			
2 07 JUL	06			2
0 06 JUN	07			0
1 05 MAY	08			1
4 04 APR	09			4
* 03 MAR	10			*
02 FEB	11			
01 JAN	12			
<hr/>				
12 DEC	13			
11 NOV	14			
10 OCT	15	O		
09 SEP	16	3	8	
08 AUG	17			
2 07 JUL	18			2
0 06 JUN	19			0
1 05 MAY	20			1
3 04 APR	21			3
* 03 MAR	22			*
02 FEB	23			
01 JAN	24			
<hr/>				
12 DEC	25			
11 NOV	26			
10 OCT	27			
09 SEP	28			
08 AUG	29			
2 07 JUL	30			2
0 06 JUN	31	3		0
1 05 MAY	32	6	4	1
2 04 APR	33			2
* 03 MAR	34			*
02 FEB	35			
01 JAN	36			
<hr/>				
12 DEC	37	6		
11 NOV	38	O		
10 OCT	39			
09 SEP	40			
08 AUG	41			
2 07 JUL	42			2
0 06 JUN	43			0
1 05 MAY	44			1
1 04 APR	45			1
* 03 MAR	46	O		*
02 FEB	47	B		
01 JAN	48	P		
<hr/>				
12 DEC	49	P		
11 NOV	50	P		
10 OCT	51	P		
09 SEP	52	P		
08 AUG	53	P		
2 07 JUL	54	P		2
0 06 JUN	55	O		0
1 05 MAY	56			1
0 04 APR	57			0
* 03 MAR	58			*
02 FEB	59			
01 JAN	60			
<hr/>				
12 DEC	61			
11 NOV	62			
10 OCT	63			
09 SEP	64			
08 AUG	65			
2 07 JUL	66	O		2
0 06 JUN	67	B		0
0 05 MAY	68	P		0
9 04 APR	69	P		9
* 03 MAR	70	P		*
02 FEB	71	P		
01 JAN	72	P		

Charles

Adeline

## **CASE #6**

The respondent was interviewed in October 2014 and was in her fourth month of pregnancy at the time of the interview (had completed three months of pregnancy). Her most recent birth occurred in November 2012 (Emma) after nine months of pregnancy, and she had no other pregnancy prior to this. She first began using the diaphragm the month after Emma was born. She stopped using the diaphragm after she became pregnant while using this method.

# Calendar entries for CASE#6

INSTRUCTIONS:  
 ONLY ONE CODE SHOULD APPEAR IN ANY BOX.  
 ALL MONTHS IN COLUMN 1 SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH BOX IN COLUMN 1:

COL.1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS
  
- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 DIAPHRAGM
- J FOAM OR JELLY
- K LACTATIONAL AMENORRHEA METHOD
- L RHYTHM METHOD
- M WITHDRAWAL
- X OTHER \_\_\_\_\_  
 (SPECIFY)

INFORMATION TO BE CODED FOR RELEVANT BOX IN COLUMN 2.

COL.2: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND PARTNER DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 HEALTH EFFECTS/HEALTH CONCERNS
- 6 LACK OF ACCESS/TOO FAR
- 7 COSTS TOO MUCH
- 5 INCONVENIENT TO USE
- 6 UP TO GOD/FATALISTIC
- 7 DIFFICULT TO GET PREGNANT/MENOPAUSAL
- 8 MARITAL DISSOLUTION/SEPARATION
- Z DON'T KNOW
- X OTHER \_\_\_\_\_  
 (SPECIFY)

