

MODULE 14. FEMALE QUESTIONNAIRE

INTERVIEWER:

ALL FEMALE MEMBERS OF THE HOUSEHOLD AGED BETWEEN **15 AND 49** YEARS OLD ARE ASKED TO FILL OUT THIS SECTION .

WRITE EACH WOMAN'S ID CODE AT THE TOP OF THE FIRST PAGE ON HER RESPECTIVE SECTION 14.

IF THE WOMAN YOU ARE INTERVIEWING CAN NOT READ AND WRITE, TELL HER THAT SHE IS WELCOME TO HAVE EITHER YOU, THE INTERVIEWER, OR ANOTHER WOMAN HELP HER FILL OUT THIS SECTION.

NEXT GIVE THE WOMAN A PENCIL AND THE QUESTIONNAIRE OPENED TO THE CORRECT PAGE.

REMIND HER THAT ALL ANSWERS ARE CONFIDENTIAL.

MODULE 14. FEMALE QUESTIONNAIRE

DEAR RESPONDENT

THIS SECTION IS ABOUT WOMEN'S HEALTH. IT INCLUDES QUESTIONS ABOUT GIVING BIRTH AND FAMILY PLANNING. AS SOME OF THESE QUESTIONS ARE VERY PRIVATE, YOU SHOULD FILL IN THIS SECTION YOURSELF.

I ASSURE YOU THAT NOBODY OF YOUR FAMILY MEMBERS, NEIGHBOURS WILL KNOW YOUR ANSWERS. THEREFORE BE HONEST WITH YOUR ANSWERS. THE INFORMATION YOU GIVE WILL BE VALUABLE FOR FURTHER DEVELOPMENT OF HEALTH CARE IN OUR REPUBLIC AND ENABLE THE GOVERNMENT AND NGOs TO CARRY OUT NECESSARY PROJECTS IN THE FIELD OF WOMEN AND CHILDREN'S HEALTH.

PLEASE COMPLETE THIS FORM. IF YOU DO NOT UNDERSTAND A QUESTION PLEASE ASK THE INTERVIEWER.

WHEN YOU HAVE ANSWERED ALL OF THE QUESTIONS ON THE SECTION, PLEASE FOLD IT AND GIVE IT TO THE INTERVIEWER.

THANK-YOU VERY MUCH FOR YOUR COOPERATION AND HELP IN GIVING ANSWERS TO THESE IMPORTANT QUESTIONS. ONCE MORE I ASSURE YOU THAT THE INFORMATION WILL BE KEPT CONFIDENTIAL - NO ONE WILL DIVULGE YOUR ANSWERS.

THANK-YOU VERY MUCH FOR YOUR PARTICIPATION

At the beginning, I would like to ask you some questions about the household chores you have done over the last 7 days. We would like to know how many times you did a particular activity and the average time spent doing that activity.

		How many <u>times</u> in the last 7 days did you do this?	How much time do you spend doing this <u>each</u> time?	
			Hours	Minutes
63	Fetching water			
64	Gathering firwood			
65	Animal care/grazing/herding			
66	Milking animals			
67	Tending vegetable plot			
68	Going to market			
69	Cooking/baking/washing dishes			
70	Cleaning the house/laundry/ironing			
71	Stitching/embroidery for household use			
72	Child care and teaching			
73	Caring for elderly or sick relative			

MODULE 14. FEMALE QUESTIONNAIRE
SECTION A: Fertility

NAME OF THE WOMAN: _____

ID CODE:

I would like to ask you some questions about your pregnancies and all the children you have given birth to.

1. Have you ever had your period?

YES 1
NO2

>> IF NO, PLEASE CLOSE THE QUESTIONNAIRE
AND RETURN IT TO THE INTERVIEWER

2. How old were you when you had your first period?

_____ years old

3. How old were you when you first married?

_____ years old

IF NEVER MARRIED, WRITE 99

4. Have you ever been pregnant, even if you had a pregnancy that lasted only a few weeks?

YES 1
NO2

>> IF NO, PLEASE GO TO QUESTION 39

5. How many children have you given birth to. Please include births where the child only lived a few short hours or died later?

NUMBER _____

>> IF NONE, PLEASE WRITE ZERO AND GO TO
QUESTION 31

6. Some times it happens that children die. It may be painful to think about such memories and I am sorry to ask you about them. However it is important to get the right information.

