

30th March 1999

SECTION 11. FEMALE QUESTIONNAIRE

INTERVIEWER:

ALL MARRIED/ NEKARED FEMALE HOUSEHOLD MEMBERS AGE 15-49 ARE TO FILL OUT THIS SECTION ON THEIR OWN. THERE ARE SEVERAL COPIES OF SECTION 11 IN THE FOLLOWING PAGES.

WRITE EACH WOMAN=S ID CODE AT THE TOP OF THE FIRST PAGE ON HER RESPECTIVE SECTION 11.

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.

## SECTION 11. 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**

## SECTION 11. FEMALE QUESTIONNAIRE

SUPERVISOR: NAME OF THE WOMAN SELECTED: \_\_\_\_\_ 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

NO .... 2 < 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 or nekeard?

\_\_\_\_\_ years old

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

YES ... 1

NO .... 2 IF NO, PLEASE GO TO QUESTION 28

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 22

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.

PLEASE LIST ALL CHILDREN, EVEN THOSE WHO ONLY LIVED FOR A SHORT TIME

C H I L D	7 What is the child's name?  FIRST NAME (if applicable)	8 In what month and year was this child born?  IF NOT KNOWN, ESTIMATE FROM AGE		9 Was it a boy or a girl?  BOY.....1 GIRL.....2	10 Is this child still alive/ surviving?  YES.....1 < QUESTION 12 NO.....2	11 How many months or years did the child live?			12 Is this child still living in your household?	13 THIS COLUMN IS FOR INTERVIEWER= S USE  IF CHILD STILL IN HOUSEHOLD, INTERVIEWER WRITE CHILD ID NUMBER
		MONTH	YEAR			DAYS	MONTHS	YEARS		
1										
2										
3										
4										
5										
6										
7										
8										
9										

<< NEXT PAGE

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

14. 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 **GO TO QUESTION 16**  
NO ..... 2

15. 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 17**

16. If yes, How many times did you go?  
NUMBER OF TIMES

17. Who assisted you at the birth of your last child?

DOCTOR ..... 1  
NURSE ..... 2  
MIDWIFE WITH DIPLOMA ..... 3  
MIDWIFE ..... 4  
FELDSHER ..... 5  
OTHER(SPECIFY \_\_\_\_\_) ..... 6

18. 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

19. Did you breastfeed your last child?

YES ..... 1 **GO TO QUESTION 21**  
NO ..... 2

20. 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 26**

21. Are you still breastfeeding them today?

YES ..... 1  
NO ..... 2 **GO TO QUESTION 23**

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

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

23. When did you start breastfeeding?

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

24. How many months did you exclusively breastfeed your child, that is without water, tea, juice, etc ?  
NUMBER OF MONTHS

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

NUMBER OF MONTHS

26. 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 **GO TO QUESTION 28**

27. How many miscarriages and stillbirths have you had in your life?

NUMBER

28. Have you had any abortions in the course of your life?

YES ..... 1  
NO ..... 2 **GO TO QUESTION 30**

29. How many abortions have you had in the course of your life?

NUMBER

30. Are you pregnant now?

YES ..... 1  
NO ..... 2 **GO TO QUESTION 34 NEXT PAGE**

31. How many weeks are you into your pregnancy?

NUMBER OF WEEKS

32. Have seen a doctor or health worker regarding this current pregnancy?

YES ..... 1 **< END**  
**THANK YOU VERY MUCH FOR YOUR HELP.**  
NO ..... 2

33. IF NO, why not?

DID NOT KNOW ABOUT SUCH SERVICES ..... 1  
TOO FAR ..... 2  
NOT AVAILABLE ..... 3  
COULD NOT AFFORD ..... 4  
ASHAMED ..... 5  
**< END THANK YOU VERY MUCH FOR YOUR HELP.**

FOR ALL WOMEN NOT CURRENTLY PREGNANT

I would now like to ask you some questions about contraception

34. Have you heard about birth control methods?

YES 1 GO TO QUESTION 35

NO 2

IF NO, < **END THANK YOU VERY MUCH FOR YOUR HELP**

35. Are you currently using a method of contraception?

YES ..... 1 **GO TO QUESTION 37**

NO .....2

36. 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

OTHER REASON (specify ..... ).....8

< **END THANK YOU VERY MUCH FOR YOUR HELP.**

37. What birth control method do you normally use

ABSTINENCE.....1

OBSERVING THE CYCLE.....2

INTERRUPTION OF THE ACT.....3

DOUCHE WITH WATER.....4

DOUCHE WITH SPECIAL SOLUTIONS.....5

CONDOM.....6

CAP.....7

PILLS.....8

SPIRAL (IUD).....9

INJECTIONS.....10

STERILIZATION.....11

FOAM/JELLY/CREAM.....12

OTHER.....13

38. In the past month did you have to pay for the method of birth control that you are using

YES .....1

NO .....2 < END. THANK-YOU FOR YOUR HELP

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

AMOUNT .....

<< END. THANK-YOU FOR YOUR HELP

END