	COL.1	COL.2	
12 DEC	01		
11 NOV	02		
10 OCT	03	P	
09 SEP	04	P	
08 AUG	05	P	
2 07 JUL	06	9	1
0 06 JUN	07		0
1 05 MAY	08		1
4 04 APR	09		4
* 03 MAR	10		*
02 FEB	11		
01 JAN	12		
<hr/>			
12 DEC	13		
11 NOV	14		
10 OCT	15		
09 SEP	16		
08 AUG	17		
2 07 JUL	18		2
0 06 JUN	19		0
1 05 MAY	20		1
3 04 APR	21		3
* 03 MAR	22		*
02 FEB	23		
01 JAN	24		
<hr/>			
12 DEC	25	9	
11 NOV	26	B	
10 OCT	27	P	
09 SEP	28	P	
08 AUG	29	P	
2 07 JUL	30	P	2
0 06 JUN	31	P	0
1 05 MAY	32	P	1
2 04 APR	33	P	2
* 03 MAR	34	P	*
02 FEB	35	O	
01 JAN	36		
<hr/>			
12 DEC	37		
11 NOV	38		
10 OCT	39		
09 SEP	40		
08 AUG	41		
2 07 JUL	42		2
0 06 JUN	43		0
1 05 MAY	44		1
1 04 APR	45		1
* 03 MAR	46		*
02 FEB	47		
01 JAN	48		
<hr/>			
12 DEC	49		
11 NOV	50		
10 OCT	51		
09 SEP	52		
08 AUG	53		
2 07 JUL	54		2
0 06 JUN	55		0
1 05 MAY	56		1
0 04 APR	57		0
* 03 MAR	58		*
02 FEB	59		
01 JAN	60		
<hr/>			
12 DEC	61		
11 NOV	62		
10 OCT	63		
09 SEP	64		
08 AUG	65		
2 07 JUL	66		2
0 06 JUN	67		0
0 05 MAY	68		0
9 04 APR	69		9
* 03 MAR	70		*
02 FEB	71		
01 JAN	72	O	

### **CASE #7**

The respondent was interviewed in October 2014. She has had only one pregnancy (and no births) since January 2009. The pregnancy lasted for three months between November 2012 and January 2013 and ended in a miscarriage.

The respondent first used contraception at the start of her first marriage in March 2010. She and her husband used the condom for a couple of years except for the six-month period beginning August 2011, when her husband was temporarily away. She and her husband resumed using the condom after he returned and continued use until she accidentally became pregnant in November 2012. The respondent got sterilized in a government hospital immediately after the pregnancy.

# Calendar entries for CASE#7

INSTRUCTIONS:  
 ONLY ONE CODE SHOULD APPEAR IN ANY BOX.  
 ALL MONTHS IN COLUMN 1 SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH BOX IN COLUMN 1.

COL.1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS
  
- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 DIAPHRAGM
- J FOAM OR JELLY
- K LACTATIONAL AMENORRHEA METHOD
- L RHYTHM METHOD
- M WITHDRAWAL
- X OTHER \_\_\_\_\_  
 (SPECIFY)

INFORMATION TO BE CODED FOR RELEVANT BOX IN COLUMN 2.

COL.2: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND PARTNER DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 HEALTH EFFECTS/HEALTH CONCERNS
- 6 LACK OF ACCESS/TOO FAR
- 7 COSTS TOO MUCH
- 5 INCONVENIENT TO USE
- 6 UP TO GOD/FATALISTIC
- 7 DIFFICULT TO GET PREGNANT/MENOPAUSAL
- 8 MARITAL DISSOLUTION/SEPARATION
- Z DON'T KNOW
- X OTHER \_\_\_\_\_  
 (SPECIFY)