In all, how many of your children have not survived?

NUMBER _____

PLEASE MAKE A COMPLETE LIST, STARTING WITH THE FIRST, OF ALL THE CHILDREN YOU HAVE GIVEN BIRTH TO DURING YOUR LIFE AND FILL OUT THE OTHER QUESTIONS IN THE TABLE

(7)	(8)	(9)			(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
Please list the names of all your children	Was [NAME] born single or as twin, triplet, etc.	What is the birthdate of [NAME]? IF DAY OR MONTH OF BIRTH NOT KNOWN, PUT "0" IN THAT COLUMN.			Is the child registered (at ZAGS)? YES 1 >>12 NO 2	Why the child is not registered? REGISTRATION COSTLY 1 TOO FAR (REMOTE) 2 THE CHILD DIDN'T SURVIVE 3 OTHER 4	What sex is /was [NAME]?	Is [NAME] still alive?	Howmany months or years did [NAME] live? RECORD DAYS IF LESS THAN 1 MONTH. RECORD MONTHS AND YEARS IF LESS THAN TWO YEARS, OTHERWISE YEARS ONLY. PUT "0" IN THE DATE COLUMNS NOT FILLED. (>>NEXT CHILD)	Does [NAME] currently live in your household?	What year did [NAME] leave your household?	Where does [NAME] live?	THIS COLUMN IS FOR THE INTERVIEWER IF CHILD IS STILL IN THE HOUSEHOLD WRITE [NAME'S] ID CODE FROM HOUSEHOLD ROSTER.
	MALE 1						YES 1 (>>15)	YES 1 (>> NEXT CHILD)		TAJIKISTAN 1 RUSSIA 2 KAZAKHSTAN 3 KYRGYZSTAN 4 UZBEKISTAN 5 OTHER CIS 6 OTHER EUROPE 7 OTHER 8			
	FEMALE 2						NO 2				NO 2		
NAME	SINGLE 1 MULTI 2	DAY	MONTH	YEAR					DAYS MONTHS YEARS		YEAR		ID CODE

[illegible]

SECTION B

NOW I WANT TO ASK YOU ABOUT THE BIRTH OF YOUR LAST CHILD

- (19) While you were pregnant with your LAST child did you go for medical consultations for your pregnancy at a maternity home, women's consultation, or other health service facility?
- YES 1 > QUESTION 21
- NO 2

- (20) If no, Why did you not go for medical consultations for your pregnancy at a maternity home, women's consultation, or other health service facility?
- DID NOT KNOW ABOUT SUCH SERVICES 1
- TOO FAR 2
- NOT AVAILABLE 3
- COULD NOT AFFORD 4
- ASHAMED 5

NOW GO TO QUESTION 22

- (21) How many consultations did you have in connection with your pregnancy?

No. OF VISITS

- (22) Who assisted you at the birth of your last child?
- DOCTOR 1
- NURSE 2
- MIDWIFE WITH DIPLOMA 3
- MIDWIFE 4
- FELDSHER 5
- OTHER 6

- (23) Where did you give birth to your last child?
- CITY HOSPITAL 1
- SUB 2
- SVA 3
- MATERNITY HOME 4
- AT HOME 5
- IN THE HOME OF A MIDWIFE 6
- OTHER (SPECIFY _____) 7

- (24) Did you breastfeed your last child?
- YES 1 > QUESTION 26
- NO 2

- (25) If you did NOT breastfeed, why not?

- BAD MILK 1
- NO MILK,/COULD NOT 2
- CHILD DID NOT LIKE IT 3
- I WAS ILL 4
- I DID NOT WANT TO 5

NOW GO TO QUESTION 29

- (26) Are you still breastfeeding them today?

- YES 1
- NO 2 > QUESTION 28

- (27) Since this time yesterday did your child receive anything in addition to breast-milk (water, tea milk)?

- YES 1
- NO 2

- (28) When did you start breastfeeding?

- THE DAY OF DELIVERY (FIRST DAY) 1
- SECOND DAY OR LATER 2

- (29) How many months did you exclusively breastfeed your child, that is without water, tea, juice, etc ?

NUMBER OF MONTHS

- (30) How many months altogether did you breast-feed the child? That is, how old was he/she when completely weaned?

NUMBER OF MONTHS

- (31) Have you had any miscarriages, even though the pregnancy lasted only a few weeks or months, or have you had a stillborn child?