		COL. 1	COL. 2	
12 DEC	01			
11 NOV	02			
10 OCT	03	1		
09 SEP	04			
08 AUG	05			
2 07 JUL	06			2
0 06 JUN	07			0
1 05 MAY	08			1
4 04 APR	09			4
* 03 MAR	10			*
02 FEB	11			
01 JAN	12			
<hr/>				
12 DEC	13			
11 NOV	14			
10 OCT	15			
09 SEP	16			
08 AUG	17			
2 07 JUL	18			2
0 06 JUN	19			0
1 05 MAY	20			1
3 04 APR	21			3
* 03 MAR	22			*
02 FEB	23	1		
01 JAN	24	T		
<hr/>				
12 DEC	25	P		
11 NOV	26	P		
10 OCT	27	7	1	
09 SEP	28			
08 AUG	29			
2 07 JUL	30			2
0 06 JUN	31			0
1 05 MAY	32			1
2 04 APR	33			2
* 03 MAR	34			*
02 FEB	35	7		
01 JAN	36	O		
<hr/>				
12 DEC	37			
11 NOV	38			
10 OCT	39			
09 SEP	40			
08 AUG	41	O		
2 07 JUL	42	7	0	2
0 06 JUN	43			0
1 05 MAY	44			1
1 04 APR	45			1
* 03 MAR	46			*
02 FEB	47			
01 JAN	48			
<hr/>				
12 DEC	49			
11 NOV	50			
10 OCT	51			
09 SEP	52			
08 AUG	53			
2 07 JUL	54			2
0 06 JUN	55			0
1 05 MAY	56			1
0 04 APR	57			0
* 03 MAR	58	7		*
02 FEB	59	O		
01 JAN	60			
<hr/>				
12 DEC	61			
11 NOV	62			
10 OCT	63			
09 SEP	64			
08 AUG	65			
2 07 JUL	66			2
0 06 JUN	67			0
0 05 MAY	68			0
9 04 APR	69			9
* 03 MAR	70			*
02 FEB	71			
01 JAN	72	O		

## **VI. MAN'S QUESTIONNAIRE**

The Man's Questionnaire consists of a cover page and eight sections as follows:

Section 1:	Respondent's Background
Section 2:	Reproduction
Section 3:	Contraception
Section 4:	Marriage and Sexual Activity
Section 5:	Fertility Preferences
Section 6:	Employment and Gender Roles
Section 7:	HIV/AIDS
Section 8:	Other Health Issues
Section 9:	Relations in the household /Male Domestic Violence

Most of the questions in the Man's Questionnaire are similar to those we have already discussed in the Woman's Questionnaire. However, in most cases, the questions appear in a different order and have different question numbers. For example, although the HIV/AIDS questions are almost identical, they are in Section 9 in the Woman's Questionnaire and Section 7 in the Man's Questionnaire.

Figure 5 lists questions numbers from the Man's Questionnaire and the corresponding question numbers from the Woman's questionnaire.

- This manual does not repeat instructions for questions in the Man's Questionnaire that have already been covered in Section VI on the Woman's Questionnaire. Using this table, you can refer to the instructions in that section for the corresponding questions.
- Occasionally, a question in the Man's Questionnaire will be similar to, but not exactly the same as a question in the Woman's Questionnaire. In these cases, the table shows the question number from the Woman's Questionnaire in parentheses.
- The table does not include the question numbers of questions that are unique to the Man's Questionnaire. Instructions on administering these questions can be found in the following sections.

**FIGURE 5. QUESTION NUMBERS FOR CORRESPONDING QUESTIONS IN THE WOMAN’S AND MAN’S QUESTIONNAIRES**

Question number		Question number	
Man’s questionnaire	Woman’s questionnaire	Man’s questionnaire	Woman’s questionnaire
101-116	101-116	504-505	703-704
201-208	201-208	507	705
301	301	509-510	712-713
302	714	601	(807-808)
304-305	239-240	602-604	809-811
308-310	629-631	605-609	813-817
312-314	632-634	610-611	820-821
401-404	601-604	612-613	823-824
410	609	614-615	826-827
411-415	610-614	701-710	901-910
416	615	711	910A and 913
417-423	616-622	711A-711D	910B-910E
424-427A	623-626A	712-733	926-947
434	627	734	951
436	(306)	805-811	1001-1007
502	(701)	812-813	1009-1010
503	(226)		

**SECTION 1: RESPONDENT’S BACKGROUND**

All of Section 1 is the same for male and female respondents. As a reminder, accurate recording of the respondent’s age is important. Refer to Section VI.B of this manual for detailed instructions about Questions 102 and 103 on the age of the respondent.

**SECTION 2: REPRODUCTION**

**Qs. 201-208: CHILDREN**

Q. 201 is phrased slightly differently for men. As with women, we are interested in the biological children a man has had. Because many children live away from their fathers, the question prompts men to think about children who are their biological children but may not be legally theirs or have their last name. Qs. 202-208 are the same for men and women.

**Q. 209: FILTER FOR ANY CHILDREN**

For Q. 209, check Q. 208 to see if the man has ever fathered any children. If he has had more than one child, including any children who may have died, tick the box on the left and continue with Q. 210. If the man has had only one child, including a child who may have died, tick the center box and skip to Q. 212. If the man has never fathered a child, even one that lived for a very short time, tick the box on the right and skip to Q. 301.

**Qs. 210 AND 211: NUMBER OF WOMEN WITH WHOM RESPONDENT FATHERED CHILDREN**

In Q. 210, you will ask the respondent whether or not all of the children he has fathered have the same biological mother. If he has fathered children with more than one woman, ask Q. 211 to find out the number of women with whom he has fathered children.



### Q. 212: AGE AT FIRST FATHERHOOD

Q. 212 asks the respondent to give his age when his first child was born. If he doesn't know, probe. You could ask how old he was when he got married or first started living with a woman, and then ask how long before or after getting married his first child was born.

### Q. 213-214: FILTER FOR LIVING CHILDREN

For Q. 203, check Q. 205 to see how many live children that are living with their parents or not living with them. If he has had at least one living child, tick the box on the left and continue with Q. 214. If the man has no living child, even one who is not living with the parents, tick the box on the right and skip to Q. 301.

Q.214 asks the respondent to give the age of the youngest live child. If he doesn't know, probe. You could ask the difference in age between the youngest and the previous one etc.

### Q. 216- 218 ANTENATAL AND CHILDBIRTH CARE

Qs. 216 to 218 are asked to determine if the respondent has a living child age 0 to 2 years. If he does, write the name of his youngest child on the line provided in Q. 216. Qs. 217 through 218 ask about the antenatal and childbirth care received by that child and his or her mother.

In Q. 217, ask the respondent if the mother of his youngest child received antenatal check-up during her pregnancy. The check-up should have been specifically to check her pregnancy and not for other reasons. If the mother received antenatal care during the pregnancy of an older child, but not during the pregnancy of the youngest child, circle the appropriate code.

Q.218: ask the respondent (man) if he was present during any antenatal check up, circle the appropriate code.

### Q219: PLACE OF DELIVERY

Q.219 asks the respondent to mention the place of delivery of the youngest living child. Record '1' if the child was born in Hospital/ Health Facility and "2" if the child was born elsewhere.

### Q. 220: KNOWLEDGE OF CARE FOR CHILDREN WITH DIARRHEA

Q. 220 asks the respondent about the amount of liquid that should be given to a child with diarrhea. Note that this question is asking for the respondent's opinion, not what he and/or his wife/partner actually give their children when they have diarrhea.

## **SECTION 3: CONTRACEPTION**

### Q. 301: CONTRACEPTIVE TABLE

The format of Q. 301 and the order of administering the questions are the same in both the Woman's and Man's Questionnaires.

### Q.302: HEARING ABOUT FAMILY PLANNING ON MASS MEDIA

This question asks about the source of the information about family planning in the last few months (few month mean not more than 12 months). It is only emphasizing on the mass media (Radio, TV, New paper)

**Q. 303: DISCUSSION OF FAMILY PLANNING WITH A HEALTH CARE PROVIDER**

In Q. 303, ask the respondent if he has discussed family planning with a health worker or health professional in the last few months. This question focuses specifically on communication with health professionals, so discussion of family planning with friends, neighbors, etc., does not apply.

**Q. 304-305: KNOWLEDGE ABOUT THE RISK OF PREGNANCY**

This question is asked to know if the respondent has knowledge about the woman's risk of pregnancy. If the man has no knowledge about that or don't know anything about that skip to Q.306

**Q. 306: ATTITUDES TOWARDS CONTRACEPTION**

This question includes two statements that assess the respondent's attitudes towards taking responsibility for contraception and about the effect of contraception on women's behavior. Be sure to circle a response for each of the two questions. The word "promiscuous" in Q. 306(b) means that someone has sexual relations with many people.