- YES 1
- NO 2 > QUESTION 33

- (32) How many miscarriages and stillbirths have you had in your life?

NUMBER

NOW I WOULD LIKE TO ASK YOU ABOUT FAMILY PLANNING - THE VARIOUS WAYS OR METHODS THAT A COUPLE CAN USE TO AVOID PREGNANCY

(33) Have you had any abortions in the course of your life?

YES 1
NO 2 > QUESTION 35

(34) How many abortions have you had in your life?

NUMBER

(35) Are you pregnant now?

YES 1
NO 2 > QUESTION 39

(36) How many weeks are you into your pregnancy?

NUMBER OF WEEKS

(37) Have you seen a doctor or health worker regarding this current pregnancy?

YES 1 > QUESTION 42
NO 2

(38) IF NO, why not?

DID NOT KNOW ABOUT SUCH SERVICES 1
TOO FAR 2
NOT AVAILABLE 3
COULD NOT AFFORD 4
ASHAMED 5

(39) Some couples use various ways or methods to delay or avoid pregnancy. Are you currently doing something or using any method to delay or avoid getting pregnant?

YES 1 > QUESTION 41
NO 2

(40)

Which of the following reasons best describes why you do not use any birth control method?

WANT TO HAVE A CHILD 1
TOO EXPENSIVE 2
HUSBAND OR PARTNER DOES NOT WANT 3
DO NOT KNOW HOW TO USE 4
DO NOT KNOW WHERE TO BUY 5
RELIGIOUS REASONS 6
HEALTH PROBLEMS 7
NOT IN A RELATIONSHIP 8
OTHER 9

NOW GO TO QUESTION 42

(41) What birth control method are you currently using?

ABSTINENCE 1
OBSERVING THE CYCLE 2
INTERRUPTION OF THE ACT 3
DOUCHE WITH WATER 4
CONDOM 5
CAP 6
PILLS 7
SPIRAL (IUD) 8
INJECTIONS 9
STERILIZATION 10
FOAM/JELLY/CREAM 11
OTHER 12

(42) In the past month did you have to pay for the method of birth control that you are using?

YES 1
NO 2 > QUESTION 44

(43) How much did you (or your husband) pay for this method?

SOMONI

SECTION C

(44) In your opinion, who (or what) was the most important source of information you have had about topics related to sexual matters?

Mother	1
Father	2
Other relative	3
Husband/partner	4
Boyfriend	5
Friend	6
Co-worker	7
Colleague, peers	8
Doctor	9
Nurse, midwife	10
Teacher	11
Pharmacist	12
Books	13
Newspaper, magazines, brochures	14
Rado	15
TV	16
Other	17
Don't remember	99

NOW I WOULD LIKE TO TALK TO YOU ABOUT SERIOUS ILLNESS, IN PARTICULAR HIV AND AIDS

(45) Have you ever heard of the virus HIV or an illness called AIDS?

YES	1
NO	2 > QUESTION 54

(46) In the past month, have you haerd or seen any information about the HIV/AIDS virus?

YES	1
NO	2 > QUESTION 48

(47) From what source did you receive this information about the HIV/AIDS virus?

Television	1
Radio	2
Friend or relative	3
Newspapers	4
Laefflets	5
Doctor/Nurse	6
In school	7
Workplace	8
Other (specify)	9

(48) Would you say you rather agree or disagree with the following statements

	AGREE	DISAGREE	
a. Once infected with HIV/AIDS a person remains infected for life	1	2	<input type="text"/>
b. HIV/AIDS leads to the death of the infected person	1	2	<input type="text"/>
c. Once infected there is no cure for HIV/AIDS	1	2	<input type="text"/>
d. A healthy person can NOT get infected with HIV/AIDS	1	2	<input type="text"/>
e. If you take good care of yourself, you can live a long life, even if infected with HIV	1	2	<input type="text"/>

(49) Do you think that HIV/AIDS can be transmitted by?