**Q.307: FILTER Q.301 (07) KNOWLEGDE OF MALE CONDOM**

For this question, check Q301 (07) if the respondent has ever heard 'CONDOM'. If yes tick the left one box and continue to the next question. If the answer to the question is "No", skip to Q. 311.

**Q308-Q.309: KNOWLEGDE OF THE PLACE WHERE TO BUY MALE CONDOM**

This question is interested to know whether the respondent knows about the place where any person can get a male condom. If the respondent doesn't know any place to get it, skip to Q. 311.

Q.309 indicates the place where to get condoms. Circle a letter corresponding with the answer provided.

**Q. 310: GETTING A MALE CONDOM**

This question asks the respondent if he can himself go and get the condom.

**Q311 FILTER Q.301 (08) KNOWLEGDE OF FEMALE CONDOM**

This is a filter on female condom knowledge.

Q312-314: For those who have knowledge about female condom, Q312 asks if the respondent knows where he can get a female condom, Q313 asks the place and Q314 asks the respondent if he could himself get a female condom when he wanted to.

**SECTION 4: MARRIAGE AND SEXUAL ACTIVITY**

**Qs. 401-406: BEING MARRIES OR LIVING IN UNION**

These series of questions is interested to know the current marital status of the respondent. For each question, circle the appropriate code and respect skip instructions.

**Qs. 407-408: IDENTIFYING THE WIFE/WIVES OF THE RESPONDENT**

If the respondent has one wife cross the box in the left and ask the corresponding question below. If he has more than one wife, cross in the right hand box and ask the corresponding question below.

Write down the name of the respondent's wife/partner (or names of the wives/partners) and record the line number from the Household Schedule in the boxes provided. The number of names in Q. 407 should be equal to the total number of wives in Q406. If a wife/partner is not listed in the Household Schedule, record '00' in the boxes next to her name. This can happen if you are interviewing a man

who is visiting a household, but his wife stayed at home or if he is interviewed at his home but his wife lives in a different household.

For Q. 408, take the age of the woman from the man's report, not from the Household Schedule.

Q.409. FILTERING ON THE NUMBER OF WIFE/ PARTNER

Follow instructions as indicated in the questionnaire.

Q.410 EVER MARRIED

This question is interested to know the frequency of marriage from the respondent. If more than once skip to Q411A.

Q411-Q411A: DURATION OF MARRIAGE.

This Question is interested to know the starting month and the year of living in union or married with the wife. If 'Do not know', probe and see if you can record the month and the year, and if this cannot work write 98 for the month and 9998 for the Year.

Q412; AGE AT FIRST MARRIAGE

This question ask the respondent the age when he got married/ lived in union for the first time. Record the age according to the last birthday.

Q414: AGE AT 1<sup>st</sup> INTERCOURSE

Consider comment made on Q.613 for the Women's Questionnaire. If he has never had intercourse, circle '00', and skip to Q.501

Q415: PRIVACY

Read the instruction on Q415 to ensure the confidentiality.

Q.416: LAST TIME HAD SEXUAL INTERCOURSE

Consider the explanation made on Q.615 for the Woman Questionnaire. Follow the instruction on Q416 and respect the skip patterns on it.

Q417: LAST TIME HAD SEXUAL INTERCOURSE

Completed the same as the previous one. Q 417 only applies to the respondent's second-to-last and third-to-last sexual partners.

Q.418: CONDOM USED AT LAST INTERCOURSE

Consider comments on Q.617 on the women's questionnaire and respect the skip patterns.

Q419: USE OF A CONDOM EACH TIME ONE HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS

Check Q618 on the women's questionnaire

Qs.420-Q427A: Follow the same instruction on the women's questionnaire Qs 619-626A and respect the skip patterns

Qs. 428-433: QUESTIONS ABOUT COMMERCIAL SEX

These questions ask specifically about commercial sex and condom use during commercial sex in the past 12 months. Qs. 428 and 429 are checks to identify those respondents who reported that at least one of their last three sexual partners in the last 12 months was a prostitute. Check Q. 420 to identify the sexual partner or partners who were prostitutes, then check Q. 418 in the same column to see if the respondent used a condom the last time he had sex with that partner. If the respondent used a condom

at last sex with every sexual partner who was a prostitute, check the box on the right and skip to Q. 433. If the respondent did not use a condom at last sex with every partner who was a prostitute, place a tick in the box next to 'OTHER' and skip to Q. 434.

*Example:* A man's last sexual partner (column 1) was a prostitute. He used a condom the last time he had sex with her. His second-to-last sexual partner was his wife. His third-to-last sexual partner was another prostitute. He did not use a condom the last time he had sex with her. Tick the box for 'OTHER' and skip to Q. 434.

Qs. 430 and 431 are asked of respondents who did not report that any of their last three sexual partners in the last 12 months was a prostitute. Some men may omit prostitutes from their sexual history due to shame or embarrassment. In addition, a man may have used a prostitute in the last 12 months, but she was not one of his most recent three sexual partners and was therefore not reported in Qs. 417-426 or a man may have used a prostitute but not in the past 12 months.

Qs. 432 and 433 both ask about condom use with prostitutes. Paid sex is considered a high-risk sexual behavior. Individuals who pay for sex may be at greater risk of becoming infected with HIV or another STI. Using a condom every time one pays for sex reduces the chances of infection. Q. 432 asks about use of a condom the last time the respondent paid for sex while Q. 433 seeks to find out if the respondent used a condom every time he paid for sex in the last 12 months.

#### Qs. 436: CONDOM BRAND

This question is similar to Qs. 305-306 in the Woman's Questionnaire about brand of pills or condoms except the Man's Questionnaire asks only about condoms. Follow the instructions for the Woman's Questionnaire to record the brand of condoms.

#### Q. 437: SOURCE OF CONDOMS

Q. 437 asks the respondent to say where he got the condoms the last time he got them. Follow the instructions for Q. 307 in the Woman's Questionnaire on how to record the source.

#### Qs. 438-439 USE OF A CONTRACEPTIVE AT LAST SEX

For the last time that the respondent had sex, we want to know whether any method was used to avoid pregnancy. These questions are similar to the questions about current contraceptive use asked to women. However, for men they refer to contraceptive use at last sex only. The respondent is asked in Q. 438 whether or not he or his partner used anything to avoid pregnancy the last time he had sex. Insert the phrase "other than a male condom" for those respondents who reported condom use at last sex. In Q. 439, probe to get all the methods used.

### **SECTION 5: FERTILITY PREFERENCES**

Almost all of the questions in this section are the same as those in Section 7 of the Woman's Questionnaire. However, for men we have to first determine whether they have one wife or more than one wife (Q. 501) in order to know how to ask Q. 504 or 505 on preference for additional children.

### **SECTION 6: EMPLOYMENT AND GENDER ROLES**

All of the questions in Section 6 are the same as those in Section 8 of the Woman's Questionnaire.

## **SECTION 7: HIV/AIDS**

This section asks a group of questions on knowledge of and behavior related to AIDS and other diseases that are transmitted through sexual contact. This series of questions is almost identical to Section 9 of the Woman's Questionnaire. The Woman's Questionnaire includes questions on antenatal care, which are omitted for men. In addition, Qs. 727 and Qs728 on symptoms of STIs use different wording to apply to men rather than women.

## **SECTION 8: OTHER HEALTH ISSUES**

### **Qs. 801-804: CIRCUMCISION**

Circumcision involves the surgical removal of the foreskin of the penis. Circumcision may be performed for religious, medical, or cultural reasons and can be carried out at birth, during adolescence, or at other times during a man's life. If a respondent was not circumcised or does not know what circumcision is or says that he does not know whether or not he is circumcised, use the DON'T KNOW code in Q. 801 and skip to 805. Otherwise, ask Qs. 802-804.

## **SECTION 9: MALE DOMESTIC VIOLENCE**

All of the questions in Section 9 are the same as those in Section 12 of the Woman's Questionnaire.