	YES	NO	
a. Medical instruments			<input type="text"/>
b. Kissing	1	2	<input type="text"/>
c. Sexual contact with a casual partner (opposite sex)	1	2	<input type="text"/>
d. Sexual contact with a regular partner/spouse	1	2	<input type="text"/>
e. Sexual contact with a virgin partner	1	2	<input type="text"/>
f. First sexual contact	1	2	<input type="text"/>
g. Public bathrooms	1	2	<input type="text"/>
h. Getting injection with an unsterilised needle	1	2	<input type="text"/>
i. Homosexual contact	1	2	<input type="text"/>
j. mosquito bites	1	2	<input type="text"/>
k. Sharing a meal with a person who has HIV or AIDS	1	2	<input type="text"/>
l. From infected mother to a new born child	1	2	<input type="text"/>
m. Hairdresser	1	2	<input type="text"/>
n. Dental treatment	1	2	<input type="text"/>
o. Blood transfusion	1	2	<input type="text"/>

(50) How likely do you think it is that you yourself will contract HIV/AIDS?

No risk	1 > QUESTION 53	
Small risk	2 > QUESTION 52	
Moderate risk	3	
High risk	4	<input type="text"/>
Don't know	5 > QUESTION 53	

(51) Why do you think you are at moderate to high risk of contracting the HIV/AIDS virus?

	YES	NO	
a. I change partners	1	2	<input type="text"/>
b. Do not always use condoms	1	2	<input type="text"/>
c. Have used intravenous drugs	1	2	<input type="text"/>
d. Partner has other partners	1	2	<input type="text"/>
e. Unsafe blood transfusions /injections	1	2	<input type="text"/>
f. Have been in contact with persons with AIDS	1	2	<input type="text"/>
g. Other	1	2	<input type="text"/>

GO TO QUESTION 53

(52) Why do you think you have little risk of contracting the HIV/AIDS virus?

	YES	NO	
a. No HIV/AIDS in Tajikistan	1	2	<input type="text"/>
b. Not sexually active	1	2	<input type="text"/>
c. Trust my partner	1	2	<input type="text"/>
d. Always use condoms	1	2	<input type="text"/>
e. Always use condoms with people I don't know	1	2	<input type="text"/>
f. Do not use intravenous drugs	1	2	<input type="text"/>
g. Partner is faithful	1	2	<input type="text"/>
h. Have not been in contact with person with AIDS	1	2	<input type="text"/>
i. Other	1	2	<input type="text"/>

(53) What ways can people protect themselves from getting infected with the HIV/AIDS virus?

	YES	NO	
a. Use condoms	1	2	<input type="text"/>
b. Have fewer partners	1	2	<input type="text"/>
c. Both partners have no other partners	1	2	<input type="text"/>
d. No casual sex	1	2	<input type="text"/>
e. No sex at all	1	2	<input type="text"/>
f. Avoid injections with contaminated needles	1	2	<input type="text"/>
g. Other	1	2	<input type="text"/>

(54) Have you or your partner ever used a condom?		
Yes	1	<input type="text"/>
No	2 > QUESTION 57	

(55) What are the reasons you and your partner used a condom?		
Only for contraceptive purpose	1	<input type="text"/>
Only for preventing STDs	2	
Both for contraception and to prevent STDs	3	
For curiosity	4	
Other	5	

(56) How often do you use a condom?		
Always	1 > QUESTION 58	<input type="text"/>
Sometimes	2	
Almost never	3	

(57) Why do you only sometimes/almost never use a condom			
a.	Birth control is partners responsibility	1	2 <input type="text"/>
b.	Partner objects to the method	1	2 <input type="text"/>
c.	Have only one sexual partner	1	2 <input type="text"/>
d.	Trust my sexual partner	1	2 <input type="text"/>
e.	Condom is for sex workers only	1	2 <input type="text"/>
f.	Condom is for the wives/husbands who have sex outside of their marriage	1	2 <input type="text"/>
g.	Condoms are not effective in pregnancy prevention	1	2 <input type="text"/>
h.	Interfere with sexual intercourse	1	2 <input type="text"/>
i.	Expensive	1	2 <input type="text"/>
j.	Respondent cannot get pregnant	1	2 <input type="text"/>
k.	Respondent prefers another method	1	2 <input type="text"/>

(58) Have you ever asked a partner to use a condom and they refused?		
Yes	1	<input type="text"/>
No	2	

(59) If a person uses condoms inconsistently, do you think they are putting themselves at risk of HIV?		
Yes	1	<input type="text"/>
No	2	
Don't Know	-8	

(60) If a person uses condoms with all their sexual partners, do you think they are decreasing the risk for HIV/STI infection?		
Yes	1	<input type="text"/>
No	2	
Don't Know	-8	

THANK YOU FOR YOUR PARTICIPATION